Statement of Choices

ADVANCE CARE PLAN

The Statement of Choices can be used to record views, wishes and preferences for health care.

Its purpose is to guide or inform those who need to make health care decisions for a person who is unable to make those decisions for themselves.

This document is not legally binding and does not provide consent to health care in advance.

www.my**care**my**choices**.com.au

Queensland Government

Statement of Choices

Advance Care Planning (ACP) is a voluntary process of planning for future health care that is relevant to all adults regardless of their health or age. Ideally ACP involves completion of a recognised ACP document. In Queensland the Statement of Choices is one of these.

The **Statement of Choices** (Form A/Form B) is a values-based ACP document that records a person's wishes and preferences for their health care into the future.

- The content provides guidance to substitute decision-makers (see glossary of terms) and clinicians about a person's views, wishes and preferences for care in the event the person is unable to make health care decisions for themselves.
- It helps decision-makers to consider what decisions the person might have made in the circumstances if they had capacity to do so.
- It is not a legally binding document. It does not provide consent to, or refusal of, treatment.

Which form should you use?

*Only Form A **OR** Form B should be completed based on current circumstances.*

Form A	Is used by people who **can** make health care decisions for themselves.
Form B	Is used for people who **cannot** make health care decisions for themselves.*

**Form B should be completed by the person's legally appointed substitute decision-maker(s) or, if not applicable, person(s)in a close and continuing relationship with the individual. A person's healthcare providers should not complete the Statement of Choices on a person's behalf.*

- Form A is completed by a person to record their views about what is important to them, their wishes for care, and the outcomes they might find acceptable/unacceptable. These wishes could include cultural, religious or spiritual beliefs and practices that they want respected.
- Form B should reflect the best understanding of the person's views about what's important to them, their wishes for care, and the outcomes they might find acceptable/unacceptable. It should take into account what the person has said or done in the past, their personal, cultural, religious or spiritual beliefs and practices that they might want respected.

Recommended steps to complete a Statement of Choices

Step 1

Discuss current health conditions and care options (now and into the future) with usual doctor. Discuss values, beliefs and quality of life choices with substitute decision-makers and significant others.

Step 2

Record in Form A or Form B views, wishes and preferences for care and contact details of formal substitute decision-makers, if appointed.

Step 3

Share copies of the completed document with family, decision-makers, GP and important others. Also send copies to the Statewide Office of Advance Care Planning (see below).

Step 4

Review preferences and values for care whenever there are important changes in health or life circumstances and update your ACP document(s) accordingly.

What to do with completed ACP documents: It's important that ACP documents are easily available to authorised clinicians involved in a person's care if they are needed. Advance Health Directives, Enduring Power of Attorneys, revocation documents, QCAT Decisions* and Statement of Choices, can be uploaded to a person's Queensland Health electronic hospital record. Keep the original(s) in a safe place.

Send a copy/scan of completed ACP document(s) to the Statewide Office of Advance Care Planning:

Email: acp@health.qld.gov.au Fax: 1300 008 227 Post: PO Box 2274, Runcorn QLD 4113

You can also upload document(s) to your My Health Record.**

Think now. Plan sooner. Peace of mind later.

* QCAT = Queensland Civil and Administrative Tribunal ** See www.myhealthrecord.gov.au

Advance Care Planning

If you were suddenly injured or became seriously ill,
who would know your choices about the health care you would want?

Advance Care Planning (ACP) provides an opportunity to think about, discuss and ideally document your preferences for the type of care you would like to receive in the future and the outcomes you would consider acceptable or unacceptable. ACP helps to ensure that your views, wishes and preferences for care are known and can be respected. It often relates to care you wish to receive at the end of your life.

A person may complete whichever ACP document(s) they consider meet their needs. ACP documents cannot be used to make requests for Voluntary Assisted Dying.

Queensland ACP documents include:

- **Advance Health Directive (AHD):** This is a legally binding document that can be used in certain circumstances to provide directions about future health care and to appoint an attorney for health matters. A Doctor or Nurse Practitioner is required to complete the certificate stating the person has capacity to make the document. To be complete, an AHD must also be witnessed by an eligible witness.
- **Enduring Power of Attorney (EPOA) Short and Long:** These documents allow a person to legally appoint attorney(s) and set out terms for how the power operates. These documents must be witnessed by an eligible witness.
- **Statement of Choices (SoC):** This is a values-based document that records a person's wishes and preferences for their health care into the future. It is not legally binding and does not provide consent to health care in advance. A Doctor or Nurse Practitioner signs and dates the form, but it does not require witnessing.

How are ACP documents used?

Once completed, ACP documents for health care only become active when a person does not have capacity to make decisions for themselves.

How are health care decisions made in Queensland?

When a person is unable to make or communicate their own health care decisions and consent for health care is required, the order of priority in decision-making for a health matter in Queensland is:

1. Advance Health Directive (AHD)
A legally binding document that provides directions about a health matter in specific circumstances.

If a direction in an AHD does not apply then…

2. Tribunal-appointed guardian
A guardian appointed by the Queensland Civil and Administrative Tribunal (QCAT) to make health care decisions on behalf of a person.

