Current as of June 2025

mycaremychoices.com.au

Advance care planning

information pack

For Consumers

The Statewide Office of Advance Care Planning is funded by the Queensland Department of Health

Queensland Government

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Advance care planning documents commonly used in Queensland

Advance Health Directive

This is a legal document that states your decisions and directs your future health care in specific situations at a time when you may be unable to make decisions and communicate. It must be signed by your doctor/nurse practitioner and witnessed. Forms are available at **justice.qld.gov.au.**

Enduring Power of Attorney

This is a legal document that appoints a person or people of your choice to make important decisions for you when you are unable to do so yourself. It must be witnessed as well as signed by the person/s you appoint. Forms are available at **justice.qld.gov.au** or speak to your solicitor or the Public Trustee.

Statement of Choices

This document focuses on your wishes, values and beliefs. It can help those close to you make health care decisions on your behalf, if needed. It provides comfort for you and your loved ones. It must be signed by your doctor/nurse practitioner. Forms are available at mycaremychoices.com.au, or contact the Statewide Office of Advance Care Planning.

The Statewide Office of Advance Care Planning

The Statewide Office of Advance Care Planning, Queensland Health, is a free and confidential service for all Queenslanders to assist with the process of advance care planning, including:

- Providing advance care planning information packs and forms
- Advising you who to speak to about advance care planning in your local area
- Adding copies of your advance care planning documents to your Queensland Health medical record
- Answering your advance care planning questions.

Contact us or send copies of documents to:

1300 007 227

1300 008 227

PO Box 2274, Runcorn QLD 4113

acp@health.qld.gov.au

mycaremychoices.com.au

An interpreter service is available during office hours to provide information and resources about advance care planning in Queensland:

Call 13 14 50

Interpreter

State the language spoken

Ask to be connected to the Statewide Office of Advance Care Planning on **1300 007 227**.

SW1186 - v2.00 08/2023 - WINC code 1NY41734

My Care, My Choices

If you were suddenly injured or became seriously ill, how would the medical staff know what your health care wishes are?

Empower yourself to plan for your future health care

mycaremychoices.com.au

OACP
Statewide Office of Advance Care Planning

Queensland Government

What is advance care planning?

Advance care planning is the process of thinking about and communicating your preferences for future health care. Advance care plans are used in situations where you are unable to speak for yourself.

Advance care planning is voluntary and can involve:

- Thinking about and discussing your values, health care options and quality-of-life choices with those who you trust
- Appointing one, or more, substitute decision-makers to speak on your behalf, if needed
- Writing down your health care preferences in a document.

Just like making a Will, advance care planning is simply a part of planning for the future.

Why plan ahead?

Advance care planning can ensure:

- The treatment and care you receive reflects your wishes
- Your loved ones know what you want if they have to make decisions on your behalf
- Health care decisions aren't made only when a crisis occurs.

Ready to start planning?

Step 1 – Discuss

It can be hard to speak about what you might want if you become seriously unwell, but it can give you, and those you love, peace of mind if they know your wishes.

After thinking about your future health care preferences:

- Discuss your medical conditions with your doctor and how they may affect you in the future
- Talk about your health care preferences with your family and those close to you
- Ask a person/people you trust to become your substitute decision-maker/s, to make decisions on your behalf, if needed.

Step 2 – Record

Record your preferences and decisions by completing one or more of the following documents:

- Advance Health Directive
- Enduring Power of Attorney
- Statement of Choices.

Download these documents for free from:
mycaremychoices.com.au

Step 3 – Share

Make sure your documented health care wishes are known and available to those who care for you.

To share your choices:

- Give copies of your documents to those you trust (e.g. family members, close friends, your substitute decision-maker/s) and your health care providers (e.g. GP)

AND

- Provide copies of your documents to the Statewide Office of Advance Care Planning to be added to your Queensland Health medical record **(see over for options).**

You may also upload your documents to your My Health Record (if you have one) at **myhealthrecord.gov.au.**

Step 4 – Review

It is important to review your advance care planning documents on a regular basis, especially if your health status changes or if you change your health care preferences.

Statement of Choices

ADVANCE CARE PLAN

The Statement of Choices can be used to record views, wishes and preferences for health care.

Its purpose is to guide or inform those who need to make health care decisions for a person who is unable to make those decisions for themselves.

This document is not legally binding and does not provide consent to health care in advance.

www.my**care**my**choices**.com.au

Queensland Government

Statement of Choices

Advance Care Planning (ACP) is a voluntary process of planning for future health care that is relevant to all adults regardless of their health or age. Ideally ACP involves completion of a recognised ACP document. In Queensland the Statement of Choices is one of these.

The **Statement of Choices** (Form A/Form B) is a values-based ACP document that records a person's wishes and preferences for their health care into the future.

- The content provides guidance to substitute decision-makers (see glossary of terms) and clinicians about a person's views, wishes and preferences for care in the event the person is unable to make health care decisions for themselves.
- It helps decision-makers to consider what decisions the person might have made in the circumstances if they had capacity to do so.
- It is not a legally binding document. It does not provide consent to, or refusal of, treatment.

Which form should you use?

*Only Form A **OR** Form B should be completed based on current circumstances.*

Form A	Is used by people who **can** make health care decisions for themselves.
Form B	Is used for people who **cannot** make health care decisions for themselves.*

**Form B should be completed by the person's legally appointed substitute decision-maker(s) or, if not applicable, person(s)in a close and continuing relationship with the individual. A person's healthcare providers should not complete the Statement of Choices on a person's behalf.*

- Form A is completed by a person to record their views about what is important to them, their wishes for care, and the outcomes they might find acceptable/unacceptable. These wishes could include cultural, religious or spiritual beliefs and practices that they want respected.
- Form B should reflect the best understanding of the person's views about what's important to them, their wishes for care, and the outcomes they might find acceptable/unacceptable. It should take into account what the person has said or done in the past, their personal, cultural, religious or spiritual beliefs and practices that they might want respected.

Recommended steps to complete a Statement of Choices

Step 1

Discuss current health conditions and care options (now and into the future) with usual doctor. Discuss values, beliefs and quality of life choices with substitute decision-makers and significant others.

Step 2

Record in Form A or Form B views, wishes and preferences for care and contact details of formal substitute decision-makers, if appointed.

Step 3

Share copies of the completed document with family, decision-makers, GP and important others. Also send copies to the Statewide Office of Advance Care Planning (see below).

Step 4

Review preferences and values for care whenever there are important changes in health or life circumstances and update your ACP document(s) accordingly.

What to do with completed ACP documents: It's important that ACP documents are easily available to authorised clinicians involved in a person's care if they are needed. Advance Health Directives, Enduring Power of Attorneys, revocation documents, QCAT Decisions* and Statement of Choices, can be uploaded to a person's Queensland Health electronic hospital record. Keep the original(s) in a safe place.

Send a copy/scan of completed ACP document(s) to the Statewide Office of Advance Care Planning:

Email: acp@health.qld.gov.au Fax: 1300 008 227 Post: PO Box 2274, Runcorn QLD 4113

You can also upload document(s) to your My Health Record.**

Think now. Plan sooner. Peace of mind later.

