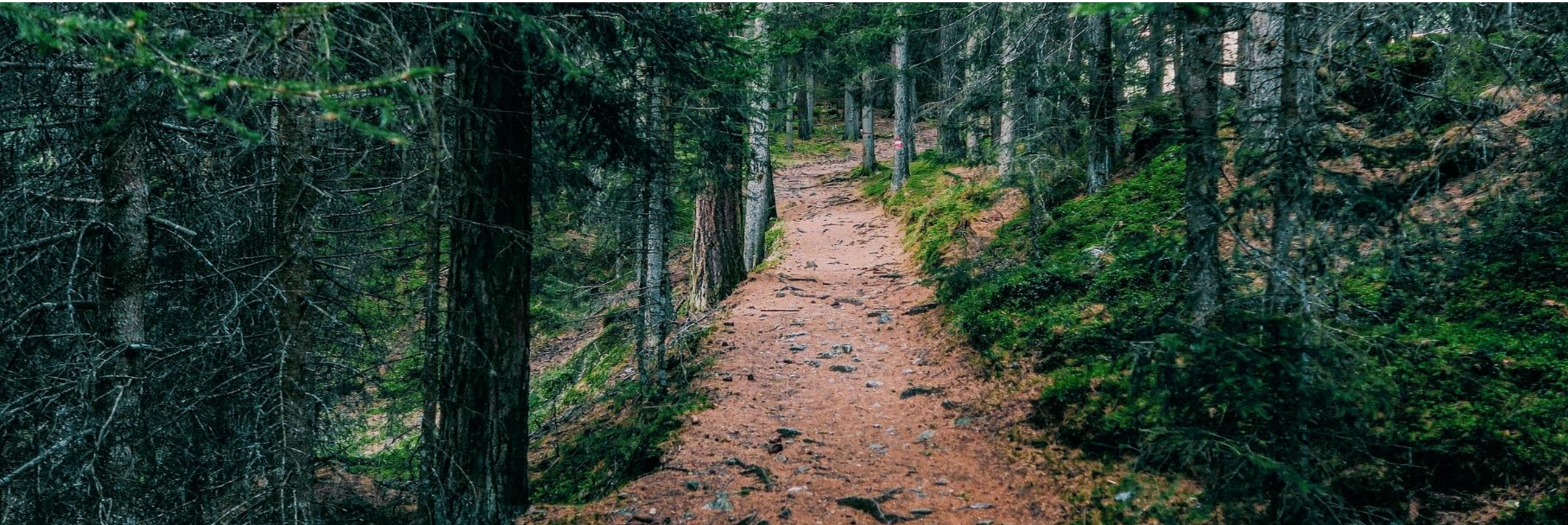
Advance Care Planning

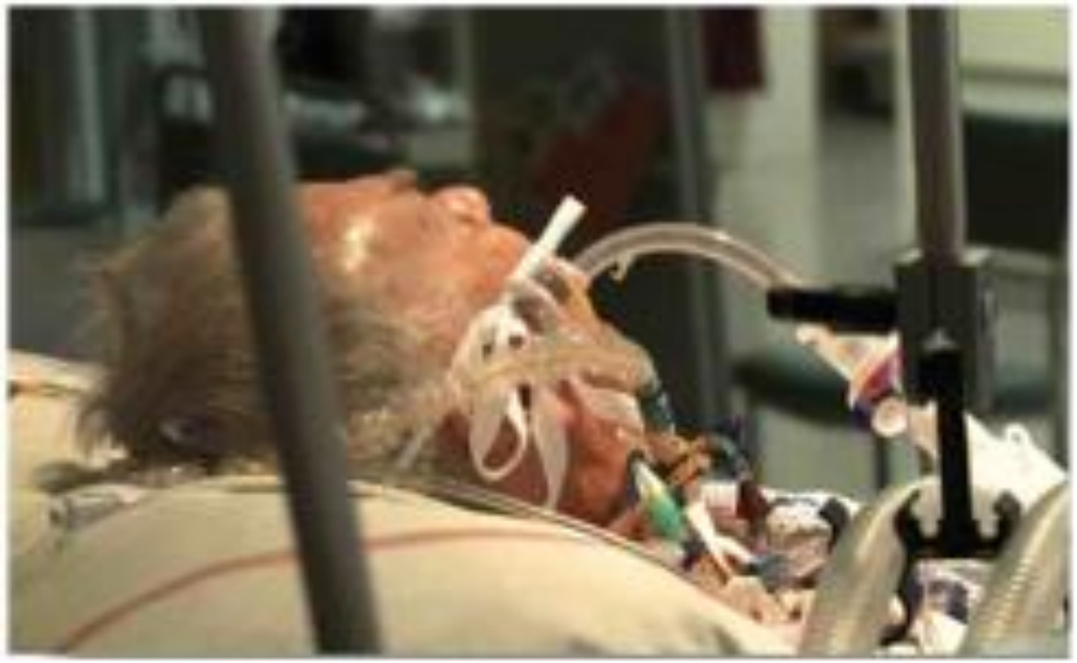
