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HCDSDFVPC Inquiry into aged care, end-of-life and

Capacity

Capacity refers to a person's a their life. A person has capaci

Committee Secretary:

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 includes emergency measures to keep the heart pumping (by compressing the chest or using electrical stimulation) and artificial ventilation (mouth-to-mouth or ventilator) when a person's breathing and heart have stopped. It is designed to maintain blood circulation whilst waiting for treatment 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 in four patients who have CPR in hospital survive to be discharged home. 1.2

Good Medical Practice

Good medical practice requires the doctor responsible for a person's care to adhere to the accepted medical standards, practices and procedures of the medical profession in Australia. All treatment decisions, including those to withhold or withdraw life-sustaining treatment, must be based on reliable clinical evidence and evidence-based practice as well as ethical standards. Good medical practice also requires respecting adults' wishes to the greatest extent possible.

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, ongoing treatments will be needed to stop a person 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.

Office of the Public Guardian

The Office of the Public Guardian is an independent statutory body that protects the rights and interests of vulnerable Queenslanders, including adults with impaired capacity to make their own decisions.

Organ or Tissue Donation

Donation involves removing organs and tissues from someone who has died (a donor) and transplanting them into a recipient who is on a waiting list. Organs that can be transplanted include the heart, lungs, liver, kidneys, intestine and pancreas. Tissues that can be transplanted include heart valves, bone, skin and eye tissue. Organ and tissue donation can save and significantly improve the lives of many people who are sick or dying. For additional information about donation and to register your wishes visit: www.donatelife.org.au

Statutory Health Attorney

A statutory health attorney is someone with automatic authority to make health care decisions for a person if they become unable to do so because of illness or incapacity. This attorney is not formally appointed; they act in this role only when the need arises. The statutory health attorney is the first available, culturally appropriate adult from the following list, in order: a spouse or de facto partner in a close and continuing relationship; an adult who cares for the person but is not employed to be their carer; or a close friend or relative who is not the person's employed carer. The Public Guardian may, under certain circumstances, become the statutory health attorney of last resort.

Substitute Decisionmaker

Substitute decision-maker is a general term used to describe someone who has legal power to make decisions on behalf of an adult when that person is no longer able to make their own decisions. This may be: a person appointed in an Enduring Power of Attorney or Advance Health Directive; a tribunal-appointed guardian or a statutory health attorney.

For more information and resources visit: www.mycaremychoices.com.au

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.

My Statement of Choices

Choosing your care before the end of life and letting your loved ones know.

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

You can use this Statement of Choices form to write down your wishes, values and beliefs about the care that you would want in the future; to guide those close to you to make health care decisions on your behalf if you are unable to make those decisions yourself.



Torres and Cape
Hospital and Health Service
Consumer Advisory Committee

APPROVED

www.mycaremychoices.com.au



Is it ever too early to plan?

Making your wishes known

It is never too early to plan for the end of life. Being prepared is a good thing. Making your wishes about future care you would like to receive is called Advance Care Planning (ACP). It allows your choices about health care to be considered before a crisis occurs.

This means thinking about and making choices now to guide your future health care. It is your choice if you make a plan or not; making one gives you the opportunity to discuss your beliefs and values with your family and your GP and helps give you peace of mind that you will receive the care you want, when you want it and, whenever possible, where you want it.

Why plan ahead?

- To have your wishes known to help guide the treatment and care you receive in the future
- To let your loved ones know what you would want if they need to make difficult decisions on your behalf

When will my advance care plan be used?

Your advance care plan may only be used if you are unable to make or communicate your own health care wishes.

What if my family member or someone I care for is currently unable to make health care decisions and they do not have an advance care plan?

A Statement of Choices can still be made for that person. Choices should be based on that person's best interests, their wishes and values 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, with your permission, a copy of your advance care planning document(s) can be shared with health care services to allow your wishes to be known. This includes hospitals, community health centres, your GP and any other health facilities you may access in Queensland.

Steps of advance care planning



Discuss with your usual doctor your health conditions and how they may affect you both now and in the future. Discuss with your family your values, beliefs and preferences for future health care.



Step 2 Write it down

Record your wishes in an ACP document such as the Statement of Choices. You should also record who you may have already appointed to be your substitute decision-maker.



