

## When you need to make a decision for someone...

If you have to make a decision for another person:

- try to see the choices from the perspective they would have had, and
- try to make the decision the person would have made if they were able to.

It means *'standing in the person's shoes'*.

## Work out if the person is able to make the decision

It is important to consider if the person could make their own decision if they had support. Health professionals may be able to support the person to make the required decision. They can also help to assess how much of the decision the person can make for themselves, and how much you will need to do.

If the person cannot make the decision themselves, they may be able to provide some input. You may be able to get some information from them about their preferences.

## Consider any written or spoken preferences of the person

The person may have written down their wishes. They may have written what they do, or do not, want in an Advance Care Plan or Advance Care Directive. It is important that these are followed when decisions are made.

Preferences may:

- be about specific medical treatments
- be more general, documenting the person's values and what is important to them
- include their goals for care, including their minimal acceptable outcome from treatment.

## 當您需要為他人做決定的時候 .....

您如果必須為他人做決定：

- 要儘量從他們本人的角度審視各個選擇，並且
- 儘量作出假設此人有能力的時候也會作出的決定。

這意味著要 *'設身處地為他人著想'*。

## 弄清楚此人是否有能力做決定

務必要考慮此人如果獲得支持，是否可以自行作出決定。醫療專業人員也許能夠幫助支持此人作出必要的決定。他們還可以幫助評估此人可以自行作出多少決定，以及您需要為其作出多少決定。

如果此人無法自行作出決定，他們也許能夠提供一些意見。您可能可以從他們那裏獲得有關他們偏好的一些資訊。

## 考慮此人以書面或口頭方式表達的偏好

此人也許已經寫下自己的意願。他們也許已在預先護理計劃或預先護理指示之中，寫下他們希望或不希望得到什麼。作決定的時候，務必要依循這些偏好。

偏好可能：

- 有關具體的醫療方法
- 較為籠統，記錄此人的價值觀及重視的事物
- 涵蓋他們對於護理的目標，包括他們對於治療結果最低可接受的結果。

# Advance Care Planning Australia

BE OPEN | BE READY | BE HEARD

People often undertake advance care planning to assist family and others who may have to make decisions for them. They also want to ensure they receive care in line with their preferences.

Preferences may not have been written down. They may have been expressed through conversations. Speak with friends, family members or the person's GP. See if the person expressed anything relevant previously.

## Consider what is important to the person

Consider the cultural, spiritual and religious beliefs of the person. These might influence what care is wanted.

If there are no written wishes, consider:

- how the person lived their life
- decisions they made in the past
- what things are important for them
- the likely outcomes and if the person would want these outcomes.

You should refuse health care that is likely to result in outcomes that the person wanted to avoid.

'Remember, you are trying to make the decision the person would have made. Not the decision you want. Nor the decision you would make for yourself in the same situation.'

## Making a health decision

If you need to make a health decision for someone:

- ask questions and listen to the advice
- ask health practitioners about healthcare options and likely outcomes
- follow the person's written or spoken preferences, as far as possible

人們常常訂立預先護理計劃，以幫助家人以及其他可能要為他們作決定的人。他們也希望確保接受與自己的偏好一致的護理。

偏好不一定是以書面方式記錄的，可能是通過對話表達的。與朋友、家人或此人的 GP（全科醫師）交談，看看此人是否表達過任何相關的意願。

## 考慮對此人來說重要的是什麼

考慮此人的文化及宗教信仰。這些也許會影響他們所希望得到的護理。

如果沒有書面的意願，就要考慮：

- 此人之前如何生活
- 他們過去做過的決定
- 什麼事情對於他們來說很重要
- 可能發生的結果以及此人是否希望得到這些結果。

如果醫療護理可能導致此人想要避免的結果，您應該拒絕接受這種護理。

'請記住：您在儘量作出此人本來就會作出的決定。而不是您想要的決定。也不是在同樣情況下，您會為自己作出的決定。'

## 作出醫療決定

您如果需要為某人做醫療決定：

- 要提問，並傾聽意見
- 要向醫療工作者詢問有關醫療護理可選擇的方案以及可能發生的結果等問題
- 要儘量依循此人以書面或口頭方式表達過的偏好

# Advance Care Planning Australia

BE OPEN | BE READY | BE HEARD

- make the decision that the person would make if they had the same information and advice that you have.

