

WORKSHEET 1.3 WHO WILL BE MY SPOKESPERSO

WHO WILL BE MY SPOKESPERSON ON HEALTHCARE ISSUES?

Name:	Date of birth: / /
Address:	
If you were in a situation where you did not have about medical treatment, who would you want t to, or refuse, specific treatments)	·
According to regulations in your State or Territor for your medical treatment?	y, who would your doctors ask for consent
(Information about this is available under the Sta	ate/Territory section of the START2TALK website)
Is the person in Question 2 the same as you have	nominated in Question 1? Yes No
If the answer is No, you should definitely consid legal substitute decision-maker. Even if the answ your preferred person as your legal substitute de	ver is Yes, you could still consider appointing
• It gives the person a stronger legal basis to ac	t on your behalf.
• It allows them to act with more confidence knowing	g you have specifically asked them to take on this role.
 It gives you peace of mind knowing there is clar It reduces the likelihood of uncertainty and co concerned about your care. 	•
Legally Appointing a Substitite Decision Do you want to legally appoint someone as your s	
You can find out more about appointing someone to information sheets and the actual forms for your ow	o make healthcare decisions for you by downloading on State or Territory from the START2TALK website.
Who will you see to help you complete the require.g. solicitor, community legal centre, public tru	
Decision-maker Checklist	
There are a number of things to consider wher	completing this kind of legal form and you

There are a number of things to consider when completing this kind of legal form and you can discuss these with the person who helps you complete the form. You may want to print out this checklist and make notes on it:

- Who is the best person or persons to appoint?
 - Would they be willing to speak on your behalf?
 - Would they be able to act on your wishes and separate his/her own feelings from yours?

- Do they live close by or could they travel to be with you if needed?
- Do they know you well and understand what's important to you?
- Are they someone you trust with your life?
- Will they talk with you now about sensitive issues and listen to your wishes?
- Are they likely to be available long into the future?
- Would they be able to handle conflicting opinions between family members, friends, and medical personnel?
- Would they be a strong advocate in the face of an unresponsive doctor or institution?
- How many people do you want to appoint?
- Does the application form in your State/Territory require or allow you to select specific areas to make decisions on e.g. surgery/accommodation etc.
- Does the application allow you to give specific directions to the person(s) you are appointing about how they should make decisions for you?

If you appoint one or more people, will this cause friction with other people in your life? If so, is there anything you can do now to reduce this?			
Are there other people you would like the substitute decision-make	er to consult with ab	out your care?	
Have you prepared any kind of advance care plan or directive that you want your substitute decision-maker to follow?	Yes	No 🗌	
If so, do they have copies and understand how to use these documents?	Yes	No	
If you haven't prepared any advance care plans or directives, whethat you want your substitute decision-maker to consider when	•	•	
Next Steps What further information do you need before going on?			
What is the next step after completing this Worksheet?			

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This worksheet is one of a series of worksheets that are part of the START2TALK program administered by Alzheimer's Australia. Full information can be found at www.start2talk.org.au