* QCAT = Queensland Civil and Administrative Tribunal ** See www.myhealthrecord.gov.au

Advance Care Planning

If you were suddenly injured or became seriously ill,
who would know your choices about the health care you would want?

Advance Care Planning (ACP) provides an opportunity to think about, discuss and ideally document your preferences for the type of care you would like to receive in the future and the outcomes you would consider acceptable or unacceptable. ACP helps to ensure that your views, wishes and preferences for care are known and can be respected. It often relates to care you wish to receive at the end of your life.

A person may complete whichever ACP document(s) they consider meet their needs. ACP documents cannot be used to make requests for Voluntary Assisted Dying.

Queensland ACP documents include:

- **Advance Health Directive (AHD):** This is a legally binding document that can be used in certain circumstances to provide directions about future health care and to appoint an attorney for health matters. A Doctor or Nurse Practitioner is required to complete the certificate stating the person has capacity to make the document. To be complete, an AHD must also be witnessed by an eligible witness.
- **Enduring Power of Attorney (EPOA) Short and Long:** These documents allow a person to legally appoint attorney(s) and set out terms for how the power operates. These documents must be witnessed by an eligible witness.
- **Statement of Choices (SoC):** This is a values-based document that records a person's wishes and preferences for their health care into the future. It is not legally binding and does not provide consent to health care in advance. A Doctor or Nurse Practitioner signs and dates the form, but it does not require witnessing.

How are ACP documents used?

Once completed, ACP documents for health care only become active when a person does not have capacity to make decisions for themselves.

How are health care decisions made in Queensland?

When a person is unable to make or communicate their own health care decisions and consent for health care is required, the order of priority in decision-making for a health matter in Queensland is:

1. Advance Health Directive (AHD)
A legally binding document that provides directions about a health matter in specific circumstances.

If a direction in an AHD does not apply then…

2. Tribunal-appointed guardian
A guardian appointed by the Queensland Civil and Administrative Tribunal (QCAT) to make health care decisions on behalf of a person.

If a guardian for health care decisions has not been appointed then…

3. Attorney appointed under an AHD / EPOA
An attorney appointed by a person for personal / health decisions in an AHD or EPOA document.

If an attorney for health care decisions has not been appointed then…

4. Statutory Health Attorney (SHA)
A person who has authority to make health care decisions in the absence of the above decision-makers. By law, this person is the first available, culturally appropriate adult from the following list, in order:

- a spouse or de facto partner
- a person who is caring for the adult
- a close friend or relative
- the Public Guardian (as SHA as a last resort).

See glossary for full criteria.

A Statement of Choices document may help guide these decision-maker(s)

GLOSSARY OF TERMS

Capacity	This legal term refers to a person's ability to make a specific decision in a particular area of their life such as the health care they receive, support services they may need, where they live and how they manage their finances. It is presumed that every adult has capacity to make all decisions until proven otherwise. A person has capacity for health care decisions when they are capable of (i) understanding the nature and effect of decisions about the matter; and (ii) freely and voluntarily making decisions about the matter; and (iii) communicating the decisions in some way. Capacity can change or fluctuate and can be influenced by the complexity of the decision, support available to the person and when the decision is made. For more information visit: **https://www.publications.qld.gov.au/dataset/capacity-assessment-guidelines**
Cardiopulmonary Resuscitation (CPR)	Includes emergency measures to keep the heart pumping (by compressing the chest or using electrical stimulation) and artificial ventilation (mouth-to-mouth or ventilator) when a person's breathing and heart have stopped. It is designed to maintain blood circulation whilst waiting for treatment to possibly start the heart beating again on its own. The success of CPR depends on a person's overall medical condition.
Good Medical Practice	Requires the doctor responsible for a person's care to adhere to the accepted medical standards, practices and procedures of the medical profession in Australia. All treatment decisions, including those to withhold or withdraw life-sustaining treatment, must be based on reliable clinical evidence and evidence-based practice as well as recognised ethical standards of the medical profession in Australia. Good medical practice requires respecting an adults' wishes to the greatest extent possible.
Life-sustaining Measure	The *Guardianship and Administration Act 2000* defines a life-sustaining measure as health care intended to sustain or prolong life and that supplants or maintains the operation of vital bodily functions that are temporarily or permanently incapable of independent operation. Each of the following is a life-sustaining measure – cardiopulmonary resuscitation, assisted ventilation, artificial nutrition and hydration. A blood transfusion is not considered a life-sustaining measure.
Office of the Public Guardian	This independent statutory body protects the rights and interests of vulnerable Queenslanders, including adults with impaired capacity to make their own decisions.
Organ or Tissue Donation	For information about donation and to register your wishes visit: **www.donatelife.gov.au**
Statutory Health Attorney (SHA)	This term refers to someone with automatic authority to make health care decisions on behalf of an adult whose capacity to make health care decisions is permanently or temporarily impaired. A person acts in the role of SHA because of their relationship with the impaired adult. By law, this attorney is the first available, culturally appropriate adult from the following: • A spouse or de facto partner (as long as the relationship is close and continuing) • A person who is responsible for the adult's care* • A friend or relative in a close personal relationship with the adult.* Relation can also include a person who under Aboriginal tradition or Torres Strait Islander custom is regarded as a relation • If there is no one suitable or available, the Public Guardian acts as the SHA as a last resort. *Note* = This person cannot be the adult's health provider, a service provider for a residential service where the adult is a resident, or a paid carer (although they can be receiving a carer's pension).*
Substitute Decision-maker	This term describes someone who has legal power to make decisions on behalf of an adult when that person is no longer able to make their own decisions. This may be a person appointed in an Enduring Power of Attorney or Advance Health Directive document, a tribunal-appointed guardian or a statutory health attorney.
Tribunal	Each State and Territory have an independent, accessible Tribunal that makes decisions on applications about adults who may have impaired decision-making capacity. Their role can include appointment of a guardian for personal / health matters. In Queensland this Tribunal is called the Queensland Civil and Administrative Tribunal (QCAT).

Queensland Government

Statement of Choices
FORM A

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F ☐ X

My Statement of Choices
FORM A

A record of values and preferences, for persons **with** decision-making capacity.

My details *(If using a patient label please write "as above")*

Given Names:

Family Name:

Preferred Name:

Phone:

Address:

DOB: Sex: ☐ Male ☐ Female ☐ X Medicare No.

DO NOT WRITE IN THIS BINDING MARGIN ▶

I have the following:

1. Advance Health Directive (AHD) document ☐ Yes ☐ No
2. Tribunal-appointed guardian ☐ Yes ☐ No
3. Enduring Power of Attorney document ☐ Yes ☐ No

← **Legal substitute decision-maker(s) can only be appointed using these documents or by a Tribunal.**

If you have any of these documents please send a copy to the Statewide Office of ACP (see p.4).

My contacts

Name:

Phone: Relationship:

This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal: ☐ Yes ☐ No

Name:

Phone: Relationship:

This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal: ☐ Yes ☐ No

Name:

Phone: Relationship:

This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal: ☐ Yes ☐ No

If there are more than 3 contacts please attach details on a separate sheet and tick this box: ☐

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Statement of Choices
FORM A

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F ☐ X

My name:

My personal values and considerations

Describe what you value or enjoy most in your life:
Think about what interests you or gives your life meaning.

