

Amaranth FOUNDATION



ADVANCE CARE PLANNING AND APPOINTING AN ENDURING GUARDIAN/S NEW SOUTH WALES

ADVANCE CARE PLANNING...

PLANNING FOR YOUR FUTURE

What if you had an accident or became so unwell that you were unable to speak for yourself?

What sort of medical care would you want?

Who would you want to make decisions for you?

Have you spoken to your family or doctor about this?



WHO – Anyone, regardless of their age or state of health, could have an accident or unexpected illness so everyone should consider doing an Advance Care Plan. It is particularly important for people who have ongoing medical problems.

WHAT – An Advance Care Plan is a written document that reflects what you would like done if you became unable to speak for yourself – so that your wishes are known and respected. It might include appointing a Substitute Decision Maker, and may also include recording which treatments you would or would not wish to receive in the future. An Advance Care Plan also allows you to write down other non-medical wishes.

WHERE – An Advance Care Plan can be done anywhere and with anyone of your choosing being present. Respecting Patient Choices Facilitators may be able to come to your home if this is the most comfortable environment for you.

HOW – Have a read through the following booklet and talk to your family about what you would like. Contact Amaranth Foundation on 02 6033 1738 to organise a facilitator to come speak with you, answer any questions and help you fill out the documentation.

Advance Care Planning can make it easier for your loved ones to make difficult decisions about your health care in stressful and emotional times when you are unable to make these decisions for yourself

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ADVANCE CARE PLANNING CHECKLIST

- ✓ Using the next 2 pages, think about:
 - The values that are important in your life
 - Your current health and possible future health problems
 - What you would want from future medical care
 - Who you would want to make decisions for you (Enduring Guardian)
- ✓ Discuss your thoughts with those close to you:
 - Your family, friends and loved ones
 - Your proposed Enduring Guardian
 - Your GP (local doctor)
 - Other involved health care providers, ie: community nurses, social worker
 - A Respecting Patient Choices Facilitator (Call Amaranth Foundation on 02 6033 1738. All our staff are qualified Respecting Patient Choices facilitators)
- ✓ Ask your doctor any questions you may have regarding your health and medical treatments
- ✓ Complete your Advance Care Plan (pages 8, 9 & 10) with a Respecting Patient Choices Facilitator, your GP or other health care professional to formally record your choices
- ✓ Legally nominate your Enduring Guardian (see pages 11, 12, 13 & 14) and advise these people. Your Doctor can witness this form
- ✓ Give copies of both to your doctor/health care providers, hospital, Enduring Guardian, family, carer and Amaranth Worker
- ✓ Discuss any changes to your choices as soon as you think of them and also make these changes to your forms

THINGS TO THINK ABOUT.....

Your past experiences of health... Your past experiences and current beliefs can shape your views about medical treatment. You may have had an experience with a family member or friend who was faced with a decision about medical care. This may have been a difficult experience for you and lead you to have certain views regarding what kinds of medical treatments you may or may not want in the future.

Have you or anyone else you know had a positive or a difficult experience with health care?

Are there things that you wish could have been done differently?

Are there any medical treatments that you have experienced or seen others experience that influence your views?

Do you have any questions about these that you wish to ask your doctor or health care provider?

Your current health... you may be healthy now, or you may be experiencing problems. It is worth thinking about your health while keeping in mind the things that you value, goals you may want to achieve and the place of spirituality in your life.

Thinking about your health now, list any significant health problems that concern you:

How may the qualities of your life that you value, and your beliefs about religion or spirituality, affect your choice of medical treatments?

Your future health... you may have thoughts on the kinds of health problems that could affect you in the future. The medical treatments that you choose may also be based upon your values and goals.

What short or long term goals do you have?

If you are receiving medical treatment how might the treatment help or hinder you in accomplishing these goals?

Who should make decisions? It is a good idea to think about who you would want to make decisions about your health if you are unable to make these decisions for yourself. Many people select a close family member, but you can pick any adult whom you think could best represent you. You may wish to legally nominate someone for this role (Enduring Guardian). The person that you choose needs to be:

- Aged 18 years or over
- Trusted to follow the values and instructions you have discussed
- Willing to accept this responsibility
- Available to take on the role if required
- Able to make decisions in stressful situations

How would you want decisions regarding your medical treatment to be made if you could not make them for yourself?

Who would you want to have making these decisions?

Would you also like your family and/or other members from your community (e.g. religious advisor) involved?

How to make decisions... It helps to plan for situations where you may become unexpectedly incapable of making your own decisions. It may then become clear that you will have little or no chance of recovery and the injury or loss of function may be significant. Such situations might arise because of an injury to the brain from an accident, a stroke, or a slowly progressive disease like Motor Neuron Disease or dementia.

To plan for this type of situation, some people state: "If I'm going to be a vegetable, let me go." Or "Don't keep me alive on machines." Or "I want everything." While these remarks are a beginning, they need to be more specific to guide decision-making. Clearer statements such as "I do/do not want treatments that can keep me alive" can assist in planning. Your doctor can help you understand this. It is important to then discuss these choices with those closest to you.

