

## Advance care planning frequently asked questions: General Practice

### What is advance care planning?

A process of planning for future health and personal care whereby the person's values, beliefs and preferences are made known so they can guide decision-making at a future time when the person cannot make or communicate their decisions<sup>1</sup>.



Everyone should consider advance care planning regardless of their age or health. But, it is particularly important in the following scenarios:

- If the person raises advance care planning with a member of the general practice team
- If the answer to "Would I be surprised if this person died within the next 12 months?" is "No"
- Has an advanced chronic illness (e.g. COPD, heart failure)
- Has a life limiting illness (e.g. dementia or advanced cancer)
- Is aged 75 years or older, or 55 years or older if they are an Aboriginal and/or Torres Strait Islander person
- Is a resident of, or is about to enter, an aged care facility
- Is at risk of losing competence (e.g. has early dementia)
- Has a new significant diagnosis (e.g. metastatic disease, transient ischemic attack)
- Is at a key point in their illness trajectory (e.g. recent or repeated hospitalisation, commenced on home oxygen)
- Does not have anyone (e.g. family, caregiver, friend) who could act as substitute decision-maker
- May anticipate decision-making conflict about their future healthcare
- If the person has a carer.

### What is an advance care directive?

It is a type of written advance care plan recognised by common law or specific legislation that is completed and signed by a competent adult. It can record the person's preferences for future care, and appoint a substitute decision-maker to make decisions about health care and personal life management.

Depending on the state/territory:

- an Advance Care Directive may also be called an Advance Health Directive, Health Direction or Advance Personal Plan.

### Who can make an advance care directive?

Any person over 18 years of age can make an advance care directive, unless they are no longer able to make decisions about medical treatment due to a disability, illness or injury.

### Is a lawyer required to complete an advance care directive?

No the law does not require a lawyer to complete an advance care directive. The doctor and members of the healthcare team can assist completing the document.

### Is a doctor required to complete an advance care directive?

In some jurisdictions, a doctor is required to sign an advance care directive. In jurisdictions that do not require a doctor's signature, an advance care directive should, ideally, be discussed with a doctor as this ensures that any decisions made will be made on the basis of correct information. It also ensures that the treating doctor is fully aware of the patient's preferences and therefore better able to provide medical care that takes these choices into account.

Making decisions based on good medical information will help future doctors to follow a directive with confidence.

### Reference

<sup>1</sup> Working Group of the Clinical Technical and Ethical Principal Committee of the Australian Health Ministers' Advisory Council. A national framework for advance care directives. Adelaide: Australian Health Ministers' Advisory Council, 2011.



## Who can the person choose/nominate as a substitute decision-maker?

Who can the person choose/nominate as a substitute decision-maker?

A substitute decision-maker is expected to act in the person's best interests and make the same decisions they believe the person would have made. A substitute decision-maker should be someone who:

- is over 18 years of age
- the person trusts to listen carefully to their preferences for future medical treatment
- prepared to advocate and make decisions clearly and confidently on the person's behalf when talking to doctors, other health professionals and family members if needed.

Often, these people are family members but they can be anyone who the person believes can fulfil this role.

## What authority does a substitute decision-maker have?

There are some differences between Australian states, but generally substitute decision-makers can consent to medical treatment on the person's behalf if they lose capacity. In some states, they can also legally refuse medical treatment if the person has made their preferences known.

## Can an advance care directive be changed or revoked?

Yes, it can be changed or revoked while the person still has capacity. It is best to make a new directive and destroy any old ones.

Ensure that those who had a copy of the previous directive receive a copy of the new directive.

## How does advance care planning differ from euthanasia?

Euthanasia is the deliberate action of causing the death of someone who otherwise would not die. This is completely different from the withdrawal of a treatment that is no longer of benefit to the person. In this circumstance the person is dying from the underlying illness from which they would have died if the extraordinary medical treatment had not been commenced.

## Does an advance care directive still apply if the person is interstate?

If a person has discussed their preferences with a substitute decision-maker and family, then they will be able to give information regarding the person's choices to the doctors who will contact them to discuss the situation if the patient loses the capacity.

The substitute decision-maker and family will also be able to give the advance care directive to the treating doctors.

There is variation regarding interstate recognition of advance care directives.

## What happens in an emergency?

In an emergency, medical decisions will be made by the doctors, taking into account the patient's preferences, whether they were expressed in an advance care directive or verbally to the substitute decision-maker and family.

If the advance care directive is not immediately available, life-prolonging measures may be started until the treating doctors can hold discussions with the substitute decision-maker/family regarding expressed preferences.

## What happens if the person does not have an advance care plan?

Doctors may make treatment decisions based on best interests and identify a substitute decision-maker to consent to medical treatment.

## Does a person have the right to refuse medical treatment?

Yes, a person can legally refuse treatment before or after it has been commenced. In some states, nominated substitute decision-makers can also refuse treatment on behalf of the person who has lost capacity.

## How can a person's competence be assessed?

A person with capacity should know the decision facing them, understand the possible options and the possible outcomes of the options available and be able to understand and retain the information, use or weigh the information and communicate the decision.

It is not necessary to complete a mini mental state. A person's competence or capacity to make decisions is assessed in the process of the discussion.

## Where can I get more information?

Advance Care Planning Australia:

[advancecareplanning.org.au](http://advancecareplanning.org.au)

National Advisory Service: 1300 208 582