My current medical conditions include:
You may wish to discuss this with your doctor.

Consider how your health conditions might affect your life in the future.
Describe the health outcomes that you would find acceptable or unacceptable:
Think about what you would or would not want in your day-to-day life, including your well-being now and into the future.

When I am nearing death, the following would be important and would comfort me:
Think about your personal preferences, such as place of care, special traditions or spiritual support.

Indicate the place where you would prefer to die: *(e.g. home, hospital, aged care facility, on Country)*

Consider how you would want to be cared for after you die:
Think about your spiritual, religious and cultural practices; and any other wishes that you want noted e.g. funeral plan, Will, organ/tissue donation.

DO NOT WRITE IN THIS BINDING MARGIN

PLEASE TURN OVER...

Queensland Government

Statement of Choices FORM A

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F ☐ X

My name:

My preferences for medical care and treatment

I want my preferences to be considered and respected by doctors looking after me and those making health care decisions for me.

I understand that my preferences are not legally binding and do not provide consent for treatment.

If I no longer have decision-making capacity, doctors need to speak with my substitute decision-maker(s) when consent is required for health care. I understand I will only be offered treatment that is good medical practice (see glossary).

It is my preference that I receive care that aims to: *(tick appropriate box)*

☐ Keep me alive as long as possible, no matter the impact to my quality of life **OR**

☐ Preserve my quality of life in line with my personal values (on page 2) **OR**

☐ Keep me comfortable, allow me to die naturally, with pain and symptoms well managed, and be cared for with dignity **OR**

☐ Other:

My preferences for life-sustaining measures

Cardiopulmonary Resuscitation (CPR) *(tick appropriate box)*

☐ **I would wish** CPR attempted, if it is consistent with good medical practice **OR**

☐ **I would NOT wish** CPR attempted **OR**

☐ Other:

Other life-sustaining measures *(tick appropriate box)*

e.g. assisted ventilation (a machine which assists your breathing through a face mask or a breathing tube), artificial nutrition and hydration (a feeding tube through the nose or stomach), kidney machine (dialysis)

☐ **I would wish** for other life-sustaining measures, if it is consistent with good medical practice **OR**

☐ **I would NOT wish** for other life-sustaining measures **OR**

☐ Other:

My preferences for other medical treatments

If considered to be good medical practice,	I would wish for:	I would NOT wish for:	undecided / no preference:
A major operation *(e.g. under general anaesthetic)*	☐	☐	☐
Intravenous (IV) fluids	☐	☐	☐
Intravenous (IV) antibiotics	☐	☐	☐
Other intravenous (IV) drugs	☐	☐	☐
A blood transfusion	☐	☐	☐

☐ Other:

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Queensland Government

Statement of Choices FORM A

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F ☐ X

My name:

My understanding of the document

By signing below, I confirm I have had this document explained to me and I understand its purpose.
I understand that:

- This document represents my views, wishes and preferences for my health care and may be used as a guide by my substitute decision-maker(s) and/or doctors in providing appropriate care for me when I do not have capacity to make decisions about my health care. It is not legally binding and does not form consent for treatment.
- It may be important to discuss my wishes and the content of this document with my substitute decision-maker(s), significant others and my treating doctor(s).
- Doctors should only provide treatment that is consistent with good medical practice.
- Regardless of my preferences expressed here, I will continue to be offered all other relevant care, including care to relieve pain and alleviate suffering.
- This document remains current until it is replaced or withdrawn.

I consent to share the information on this form with persons / services relevant to my health and to non-identifiable information being used for quality improvement / research purposes as per the privacy policy and information sheet available at: www.mycaremychoices.com.au

Signature: Date:

Usual Doctor's/Nurse Practitioner's statement

As a registered medical/nurse practitioner, I have discussed the contents of this document with the person completing the form. At the time of making this Statement of Choices, I believe the person has decision-making capacity to understand the nature and effect of this document and has completed it freely and voluntarily.

Name of Doctor/ Nurse Practitioner:

Signature of Doctor/ Nurse Practitioner:

Date:

Hospital or Practice Stamp or Provider number

This form was completed with the help of a qualified interpreter or cultural / religious liaison person: ☐ Yes ☐ N/A

Details of other people (if any) who provided assistance with the ACP process:

Name:

Phone: Relationship:

IMPORTANT: You can have your AHD, EPOA, revocation documents, QCAT Decisions and Statement of Choices uploaded to your Queensland Health electronic hospital record, for easy access by authorised clinicians. Send / scan a copy of all pages to the:

Statewide Office of Advance Care Planning

Email: acp@health.qld.gov.au Fax: 1300 008 227 Post: PO Box 2274, Runcorn QLD 4113

For more information phone: 1300 007 227

Queensland Government

Statement of Choices
FORM B

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F ☐ X

Statement of Choices
FORM B

A record of understanding of values and preferences of a person **without** decision-making capacity.

Person's details

Details of the **person for whom this form applies:** *(If using a patient label please write "as above")*

Given Names:

Family Name: Preferred Name:

Address:

DOB: Sex: ☐ Male ☐ Female ☐ X Medicare No.

The person has the following:

1. Advance Health Directive (AHD) document ☐ Yes ☐ No
2. Tribunal-appointed guardian ☐ Yes ☐ No
3. Enduring Power of Attorney document ☐ Yes ☐ No

If decision-maker(s) for personal / health matters have been legally appointed as per 1,2 or 3, they should be completing this document.
If no legal decision-maker has been appointed, you can still record your understanding of the person's values and wishes that may help guide future health care decisions.

Please send a copy of above document(s) to the Statewide Office of ACP (see p.4).

Details of person completing

Your details, as the **person completing this form:** *(Note: The person's healthcare providers should not complete this Form)*

Name:

Address:

Phone: Relationship:

I have been legally appointed as a decision-maker in an AHD, EPOA or by tribunal: ☐ Yes ☐ No

Other contacts

Name:

Phone: Relationship:

This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal: ☐ Yes ☐ No

Name:

Phone: Relationship:

This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal: ☐ Yes ☐ No

If there are more than 3 contacts please attach details on a separate sheet and tick this box: ☐

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Statement of Choices
FORM B

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F ☐ X

Name of the person for **whom this form applies:**

My understanding of the person's values and considerations

Describe what the person values and enjoys in life.
Think about what interests them or gives their life meaning.

The person's medical conditions include:
You may wish to discuss this with the person's doctor.

Consider how the person's health conditions might affect their life in the future.
Describe the health outcomes the person might find acceptable or unacceptable:
Think about what they may or may not want in their day-to-day life, including their well-being now and into the future.

When nearing death, the following might be important to the person and comfort them:
Think about their personal preferences, such as place of care, special traditions or spiritual support.

The place where the person might prefer to die: *(e.g. home, hospital, aged care facility, on Country)*

Consider how the person might want to be cared for after they die:
Think about their spiritual, religious and cultural practices; and any other wishes that you want noted. e.g. funeral plan, Will, organ/tissue donation.

