

# STATEMENT OF CHOICES

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## ADVANCE CARE PLANNING

The time may come when you cannot speak for yourself. By completing this Statement of Choices, you can record your wishes about your future health care.



# Advance Care Planning

*If you were suddenly injured or became seriously ill,  
who would know your choices about the health care you would want?*

## What is advance care planning?

Advance care planning means thinking now about what health care you would want in the future and communicating your wishes. Advance care planning gives you the opportunity to discuss your beliefs and values, and helps give you peace of mind that you will receive the right care, at the right time, in the right place.

## Why plan ahead?

- To ensure the treatment and care you are offered in the future is in line with your wishes.
- To ensure your loved ones won't have to make difficult decisions on your behalf without knowing what you would have wanted.
- To ensure decisions about your health care are not made in a crisis only.

## When does an advance care plan come into effect?

Your advance care plan only comes into effect if you are unable to make or communicate your own health care decisions.

## What if my family member or significant other is currently unable to make health decisions and they do not have an advance care plan?

A recognised substitute decision maker can still make a plan for that person. This plan should be based on that person's best interests, their expressed wishes and the views of their significant others. It should take into account the benefits and burdens of the person's illness and medical treatment.

## Does an advance care plan apply across all health care environments?

Yes, you can give a copy of your advance care planning documents to all health care services to ensure your wishes are known and considered. This includes public hospitals, community health centres, your GP and any other health facilities you may access.

## Ready to start?

- 1. Think** about your future health care preferences and, if needed, who you might want to make decisions on your behalf.
- 2. Talk** about your future treatment and care preferences with your family and friends.
- 3. Discuss** your condition and treatment options with your doctor.
- 4. Decide** your future health care preferences and let your family and friends know.
- 5. Record** your wishes using forms in this kit, and/or the other documents listed over the page.
- 6. Give** copies of your plan to your family members, your doctor and your hospital.
- 7. Review** and update your advance care planning documents regularly.



Queensland  
Government

Think now. Plan sooner. Peace of mind later.

# Advance Care Planning documents used in Queensland

An advance care plan usually consists of one or more of the following documents:

## 1. Statement of Choices (FORM A or B)

This document focuses on a person's wishes and choices for their health care into the future. It is used to guide management of care if a person is unable to communicate their decisions.

## 2. Enduring Power of Attorney (for health/personal matters)

This is a legal document that nominates a family member or friend (more than one can be nominated) to make important health decisions when a person is unable to do so.

## 3. Advance Health Directive

This is a legal document that records a person's directions about future health care for a time when they may be unable to communicate.

You can obtain a copy of these documents at:  
[www.mycaremychoices.com.au](http://www.mycaremychoices.com.au)

## Completion checklist

### After completing the Statement of Choices make sure:

- All 3 pages have been completed
- Page 2 has been signed by you
- Page 3 has been signed by a doctor
- A copy of the document has been sent to your local Hospital and Health Service (see details below under "Contact information")
- The substitute decision maker has a copy of the document
- A copy has been given to your family or friends (optional)
- The original document is stored in a safe but accessible place

### Notes and to-do list:

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## Contact information

### Advance Care Planning, CISAS, Sunshine Coast Hospital and Health Service:

PO Box 547,  
Nambour QLD 4560

Fax: (07) 5313 4284  
Email: [SC-ACP@health.qld.gov.au](mailto:SC-ACP@health.qld.gov.au)

*Sunshine Coast Hospital and Health Service (HHS) is located in south east Queensland and extends through the coastal and hinterland areas from Caloundra in the south to Gympie in the north. Hospitals located in the Sunshine Coast HHS region include Nambour General Hospital, Caloundra Health Service, Gympie Hospital and Maleny Soldiers Memorial Hospital.*

[www.mycaremychoices.com.au](http://www.mycaremychoices.com.au)

# GLOSSARY OF TERMS

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## **Advance Health Directive**

In Queensland, an Advance Health Directive is an advance care planning document stating a formal set of instructions for your future health care. It is used to inform your doctors of your choices when you become unable to make health care decisions for yourself.

This document allows you to record your wishes relating to specific medical circumstances. It is a legal document that can only be completed by you for your future care if you eventually lose the capacity to communicate for yourself. It must be completed with your doctor and witnessed by a Justice of the Peace, Commissioner for Declarations, a lawyer or notary public.

