

Name: _____ Date of birth: / /

Address: _____

This statement sets out many of the issues that are important to how I want to live my life and how I want to be cared for by others. I am making this statement willingly because there may be some time in the future when I am unable to express these things myself, because of illness or injury. If this situation occurs, I want my substitute decision-maker(s) to make decisions about my care based on my values, wishes and preferences as expressed here.

On Substitute Decision-makers

Have you legally appointed someone to make healthcare decisions on your behalf if you are not able to make your own decisions (such as an Enduring Guardian or Medical Power of Attorney)?

Yes No

The name and contact details of this person or persons are:

If you have not legally appointed someone, who are the person or persons you would want to make decisions for you and what are their contact details?

Do you have other people that you would like to be included in discussions about your care?

Yes No

If yes, what are their names and contact details

Health

Do you have significant health problems now and, if so, how do these affect you?

How do you expect your health problems will affect you in the future?

Is it important to you to have specific doctor(s)/other healthworker(s) looking after you?

Yes No

If Yes, name the healthcare professionals you prefer:

Would you like to receive alternative medicines/treatments and have this respected? If so, what are these?

In terms of receiving information about your prognosis and care, do you want to be told as much as possible or just the basics?

Concerns and Fears

Do you have concerns or fears about the possibility of losing capacity (not being able to make your own decisions) at some time in the future?

Is there anything else in particular you are worried about regarding the future?

Life Values

What roles do family and friends play in your life?

Do you have religious, spiritual or lifestyle beliefs that are important to you and that you want others to acknowledge and respect? How might these influence the care you want to receive?

Are there aspects of your sexual orientation or identity that you want others to acknowledge and respect? How might these influence the care you want to receive?

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What are the most important thing(s) that you want medical and other staff that are looking after you to know about you?

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What are the qualities of medical and other staff that may be looking after you that are most important to you?

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Quality of Life

What activities would you like to do/keep doing even when you cannot request that any more?

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Do you have views about the possibility of having intimate and sexual relationships if you get to a point where you lose capacity to request this?

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Do you have any unfinished business that you would like to attend to while you can? This may include relationship breakdowns, unresolved disagreements, telling someone you love them etc.

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Receiving Community and Residential Care

If you become unwell and need support to stay at home, what are the main things you would want staff looking after you to be aware of about you/your feelings/your attitudes to receiving care?

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If you were living at home, at what point would you accept the need to go into residential care? This may include physical health, safety, support available and impact on your family of trying to care for you etc.

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If you do have to go into residential care, what are the things that would be really important to you? This may include:

- location of home
- size of home
- single room
- music
- visitors
- going out
- types of activities
- food
- touch
- sexual expression
- cultural aspects of care
- spiritual aspects of care

Care Toward the End of Life

Have you seen anyone else's end-of-life experiences that you would either want for yourself or wish to avoid? If so, can you describe these?

Do you have concerns or fears about dying? If so, can you describe these?

In terms of your views about your quality of life in the future, at what point would you want the goals of medical care to switch from intensive treatments aimed at prolonging life to focusing on palliative or comfort care? Some people describe this in terms such as the irreversible loss of ability to recognise people, feed themselves, walk, talk etc.

How do you compare the importance of living as long as possible, no matter what, to having a good quality of life at the end?

What would be an ideal death for you? Consider issues such as your environment/people around you/comfort/pain relief etc.

Do you have any views or preferences about where you are cared for at the end of life? For example, hospital/ home/ hospice. This statement is made with an awareness that where you are cared for will depend on the support and resources available at the time.

What would you need for comfort and support as you journey towards death?

This may include

- prayer
- family
- clergy
- music
- physical touch etc.

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If you are approaching death and cannot communicate, are there things you would like family/friends to know?

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Organ and Tissue Donation

My attitude to organ and tissue donation is that

I consent I do not consent to donation

Have you made your wishes known through the Australian Organ Donor Register?

Yes No

For more information, visit www.donatelife.gov.au

Have you made your wishes about organ donation clearly known to your family, who will have to give final consent for this procedure?

Yes No

Funeral Arrangements

Have you made a Funeral Plan?

Yes No

If yes, where are the documents held?

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In terms of burial or cremation, what is your choice?

I definitely want to be buried I definitely want to be cremated

I am happy to be either buried or cremated

Would you like to have some input to how your funeral is organised?

Yes No

If Yes, what would you like to see happen?

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Next Steps

Which of the following two options do you choose?

1. I am happy for my substitute decision-makers to use the information here to make any treatment decisions in the future on my behalf.
2. I want my substitute decision-makers to consider this information in any decisions they make on my behalf, but I also want to give directions about treatment options in the future, which I expect to be followed.

If you choose Option 1, complete this Worksheet according to the instructions below. If you choose Option 2, complete this Worksheet according to the instructions below and then progress to complete Worksheet 5: *Advance care directions about specific treatments*, available on the START2TALK website (www.start2talk.org.au)

If you complete this Worksheet, it is strongly recommended that you sign and date it as well as have at least one person witness your signature. They should also provide their contact details. Although there is no specific legal requirement for this, it is a good practice in case there is any doubt in the future about the validity of the document.

Signature: _____ Date: _____

Witness 1:

Name: _____ Signature: _____ Date: _____

Address: _____

Phone number: _____

Witness 2:

Name: _____ Signature: _____ Date: _____

Address: _____

Phone number: _____

Dates this worksheet was reviewed by person completing it to check its currency:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

This worksheet is one of a series of worksheets that are part of the START2TALK program administered by Alzheimer’s Australia. Full information can be found at www.start2talk.org.au

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