Write down the aspects of your life that you value. This may include your independence, activities you enjoy, communicating with your loved ones etc.

If you could no longer participate in the above parts of your life, are there any situations where you would regard life prolonging treatments to be overly burdensome and prefer them to be stopped or withheld?

If you were admitted to a nursing home, or residential aged care facility, are there things that you would consider overly burdensome, and not support your values, or your sense of dignity, and would like to be respected?

ADVANCE CARE PLAN

A Record of my Future Health Care Wishes

I, of,
 Declare that :

1. My current health problems include:.....
2. This document has been explained to me and I understand its importance and purpose. I may complete all or part of this document. It is a guide for my future medical treatment. It will only be used if I am unable to make decisions for myself, and will be taken into account when determining my treatment.
3. I understand that it is important to discuss my wishes with my doctor, and my family, including the person responsible, my Enduring Guardian (if appointed).
4. I request that my wishes, and the beliefs and values on which they are based, are respected. I have written on Page 9 of this form the things that I value most in life, and other things that may help my doctors and other people make decisions about my health care.
5. I understand that doctors will only provide treatment that might be medically beneficial. I also understand that irrespective of any decisions by the doctor about CPR and life prolonging treatment, I will continue to be cared for, including care to relieve pain and alleviate suffering.

CPR (Cardiopulmonary Resuscitation) Initial appropriate box

- ☐ It has been explained to me by Dr. that I would **not** benefit from attempted CPR and I understand and accept this.
- OR
- ☐ I would **like** CPR attempted if it might be medically beneficial
- OR
- ☐ I do **not** want CPR, even if the doctors think it could be beneficial.

AND

Life Prolonging Treatments. Initial appropriate box

Eg: breathing machine (ventilator), kidney machine (dialysis), feeding tube, surgery

- ☐ I would **like** life prolonging treatment in order to prolong my life as long as possible
- OR
- ☐ I would **like** life prolonging treatments only if the doctors expect a reasonable outcome. To me a reasonable outcome means.....
- OR
- ☐ I do **not** want life prolonging treatments at all. If life prolonging treatment has been commenced I request that it be discontinued and that I receive palliative care.

OR

- C** I choose to delegate decisions regarding CPR and life prolonging treatments to my Enduring Guardian or the following person:

.....
 (insert name of Enduring Guardian and contact details)
 OR.....
 (insert name and relationship)

NOTE: You need to fill in a legally binding Enduring Guardian form

The things that I value in my life are:

.....
.....
.....
.....

Future situations that I would find unacceptable in relation to my health:

.....
.....
.....
.....

Specific treatments that I would **NOT** want considered for me:

.....
.....
.....
.....

Other things that I **would like known**, which may help with decisions about my future treatment:

.....
.....
.....
.....

I ask that, if possible, my Enduring Guardian and/or family, include the following people in discussions and decisions about my health care:

.....
.....
.....
.....

If I am nearing death I would like the following (eg: music, spiritual care, customs or cultural beliefs met, family members present):

.....
.....
.....
.....

This is a true record of my wishes on this date.

My signature: Date:

Witness signature:

Witness Name: (print)

I, Dr. believe that
(Registered medical practitioner) (your name)

is competent and understands the importance and implications of this document.

Doctor's signature: Date:

The contents of the Statement of Choices have been discussed with:

Name: Name:

Relationship: Relationship:

Signature: Signature:

Date: Date:

Name: Name:

Relationship: Relationship:

Signature: Signature:

Date: Date:

Appointment of Enduring Guardian/s

1. Appointment of enduring guardian or enduring guardians

I, **Name** _____
Address _____
Occupation _____

(a) appoint

Name _____
Address _____
Occupation _____
Phone: _____
Mobile: _____

and (cross out this section if only appointing one)

Name _____
Address _____
Occupation _____
Phone: _____
Mobile: _____

to be my enduring guardian or enduring guardians if because of a disability I am partially or totally incapable of managing my person.

NOTE:

- (i) An Enduring Guardian must be at least 18 years of age.
- (ii) You may appoint one or more than one enduring guardian.
- (iii) If you want to appoint more than one enduring guardians to have the same functions, then you should fill out this form by inserting the names of all your proposed enduring guardians in the place indicated. Each person must sign this form to show that he or she accepted the appointment. However, if you want to appoint more than one enduring guardian and want your enduring guardians to have different functions and act separately, you should fill out a different form for each enduring guardian appointed.

(b) I appoint my enduring guardians to act jointly OR severally OR jointly and severally

NOTE: This relates to the appointment of two more enduring guardians. If you are only appointing one enduring guardian, then cross out this section and put your initials beside any writing you have crossed out. If you want to appoint more than one enduring guardian and you want your enduring guardians to have the same functions, then you should also indicate whether you want them to act jointly, severally or jointly and severally. If you specify that they are to act jointly, they will only be able to act if they all agree on the course of action. If you specify that they are to act severally or jointly and severally, they will be able to act independently of each other. (Cross out whichever does not apply and put your initials beside any writing you have crossed out.)