DO NOT WRITE IN THIS BINDING MARGIN

PLEASE TURN OVER...

Queensland Government

Statement of Choices FORM B

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F ☐ X

Name of the person for **whom this form applies:**

My understanding of the person's medical care and treatment preferences

The person would want these preferences to be considered and respected by doctors and those making health care decisions on their behalf. These preferences are not legally binding and do not provide consent for treatment. If a person no longer has decision-making capacity, doctors need to speak with the person's relevant substitute decision-maker(s) when consent is required for health care. It is understood that this person will only be offered treatment that is good medical practice (see glossary).

In my understanding, the person's preference is for care that aims to: *(tick appropriate box)*

☐ Keep them alive as long as possible, no matter the impact to their quality of life **OR**

☐ Preserve their quality of life in line with their personal values (on page 2) **OR**

☐ Keep them comfortable, allow them to die naturally, with pain and symptoms well managed, and be cared for with dignity **OR**

☐ Other:

My understanding of the person's preferences for life-sustaining measures

Cardiopulmonary Resuscitation (CPR) *(tick appropriate box)*

If considered to be good medical practice:

☐ The person **would wish** CPR attempted **OR**

☐ The person **would NOT wish** CPR attempted **OR**

☐ Other:

Other life-sustaining measures *(tick appropriate box)*

e.g.. Assisted ventilation (a machine which assists your breathing through a face mask or a breathing tube), artificial nutrition and hydration (a feeding tube through the nose or stomach), kidney machine (dialysis)

If considered to be good medical practice:

☐ The person **would wish** for other life-sustaining measures **OR**

☐ The person **would NOT wish** for other life-sustaining measures **OR**

☐ Other:

My understanding of the person's preferences for other medical treatments

If considered to be good medical practice,	the person might wish for:	the person might NOT wish for:	unaware of / no preference:
A major operation *(e.g. under general anaesthetic)*	☐	☐	☐
Intravenous (IV) fluids	☐	☐	☐
Intravenous (IV) antibiotics	☐	☐	☐
Other intravenous (IV) drugs	☐	☐	☐
A blood transfusion	☐	☐	☐

☐ Other:

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Queensland Government

Statement of Choices FORM B

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F ☐ X

Name of the person for **whom this form applies:**

Understanding of the document

By signing below, I / we confirm that this document has been explained to me / us and its purpose is understood. I / we understand that:

- The person for whom this form applies has been assessed by a registered medical/nurse practitioner as not having capacity to make their own health care decisions.
- The person has participated to the greatest extent possible to express their views, wishes and preferences. This document represents my / our best understanding of the person's views, wishes and preferences for health care and may be used as a guide by substitute decision-maker(s) and/or doctors in providing appropriate care for this person. It is not legally binding and does not form consent for treatment.
- It may be important to discuss the content of this document with the person's substitute decision-maker(s), significant others and their treating doctor(s).
- Doctors should only provide treatment that is consistent with good medical practice.
- Regardless of the preferences expressed here, the person will continue to be offered all other relevant care, including care to relieve pain and alleviate suffering.
- This document remains current until it is replaced or withdrawn.

Queensland Health may collect, use or disclose information on this form and will do so in accordance with the National Privacy Principles set out in schedule 4 of the *Information Privacy Act 2009 (Qld)*. For more information see the privacy policy and information sheet available at www.my**care**my**choices**.com.au

Name:		Signature:		Date:	
Name:		Signature:		Date:	

Usual Doctor's/Nurse Practitioner's statement

As a registered medical/nurse practitioner, following an assessment of the person for whom this form applies, I believe that the person currently does not have the decision-making capacity necessary to complete a Statement of Choices Form A. I am satisfied that the person(s) completing this form understands its nature and effect, has made it freely and voluntarily and is an appropriate person(s) to complete this form.

Name of Doctor/ Nurse Practitioner:

Signature of Doctor/ Nurse Practitioner:

Date:

Hospital or Practice Stamp or Provider number

This form was completed with the help of a qualified interpreter or cultural / religious liaison person: ☐ Yes ☐ N/A

Details of other people (if any) who provided assistance with the ACP process:

Name:

Phone: Relationship:

IMPORTANT: AHD, EPOA, revocation documents, QCAT Decisions and Statement of Choices can be uploaded to the person's Queensland Health electronic hospital record, for easy access by authorised clinicians. Send a copy / scan of all pages to the:

Statewide Office of Advance Care Planning

Email: acp@health.qld.gov.au Fax: 1300 008 227 Post: PO Box 2274, Runcorn QLD 4113

For more information phone: 1300 007 227

Tips for completing a Statement of Choices Form A:

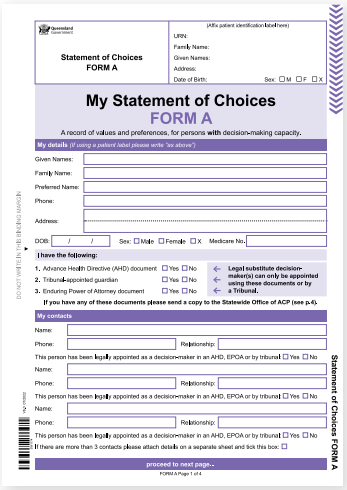
for people who can make health care decisions for themselves

This guide is intended to help you complete a Statement of Choices for yourself. It provides some words other people have used that may help you to get started. The examples here are **not intended to limit or direct** your responses.

To begin completing your Statement of Choices, select Form A and start on page 1.

*Note: Only Form A **OR** Form B should be completed. The decision on which form to use should be based on current circumstances.*

Page 1


Statement of Choices
FORM A

My Statement of Choices
FORM A

A record of values and preferences, for persons with decision-making capacity.

My details (If using a patient label please write 'as above')

Given Names:
Family Name:
Preferred Name:
Phone:
Address:
DOB: / / Sex: ☐ Male ☐ Female ☐ X Medicare No.

I have the following:

1. Advance Health Directive (AHD) document ☐ Yes ☐ No
2. Tribunal-appointed guardian ☐ Yes ☐ No
3. Enduring Power of Attorney document ☐ Yes ☐ No

← Legal substitute decision-maker(s) can only be appointed using these documents or by a Tribunal.

If you have any of these documents please send a copy to the Statewide Office of ACP (see p.4).

My contacts

Name:
Phone: Relationship:
This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal ☐ Yes ☐ No
Name:
Phone: Relationship:
This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal ☐ Yes ☐ No
Name:
Phone: Relationship:
This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal ☐ Yes ☐ No
If there are more than 3 contacts please attach details on a separate sheet and tick this box: ☐

proceed to next page...

FORM A Page 1 of 4

DO NOT WRITE IN THE BLANK SPACES

Statement of Choices FORM A

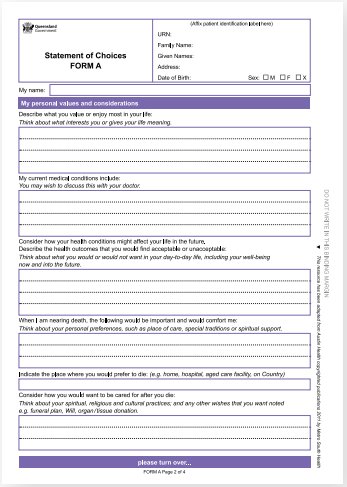
My details: Fill in all blank spaces.