A/Prof Charlie Corke

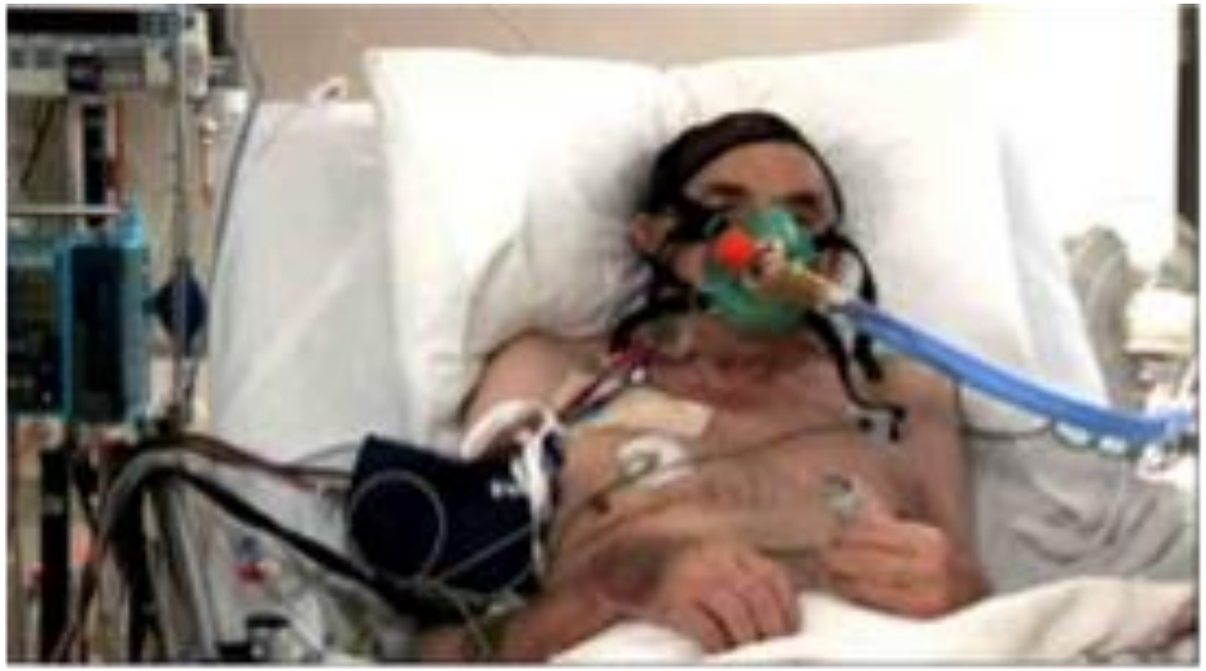
The question is not *if* we will die ... but *how* we will die

