



Advance care planning

All aspects of advance care planning are entirely voluntary. You may choose to complete some or all of the following steps.

Step 1

Discuss what is important to you with your substitute decision-makers, family, carers, general practitioner, healthcare providers and those you trust.

Step 2

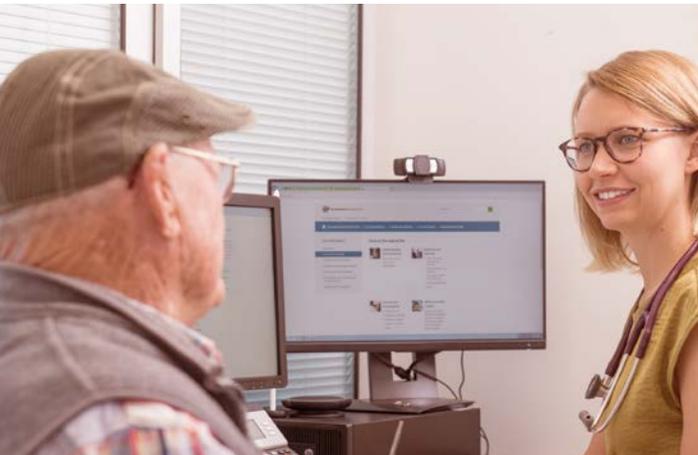
Record your decisions in documents such as an Advance Health Directive, Enduring Power of Attorney, or a Statement of Choices form.

Step 3

Share copies of the documents (for example, with substitute decision-makers, family, carers, general practitioner, your local hospital, or upload onto My Health Record).

Step 4

Review and update your advance care planning decisions and documents regularly.



More information

You may find it useful to talk with the following people about advance care planning. Their contact details can be recorded below:

Doctor / General Practitioner

Nurse

Social Worker

Advance Care Planning Facilitator

Palliative Care Service

Other

To find out more visit
qld.gov.au/careatendoflife

Understanding advance care planning



care
at end of life

It's never too early to plan



Start your conversation at
qld.gov.au/careatendoflife

Whether you are young or old, sick or well, it's important to plan now for the quality of life and healthcare you would prefer at the end of your life.



This is not just for people who are dying or have a serious illness. Start the conversation now to ensure the things important to you are known if an unexpected issue arises.

Advance care planning documents

You may choose to complete any number of the following documents that are used in Queensland.

Advance Health Directive form

This is a legal document, which allows you to give instructions about your future healthcare, and appoint an attorney for personal/health matters. It comes into effect only if you are unable to make your own decisions.

Enduring Power of Attorney form

This is a legal document giving another person or people the authority to make personal/health and/or financial decisions on your behalf.

For personal/health decisions, it comes into effect only if you are unable to make your own decisions. For financial decisions, you can nominate whether you want the attorney to begin making financial decisions for you immediately, or at some other date or occasion.

Statement of Choices form

Focuses on your wishes, values and beliefs. It is a document in use in some Queensland hospitals, residential aged care facilities and general practitioner clinics to support advance care planning conversations.

Speak with your general practitioner, healthcare team or a legal representative to complete these documents, or visit qld.gov.au/careatendoflife.



What is advance care planning?

Advance care planning is a routine part of a person's healthcare. It is the process of making what's important to you clear in the event that you cannot make or communicate decisions about your treatment and care.

It is important to carry out advance care planning before an urgent issue arises, it is never too early to plan.

By carrying out advance care planning, your substitute decision-makers, family, carers and healthcare providers will be aware of what is important to you. It can help to ensure that any decisions they may need to make for you are consistent with your values, beliefs and preferences.

Who can do advance care planning?

Anyone can carry out the process of advance care planning. However, you must have decision-making capacity and be aged 18 or over to complete legal documents, for example an Advance Health Directive or an Enduring Power of Attorney form.



Topics covered in advance care planning

Many topics may be covered through the process of advance care planning. You might not be able to cover all of these in one conversation. It is normal for advance care planning to be carried out, and for your preferences to change, over time.

Some of the topics you may wish to consider include:

- what is important to you and enriches your quality of life
- your goals, views, values and beliefs
- your medical conditions, how they might progress and your treatment options
- future healthcare you would want to receive or refuse and how to communicate and record any decisions you make
- making clear who you would like to be involved in your future care and decision-making
- where you would prefer to be cared for, and how this may affect your treatment options
- your social, emotional, spiritual and cultural support needs
- access and/or transition to other services, such as to palliative care or other community care services
- your wishes in relation to resuscitation (CPR) planning and other potentially life-prolonging treatments
- financial considerations, will and estate planning
- funeral planning and your wishes in relation to organ or tissue donation.