- ✓ "Preferred name" is the name you like to be called.
- ✓ If you live in an aged care facility, please include the name of the facility in the address.
- ✓ Tick the boxes if you have already completed the listed documents.

My contacts:

- ✓ Write names and telephone numbers for each person you have appointed in your Enduring Power of Attorney (EPOA) or Advance Health Directive (AHD) documents or if you have a Tribunal appointed guardian or administrator. Add how they are related to you e.g., husband, daughter, friend.
- ✓ If you don't have an EPOA or AHD, add details of people you would want included in discussions about your health.

Page 2


Statement of Choices
FORM A

(Affix patient identification label here)

URN:
Family Name:
Given Names:
Address:
Date of Birth: Sex: ☐ M ☐ F ☐ X

My name:

My personal values and considerations

Describe what you value or enjoy most in your life:
Think about what interests you or gives your life meaning.

My current medical conditions include:
You may wish to discuss this with your doctor.

Consider how your health conditions might affect your life in the future.
Describe the health outcomes that you would find acceptable or unacceptable:
Think about what you would or would not want in your day-to-day life, including your well-being now and into the future.

When I am nearing death, the following would be important and would comfort me:
Think about your personal preferences, such as place of care, special traditions or spiritual support.

Indicate the place where you would prefer to die: (e.g. home, hospital, aged care facility, on Country)

Consider how you would want to be cared for after you die:
Think about your spiritual, religious and cultural practices; and any other wishes that you want noted e.g. funeral plan, WEL organ/tissue donation.

please turn over...

FORM A Page 2 of 4

DO NOT WRITE IN THE BLANK SPACES

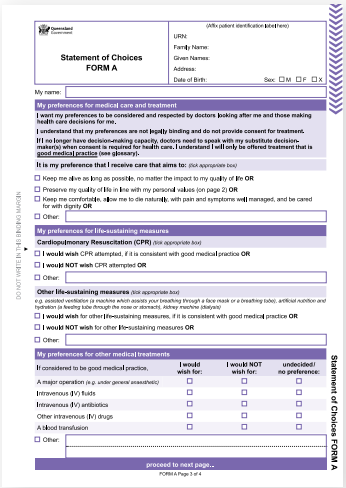
My personal values and considerations:

- ✓ Record what is most important to you and your quality of life.
- ✓ Write as much as possible about the person you are and what your wishes are including any special traditions or spiritual care important to you.
- ✓ Record your medical conditions. It is good to talk to your doctor about your current health conditions and how they might affect your life in the future.
- ✓ Write down the things you want doctors and your substitute decision-maker(s) to know when health care decisions are being made.

Examples of other people's words:

"I love spending time with my grandkids"
"I would like my priest called to comfort my family"
"I love spending time in the garden and listening to music"
"I don't want to be kept alive by machines, just let me die naturally"
"I value being alive more than anything else even if I will be bedbound"
"If I cannot wash, feed or look after myself or talk to my family I do not want to be kept alive"

Page 3


Statement of Choices
FORM A

(Affix patient identification label here)
URN:
Family Name:
Given Names:
Address:
Date of Birth: Sex: ☐M ☐F ☐X

My name:

My preferences for medical care and treatment

I want my preferences to be considered and respected by doctors looking after me and those making health care decisions for me.

I understand that my preferences are not legally binding and do not provide consent for treatment.

If I no longer have decision-making capacity, doctors need to speak with my substitute decision-maker(s) when consent is required for health care. I understand I will only be offered treatment that is good medical practice (see glossary).

It is my preference that I receive care that aims to: (tick appropriate box)

☐ Keep me alive as long as possible, no matter the impact to my quality of life OR
☐ Preserve my quality of life in line with my personal values (on page 2) OR
☐ Keep me comfortable, allow me to die naturally, with pain and symptoms well managed, and be cared for with dignity OR
☐ Other:

My preferences for life-sustaining measures

Cardiopulmonary Resuscitation (CPR) (tick appropriate box)

☐ I would wish CPR attempted, if it is consistent with good medical practice OR
☐ I would NOT wish CPR attempted OR
☐ Other:

Other life-sustaining measures (tick appropriate box)

e.g. assisted ventilation (a machine which assists your breathing through a face mask or a breathing tube), artificial nutrition and hydration (a feeding tube through the nose or stomach), Kidney machine (dialysis)

☐ I would wish for other life-sustaining measures, if it is consistent with good medical practice OR
☐ I would NOT wish for other life-sustaining measures OR
☐ Other:

My preferences for other medical treatments

If considered to be good medical practice,	I would wish for:	I would NOT wish for:	undecided/ no preference:
A major operation (e.g. under general anaesthetic)	☐	☐	☐
Intravenous (IV) fluids	☐	☐	☐
Intravenous (IV) antibiotics	☐	☐	☐
Other intravenous (IV) drugs	☐	☐	☐
A blood transfusion	☐	☐	☐
☐ Other:			

proceed to next page...

FORM A Page 3 of 4

Statement of Choices FORM A

DO NOT WRITE IN THIS BINDING MARGIN

My preferences for medical care and treatment:

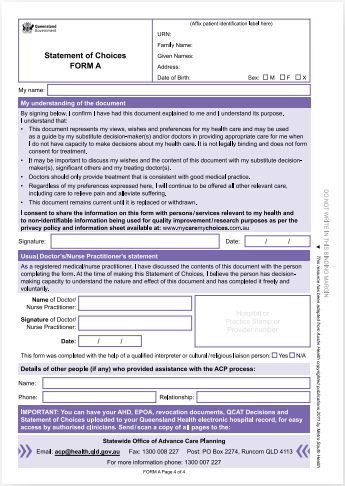
- ✓ Think about the medical care, treatment and goals of care preferences that you would want considered and respected by doctors and those making health care decisions on your behalf.
- ✓ Life-sustaining measures: You may find it helpful to ask your doctor to assist you with this section. Discussing likely treatment outcomes for your current medical conditions may help you to make your preferences known.
- ✓ Medical Treatments: Tick the boxes that indicate your preferences. You may have different preferences for each of the treatment options.
- ✓ For any of the medical treatments, you may choose to write the outcome(s) you would find acceptable in the "Other" box.

Regardless of the preferences expressed on the Statement of Choices you will continue to be offered all other relevant care, including care to relieve pain and alleviate suffering. Doctors should only provide treatment that is consistent with good medical practice.