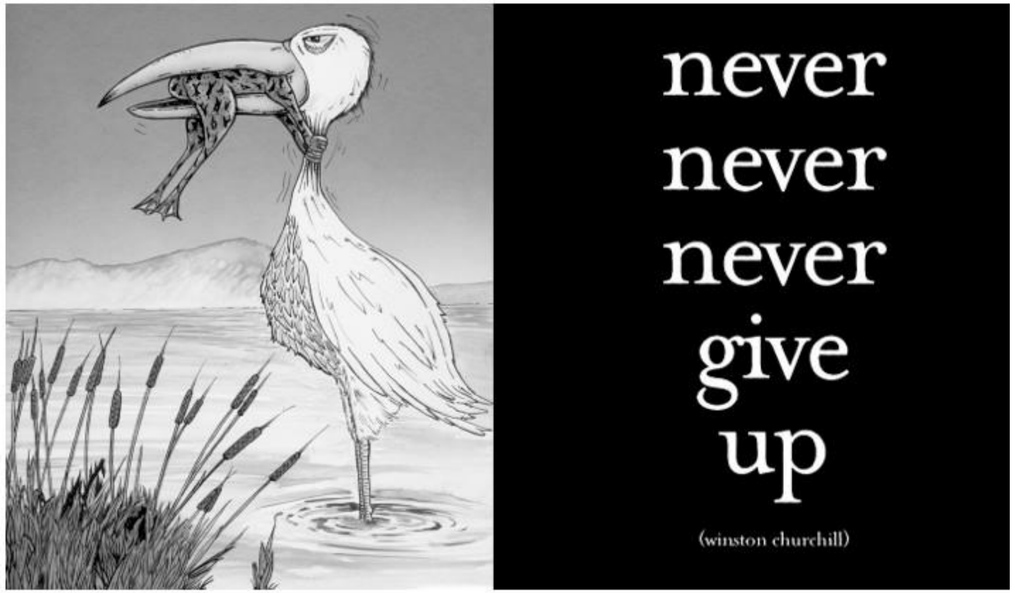
– the choices we make influence how our end will be

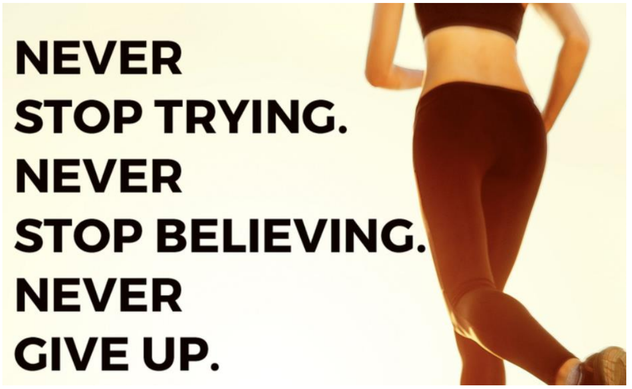


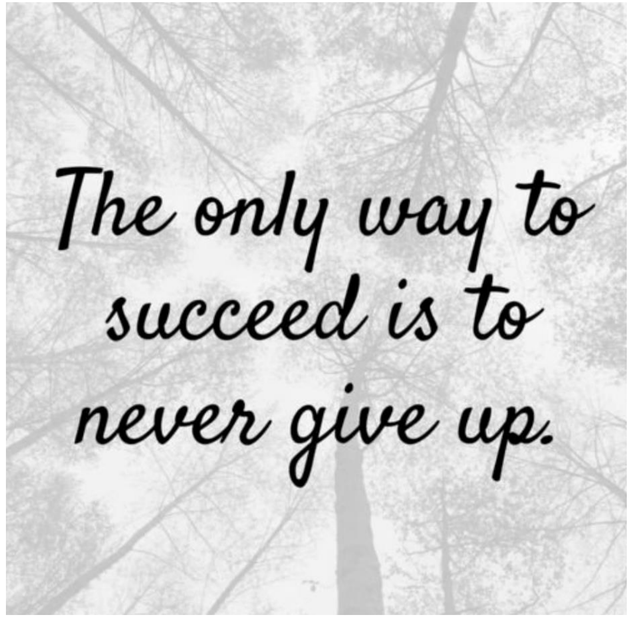
… treatment is a choice






never
never
never
give
up
(winston churchill)


NEVER
STOP TRYING.
NEVER
STOP BELIEVING.
NEVER
GIVE UP.


The only way to
succeed is to
never give up.


