



Government of **Western Australia**
Department of **Health**
WA Cancer and Palliative Care Network

Advance Care Planning

A Patient's Guide



Advanced Care Planning – Time for a chat

Deciding what health treatment you want for yourself if you are diagnosed with a terminal illness is described by doctors and other health professionals as Advance Care Planning.

It's the plan you make for your treatments and care during the last stage of your life.

Your Advance Care Plan should state your preferences about how you want to be treated by doctors, nurses and other health professionals, and who and what you want around you, at what may be a difficult time.

These are your decisions.

Your plan should be easy for you and your loved ones to follow. It should provide clear direction and achieve peace of mind for all those involved, especially you.

Think of it as the chat we all need to have at some stage of our life.

Contents

Advanced Care Planning – Time for a chat	1
Talk to your loved ones	3
Gather your thoughts	4
Talk to your doctor	5
Others who can help	6
My Advance Care Plan	11
Glossary	13

Talk to your loved ones

It's a conversation not many feel comfortable about, but for most of us life comes to an end not of our choosing.

A chronic or terminal illness can take away our capacity to make decisions about how we would like to be treated in our final months and days, so it's important to let those close to you know your wishes beforehand.

In this case, a heartfelt discussion needs to be had with partners, relatives and friends about your wishes for your care and treatment.

Consider, are there treatments that you would prefer or others you would find unacceptable? For instance, being revived if your heart or breathing stops; or being fed by someone or receiving fluids via a drip if you cannot eat and drink yourself.

You may have strong opinions about what you would like to happen.

There may be many thoughts and feelings raised when talking to loved ones.

It can be both confronting and yet comforting.

It's natural to avoid talking about things that make you feel uncomfortable. But eventually, it will be time for that chat. While avoidance will provide short-term comfort, in the end it will increase anxiety in yourself, family and friends.

While you are still capable is the time to make these decisions and let others know about them. There may come a time when you are unable to convey your wishes. Let your loved ones know now so it's easier on them and for you.

Gather your thoughts

Explore your options for care. Consider all circumstances. For instance, you may not be able to be cared for at home if your condition deteriorates. You have to explore what alternatives there are available to you, perhaps with your doctor or carer.

Some of your wishes will be about your medical care; others will be about personal matters.

For instance:

- Treatment decisions which are acceptable or not acceptable to you
- Your choice about whether you would like to be cared for at home, in a hospital, nursing home or hospice, or who you would like to be with you
- How you might like religious or spiritual beliefs reflected in your care
- Your comfort – whether you prefer a bath or a shower, sleeping with the light on or off
- Solutions for practical concerns, such as who looks after your pet
- Making or location of your will, which may detail funeral arrangements
- Who you would like to visit
- Special possessions you would like around you, e.g. your favourite photos, items of clothing, decorations
- Your choice of music
- Personal messages to family and friends
- Things you DON'T want.

This is the time to stop, think and talk. It may be helpful to gather information from health care professionals, family and friends, or others such as your spiritual adviser, counsellor, support group or even the internet.

Talk to your doctor

You've had the discussion with your family and friends, and you've outlined your wishes. Now you need to convey them to your doctor and/or carers.

Be frank with your doctor or health care professional. They are there to help and will appreciate clear instructions about your future care. If you wish, take someone along for support.

If you don't already know, find out from your doctor just what your illness means. For instance:

- how will it affect you?
- what will be the effects of any potential treatment?
- what palliative care will be available?

This is the time to let your doctor or health professional know about your own views and feelings, and the treatment options available, such as:

- would you like to be revived if your heart stops?
- would you like to be fed or receive fluids intravenously?
- will you donate your organs?

Now is the time to prepare your Advance Care Plan

Others who can help

You can find out more about Advance Care Planning by speaking to a health professional or by finding more information on useful websites.

Sometimes a different perspective can be useful in helping you prepare your Advance Care Plan.

Here are some helpful organisations.

Carers WA

182 Lord Street, PERTH WA 6000

Telephone: (08) 1300 227 377

Email: info@carerswa.asn.au

Website: www.carersaustralia.com.au

Palliative Care WA Inc

15 Bedrock Place, SHENTON PARK WA 6008

Telephone: 1300 551 704

Email: pcwainc@palliativecarewa.asn.au

Website: www.palliativecarewa.asn.au

Cancer Council WA

46 Ventnor Street, WEST PERTH WA 6000

Telephone: (08) 9212 4333

Website: www.cancerwa.asn.au/

Health Consumers' Council Western Australia

Unit 13/14 Wellington Fair, 4 Lord Street, PERTH WA 6000

Telephone: 1800 620 780

Email: info@hconc.org.au

Website: www.hconc.org.au/

Organ Donation

Website: www.donatelife.gov.au ww

Phone: (08) 9222 0222

Ethnic Disability Advocacy Centre

Website: www.edac.org.auwww.edac.org.au



Let your thoughts be known – put it in writing

Once you are clear about your wishes for future treatment and care, it's best to put it down in writing.