Examples of other people's words:

"Don't keep going if I am not responding"
"I prefer these treatments only if my quality of life will be improved"
"Please start treatment but discuss with my daughters when it may be time to stop"

Page 4


Statement of Choices
FORM A

(Affix patient identification label here)
URN:
Family Name:
Given Names:
Address:
Date of Birth: Sex: ☐M ☐F ☐X

My name:

My understanding of the document

By signing below, I confirm I have had this document explained to me and I understand its purpose, I understand that:

- This document represents my views, wishes and preferences for my health care and may be used as a guide by my substitute decision-maker(s) and/or doctors in providing appropriate care for me when I do not have capacity to make decisions about my health care. It is not legally binding and does not form consent for treatment.
- It may be important to discuss my wishes and the content of this document with my substitute decision-maker(s), significant others and my treating doctor(s).
- Doctors should only provide treatment that is consistent with good medical practice.
- Regardless of my preferences expressed here, I will continue to be offered all other relevant care, including care to relieve pain and alleviate suffering.
- This document remains current until it is replaced or withdrawn.

I consent to share the information on this form with persons/services relevant to my health and to non-identifiable information being used for quality improvement/research purposes as per the privacy policy and information sheet available at: www.mycaremychoices.com.au

Signature: Date: / /

Usual Doctor's/Nurse Practitioner's statement

As a registered medical/nurse practitioner, I have discussed the contents of this document with the person completing the form. At the time of making this Statement of Choices, I believe the person has decision-making capacity to understand the nature and effect of this document and has completed it freely and voluntarily.

Name of Doctor/ Nurse Practitioner:
Signature of Doctor/ Nurse Practitioner:
Hospital or Practice Stamp or Provider number
Date: / /

This form was completed with the help of a qualified interpreter or cultural/religious liaison person: ☐ Yes ☐ N/A

Details of other people (if any) who provided assistance with the ACP process:

Name:
Phone: Relationship:

IMPORTANT: You can have your AHD, EPOA, revocation documents, QCAT Decisions and Statement of Choices uploaded to your Queensland Health electronic hospital record, for easy access by authorised clinicians. Send/scan a copy of all pages to the:

Statewide Office of Advance Care Planning
Email: acp@health.qld.gov.au Fax: 1300 009 227 Post: PO Box 2274, Runcorn QLD 4113
For more information phone: 1300 007 227

FORM A Page 4 of 4

DO NOT WRITE IN THIS BINDING MARGIN

My understanding of the document:

- ✓ Read through the declaration. Sign and date here to show you understand the document and the information it contains.

Usual Doctor/Nurse Practitioner's statement:

- ✓ When you have filled out the document and have discussed it with others who are important to you, ask your doctor or nurse practitioner to sign it. This will make sure they know what your wishes are. The doctor/nurse practitioner can also keep a copy.
- ✓ If you received assistance from someone else to complete this form, list their details here. For example, this could be an advance care planning facilitator or Aboriginal and Torres Strait islander health worker.

When your document is complete:

- ✓ Keep your original document. Give **copies** to your substitute decision-maker(s), doctor and health providers.
- ✓ **send a copy/scan** of all pages to the Statewide Office of Advance Care Planning by email, fax or post (see bottom of p.4), for upload to your Queensland Health electronic hospital record, and easy access by authorised clinicians.
- ✓ You may wish to upload your Statement of Choices to My Health Record.

Review your document:

- ✓ It is good to review all your documents from time to time, especially if your health changes.
- ✓ If you want to change your whole document, fill in a new Form A or for minor changes initial and date them on the form and send the updated one to the Statewide Office of Advance Care Planning for uploading to your medical record.

If, after reading this tip sheet, you would like more information about the Statement of Choices or help to fill it in, please call the Statewide Office of Advance Care Planning on 1300 007 227 for help or to put you in contact with someone in your local area.

An interpreter service is available during office hours to provide information and resources about advance care planning in Queensland.

Call 13 14 50

Interpreter

- State the language spoke
- Ask to be connected to the Statewide Office of Advance Care Planning on 1300 007 227

OACP
Statewide Office of Advance Care Planning

Tips for completing a Statement of Choices Form B:

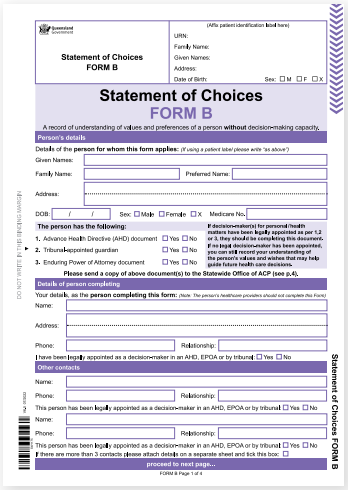
for people who cannot make health care decisions for themselves

This guide is intended to help you complete a Statement of Choices on behalf of someone without decision-making capacity.

To begin completing the Statement of Choices, select Form B and start on page 1.

*Note: Only Form A **OR** Form B should be completed. The decision on which form to use should be based on current circumstances. If the person has already completed a Form A, a Form B is not needed.*

Page 1


Statement of Choices
FORM B

[Affix patient identification label here]

URN:
Family Name:
Given Names:
Address:
Date of Birth: Sex: ☐ M ☐ F ☐ X

Statement of Choices
FORM B

A record of understanding of values and preferences of a person without decision-making capacity.

Person's details

Details of the person for whom this form applies: (If using a patient label please write 'as above')

Given Names:
Family Name: Preferred Name:
Address:
DOB: / / Sex: ☐ Male ☐ Female ☐ X Medicare No.

The person has the following:

1. Advance Health Directive (AHD) document ☐ Yes ☐ No
2. Tribunal-appointed guardian ☐ Yes ☐ No
3. Enduring Power of Attorney document ☐ Yes ☐ No

If decision-maker(s) for personal/health matters have been legally appointed as per 1,2 or 3, they should be completing this document. If no legal decision-maker has been appointed, you can still record your understanding of the person's values and wishes that may help guide future health care decisions.

Please send a copy of above document(s) to the Statewide Office of ACP (see p.4).

Details of person completing

Your details, as the person completing this form: (Note: The person's healthcare providers should not complete this Form)

Name:
Address:
Phone: Relationship:
I have been legally appointed as a decision-maker in an AHD, EPOA or by tribunal ☐ Yes ☐ No

Other contacts

Name:
Phone: Relationship:
This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal ☐ Yes ☐ No
Name:
Phone: Relationship:
This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal ☐ Yes ☐ No
If there are more than 3 contacts please attach details on a separate sheet and tick this box: ☐

please turn over...

FORM B Page 1 of 4

DO NOT WRITE IN THE BINDING MARGIN

Statement of Choices FORM B

Person's details: Fill in all blank spaces.

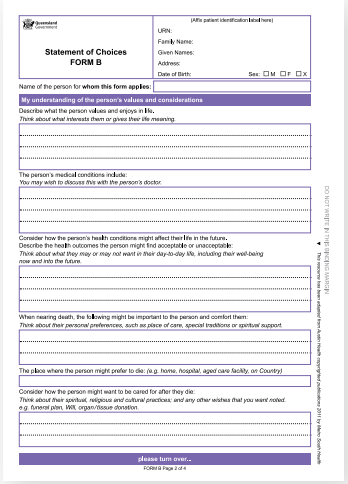
- ✓ The person's "Preferred name" is the name they like to be called.
- ✓ If they live in an aged care facility, please include the name of the facility in the address.
- ✓ Tick the boxes for other documents they may already have.

Details of person completing: Fill in this section with your details as the person completing the form.