Step 3 Tell people

Share copies of ACP documents with your family, GP and hospitals. Also send copies to the Office of Advance Care Planning (see page 4 Form A & B) to share your choices with health care providers.



Step 4 Check & update

Review your preferences and values whenever there are changes in your health or life circumstances and update your ACP document(s) accordingly.

Statement of Choices

This document is values-based and records a person's wishes and choices for their health care into the future. Although the Statement of Choices is not included in Queensland law, the content can still have effect by guiding your substitute decision-makers and health professionals if you or your loved one is unable to communicate their choices.

Form A is used by people who **can** make health care decisions for themselves. **Form B** is used for people who **cannot** make health care decisions on their own.

Legally-binding ACP documents in Queensland

If you have strong wishes about your future health care you should consider completing these legally-binding documents:

Advance Health Directive (AHD)

Enduring Power of Attorney (EPOA)

Talk to your Health Worker or GP to find out more.

You can also obtain further information and a copy of these documents at: www.mycaremychoices.com.au

Order of substitute decision-making

In Queensland, when a person is unable to make or communicate their own health care decisions, there is an order of priority for substitute decision-making:

1. Advance Health Directive

A legally-binding document used to give consent and direct medical management in specific health circumstances.

2. Tribunal-appointed guardian

A guardian appointed by the Queensland Civil and Administrative Tribunal (QCAT) to make health care decisions on behalf of a person.

Attorney appointed under an AHD/EPOA

A person (known as an "attorney") appointed for personal/health decisions in an Advance Health Directive or Enduring Power of Attorney document.

4. Statutory health attorney

A relevant person who has automatic authority to make health care decisions in the absence of the above decision-makers. This is usually the first available, culturally appropriate adult from the following list, in order: a spouse or de facto partner in a close and continuing relationship; an adult who cares for the person but is not employed to be their carer; or a close friend or relative who is not the person's employed carer.

Statement of Choices may help guide these decision-makers

Contact information



Office of Advance Care Planning:

PO Box 2274 Runcorn QLD 4113 Ph: 1300 007 227 Fax: 1300 008 227

Email: acp@health.qld.gov.au

www.mycaremychoices.com.au

Think now. Plan sooner. Peace of mind later.

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_	QUEENSLAND HEALTH	Family Name:			
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Office of Advance Care Planning



Fax: 1300 008 227 Email: acp@health.qld.gov.au Post: PO Box 2274, Runcorn QLD 4113

For more information phone: 1300 007 227

www.mycaremychoices.com.au

FORM A Page 4 of 4



QUEENSLAND HEALTH
Advance Care Planning
Statement of Choices
(FORM A)

(Affix patient identification label here)
URN:
Family Name:
Given Names:
Address:

Sex: DM DF DI

Statement of Choices FORM A

Date of Birth:

For persons with decision-making capacity.

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dress:				±
DB: /	/ Sex	::	I Medic	care No:
ave the followir	ng:			If you have a legally appointed substitute
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Tribunal-appoint	ed quardian	☐ Yes	□No	If you have not appointed anyone you car still include the details of people you wish
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V5.1 02/2018

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FORM A Page 1 of 4

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包括扩	Government

	(Affix patient identification label here)	
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QUEENSLAND HEALTH	Family Name:			
Advance Care Planning	Given Names:			
Statement of Choices				
(FORM A)	Address:			
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My name:				
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Think about what you would not want, including	g situations you consider may inv	olve severe	disab	ility.
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FORM A Page 2 of 4

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Medical	Treatments

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Intravenous (IV) fluids			
Intravenous (IV) antibiotics			
Other intravenous (IV) drugs			
A blood transfusion			

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Other:

FORM A Page 3 of 4

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Statement of Choice

QUEENSLAND HEALTH Advance Care Planning **Statement of Choices** (FORM B)

(Affix patient identification label here)	
URN:	
Family Name:	
Given Names:	

Sex: M DF DI Date of Birth: Name of the person for whom this form applies:

Address:

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This document remains in plac You may indicate a time period			ent <i>(optional)</i> :	
☐ 6 monthly	☐ 12 monthly	☐ Other:		

Understanding of the Document

I understand the person for whom this form applies does not have capacity to make independent health care decisions or requires support to make health care decisions. I give my views based on what I believe is in their best interests. I am taking into account their wishes as they are known to me and wishes reported to their significant others and the benefits and burdens of health care treatment as I understand them. I understand the views given in this document are not legally binding but can still have guiding effect.

