

Section two - Tips for completing the Statement of Choices for competent adults

The Statement of Choices (SoC) is an important part of your advance care plan (ACP). The information here will only be used when you cannot make your own decisions or tell others what you want. **By law, when someone else is making a health care decision for you, they must consider your choices.** Use this form to record what is important to you and have discussions with those you have chosen to speak for you.

Page one: Important information to identify you and your plan

The image shows the first page of the 'Statement of Choices' form for competent adults. The form is titled 'An Advance Care Planning Document Statement of Choices competent adults'. It includes fields for name, address, and date of birth. There are sections for 'Other Advance Care Planning Documents Completed', 'Enduring Power of Attorney (EPA)', and 'My legally appointed Substitute Decision Maker (SDM)'. There are also checkboxes for 'I have an Enduring Power of Attorney - completed on' and 'I have a Health Care Directive'. A section for 'My health situation' includes checkboxes for 'I have completed a health Directive with my GPC/Doctor on' and 'I have not completed a health Directive'. There is a section for 'My legally appointed Substitute Decision Maker also known as Attorney-in-Fact' with checkboxes for 'My Substitute Decision Maker (SDM) is/are' and 'My health record'. A section for 'My main message for my healthcare providers to consider' is at the bottom.

- ✓ Use a black pen.
- ✓ Fill in your full name, address, and date of birth to correctly identify yourself on each page.
- ✓ The Unique Record Number or URN will be added by your health provider if necessary.
- ✓ Indicate if you have other documents in place as part of your advance care plan and attach them as necessary. Refer to Section one - FAQs for an explanation of these documents.
- ✓ Add your chosen decision-makers and their best contact number and relationship to you – e.g., partner, son, friend, chosen family.
- ✓ Tick the boxes or add additional information to indicate who you will share the document with.
- ✓ My main message: This section is helpful if there is important information you want your health care providers to see immediately. - for example – no CPR or do not transfer me to hospital without contacting my son, or do not attempt CPR.



Page two: Your Values and wishes

Deciding the treatments that you would or would not want in the future is difficult. Advance care planning is a process that aims to focus on what matters most to you, defining quality of life and an acceptable recovery after illness or injury so that your decision-makers can make choices with this in mind.

Your Statement of Choices will be your voice when your decision makers are acting for you.

Examples of other people's words about what matters most

It helps to reflect on what matters most, what living well means to you. What you value and enjoy, along with your past experiences, best hopes, and worst fears for your future health and what might be unacceptable.



“To stay active and independent for as long as I can.”

“**To communicate my needs and interest to others.**”

“To be involved in deciding my care.”

“**To be able to eat and drink naturally.**”

“Not to be dependent on machines.”

“**I value being around family and friends, participating and engaging with my community, caring for my family, to be able to have a laugh, to feel comfortable and safe.**”

“I enjoy walking, reading, watching TV and old movies, time in the garden, being social, puzzles, crosswords, listening to music and keeping up with current affairs.”

“**It would be unbearable for me if I were dependent on others for care and mobility, and I could no longer communicate or eat and drink.**”

“I want my kids to know I trust their ability to decide for me, and while this may be hard, I want them to support each other, not argue, choose as I would have done, use quality and comfort to guide you - it's OK.”

What else might be important?

You can note relevant medical or physical conditions and specific personal or treatment needs that are important to you. For example:

"Lying on my left side is painful."

"I am hearing impaired; speak clearly and directly to me. "

"Keep/stop regular medications, unless...."

Page three:

Your choices for CPR and other life prolonging and medical treatments

B. My choices for CPR and other life prolonging and medical treatments
These are my choices if you ever need to decide to accept or refuse care for me.
I understand that in an emergency, difficult decisions may need to be made quickly and my substitute decision makers may not be available or able to be consulted. Please follow my wishes where possible.

My choices for cardiopulmonary resuscitation (CPR):
Initial appropriate boxed/did information

I would not like CPR at all. Please allow a natural well supported end of life.

