

What is advance care planning?

Advance care planning allows health professionals and direct care workers in aged care to understand and respect a person's preferences, if the person ever becomes seriously ill and unable to communicate for themselves.

Ideally, advance care planning will result in a written Advance Care Plan, to help ensure the person's preferences are respected.

Advance care planning is only called upon if the person loses the ability to make or express their wishes.

Benefits of advance care planning

Advance care planning benefits the person, their family, carers (paid and unpaid), health professionals and associated organisations.

- It helps to ensure people receive care that is consistent with their beliefs, values, and preferences.
- It improves end-of-life care, and person and family satisfaction with care (1).
- Families of people who have done advance care planning experience less anxiety, depression, stress and are more satisfied with care received (1).

MAKING HEALTHCARE DECISIONS FOR OTHERS CAN BE DIFFICULT. AN ADVANCE CARE PLAN CAN GIVE PEACE OF MIND AND COMFORT AS PREFERENCES ARE CLEAR, UNDERSTOOD AND RESPECTED.

Who should be involved in advance care planning?

Advance care planning requires a team effort. It should involve:

- the person who is considering their future health and personal care preferences
- their close family and friends
- their substitute decision-maker(s)
- carers
- aged care workers, nurses, doctors and other healthcare professionals.

Organisations can also support the process by having good policies and guidelines and by making current information available.

什么是预先护理计划？

预先护理计划让老年护理中心的医务人员和直接护理工作者在某个人病情危重而无法亲口表达时理解并尊重其偏好。

理想的情况下，预先护理计划会生成一份书面的预先护理计划书，以帮助确保这个人的偏好得到尊重。

只有在某人失去了做出或表达意愿的能力之时，预先护理计划才会启动。

预先护理计划的好处

预先护理计划让病人、他们的家人、护理人员（有偿的和无偿的）、医务人员和相关组织均受益。

- 它有助于确保病人得到与他们的期望、价值观和偏好相一致的照顾。
- 它改善了临终关怀，并且通过护理提高了病人及其家人的满意度 (1)。
- 已经制定了预先护理计划的病人家属所感受到的焦虑、抑郁、压力更少，并且对得到的护理更满意 (1)。

替他人做医疗保健决定会很困难。由于病人的偏好很明确，并且获得了理解和尊重，预先护理计划可让人心情平静、舒适。

谁应该参与到预先护理计划中来？

预先护理计划需要团队的努力。它应该包括：

- 正在考虑自己的未来健康和个人护理偏好的人士
- 与其关系密切的家人和朋友
- 他们的替代决策者
- 护理人员
- 老年护理工作者、护士、医生和其他医护人员。

各组织也可以通过制定良好的政策和指导方针并通过提供最新信息来支持这一进程。

When should advance care planning be introduced?

Advance care planning can be a routine conversation when caring for an older person. It is important to also encourage conversations with their family/carers and care team.

Better outcomes are experienced when advance care planning is introduced early, as part of ongoing care, rather than in reaction to a crisis situation.

Where possible, people should be medically stable, comfortable and ideally accompanied by their substitute decision-maker(s) and/or family/carer.

Other triggers to discuss advance care planning include when:

- the person raises concerns
- the family raises concerns
- there is a change in the person's health or capability
- there is a change in their living situation (e.g. when they move into a residential aged care home).

How can aged care workers help with advance care planning?

Be open

- Find out more about advance care planning and the requirements of your organisation in your state/territory.
- Be open to engage with people who want to discuss their beliefs, values and preferences regarding their current and future health and personal care.
- Explain why they may like to select and prepare a substitute decision-maker(s).

Substitute decision-maker(s) will need to be:

- available (ideally live in the same city or region) or readily contactable
- over the age of 18
- prepared to advocate clearly and confidently on the person's behalf when talking to doctors, other health professionals and family members if needed.

应该何时引入预先护理计划？

预先护理计划可以是在照顾一个老人时的日常例行谈话。鼓励他们与其家人 / 护理人员和护理团队谈话也是非常重要的。

与出于应对危机状况而引入预先护理计划相比，如果在持续护理的过程中尽早引入该计划，会获得更好的结果。

如果可能的话，病人应该是病情稳定、舒适，并且最好有他们的替代决策者和 / 或家人 / 护理人员陪伴。

以下情况也会触发讨论预先护理计划：

- 病人有顾虑
- 其家人有顾虑
- 病人的健康或能力发生了变化
- 他们的生活状况发生了变化（例如，他们搬入了居家室养老院）。

老年护理工作者如何帮助制定预先护理计划？

持开放心态

- 查找更多关于您所在州 / 领地有关预先护理计划的信息以及您所在组织的要求。
- 以开放的态度与那些想要就其当前和未来的健康和个人护理讨论其期望、价值观和偏好的人交流。
- 解释为什么他们可能会想要选择并安排一名替代决策者。

替代决策者将需要：

- 有空（最好住在同一个城市或地区）或易于联系
- 年满 18 岁以上
- 准备好在需要与医生、其他医务人员和家庭成员交谈时能够清楚、自信地代表病人。

Advance Care Planning Australia

BE OPEN | BE READY | BE HEARD

Be ready

- Undertake training in advance care planning to improve your knowledge and skills.
- Talk with your clients about their beliefs, values, and preferences regarding health and personal care outcomes.