(c) The death, resignation or the incapacity of one or more of my joint enduring guardians does not operate to terminate the appointment of any other of my joint enduring guardians.

NOTE: If you appoint one enduring guardian, or if you appoint more than one enduring guardian and direct that they act severally or jointly and severally, then cross out this section and initial it. If you appoint two or more enduring guardians jointly, you may state that the death, resignation or incapacity of one enduring guardian will not terminate the appointment of the other enduring guardians. However, if you cross the section out and one of your joint enduring guardians dies, resigns or becomes incapacitated, the appointment of the other joint enduring guardian(s) will be terminated.

2. Functions

I authorise my enduring guardian or each of my enduring guardians to exercise the following additional functions:

- (a) to decide where I live.
- (b) to decide what health care I receive.
- (c) to consent to the carrying out of medical or dental treatment on me (in accordance with Part 5 of the Guardianship Act)
- (d) to decide what other kinds of personal services I receive

NOTE: Your enduring guardian or enduring guardians will automatically exercise all of the functions listed above unless you cross out the functions you do not want your enduring guardian to exercise. You can cross out any or all of the above functions. You need to put your initials beside any writing you have crossed out. If you cross out all the functions, you need to list the functions that you want your enduring guardian or enduring guardians to exercise. If you would prefer, you can give your enduring guardian or enduring guardians power to exercise only part of any function.

3. Additional Functions

I also authorise my enduring guardian or each of my enduring guardians to exercise the following additional functions:

4. Directions

I require that my enduring guardian or each of my enduring guardians exercise his or her functions subject to the following directions:

NOTE (1) You can add any specific requirements or limitations here or leave this blank by crossing it out and putting your initials beside it.
 (2) If you have completed an Advance Health Care Directive, you may wish to attach a copy to this document and write on the lines above "see attached Advance Health Care Directive".

5. Alternative enduring guardian

I also appoint

Name _____
Address _____
Occupation _____
Phone: _____
Mobile: _____

to be an alternative enduring guardian.

NOTE: You can choose to appoint an alternative enduring guardian to exercise the functions of your enduring guardian if the enduring guardian dies, resigns or becomes incapacitated. An alternative enduring guardian is not authorised to exercise these functions until (or unless) that happens. If you do not want to appoint an alternative enduring guardian, cross this out and put your initials beside any writing you have crossed out.

6. Your signature to make the appointment

Signature: _____ Date: _____

Or : I directed: Name: _____

Address: _____

to sign this document on my behalf.

NOTE: If needed, you can direct a person to sign the document on your behalf. This person must be at least 18 years of age, not a witness to this form of appointment, and not someone you are appointing as your enduring guardian or alternative guardian. You should give this direction to sign on your behalf in the presence of the person who is witnessing the signatures. If you are signing this document yourself, then this statement does not apply. Cross it out and put your initials beside any writing you have crossed out.

7. Acceptance of appointment

I accept my appointment as enduring guardian/alternative enduring guardian

Signature: _____

Name: _____

Date: _____

I accept my appointment as enduring guardian/alternative enduring guardian

Signature: _____

Name: _____

Date: _____

I accept my appointment as enduring guardian/alternative enduring guardian

Signature: _____

Name: _____

Date: _____

NOTE: Each enduring guardian and alternative enduring guardian needs to sign here in the presence of the witness. Cross out and initial whichever does not apply.

8. Certificate of witness

I, _____ of _____

being a NSW solicitor/NSW barrister/Registrar of a Local Court/interstate legal practitioner/prescribed person certify that:

(a) I witnessed the execution of this instrument by/for (name of appointer) _____

and by (name of appointee or appointees)

and (b) this/these person(s) executed the instrument voluntarily and each appeared to understand the effect of the instrument, and (c) the appointor in my presence instructed the person named in the instrument to sign the instrument on the appointor's behalf.

NOTE: A person may witness both the signatures of the appointor and the appointee or appointees. Where the signatures of the appointor and appointee are witnessed by different persons, each witness should sign a certificate in respect of the signatures witnessed. If an appointor has instructed another person to sign the instrument on his or her behalf, the witness must certify the matter referred to in (c). Cross out and initial if this does not apply.

Signature of witness: _____

State or Territory where signature witnessed (if witnessed outside NSW):

State: _____

Date: _____

[illegible]

We would also like to thank the **Commonwealth Department of Health and Ageing** for funding our Palliative Dementia Care project (2010), which is aimed at ensuring that all people, especially those with dementia in all its stages, have access to the opportunity to have their needs and concerns acknowledged in regard to their health care across all of life's situations.

Additionally the Amaranth Palliative Dementia Team would like to thank the many patients, families and care givers that have provided us with advice, comments and suggestions as to the development of this document to ensure that their thoughts and feelings were respected, and that the values of dignity, autonomy and respect were reflected throughout this document.



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