There are two preferred ways of doing this:

- Advanced Care Plan (ACP)
- Advance Health Directive (AHD)

The essential difference between the two is legal: An ACP is a non-statutory document which could be considered legal under common law, as a common law directive. The law requires health professionals to follow a common law directive. It informs health professionals about what treatments you would or would not want. An ACP may also include personal wishes that are not necessarily health related which guide your health professionals and family as to how you would like to be treated and any special requests or messages.

You can make your Advance Care Plan by filling out the form attached to this brochure.

An AHD is a legal document that is made while you have the ability to make and communicate instructions about your future health and medical treatment.

To make an Advance Health Directive, you may obtain the AHD form by either telephoning (08)9220 2300 or access the website www.health.wa.gov.au/advancehealthdirective, and download and print off the form.

Another document you should be aware of is the Enduring Power of Guardianship (EPG). Once you have planned your future care you might like to ask another person to make decisions on your behalf, in situations where you are no longer capable of doing so.

The EPG gives that person the legal authority to make decisions in your best interest. There are special rules about appointing an EPG. You can obtain this information by telephoning the Office of Public Advocate on 1300 858 455 or accessing the [website www.publicadvocate.wa.gov.au](http://www.publicadvocate.wa.gov.au).

What the law says

There are two statutory documents that can affect your treatment in the eyes of the law.

The Advance Health Directive and Enduring Power of Guardianship both have different legal powers that should be considered.

An **Advanced Health Directive**:

- Is limited to treatment decisions
- only operates when you can no longer make a treatment decision
- has priority over your Enduring Guardian.

It cannot be used to make personal, lifestyle or financial decisions.

An **Enduring Power of Guardianship**:

- is limited to medical, personal and lifestyle decisions
- appoints an enduring guardian
- only operates when you can no longer make personal, lifestyle and treatment decisions.

It cannot be used to make financial decisions, which requires an Enduring Power of Attorney.

For information about any of these documents, please contact the following:

Advance Health Directive

Department of Health – Office of Chief Medical Officer

Telephone: (08) 9222 2300

Email: advancehealthdirective@health.wa.gov.au

Website: www.health.wa.gov.au/advancehealthdirective

PO Box 8172, Perth Business Centre, PERTH WA 6849

Enduring Power of Guardianship

Officer of the Public Advocate

Telephone: 1300 858 455; TTY: 1300 859 955

Email: opa@justice.wa.gov.au

Website: www.publicadvocate.wa.gov.au

PO Box 6293, EAST PERTH WA, 6892

Enduring Power of Attorney

Officer of the Public Advocate

Telephone: 1300 858 455; TTY: 1300 859 955

Email: opa@justice.wa.gov.au

Website: www.publicadvocate.wa.gov.au

PO Box 6293, EAST PERTH WA, 6892





My Advance Care Plan

Last name: _____

First name: _____ Date of birth: _____

Address: _____

- I have thought about what medical treatment will mean for me and have discussed it with my family, carers, and medical practitioners.
- This plan reflects my wishes and details my goals for my treatment and care.
- If I am unable to speak for myself, I have nominated someone to speak on my behalf.

Please use this plan to inform you about how I want to be treated if I can't do so myself.

In addition to this Advance Care Plan, I have also completed an:

Advance Health Directive. A copy can be obtained from:

1. Name: _____

Telephone: _____ Mobile: _____

2. Name: _____

Telephone: _____ Mobile: _____

Enduring Power of Guardianship. A copy can be obtained from:

1. Name: _____

Telephone: _____ Mobile: _____

2. Name: _____

Telephone: _____ Mobile: _____

My life goals

These are my specific wishes about what I would like to achieve before I die.