Be heard

- Discuss with care team, family and/or carers.
- Encourage your clients to write an Advance Care Plan or use a form relevant to their state/territory law. See advancecareplanning.org.au
- Encourage your clients to keep the Advance Care Plan safe, and store it appropriately (see below).
- Encourage them to review their Advance Care Plan every year or if there is a change in their health or personal situation.

The law and advance care planning

Different states and territories in Australia have different laws regarding advance care planning. There are also some common law decisions regarding advance care planning. See advancecareplanning.org.au for information.

Depending on the state/territory:

- a substitute decision-maker may be legally appointed as an 'agent', 'guardian', 'enduring guardian' or 'enduring power of attorney'
- an Advance Care Plan may also be called an 'advance care directive' or an 'advance health directive'.

做好准备

- 进行预先护理计划的培训，以提高自己的知识和技能。
- 与您的客户就其健康和个人护理结果谈论他们的期望、价值观和偏好。

让别人知道您的想法

- 与护理小组，家庭和 / 或护理人员讨论。
- 鼓励您的客户写下一份预先护理计划，或者根据其所在州 / 领地的法律使用表格。请见 advancecareplanning.org.au
- 鼓励他们确保预先护理计划的安全，并妥善保存（见下文）。
- 鼓励他们每年或在其健康或个人情况发生变化时审查其预先护理计划。

法律和预先护理计划

澳大利亚不同的州和领地在预先护理计划方面有不同的法律。澳大利亚也有有关预先护理计划的一些普通法决议。有关信息请见 advancecareplanning.org.au

根据各州 / 领地的情况：

- 替代决策者可被依法任命为“代理”、“监护人”、“持久监护人”或被授予“持久授权书”
- 预先护理计划也可被称为“预先护理指示”或“预先健康指示”。

Advance Care Planning Australia

BE OPEN | BE READY | BE HEARD

Where should Advance Care Plans be kept?

Advance Care Plans may be stored at one or many of the following:

- at home with the person
- with the substitute decision-maker(s)
- the GP/local doctor/specialist
- with aged care service provider records
- the hospital
- encourage and help clients to store them on their 'My Health Record' - myhealthrecord.gov.au
- myagedcare.gov.au

Do you have questions about advance care planning and would prefer to speak in a language other than English?

You can receive help from an interpreter for the cost of a local call (except from mobiles) by simply following these steps:

1. Call 13 14 50, Monday to Friday 9.00-5.00pm.
2. Say the language you need.
3. Wait on the line for an interpreter (may take up to 3 minutes).
4. Ask the interpreter to contact Advance Care Planning Australia on 1300 208 582.
5. Talk with our staff or volunteer with the help of an interpreter.

Where can I get more information?

Advance Care Planning Australia:

WWW.ADVANCECAREPLANNING.ORG.AU

NATIONAL ADVISORY HELPLINE: 1300 208 582

Reference

(1) Detering, KM, Hancock, AD, Reade, MC, Silvester, W 2010, 'The impact of advance care planning on end of life care in elderly patients: randomised controlled trial', *British Medical Journal*, 340: c1345.doi:10.1136.

VERSION 3: APR 2017

This publication only provides a general summary of the subject matter covered. People should seek professional advice about their specific circumstances. ACPA is not liable for any errors or omission in this publication.

应该在哪里保存预先护理计划？

预先护理计划可以存储在以下一处或多处：

- 由病人存放在家中
- 由替代决策者保管
- 全科医生 / 当地医生 / 专家处
- 与老年护理服务提供商记录放在一起
- 医院
- 鼓励并帮助客户将计划保存在他们的 "My Health Record" (我的健康记录) 中 – myhealthrecord.gov.au
- myagedcare.gov.au

您是否有关于预先护理计划的问题并且更喜欢用英语以外的语言说话？

您只需按照以下步骤，花费本地电话费用（用手机拨打电话除外）即可从口译员处获得帮助：

1. 周一至周五上午 9 时至下午 5 时，请拨打 13 14 50。
2. 说出您所需的语种。
3. 在线等待接通口译员（可能需要 3 分钟时间）。
4. 请口译员致电 1300 208 582 联系 Advance Care Planning Australia。
5. 在口译员的帮助下与我们的工作人员或志愿者交谈。

我可以从哪里获得更多信息？

Advance Care Planning Australia:

WWW.ADVANCECAREPLANNING.ORG.AU

NATIONAL ADVISORY HELPLINE (全国咨询热线) : 1300 208 582

参考文献

(1) Detering, KM, Hancock, AD, Reade, MC, Silvester, W 2010, 'The impact of advance care planning on end of life care in elderly patients: randomised controlled trial', *British Medical Journal*, 340: c1345.doi:10.1136.

第 3 版：2017 年 4 月

本出版物仅对所涉主题进行了总体概述。人们应该就其具体情况寻求专业意见。ACPA 不对本出版物中的任何错误或遗漏承担法律责任。