When there is more than one option the person would accept:

- choose the option that gives the most independence but still provides good care
- aim to maximise their health and wellbeing, as they would see it.

If you cannot work out what the person would have decided, make the decision that you believe is best for them.

'Making decisions for someone else can be difficult and stressful. It may help to talk with a community nurse, hospital social worker, aged care staff or your GP.'

## Making a decision about living arrangements

Living arrangements may depend on the availability of family and someone to provide care and assistance. The abilities and personal circumstances of those providing care should be considered. Most people would prefer to remain at home rather than entering residential care. However, they may also put a high value on their family and would not wish to cause 'burn-out'. They may not want to impose an extended duty of care on those they love.

When making a decision about living arrangements:

- follow the person's written or spoken preferences
- have a discussion with family members and others, especially anyone who will be helping to provide care
- consider costs linked to decisions
- speak to the financial decision-maker
- choose the option that gives the most independence but still provides care and maximises wellbeing.

- 要依照如果此人獲得與您一樣的資訊和意見後會做的決定，來作出同樣的決定。

如果有一個以上可選方案，此人會接受：

- 選擇可給予最多獨立能力，同時又提供優質護理的方案
- 旨在最大程度地促進他們的健康和福祉，就好像他們會看到這個結果一樣。

如果您無法弄清楚此人會作出什麼決定，您就作出自己認為是最適合他們的決定。

'為他人做決定可能頗為困難，很有壓力。與社區護士、醫院社工、老年護理工作人員或您的 GP（全科醫師）傾談，會有所幫助。'

## 作出有關生活安排的決定

生活安排可能取決於是否有家人或其他人提供護理和協助。應該考慮護理提供者的能力和個人情況。大多數人情願留在家裏，而不接受院舍護理。然而，他們可能也很珍視家人，不希望造成他們“身心疲憊”。他們可能不想給他們所愛的人造成長期負擔。

當作出有關生活安排的決定時：

- 依循此人以書面或口頭方式表達的偏好
- 與家人以及其他人士——特別是幫助提供護理的人士，進行討論
- 考慮與決定相關的費用問題
- 與財務決策者傾談
- 選擇可給予最多獨立能力，又提供護理並最大程度地促進福祉的方案。

## For more information and assistance

If you have someone who can read English ask them to help you. Ask them to access the information and any documents you need. Your local doctor/GP or Chinese association may be able to help. Or ask about arranging an interpreter to assist you.

- Access information and documents for your state or territory at [www.advancecareplanning.org.au](http://www.advancecareplanning.org.au) (Audio-recordings of information spoken in Cantonese and Mandarin are also available).
- Visit your doctor/GP for assistance.
- Alternatively, call the National Dementia Helpline on 1800 100 500.

or

- Advance Care Planning Advisory Service: Phone 1300 208 582. A telephone interpreter is available for this service by calling 13 14 50. State the language you speak. Wait on the phone (for up to 3 minutes). You can then ask the interpreter to call the Advance Care Planning Advisory Service on 1300 208 582.

## 如需更多資訊及協助

如果您身邊有人能夠讀懂英文，請要求他們幫助您。請他們獲取您需要的資訊及文件。您當地的醫生 /GP（全科醫師）或華人社團可提供幫助。或者，您可以要求安排口譯員協助您。

- 瀏覽網站：[www.advancecareplanning.org.au](http://www.advancecareplanning.org.au)，以獲取您所在的州或領地的資訊及文件（某些資訊有中文版）。
- 拜訪您的醫生 /GP（全科醫師），以獲得協助。
- 也可以致電 1800 100 500，聯絡 National Dementia Helpline（全國腦退化症求助熱線）。

或聯絡

- Advance Care Planning Advisory Service（預先護理計劃諮詢服務）：致電 1300 208 582。該項服務提供電話口譯，請撥打 13 14 50。電話接通後，請告知對方您說什麼語言。等待接通電話（最長 3 分鐘）。然後，您可以要求口譯員幫您撥打 1300 208 582，接通 Advance Care Planning Advisory Service。