No matter what.
Fight On.
USC
UNIVERSITY
HOSPITAL

WHAT WE FEAR

Death

Indgnity

Incontinence

Nappy

Needing to be fed

Tracheostomy

DEMENTIA

Pain and Suffering

Isolation

Pain

Illness

Interventions

Dependency

Nursing home

Becoming a burden

Loss of autonomy

Hospitalisation

HOW DO WE MAKE THESE DECISIONS?

Generally we won’t be in a position to decide for ourself

dementia
delirium
unconsciousness
hypoxia, hypotension, drugs

‘My Doctor will know what to do’

‘My Family will know what to do’

TRADITIONAL APPROACH

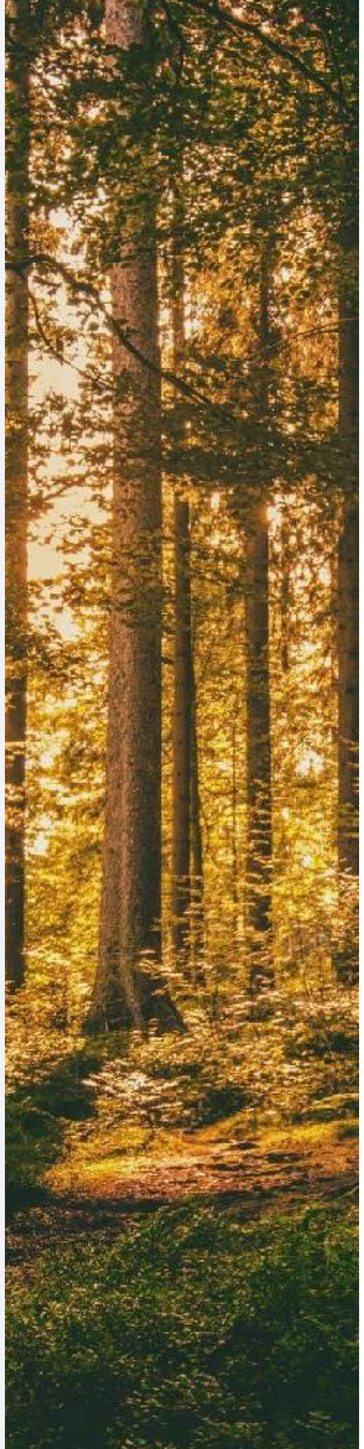
Loud relatives dominate

Emotional relatives influence

Relies on unanimous decision

Reveals lifelong conflicts

Family wishes focus



ADVANCE CARE PLANNING (appointed decision maker)

Chosen individual

Good decision maker

Understands wishes

Respects wishes

Patient wishes focus

Enduring power of attorney (medical treatment)

This **enduring power of attorney** is given on the

Print date here _____ day of _____ , 20 _____ ,

Print your full name here by _____

Print your address here of _____

under Section 5A of the *Medical Treatment Act 1988*.

Cross out the following option if you also wish to appoint an alternate agent.

Print the full name of your agent here 1. I **appoint** _____

Print your agent's address here of _____

to be my agent.

Or

Cross out the following option if you do not wish to appoint an alternate agent.

Print the full name of your agent here 1. I **appoint** _____

Print your agent's address here of _____

to be my agent

Print the full name of your alternate agent here **and** _____

Print your alternate agent's address here of _____

to be my alternate agent.

2. I **authorise** my agent or, if applicable, my alternate agent, to make decisions about medical treatment on my behalf.
3. I revoke all other enduring powers of attorney (medical treatment) previously given by me.

Sign your name here **Signed, sealed and delivered by:** _____

Print your witnesses' names here We _____

Print your name here each believe that _____

in making this enduring power of attorney (medical treatment) is of sound mind and understands the import of this document. **Witnessed by**:

Witnesses sign here _____ _____

Person authorised to witness statutory declarations *Other witness*

Name of witnesses _____ _____

Addresses of witnesses _____ _____

_____ _____

YOU HAVE TO CONTROL THIS FOR YOURSELF

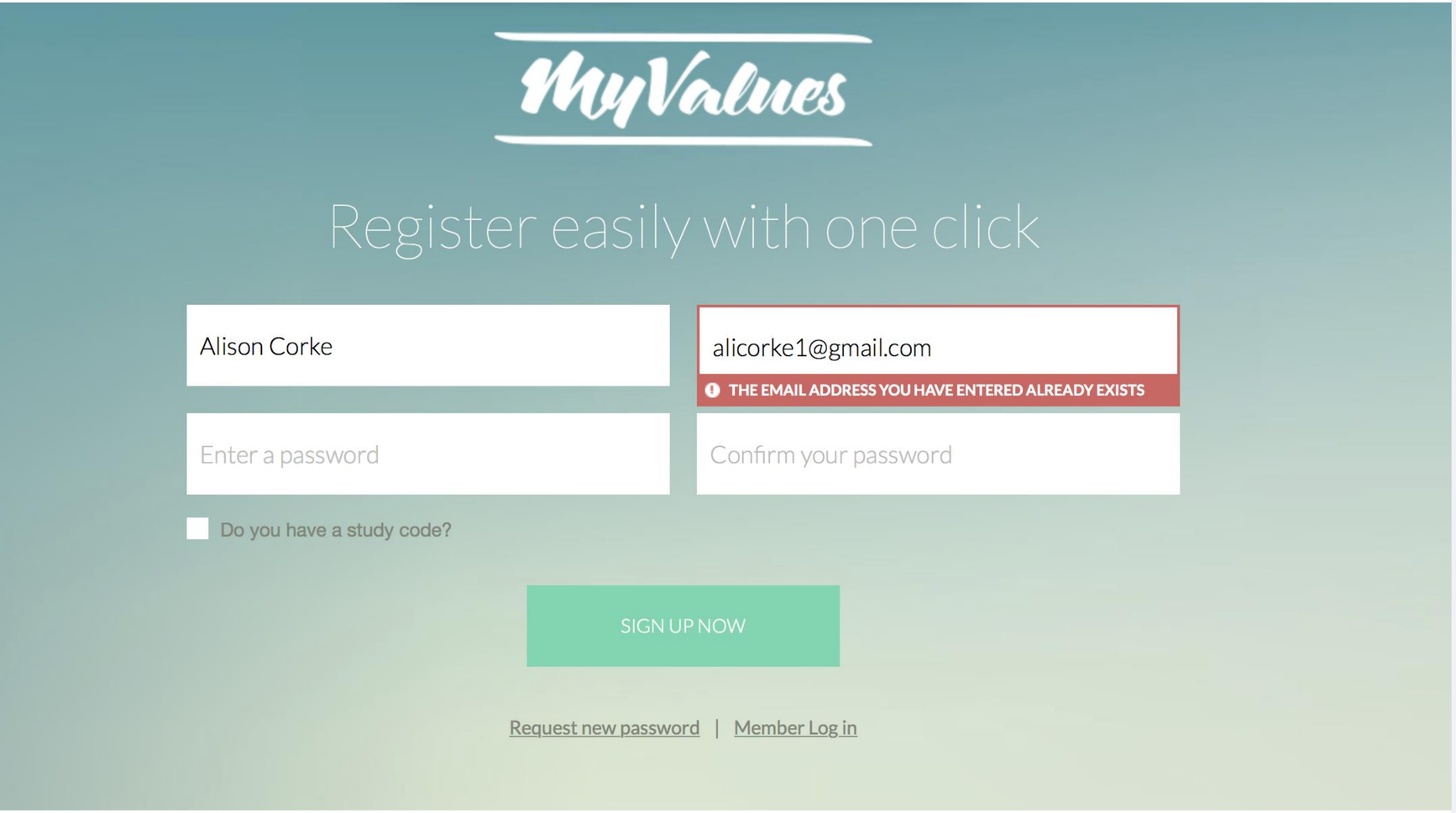
ADVANCE CARE PLANNING

Advance care planning:
have the conversation

Encouragement
to
talk

Trained
ACP
facilitators

www.myvalues.org.au



EASY REGISTRATION

FREE

SECURE

CHARLIE CORKE

MyValues Profile
Reports Received
Personal Details
Invite Friends
Feedback

TAKE A BREAK

84.8%
QUESTION 15

A

I would certainly want doctors to try to save me if they thought there was any chance of a good outcome