My goals for treatment and care

These are my thoughts and feelings about my care towards the end of my life:

I would like to leave the following special message

This is a special message for:

When I am dying, where practicable, I would prefer to be cared for at:

Initial the option you prefer

- _____ My usual home
- _____ A family member's home
- _____ A hospice or palliative care unit
- _____ In hospital
- _____ On country (for Aboriginal and Torres Strait Islanders)
- _____ Other place

When I am dying, where practicable, I would like the following treatments:

Initial the option you prefer

- _____ Palliative Care
- _____ Stop medications which do not add to my comfort
- _____ Stop medical interventions which do not add to my comfort
- _____ Complementary and alternative therapies e.g. _____
- _____ Attend to my spiritual needs e.g. _____

I would like the following life prolonging measures, if practicable:

Initial the option you prefer

- _____ Revived if my heart and/or breathing stops
- _____ Artificial feeding
- _____ Intravenous fluids
- _____ Antibiotics
- _____ Intubation and ventilation
- _____ Blood transfusion and blood products

I have given a copy of my Advance Care Plan to:

Title	Full Name	Telephone	Mobile
Doctor			
Hospital			
Family			
Friend			
Other			

I have also prepared the following to inform others about how to locate my Advance Care Plan or other Advance Care documents e.g. AHD, Living Will, EPG:

- Medic Alert Bracelet
- Alert card in my purse/wallet
- eHealth record
- Other

Signed: _____ Date: _____

Glossary

Advance Care Planning

Advance Care Planning (ACP) is an ongoing discussion between a patient, their carers/family and their health care professional(s), about their values, beliefs, treatment and care options. In particular, their wishes for future care should they no longer be able to communicate their decisions at the time they are needed

Advance Health Directive

An Advance Health Directive is a legal document completed by an adult with full legal capacity which contains decisions regarding future treatment. It specifies the treatment(s) for which consent is provided or refused under specific circumstances.

Antibiotics

Antibiotics are a type of medicine used to treat infections.

Artificial feeding

Artificial feeding is provided when a person is unable to eat. It involves the administration of nutrition through a feeding tube which may be passed into the stomach from the nose or directly into the stomach through the abdominal wall.

Cardiopulmonary resuscitation (CPR)

Emergency measures to keep the heart pumping (by chest compression and/or use of a defibrillator) and assisted ventilation when the heart and/or breathing have stopped

Common Law

Common law, also known as case law or precedent, is law developed by judges through decisions of courts and similar tribunals.

Common law directive

Under the common (or judge made) law, it is possible to make a “living will”, also called a “Common Law Directive” This is a general term for a written statement made in advance regarding the person’s wishes with respect to future treatment

Disability

Disability refers to the lack of ability to function normally. A person may have a physical or mental disability.

Disease

Disease is any abnormality or interruption of normal bodily functions or structure which results in a characteristic pattern of signs and symptoms.

Enduring Guardian

The person you appoint to act on your behalf by completing the Enduring Power of Guardianship form. You determine the extent of your Enduring Guardian’s powers to make personal, lifestyle and treatment decisions on your behalf.

Guardian

A Guardian is a person appointed by the State Administrative Tribunal to act on your behalf. The State Administrative Tribunal determines which powers your Guardian may exercise on your behalf.

Health care professional

A health care professional is any qualified and registered doctor, nurse, allied health or dental professional who provides your medical and clinical treatment and care. It includes all of the following — chiropractor, dentist (including dental therapist, dental hygienist and dental prosthetist), medical practitioner, medical radiation technologist, midwife or nurse, occupational therapist, optometrist, osteopath, pharmaceutical chemist, physiotherapist, podiatrist and psychologist.

Intubation and ventilation

Intubation and ventilation may be used when a person is unable to breathe for themselves. Intubation is the passage of a tube (usually through a person's mouth) into their lungs. Ventilation is the act of passing air through the tube.

Life-limiting condition

A life limiting condition is a disease, condition or injury that is likely to result in death, but not restricted to the terminal stage when death is imminent.

Life- prolonging measures

A life prolonging measure means a medical, surgical or nursing procedure directed at supporting or maintaining a vital bodily function that is temporarily or permanently incapable of independent operation, and includes assisted ventilation and cardiopulmonary resuscitation.

Pain relief medication

Pain relief medication is any medicine given with the purpose of reducing pain. Pain medication may be given via a variety of means including by mouth, injection or through a patch applied to the skin.

Palliative care

Palliative care means a medical, surgical or nursing procedure directed at relieving a person's pain, discomfort or distress, but does not include a life-sustaining measure.

Patient

A patient is any person who needs treatment.

Terminal illness

An illness or condition that is likely to result in death. The terminal phase of a terminal illness means the phase of the illness reached when there is no real prospect of recovery or remission of symptoms (on either a permanent or temporary basis).

Treatment

This term means medical or surgical treatment including life-sustaining measures and palliative care, or dental treatment or other health care.

Treatment decision

Treatment decision, in relation to a person, means a decision to consent or refuse consent to the commencement or continuation of any treatment of the person.

Urgent treatment

Urgent treatment means treatment urgently needed by a patient (i) to save the patient's life; (ii) to prevent serious damage to the patient's health; or (iii) to prevent the patient from suffering or continuing to suffer significant pain or distress. It does not include sterilisation.





This document can be made available
in alternative formats on request for
a person with a disability.