I request the choices recorded in this document be taken into account by health professionals as part of their application of good medical practice. I also understand that regardless of the choices expressed here the person will continue to receive all relevant care including care to relieve pain and alleviate suffering.

I consent to share the information on this form with persons/services relevant to the health of the person named as per the privacy policy and to non-identifiable information being used for quality improvement/ research purposes as per the information sheet. The privacy policy and information sheet are available at: www.mycaremychoices.com.au

Your Name:		
Your Signature:	Date:	1 1

Usual Doctor's Statement

As a registered medical practitioner, I believe that the person for whom this form applies currently does not have the decision-making capacity necessary to complete a Statement of Choices on their own. I also believe that the person completing this form understands the importance and implications of this document and is acting in the best interests of the person for whom this form applies. I am not an appointed attorney in the Enduring Power of Attorney document or Advance Health Directive, or a beneficiary under the will of the person for whom this form applies.

hjinaputal nic
Practice Stamp

To allow this document to be available to health care providers, IMPORTANT: please send a copy of all four (4) pages of FORM B to:

Office of Advance Care Planning Fax: 1300 008 227

Email: acp@health.qld.gov.au Post: PO Box 2274, Runcorn QLD 4113

For more information phone: 1300 007 227

www.mycaremychoices.com.au

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BINDING MARGIN

IN THIS



QUEENSLAND HEALTH Advance Care Planning **Statement of Choices** (FORM B)

(Allix patient identification label fiele)
URN:
Family Name:
Given Names:
Address:

Sex: M DF DI

(Affiv patient identification label here)

Statement of Choices FORM B

Date of Birth:

Dotaile of the	orcon for w	hom this for	m applies	. //f min		and write the above	- 771
	erson for wi	HOTH UIIS IOI	III applies	: (II usiri	д а рацепт іареі ріє	ease write "as above)
Given Names:							
Family Name:				Prefe	red Name:		
Address:							
DOB: /	1	Sex: □ M	1 🗆 F 🗆	I Medi	care No:		
The person has	s the following	ng:				aker for personal/	
1. Advance Hea	alth Directive	(AHD)	□Yes	□No		n legally appointed build be the one color.	
2. Tribunal-app	ointed guardia	an	□ Yes	□No		If no legal decision nted you can still v	
3. Enduring Pov	ver of Attorne	ev (FPOA)	☐ Yes	□No	values and wis	hes of the person	to help
(personal/heal		, (2. 0, 1)			guide future	health care decisi	ons.
(personal/heal Details of Personal	th matters)				guide future	health care decisi	ons.
Details of Pers	th matters) on Completii	ng		this for		health care decisi	ons.
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(personal/heal Details of Personal Your details, as Name: Address:	th matters) on Completii	ng		this for		health care decisi	ons.
Details of Personal P	th matters) on Completii	ng		this for		health care decisi	ons.
Details of Personal P	th matters) on Completii	ng	complete			health care decisi	ons.
Phone:	th matters) on Completing the person	ng assisting to	complete	onship:	m:		
Phone: I have been le	th matters) on Completing the person gally appointe	ng assisting to	complete	onship:	m:	tribunal: Yes	
Phone: I have been le	th matters) on Completing the person gally appointe	ng assisting to	complete	onship:	dD, EPOA or by a		
Phone: I have been le	th matters) on Completing the person gally appointe	ng assisting to	complete	onship:	m:		
Phone: I have been le Other Contacts Name:	th matters) on Completing the person gally appointe	ng assisting to	Relationsion-maker	onship: in an Al	D, EPOA or by a		□ No
Phone: I have been le	th matters) on Completing the person gally appointe	ng assisting to	Relationsion-maker	onship: in an Al	D, EPOA or by a	tribunal: □ Yes	□ No

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please turn over...