B

I would **not** want treatment to try to save me if a poor outcome is likely

previous

skip

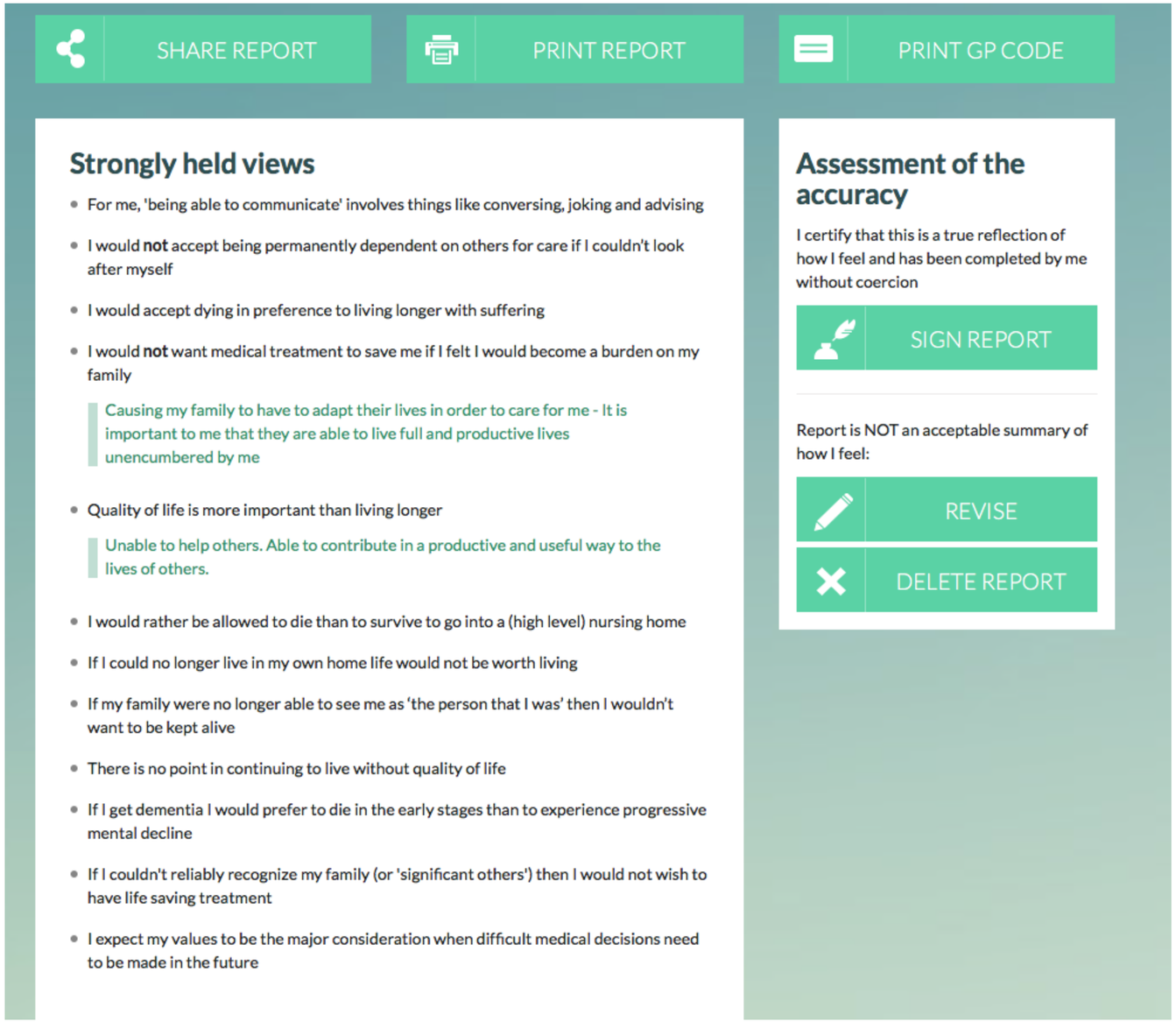
strong	towards	equal	towards	strong
A	**A**	**A & B**	**B**	**B**