## **Capacity**

Capacity refers to a person's ability to make a specific decision in a particular area of their life. A person has capacity when they have the ability to understand the information provided by a doctor about their health and treatment options and are able to make a decision regarding their care. The person also needs to be able to communicate their decision in some way and the decision must also be made of the person's own free will.

## **Cardiopulmonary Resuscitation (CPR)**

Cardiopulmonary resuscitation is a combination of techniques that can include chest compressions and electrical shocks. It is designed to maintain blood circulation whilst waiting for treatments to possibly start the heart beating again on its own. The success of CPR depends on a person's overall medical condition. On average, less than one quarter of patients who have CPR in hospital survive to be discharged home.<sup>1,2</sup>

## **Enduring Power of Attorney (EPOA)**

An Enduring Power of Attorney is a legal document that enables you to appoint another individual to make personal, health and/or financial decisions on your behalf. You can appoint more than one individual. Consider whether it may cause practical difficulties if too many people are expected to be involved in decision-making on your behalf. You can nominate whether each person can make decisions for you independently or whether you want them to make decisions jointly.

## **Life prolonging treatment**

Sometimes after injury or a long illness, the main organs of the body no longer work properly without support. If this is permanent, treatments will be needed to stop you from dying. These treatments are collectively referred to as life prolonging and can include medical care, procedures or interventions which focus on extending biological life without necessarily considering quality of life. Certain life prolonging treatments acceptable to one person may not be acceptable to another.

## **Statutory Health Attorney (for health/ personal matters)**

A Statutory Health Attorney is someone with automatic authority to make health care decisions for you if you become unable to make them because of illness or incapacity. You do not appoint a Statutory Health Attorney; the person acts in this role only when the need arises. The first available individual who has a relationship with you and is culturally appropriate becomes your Statutory Health Attorney. Usually this would be your spouse or de facto partner; a person who is responsible for your primary care but not paid to be your carer or a close friend or relative over the age of 18. The Adult Guardian may under certain circumstances become your Statutory Health Attorney.

## **Substitute Decision Maker**

A substitute decision maker is a general term used to describe a person who has legal power to make decisions on behalf of an adult when that adult is no longer able to make their own decisions. You can appoint an individual, while you have legal capacity, using the Enduring Power of Attorney form. If you have not previously appointed anyone and if you are no longer able to make decisions or complete legal documents for yourself then the law provides for a Statutory Health Attorney to speak on your behalf.

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1. Morrison, Laurie J., et al. "Strategies for Improving Survival After In-Hospital Cardiac Arrest in the United States: 2013 Consensus Recommendations A Consensus Statement From the American Heart Association." *Circulation* 127.14 (2013): 1538-1563.

2. Girotra, Saket, et al. "Trends in survival after in-hospital cardiac arrest." *New England Journal of Medicine* 367.20 (2012): 1912-1920.

# Statement of Choices

## FORM B

(for persons **without**  
decision-making capacity)

Use this form if you are filling out a  
Statement of Choices on behalf of someone else.

**Please complete, sign and return a copy  
of all three (3) pages.**

DO NOT WRITE IN THIS BINDING MARGIN ▼



Sunshine Coast Hospital and Health Service  
 Advance Care Planning  
**Statement of Choices**  
**(FORM B)**

(Affix patient identification label here OR complete details on page 1)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  F

**Personal Details**

**Details of the person for whom this form applies:**

(If using a patient label please write "as above" for this section)

Family Name:

Given Name(s):

Address:

DOB:  /  /  Sex:  M  F Medicare No:

This person's current medical conditions include:

.....  
 .....

The health impacts of the conditions listed above have been explained to me: (tick appropriate box).

Yes  No If you have selected 'No' please consult a doctor before completing this form.

