

When you need to make a decision for someone ...



“Standing in a person’s shoes”

If you have to make a decision for another person, the best way to approach this is to try to make the decision the person themselves would have made if they had been able to. It means “standing in the shoes” of the person – seeing the choices to be made from the perspective they would have had. It means using your knowledge of the person and their wishes, as well as any advance care planning documentation they have completed.

Work out if the person is able to make the decision

Making our own decisions is a human right and an important part of our identity. It is important to consider whether a person could make their own decision if they had additional support (see *Supporting a person to make their own decision* leaflet). Health professionals may be able to help with this. They can also assist with assessing and supporting a person’s ability to make the required decision.

Even if the person cannot make the decision, you may be able to get some information from them about their wishes.

Consider any written or spoken wishes of the person

The person may have written down their wishes in relation to what health care they do, or do not, want in an advance care plan or advance care directive. It is important that these be respected when relevant decisions are made on their behalf. These wishes may directly relate to specific medical interventions or they may be more general: documenting the person’s values and what is important to them. Most people undertake advance care planning both to assist a substitute decision maker and also to ensure they receive care in line with their wishes.

Wishes may not have been formally recorded but have been expressed through conversations. Hopefully these discussions have been with you as the person who is to make the decision for them. If you have not had these conversations then consider whether others (e.g. family members, friends, GP) might be able to provide information.

Who should make the decision?

There is a hierarchy of who should make a decision if an individual cannot make it themselves. For health and lifestyle or personal decisions, if there is a legally appointed enduring guardian (enduring power of attorney – personal/health care ACT, Qld, Vic) or a guardian appointed by a tribunal then this person is the one who should make the decision.

A person may also have nominated who they want to be their decision-maker in an advance care plan or advance care directive, and this person/s would be the next to make the decision. If there has been no previous arrangements put in place, then each state/territory has an order of the person to make a decision and this is not necessarily next of kin.

“Remember you are trying to make the decision in line with what the person would have made if they had been able to, not the decision you want or would make for yourself in the same situation.”

Consider what is important to the person

We make our decisions based on who we are as a person. Consider the cultural, spiritual, religious and other preferences of the person and whether these might influence what is wanted. If there are no written wishes, values or preferences that apply to the situation, consider how the person lived their life and how they made decisions in the past.

Consider the likely outcomes of any healthcare decision and whether the person would want, or tolerate, these outcomes. You should refuse health care that is likely to result in outcomes that the person wanted to avoid.

For more information

Making some decisions for someone else can be difficult and stressful. It may help to talk with a community nurse, hospital social worker, aged care staff or your GP.

Information about advance care planning, with links to state-specific information, can be found at:

- www.start2talk.org.au
- www.advancecareplanning.org.au

National Dementia Helpline: 1800 100 500 can also assist consumers.

Local contact:

Other brochures in the series:

- Supporting a person to make their own decisions
- Can they decide themselves? Assessing capacity to make decisions
- Who will speak for you if you can't?

Acknowledgements

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Making a health decision

Ask questions and listen to the advice of health practitioners about health care options and likely outcomes. If relevant, follow the person's written or spoken wishes or instructions. Make the decision that the person would make if they had the same information and advice that you have.

Where there are several options the person would accept, choose the one that gives them the most independence but still provides good care and maximises their health and well-being (as they would see it).

If you cannot work out what the person would have decided, make the decision that you believe is best for them.

Making a decision about living arrangements

Living arrangements may depend on the availability of a carer. The capacity of the carer and their wishes must be balanced against the wishes of the person for whom a decision is being made. For example, most people would prefer to remain at home rather than entering residential care, but they may also put a high value on their family and would not wish to cause 'burn-out' or impose an extended duty of care on those they love.

If possible, follow the person's written or spoken wishes. Discuss with family members and others. Consider costs linked to decisions – you may need to speak to the financial decision-maker. Choose the option that gives the most independence but still provides care and maximises well-being.