I do want CPR if the doctors expect that I will recover to my previously described and desired quality of life (see section A of this document) and it is medically appropriate.

I have no preference and am undecided.

Circumstances in which I would not want CPR include:

My reasons for this are (optional):

My choices for other life prolonging and medical treatments:
Initial appropriate boxed/did specific information if necessary, such as treatments wanted, not wanted.

I would like all appropriate treatments to keep me alive as long as possible.

I would like treatments only if the doctors expect that I will recover to my previously described and desired quality of life (see section A of this document) and it is medically appropriate.

I would only like treatments that provide comfort, symptom management, pain relief and dignity.

I have no preference and am undecided.

Circumstances in which I would not want life prolonging treatments or specific treatments wanted/not wanted are:

My reasons for this are (optional):

My choices if I am nearing the end of my life:
(e.g., consider what would give you a comfortable end of life and peaceful death, such as preferred place of care, care of pets or spiritual or cultural needs)

Statement of Choices

You can write down your choices for Cardiopulmonary Resuscitation (CPR) and other life-prolonging and medical treatments. This decision may need further discussion with your doctor and careful consideration regarding your age and current medical condition. Allowing a natural death acknowledges the dying process and hope for a peaceful, well-supported end of life; it ensures only comfort measures are provided. You can add further information about what would be important to you at the end of your life, such as preferred place to be or important cultural or spiritual needs.

Page three:

Choices for life prolonging treatments. Other people's words:

“I do not want CPR in light of my advanced age and ongoing health concerns; I would prefer a natural death with family around me and any pain and symptoms managed well.”

“If life-prolonging treatments have started against my wishes, please stop them. Continue to give me appropriate medical treatments to make me comfortable and allow a natural well-supported end of life.”

“If I am at the end stage of an illness and all treatments have been exhausted or I have any impairment leading to ongoing complete physical dependence and inability to make my own decisions and communicate. (e.g. advanced dementia, a major stroke or organ failure, injury or accident with brain injury and a prolonged period of unconsciousness) . I do not want any life-prolonging or medical interventions unless it provides immediate comfort or time to see my family. Please provide me with a well-supported, dignified end of life. “

“Don't keep me going if I am not responding”.

“I only accept these treatments if the likely result will allow me to have the quality of life and capabilities I have described in my values and wishes.”

End of life preferences. Other people's words:

“I am hoping for a natural, peaceful, dignified, and well-supported end of life, family close and to be cared for in my preferred or best place, pets close by and cared for after my death.”

"Important religious, spiritual or cultural customs provided (specify)."

“I would prefer to be cared for at home, if possible, but accept hospice or hospital care if necessary.”

Page four: Witnessing and sharing your plan

- ✓ Read through and acknowledge the declaration of understanding. Anyone over the age of 18 can sign and witness your Statement of Choices.
- ✓ It is a good idea to review your documents from time to time, especially if your health or personal circumstances change. You can either note that there are no changes or complete a new one.
- ✓ Keep your original document safe, give copies to your family/substitute decision-makers/attorney/s along with other advance care planning documents (Enduring Power of Attorney and Health Direction). Share a copy of each with the places you have nominated.
- ✓ You can add all advance care planning documents to the national My Health Record.

You can talk with your doctor about your choices for current and potential health conditions and concerns. The Advance Care Planning Program at Canberra Health Services can help you complete your forms.

Call this free service on **(02) 5124 9274** or

Email: **acp@act.gov.au** for advice or to make an appointment.

There is more information available:

- » Enduring Power of Attorney on the ACT Public Trustee and Guardian's website <https://www.ptg.act.gov.au> 'The Power to Choose' and 'My Right to Decide'
- » Advance care planning Australia <https://www.advancecareplanning.org.au>
- » My Health Record <https://www.myhealthrecord.gov.au>
- » ACT Health /Canberra Health Services <https://www.health.act.gov.au/services/advance-care-planning>