If a guardian for health care decisions has not been appointed then…

3. Attorney appointed under an AHD / EPOA
An attorney appointed by a person for personal / health decisions in an AHD or EPOA document.

If an attorney for health care decisions has not been appointed then…

4. Statutory Health Attorney (SHA)
A person who has authority to make health care decisions in the absence of the above decision-makers. By law, this person is the first available, culturally appropriate adult from the following list, in order:

- a spouse or de facto partner
- a person who is caring for the adult
- a close friend or relative
- the Public Guardian (as SHA as a last resort).

See glossary for full criteria.

A Statement of Choices document may help guide these decision-maker(s)

GLOSSARY OF TERMS

Capacity	This legal term refers to a person's ability to make a specific decision in a particular area of their life such as the health care they receive, support services they may need, where they live and how they manage their finances. It is presumed that every adult has capacity to make all decisions until proven otherwise. A person has capacity for health care decisions when they are capable of (i) understanding the nature and effect of decisions about the matter; and (ii) freely and voluntarily making decisions about the matter; and (iii) communicating the decisions in some way. Capacity can change or fluctuate and can be influenced by the complexity of the decision, support available to the person and when the decision is made. For more information visit: **https://www.publications.qld.gov.au/dataset/capacity-assessment-guidelines**
Cardiopulmonary Resuscitation (CPR)	Includes emergency measures to keep the heart pumping (by compressing the chest or using electrical stimulation) and artificial ventilation (mouth-to-mouth or ventilator) when a person's breathing and heart have stopped. It is designed to maintain blood circulation whilst waiting for treatment to possibly start the heart beating again on its own. The success of CPR depends on a person's overall medical condition.
Good Medical Practice	Requires the doctor responsible for a person's care to adhere to the accepted medical standards, practices and procedures of the medical profession in Australia. All treatment decisions, including those to withhold or withdraw life-sustaining treatment, must be based on reliable clinical evidence and evidence-based practice as well as recognised ethical standards of the medical profession in Australia. Good medical practice requires respecting an adults' wishes to the greatest extent possible.
Life-sustaining Measure	The *Guardianship and Administration Act 2000* defines a life-sustaining measure as health care intended to sustain or prolong life and that supplants or maintains the operation of vital bodily functions that are temporarily or permanently incapable of independent operation. Each of the following is a life-sustaining measure – cardiopulmonary resuscitation, assisted ventilation, artificial nutrition and hydration. A blood transfusion is not considered a life-sustaining measure.
Office of the Public Guardian	This independent statutory body protects the rights and interests of vulnerable Queenslanders, including adults with impaired capacity to make their own decisions.
Organ or Tissue Donation	For information about donation and to register your wishes visit: **www.donatelife.gov.au**
Statutory Health Attorney (SHA)	This term refers to someone with automatic authority to make health care decisions on behalf of an adult whose capacity to make health care decisions is permanently or temporarily impaired. A person acts in the role of SHA because of their relationship with the impaired adult. By law, this attorney is the first available, culturally appropriate adult from the following: • A spouse or de facto partner (as long as the relationship is close and continuing) • A person who is responsible for the adult's care* • A friend or relative in a close personal relationship with the adult.* Relation can also include a person who under Aboriginal tradition or Torres Strait Islander custom is regarded as a relation • If there is no one suitable or available, the Public Guardian acts as the SHA as a last resort. *Note* = This person cannot be the adult's health provider, a service provider for a residential service where the adult is a resident, or a paid carer (although they can be receiving a carer's pension).*
Substitute Decision-maker	This term describes someone who has legal power to make decisions on behalf of an adult when that person is no longer able to make their own decisions. This may be a person appointed in an Enduring Power of Attorney or Advance Health Directive document, a tribunal-appointed guardian or a statutory health attorney.
Tribunal	Each State and Territory have an independent, accessible Tribunal that makes decisions on applications about adults who may have impaired decision-making capacity. Their role can include appointment of a guardian for personal / health matters. In Queensland this Tribunal is called the Queensland Civil and Administrative Tribunal (QCAT).

Queensland Government

Statement of Choices
FORM A

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F ☐ X

My Statement of Choices
FORM A

A record of values and preferences, for persons **with** decision-making capacity.

My details *(If using a patient label please write "as above")*

Given Names:

Family Name:

Preferred Name:

Phone:

Address:

DOB: Sex: ☐ Male ☐ Female ☐ X Medicare No.

I have the following:

1. Advance Health Directive (AHD) document ☐ Yes ☐ No

2. Tribunal-appointed guardian ☐ Yes ☐ No

3. Enduring Power of Attorney document ☐ Yes ☐ No

← **Legal substitute decision-maker(s) can only be appointed using these documents or by a Tribunal.**

If you have any of these documents please send a copy to the Statewide Office of ACP (see p.4).

My contacts

Name:

Phone: Relationship:

This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal: ☐ Yes ☐ No

Name:

Phone: Relationship:

This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal: ☐ Yes ☐ No

Name:

Phone: Relationship:

This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal: ☐ Yes ☐ No

If there are more than 3 contacts please attach details on a separate sheet and tick this box: ☐

proceed to next page...