THE STATE OF	Queensland Government
A SECTION	Government

QUEENSLAND HEALTH

(Affix patient identification	label	here)	Ì
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URN:

Advance Care Planning	Family Name:	
Statement of Choices	Given Names:	
(FORM B)	Address:	
(Date of Birth:	Sex: 🗆 M 🗆 F 🗀 I
Name of the person for whom this form applied	es:	
B. Personal Values		No. 2 December 1989
Describe what the person values or enjoys mos Think about what interests them or gives their h		
Think about what interests them of gives them in	io mouning.	
Consider what the person would like known abo	out them when health car	e decisions are being made:
Think about their past experiences, wishes and		
Describe the health outcomes the person would	d find unacceptable:	volvo covoro dischility for them
Think about what they would not want, including	g situations which may inv	voive severe disability for them.
Describe what would be important or comforting Think about their personal preferences, special		
		,,,,
The place where the person would prefer to die	e: (e.g. home, hospital, nu	rsing home)
Consider how the person would want to be care	ed for after they die:	
Think about their spiritual, religious and cultural wishes that they would want noted.	practices; organ and tiss	sue donation; and any other
money would want notice.		

DO NOT WRITE IN THIS BINDING MARGIN

14	Queensland	(A	Affix patient identification la	bel here)
C	Government QUEENSLAND HEALTH	URN:		
	Advance Care Planning	Family Name:		
	Statement of Choices	Given Names:		
	(FORM B)	Address:		
	(1.01	Date of Birth:	Se	ех: 🗆 М 🗆 Г 🗆
Na	ame of the person for whom this form a	pplies:	9	
C.	Medical Conditions		一种大学社会 对	ALC: NO
Th	e person's current medical conditions inc	clude:		
Th	e health impacts of the conditions listed	ahove have been ex	rolained to me and Lu	inderstand them:
	Yes No If you have answered 'No' plea			
	Medical ar	nd emergency pref	erences	
	Please remember, doctors need to spe			
	ne a decision is made. The person will	always receive rele	evant care to relieve	pain and sufferir
	e Prolonging Treatments			
Ca	reliantificament Destruction (CDD)	/11 1 1 1 1 1		
	rdiopulmonary Resuscitation (CPR)	(tick appropriate box)		
	The person would wish CPR attempted			ctice OR
		d if it is consistent w	vith good medical prac	ctice OR
	The person would wish CPR attempted The person would NOT wish CPR atte	d if it is consistent w	vith good medical prac	ctice OR
	The person would wish CPR attempted	d if it is consistent w	vith good medical prac	ctice OR
	The person would wish CPR attempted The person would NOT wish CPR attempted Other:	d if it is consistent w	vith good medical prac	ctice OR
Ot	The person would wish CPR attempted The person would NOT wish CPR atte Other: her Life Prolonging Treatments (tick a	d if it is consistent we impted under any ci	vith good medical prac rcumstances OR	ctice OR
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Ot	The person would wish CPR attempted The person would NOT wish CPR atte Other: her Life Prolonging Treatments (tick a	d if it is consistent was mpted under any ci	rith good medical practical practica	ctice OR
Ot	The person would wish CPR attempted The person would NOT wish CPR atte Other: her Life Prolonging Treatments (tick at kidney machine (dialysis), feeding tube, breath The person would wish for other life pr	d if it is consistent was impled under any cincipal and c	or) s if consistent with	
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Ott e.g	The person would wish CPR attempted. The person would NOT wish CPR attempted. Other: ther Life Prolonging Treatments (tick at kidney machine (dialysis), feeding tube, breath. The person would wish for other life progood medical practice OR. The person would NOT wish for other. Other: considered to be medically beneficial, major operation of under general anaesthetic)	mpted under any ci	or) s if consistent with ments under any circu	umstances OR undecided /
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Ott e.g	The person would wish CPR attempted. The person would NOT wish CPR attempted. Other: ther Life Prolonging Treatments (tick at kidney machine (dialysis), feeding tube, breath. The person would wish for other life progood medical practice OR. The person would NOT wish for other. Other: considered to be medically beneficial, major operation g. under general anaesthetic) ravenous (IV) fluids ravenous (IV) antibiotics her intravenous (IV) drugs	mpted under any ci	the person would NOT wish for:	undecided / no preference:

proceed to next page...

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