COLLAPSE PANEL

Strongly held views

- For me, 'being able to communicate' involves things like conversing, joking and advising
- I would **not** accept being permanently dependent on others for care if I couldn't look after myself
- I would accept dying in preference to living longer with suffering
- I would **not** want medical treatment to save me if I felt I would become a burden on my family
  - Needing others to have to do basic things for me - particularly if this interfered with their lives or family. (remove)
- Quality of life is more important than living longer
  - Being able to be productive and helpful to others (remove)
- It is more dignified to stop treatment than to try to go on for too long
  - Being independent (remove)
- I would rather be allowed to die than to survive to go into a (high level) nursing home
- If I could no longer live in my own home life would not be worth living
- If my family were no longer able to see me as 'the person that I was' then I wouldn't want to be kept alive
- There is no point in continuing to live without quality of life
- If I get dementia I would prefer to die in the early stages than to experience progressive mental decline
- If I could no longer do those things that are important to me then life would not be worth living
  - walking dog on the beach (remove)

EDIT
AND
CLARIFY


SHARE REPORT
PRINT REPORT
PRINT GP CODE
Strongly held views
For me, 'being able to communicate' involves things like conversing, joking and advising
I would not accept being permanently dependent on others for care if I couldn't look after myself
I would accept dying in preference to living longer with suffering
I would not want medical treatment to save me if I felt I would become a burden on my family
Causing my family to have to adapt their lives in order to care for me - It is important to me that they are able to live full and productive lives unencumbered by me
Quality of life is more important than living longer
Unable to help others. Able to contribute in a productive and useful way to the lives of others.
I would rather be allowed to die than to survive to go into a (high level) nursing home
If I could no longer live in my own home life would not be worth living
If my family were no longer able to see me as 'the person that I was' then I wouldn't want to be kept alive
There is no point in continuing to live without quality of life
If I get dementia I would prefer to die in the early stages than to experience progressive mental decline
If I couldn't reliably recognize my family (or 'significant others') then I would not wish to have life saving treatment
I expect my values to be the major consideration when difficult medical decisions need to be made in the future
Assessment of the accuracy
I certify that this is a true reflection of how I feel and has been completed by me without coercion
SIGN REPORT
Report is NOT an acceptable summary of how I feel:
REVISE
DELETE REPORT

REPORT

Advance care directive for adults

made under the *Medical Treatment Planning and Decisions Act 2016* (Vic.)

For patient record purposes, health services can affix UR number, patient name and date of birth here

Any advance care directive that you have previously made under this Act is automatically revoked (cancelled) when you complete this advance care directive.

This form is designed for adults to complete using the *Instructions for completing the advance care directive form* document.

Part 1: Personal details

You must fill in your full name, date of birth and address. A phone number is optional.

Your full name:	Charlie Corke
Date of birth: (dd/mm/yyyy)	01/08/1953
Address:	43 Loch St, East Geelong VIC 3219
Phone number:	

If you have no current health problems, cross out this section.

My **current** major health problems are:

It is helpful to know if you have completed an Advance Statement in relation to a mental illness.

Mark with an X if the statement below is relevant to you.

I **have** completed an Advance Statement under the *Mental Health Act 2014* (Vic.).	

Advance care directive for adults

Advance care directive for adults (cont.)

For patient record purposes, health services can affix UR number, patient name and date of birth here

Advance care directive of: (insert your full name)	Charlie Corke

Part 2: Values directive

Your medical treatment decision maker is legally required to first consider your values directive when making decisions about your medical treatment.

Identify who your medical treatment decision maker is and discuss your preferences and values with them. You can appoint someone using the *Appointment of a medical treatment decision maker* form. Refer to Part 2 of the instructions for more information.