DO NOT WRITE IN THIS BINDING MARGIN

Statement of Choices FORM A

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Statement of Choices
FORM A

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F ☐ X

My name:

My personal values and considerations

Describe what you value or enjoy most in your life:
Think about what interests you or gives your life meaning.

My current medical conditions include:
You may wish to discuss this with your doctor.

Consider how your health conditions might affect your life in the future.
Describe the health outcomes that you would find acceptable or unacceptable:
Think about what you would or would not want in your day-to-day life, including your well-being now and into the future.

When I am nearing death, the following would be important and would comfort me:
Think about your personal preferences, such as place of care, special traditions or spiritual support.

Indicate the place where you would prefer to die: *(e.g. home, hospital, aged care facility, on Country)*

Consider how you would want to be cared for after you die:
Think about your spiritual, religious and cultural practices; and any other wishes that you want noted e.g. funeral plan, Will, organ/tissue donation.

please turn over...

Queensland Government

Statement of Choices FORM A

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F ☐ X

My name:

My preferences for medical care and treatment

I want my preferences to be considered and respected by doctors looking after me and those making health care decisions for me.

I understand that my preferences are not legally binding and do not provide consent for treatment.

If I no longer have decision-making capacity, doctors need to speak with my substitute decision-maker(s) when consent is required for health care. I understand I will only be offered treatment that is good medical practice (see glossary).

It is my preference that I receive care that aims to: *(tick appropriate box)*

☐ Keep me alive as long as possible, no matter the impact to my quality of life **OR**

☐ Preserve my quality of life in line with my personal values (on page 2) **OR**

☐ Keep me comfortable, allow me to die naturally, with pain and symptoms well managed, and be cared for with dignity **OR**

☐ Other:

My preferences for life-sustaining measures

Cardiopulmonary Resuscitation (CPR) *(tick appropriate box)*

☐ **I would wish** CPR attempted, if it is consistent with good medical practice **OR**

☐ **I would NOT wish** CPR attempted **OR**

☐ Other:

Other life-sustaining measures *(tick appropriate box)*

e.g. assisted ventilation (a machine which assists your breathing through a face mask or a breathing tube), artificial nutrition and hydration (a feeding tube through the nose or stomach), kidney machine (dialysis)

☐ **I would wish** for other life-sustaining measures, if it is consistent with good medical practice **OR**

☐ **I would NOT wish** for other life-sustaining measures **OR**

☐ Other:

My preferences for other medical treatments

If considered to be good medical practice,	I would wish for:	I would NOT wish for:	undecided / no preference:
A major operation *(e.g. under general anaesthetic)*	☐	☐	☐
Intravenous (IV) fluids	☐	☐	☐
Intravenous (IV) antibiotics	☐	☐	☐
Other intravenous (IV) drugs	☐	☐	☐
A blood transfusion	☐	☐	☐

☐ Other:

proceed to next page...

Statement of Choices FORM A

Queensland Government

Statement of Choices FORM A

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F ☐ X

My name:

My understanding of the document

By signing below, I confirm I have had this document explained to me and I understand its purpose.
I understand that:

- This document represents my views, wishes and preferences for my health care and may be used as a guide by my substitute decision-maker(s) and/or doctors in providing appropriate care for me when I do not have capacity to make decisions about my health care. It is not legally binding and does not form consent for treatment.
- It may be important to discuss my wishes and the content of this document with my substitute decision-maker(s), significant others and my treating doctor(s).
- Doctors should only provide treatment that is consistent with good medical practice.
- Regardless of my preferences expressed here, I will continue to be offered all other relevant care, including care to relieve pain and alleviate suffering.
- This document remains current until it is replaced or withdrawn.

I consent to share the information on this form with persons/services relevant to my health and to non-identifiable information being used for quality improvement/research purposes as per the privacy policy and information sheet available at: www.my**care**my**choices**.com.au

Signature: Date:

Usual Doctor's/Nurse Practitioner's statement

As a registered medical/nurse practitioner, I have discussed the contents of this document with the person completing the form. At the time of making this Statement of Choices, I believe the person has decision-making capacity to understand the nature and effect of this document and has completed it freely and voluntarily.

Name of Doctor/ Nurse Practitioner:

Signature of Doctor/ Nurse Practitioner:

Date:

Hospital or Practice Stamp or Provider number

This form was completed with the help of a qualified interpreter or cultural/religious liaison person: ☐ Yes ☐ N/A

Details of other people (if any) who provided assistance with the ACP process:

Name:

Phone: Relationship:

IMPORTANT: You can have your AHD, EPOA, revocation documents, QCAT Decisions and Statement of Choices uploaded to your Queensland Health electronic hospital record, for easy access by authorised clinicians. Send/scan a copy of all pages to the:

Statewide Office of Advance Care Planning

Email: **acp@health.qld.gov.au** Fax: 1300 008 227 Post: PO Box 2274, Runcorn QLD 4113

For more information phone: 1300 007 227

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