**A. Life Prolonging Treatments**

**Cardiopulmonary Resuscitation (CPR)**

(tick the box you honestly and reasonably believe the person would have marked for themselves)

The person **would want** CPR attempted if it is consistent with good medical practice **OR**

The person **would NOT want** CPR attempted under any circumstances **OR**

Other:

**Other Life Prolonging Treatments** e.g. breathing machine (ventilator), kidney machine (dialysis), feeding tube

(tick the box you honestly and reasonably believe the person would have marked for themselves)

The person **would want** other life prolonging treatments if they are consistent with good medical practice **OR**

The person **would NOT want** other life prolonging treatments under any circumstances **OR**

Other:

**B. Medical Treatments**

The person **would want** the following specific treatments to continue to be part of their care if considered to be medically beneficial:

(tick the box(es) you honestly and reasonably believe the person would have marked for themselves)

Major operation  Intravenous fluids  Intravenous drugs  Blood transfusion

Other:

**Specific treatments I believe the person would NOT want:**

(tick the box(es) you honestly and reasonably believe the person would have marked for themselves)

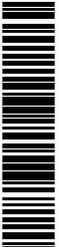
Major operation  Intravenous fluids  Intravenous drugs  Blood transfusion

Other:

**proceed to next page...**

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Sunshine Coast Hospital and Health Service  
 Advance Care Planning  
**Statement of Choices**  
**(FORM B)**

(Affix patient identification label here OR complete details on page 1)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  F

**C. Personal Values**

The things the person most values in their life: *(e.g. independence, enjoyable activities, family and friends)*

.....

.....

Future situations the person would find **unacceptable** in relation to their health:

.....

Other things I would like known about the person which may help with future medical decisions:  
*(e.g. organ or body donation)*

.....

If the person is nearing death, I believe they would want: *(including spiritual / cultural preferences)*

.....

.....

The place where the person would prefer to die: *(e.g. home, hospital, nursing home)*

.....

**Details of Substitute Decision Maker**

Your Name:

Your Address:

Phone: (    )

Relationship:

You are the:  Enduring Power of Attorney (personal / health matters)     Guardian  
 Nominated Person (Statutory Health Attorney)    *(tick appropriate box)*

**Your Declaration**

I, as the substitute decision maker, understand that  
 has been assessed as not having capacity to make independent health care decisions.

*(patient name)*

I give my views based on what I believe is in their best interests, taking into account their wishes, the views of their significant others, and the benefits and burdens of health care treatment as I understand them. I understand that I can change my mind regarding these choices at any time.

I request that the stated choices recorded above are respected by health professionals now, and in the future, as part of the application of good medical practice. **I consent to share the information on this form with persons/services relevant to the health of the person named above in accordance with the privacy policy available at: [www.mycaremychoices.com.au](http://www.mycaremychoices.com.au)**

Your Signature:

Date:    /    /   

**please turn over...**

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Advance Care Planning - Statement of Choices (FORM B)



Sunshine Coast Hospital and Health Service  
**Advance Care Planning**  
**Statement of Choices**  
**(FORM B)**

(Affix patient identification label here OR complete details on page 1)

URN:  
 Family Name:  
 Given Names:  
 Address:  
 Date of Birth: Sex:  M  F

**Substitute Decision Maker(s)**

**1. List the details of the substitute decision maker**

Name:

Relationship:  Home Ph: (  )

Mobile:  Work Ph: (  )

This person is the:  Enduring Power of Attorney (personal / health matters)  
 (tick appropriate box)  Guardian  Nominated person (Statutory Health Attorney)

**2. List the details of the alternate substitute decision maker:**

Name:

Relationship:  Home Ph: (  )

Mobile:  Work Ph: (  )

This person is the:  Enduring Power of Attorney (personal / health matters)  
 (tick appropriate box)  Guardian  Nominated person (Statutory Health Attorney)

**Advance Care Plan Documents**

The original Statement of Choices is held by:

This document remains valid until it is changed or cancelled by the substitute decision maker.  
 If desired, the substitute decision maker may wish to select a time period for review of this document:

6 monthly  12 monthly  Other:

Copies of the advance care plan have been discussed with/given to: (complete as many lines as applicable)

1.  3.   
 2.  4.

**Doctor's Review of Plan**

I, Dr  believe that   
 (Registered Medical Practitioner) (Substitute Decision Maker's Name)

is an appropriate substitute decision maker, understands the importance and implications of this document and is acting in the best interests of the person stated above.

Doctor's Signature:   
 Date:  /  /

Hospital or Practice Stamp

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Once completed please sign and send a copy of all three (3) pages of **FORM B** to:  
**Advance Care Planning, CISAS, Sunshine Coast Hospital and Health Service**  
 Fax: (07) 5313 4284 OR Email: SC-ACP@health.qld.gov.au OR PO Box 547, Nambour QLD 4560