Strongly Held Views

- For me, 'being able to communicate' involves things like conversing, joking and advising
- I would not accept being permanently dependent on others for care if I couldn't look after myself
- I would accept dying in preference to living longer with suffering
- I would not want medical treatment to save me if I felt I would become a burden on my family
- Quality of life is more important than living longer
- It is more dignified to stop treatment than to try to go on for too long
- I would rather be allowed to die than to survive to go into a (high level) nursing home
- If I could no longer live in my own home life would not be worth living
- If my family were no longer able to see me as 'the person that I was' then I wouldn't want to be kept alive
- There is no point in continuing to live without quality of life
- If I get dementia I would prefer to die in the early stages than to experience progressive mental decline
- If I could no longer do those things that are important to me then life would not be worth living
- If I couldn't reliably recognize my family (or 'significant others') then I would not wish to have life saving treatment
- I would not want treatment to try to save me if a poor outcome is likely
- I expect my values to be the major consideration when difficult medical decisions need to be made in the future

Moderately Held Views

- As long as I have a sound mind I would accept physical limitations

Your MyValues (http://www.myvalues.org.au) report has been inserted into this (Values) section of the Victorian Advance Care Directive for Adults document. If you are happy that this communicates adequate information about your wishes you can go straight to printing and signing. Otherwise you may wish to add more detail into the text boxes below before printing and signing.

Advance care directive for adults (cont.)

For patient record purposes, health services can affix UR number, patient name and date of birth here

Advance care directive of: (insert your full name)	Charlie Corke

Part 2: Values directive (cont.)

My Additional Views
I define 'becoming a burden' as; "Causing others to compromise their future to look after me"
I define 'inadequate quality of life' as; "Being independent, being productive and supporting others"
I define 'indignity' as; "Not being in a nappy, toiling myself, not being a source of pity or disgust"
The things that I feel are essential to make my life worth living are; "Helping family, walking, enjoying company."
Please do not save me for palliative cancer treatment

Your MyValues (http://www.myvalues.org.au) report has been inserted into this (Values) section of the Victorian Advance Care Directive for Adults document. If you are happy that this communicates adequate information about your wishes you can go straight to printing and signing. Otherwise you may wish to add more detail into the text boxes below before printing and signing.

Advance care directive for adults (cont.)

For patient record purposes, health services can affix UR number, patient name and date of birth here

Advance care directive of: (insert your full name)	

Part 4: Expiry date (optional)

Only complete this part if you want this advance care directive to have an expiry date. Refer to Part 4 of the instructions.

This advance care directive expires on: (dd/mm/yyyy)	

Part 5: Witnessing

You must sign in front of two adult witnesses.
One witness must be a registered medical practitioner.
Neither witness can be a person that you have appointed as your medical treatment decision maker.
Refer to Part 5 of the instructions if someone else is signing on your behalf.

Signature of person giving this directive (you sign here)

Each witness certifies that:

- at the time of signing the document, the person giving this advance care directive appeared to have decision-making capacity in relation to each statement in the directive and appeared to understand the nature and effect of each statement in the directive; and
- the person appeared to freely and voluntarily sign the document; and
- the person signed the document in my presence and in the presence of the second witness; and
- I am not an appointed medical treatment decision maker of the person.

Witness 1 – Registered medical practitioner

A registered medical practitioner must complete this part of the form.

Full name of registered medical practitioner:

Qualification and AHPRA number of registered medical practitioner:

Signature of registered medical practitioner: Date: (dd/mm/yyyy)

Witness 2 – Adult witness

Another adult witness must complete this part of the form.

Full name of adult witness:

Signature of adult witness: Date: (dd/mm/yyyy)

Do people worry about the dying process and medical interventions at the end of life?

Do people want doctors to raise planning with them?

Do people appreciate discussing their wishes?

Do those who consider choices and express wishes do better?

Do people worry about the dying process and medical interventions at the end of life?
YES

Do people want doctors to raise planning with them? YES

Do people appreciate discussing their wishes? YES

Do those who consider choices and express wishes do better? YES

Tips

Don’t leave encouraging planning until near death (or terminal illness)
- the earlier the easier it is

It isn’t about dying, it’s about living (and what makes life not worth living)

Medical staff should do their own plan to set an example

Explanation and poetry is more useful than lists

Directives are rare and difficult. ’Values’ are common and easy

Systematising ACP is difficult, costly and resisted

Community engagement is vital


THANK YOU