- ✓ Form B should be completed by the person's legally appointed substitute-decision-maker(s) or, if not applicable, person(s) in a close and continuing relationship with the individual. A person's healthcare providers should not complete the Statement of Choices on a person's behalf.
- ✓ Tick the box if you are legally appointed as a decision-maker on the Enduring Power of Attorney (EPOA), Advance Health Directive (AHD) or by a Tribunal.

Other contacts: If other people have also been legally appointed as decision-makers, add their contact details and their relationship to the person e.g. husband, son, friend. If there is no EPOA or AHD, you may add the details of other people the person would like to be involved in decision-making for them.

Page 2


Statement of Choices
FORM B

[Affix patient identification label here]

URN:
Family Name:
Given Names:
Address:
Date of Birth: Sex: ☐ M ☐ F ☐ X

Name of the person for whom this form applies:

My understanding of the person's values and considerations

Describe what the person values and enjoys in life.
Think about what interests them or gives their life meaning.

The person's medical conditions include:
You may wish to discuss this with the person's doctor.

Consider how the person's health conditions might affect their life in the future.
Describe the health outcomes the person might find acceptable or unacceptable.
Think about what they may or may not want in their day-to-day life, including their well-being now and into the future.

When nearing death, the following might be important to the person and comfort them:
Think about their personal preferences, such as place of care, special traditions or spiritual support.

The place where the person might prefer to die: (e.g. home, hospital, aged care facility, on Country)

Consider how the person might want to be cared for after they die:
Think about their spiritual, religious and cultural practices; and any other wishes that you want noted. e.g. funeral plan, Will, organ/tissue donation.

please turn over...

FORM B Page 2 of 4

DO NOT WRITE IN THE BINDING MARGIN

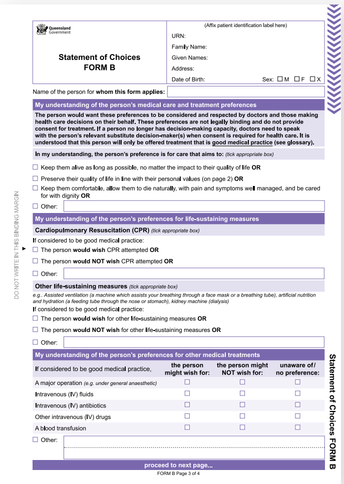
My understanding of the person's values and considerations:

- ✓ Wherever possible, involve the person as much as they are able to be involved.
- ✓ Try to 'stand in the shoes' of the person and think about what you know about them.
- ✓ Record your understanding of what is most important to the person, what they value in life, and what gives them most meaning and pleasure. You may know this from past conversations, from your close relationship with them and from talking to other people who know them well.
- ✓ Record the person's health conditions. It is good to talk to the person's doctor about their current health conditions and how they might affect their life in the future.
- ✓ Write down your understanding of the things they have said in the past that they would want known to guide their health care.
- ✓ Write down any special traditions or spiritual care important to them.
- ✓ Describe your understanding of the health outcomes they might find acceptable or unacceptable.

Examples of other people's words:

"Being with her family is vital for her"
"She's afraid of being alone in hospital"
"He would like his priest at his bedside"
"She loves spending time in the garden"
"He wants to be buried on the family farm"
"She hates being limited to bed all the time"
"He was always very independent and dignified"
"He has told everyone to keep him out of pain and let him die peacefully"

Page 3


Statement of Choices
FORM B
My understanding of the person's medical care and treatment preferences
My understanding of the person's preferences for life-sustaining measures
Cardiopulmonary Resuscitation (CPR)
Other life-sustaining measures
My understanding of the person's preferences for other medical treatments
proceed to next page...

My understanding of the person's medical care and treatment preferences

- ✓ Think about the medical care, treatment and goals of care that you understand the person would want considered and respected by doctors and those making health care decisions on their behalf.
- ✓ Life-sustaining measures: You may find it helpful to ask their doctor to assist you with this section. Discussing likely treatment outcomes for them may be helpful. The Glossary of Terms (back cover) can also help.
- ✓ Medical treatments: Tick the boxes that apply from your understanding of the person's opinions about certain treatment options. This section is a guide for doctors to consider and talk through these choices with you and other significant people when decisions need to be made.

Regardless of the preferences expressed on the Statement of Choices, the person will continue to be offered all other relevant care, including care to relieve pain and alleviate suffering. Doctors should only provide treatment that is consistent with good medical practice.

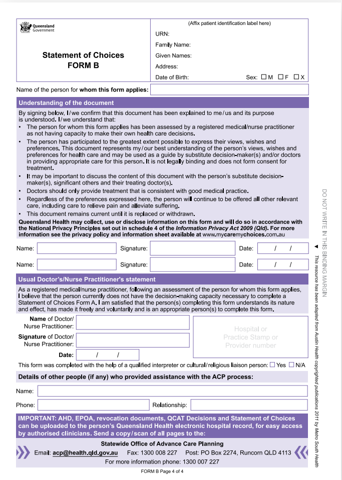
Examples of other people's words:

"He would want to know we gave him a chance, but if he wasn't responding, just let him go"

"He always said he wouldn't want any treatment that wasn't going to put him back on his feet"

"She would say already that this is no life; if she deteriorates further, just keep her comfortable and treat her with respect"

Page 4


Statement of Choices
FORM B
Understanding of the document
Usual Doctor's/Nurse Practitioner's statement
Details of other people (if any) who provided assistance with the ACP process:

Understanding of the Document:

- ✓ It is important that you read through the text. You should sign and date to show you understand the document and the information it contains.

Usual Doctor/Nurse Practitioner's statement:

- ✓ After discussing the completed document with the person's significant others, consult with their doctor/nurse practitioner so they can sign it. This will make sure they are informed and can place a copy on their file.
- ✓ If you received assistance from someone else to complete this form, list their details here. For example, this could be an advance care planning facilitator or Aboriginal and Torres Strait islander health worker.

When the document is complete:

- ✓ Keep the original document with the person's other important papers. If they live in an aged care facility be sure to have a copy filed there.
- ✓ Keep a **copy for yourself** and other substitute decision-maker(s).
- ✓ Give copies to their doctors and health providers.
- ✓ **Send a copy/scan of all pages** to the Statewide Office of Advance Care Planning by email, fax or post (see bottom of p.4), for upload to the person's Queensland Health electronic hospital record, and easy access by authorised clinicians.

Review the document:

- ✓ It is good to review the document from time to time with the person's doctor, and other substitute decision-makers especially if the person's health changes.
- ✓ If you want to change the whole document, you should fill in a new Form depending on the current circumstances. For minor changes to the Form B, initial and date them on the form. Send any updated Forms to the Statewide Office of Advance Care Planning for uploading to the person's medical record.

If, after reading this tip sheet, you would like more information about the Statement of Choices or help to fill it in, please call the Statewide Office of Advance Care Planning on 1300 007 227 for help or to put you in contact with someone in your local area.

An interpreter service is available during office hours to provide information and resources about advance care planning in Queensland.

