

This is an advance care plan for: _____ Date of birth: / /

of (address) _____

This document is being completed to support the care of a person who has lost capacity to make their own treatment decisions. It is meant to provide some evidence of what the person's wishes would be if decisions have to be made on their behalf. It should be used to guide treatment decisions at the time they have to be made.

A doctor needs to either complete the form with the substitute decision-maker or at least be part of the discussion and verify that the person does not have capacity to provide their own consent.

It has been established by Dr _____ that _____ does not have capacity to provide consent for any health care treatments she/he may need in the future because they are incapable:

- of understanding the nature and effect of treatment required and/or
- of communicating whether or not they consent to treatment.

The person completing this form on the patient's behalf is considered their legitimate substitute decision-maker because they:

- have previously been legally appointed by the person
- have been appointed by a guardianship authority
- are recognised by relevant State/Territory legislation as having this role – this may be someone like a spouse, a family member or an unpaid carer.

They have this role on the basis of being _____

Future Wishes

If the person has made any verbal or written directives about how they want to be cared for if they cannot speak for themselves, what are these instructions?

.....
.....

Do you think the person has seen anyone else's end-of-life experiences that they would want to have themselves or would want to avoid? If so, can you describe these?

.....
.....

Does the person have religious or spiritual values that would affect decisions about their care around end-of-life? Are there any spiritual issues that you think they would want attended to as they approach the end-of life? If so, can you describe these?

Medical Care

In terms of the person's own views about their quality of life in the future, at what point do you think they would want the goals of medical care to switch from intensive treatments aimed at prolonging life to focusing on palliative or comfort care? (People may describe this in terms like the irreversible loss of their ability to recognise people, feed themselves, walk, talk etc)

If the person reached that point in the future where: their quality of life is very low as defined above; their underlying medical condition is irreversible i.e. will not get better; they have a severe life-threatening illness and they are not able to express their wishes at the time and

a) Their heart suddenly stopped, do you believe they would wish to have cardiopulmonary resuscitation (CPR) and life support (including giving their heart an electric shock to restart it or putting a tube into their lungs to support their breathing)?

Yes No

b) They could no longer take food or fluid by mouth, do you believe they would wish to be fed long-term by a tube into their stomach?

Yes No

Other Considerations

Do you think they may have had any other special requests, preferences or other comments that would help others if they have to make end-of-life decisions on their behalf?

How were answers to these questions developed? (e.g. names of other people involved, how much discussion was there?)

Decision-maker Details

Substitute decision-maker completing this form:

Print Name: Sign: Date:

Address and phone number:

Name of health worker assisting completion:

Print Name: Sign: Date:

Address and phone number:

Name of doctor verifying lack of capacity:

Print Name: Sign: Date:

Address and phone number:

Dates this form was reviewed by the substitute decision-maker to check its currency:

Print Name: Sign: Date:

Print Name: Sign: Date:

Print Name: Sign: Date:

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

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