Call 13 14 50

Interpreter

- State the language spoke
- Ask to be connected to the Statewide Office of Advance Care Planning on 1300 007 227

OACP
Statewide Office of Advance Care Planning

public guardian

Advance Health Directive

An Advance Health Directive (AHD) is a formal set of instructions for your future health care. Sometimes called a 'living will', it's used if you become unable to make decisions due to illness or incapacity.

Why make one?

There could come a time when you are seriously ill, unconscious or unable to communicate and critical decisions about your health care need to be made. An AHD allows your wishes to be known, and gives health professionals direction about the treatment you want.

What does it cover?

You can use your AHD to express your wishes in a general way, such as stating that you would want to receive all available treatment. You can include relevant information about yourself that health professionals should know, such as:

- special health conditions
- allergies to medications
- religious, spiritual or cultural beliefs that could affect your care.

You can give specific instructions about certain medical treatments. For example, you might feel strongly about whether or not you want to receive life-sustaining measures to prolong your life. These include:

- cardio-pulmonary resuscitation, to keep your heart beating
- assisted ventilation, to keep you breathing if your lungs stop working
- artificial nutrition and hydration

What about my views and wishes?

You can use your AHD to outline your views about the quality of life that would be acceptable to you. For example, you might decide to specify that you would like life-sustaining measures withheld or withdrawn in certain situations, such as if you were to have:

- a terminal illness for which there is no known cure nor chance of you recovering
- severe and irreversible brain damage so that you are unable to communicate
- an illness or injury so severe that there is no reasonable prospect that you will recover

It is your legal right to refuse any medical treatment. However, any request for measures that might accelerate your death will not be followed, as euthanasia is illegal.

What about my personal decisions?

Your AHD includes a section where you can appoint an attorney for health/personal matters. An attorney is someone who will make decisions for you, and can be a family member, friend or someone else you trust to act in your best interests. You can choose more than one person if you like, and set special terms for their decisions, such as they must all agree or that a majority view is enough.

Your attorney will be able to give instructions on health matters that your AHD might not cover, and also make personal decisions, such as where you might live. You can set limits to the powers of your attorney—for example, restricting them from consenting to certain procedures—or give them detailed information about your personal wishes that you would like them to follow.

How do I make an AHD?

An AHD form can be downloaded for free from the Queensland Government Publications website, or you can buy one from a newsagency or some bookshops and stationers for a fee.

Before completing the form, first take the time to carefully reflect on the decisions you have to make. Remember, you are putting in place a plan that will determine your future health care. Consider what is important to you, such as being able to communicate with loved ones, or receiving maximum pain relief. Would you be prepared to donate your organs or tissue? Discuss these matters with your family or close friends.

Part of the form needs to be completed by a doctor, so get them to explain your options and give you more information if you need it.

You will also need a witness, who is responsible for making sure that your signature is genuine, and that you understand the decisions you are making. Your witness must be a Justice of the Peace, Commissioner for Declarations, lawyer or Notary Public. They cannot be:

- your attorney for personal matters
- your relative or a relative of your attorney
- a current health provider
- a current paid carer (this doesn't include a person on a carer's pension)
- a beneficiary under your will

When should I make an AHD?

The best time to make one is now, before anything happens. You can make an AHD if you are able to understand the nature and consequences of your health care decisions. But it's particularly important to have an AHD if you are about to go into hospital, or if you have a medical condition that could affect your ability to make decisions or cause serious complications.

What happens if I don't have an AHD?

Without an AHD, your statutory health attorney makes decisions for you. This is a person close to you, such as your spouse or a family member, or it could be the Public Guardian as a last resort if there is no one else suitable or available. You do not have to appoint someone to do this as they automatically act in this role when the need arises. Otherwise, if you have already appointed a personal attorney under an Enduring Power of Attorney, this person can make medical decisions on your behalf. For more information, read our Statutory Health Attorney and Enduring Power of Attorney factsheets.

Can I change my AHD?

Yes, you can make changes to your AHD at any time, provided you still have the decision-making capacity to do so. It's a good idea to review your directive every two years, or if your health changes significantly. You can also revoke your directive, which means you cancel your instructions. You need to make any changes in writing and have your signature witnessed.

What do I do with my completed AHD?

You don't need to lodge your AHD with any authorities. Keep the original document in a safe place and give a copy to your doctor, a family member or friend, and your attorney for personal matters if you have one. You might also want to carry a card stating that you have made an AHD and where it can be found.

Contact us

t. 1300 653 187
e. publicguardian@publicguardian.qld.gov.au
w. www.publicguardian.qld.gov.au

If you need translation services, contact the Translating and Interpreting Service on 131 450.

Enduring Power of Attorney

Choosing who should speak for you in the future if you're not able to.

An Enduring Power of Attorney is an important legal document you prepare to allow someone else (your attorney) to make personal and/or financial decisions on your behalf if you aren't able to.

Why is completing one important?

You may not always be able to make decisions when you need to. For example, you may become seriously ill, have an accident or get dementia. You may not be able to make your own decisions or communicate what you want or need – about your money, your personal affairs or your health. The advantage of an Enduring Power of Attorney is that you can choose who will be able to make decisions on your behalf in this scenario.

If you lose decision-making capacity and don't have an Enduring Power of Attorney in place, your friends and family may be able to informally support you (although there will be no written record of your wishes). However sometimes it will be necessary to have a formal decision-maker (a guardian and/or an administrator) appointed by the Queensland Civil and Administrative Tribunal, and you may not have control over who this is.

What decisions can an attorney make?

You can give your attorney responsibility for your:

- personal matters, such as where you live and who you have contact with
- health care, including choosing medical and dental treatments
- financial matters, like collecting your income, paying your bills and taxes or selling your home.

Note that if you have very specific health care needs or wishes you might want to detail these in an Advance Health Directive. Please see our Decisions about your Future Health Care factsheet for more information.

Your attorney is able to make any decisions that you could legally make in the areas you have appointed them for. However you can choose to include wording that sets out conditions or limits for how your attorney makes these decisions.

Who should I choose to be my attorney?

You can appoint any adult over the age of 18 who has capacity for the matter you are appointing them for and who you trust and you believe to have the necessary abilities to carry out your wishes and manage your affairs. This can include a relative, friend, or a professional such as your accountant, but cannot be a paid carer, or have been your paid carer at any time in the previous three years, (someone who receives a carer's pension to care for you isn't considered to be a paid carer) or be a service provider at a residential service you are residing at.

However it's vital you choose someone you trust to act in your best interests and follow your wishes, so it should be a decision you make very carefully. Remember, you shouldn't feel obliged or pressured to choose your partner or adult children, or anyone in your family if you don't think they will be able to fulfil the role for you. Other people in your life such as a longstanding friend may be more suitable. Key questions to ask yourself when nominating someone to be your attorney are:

- Do you trust them?
- Do they know you well and what's important to you?
- Do they have the right qualities to be your attorney?

You are able to appoint more than one person to be your attorney. So for example if you know one person would be able to make your personal and health decisions but wouldn't be confident to make financial decisions, you could consider appointing another person to make your financial decisions.

What if I have no one to act as my attorney?

If you don't feel confident that you have suitable people in your life to undertake this responsibility, you are able to nominate the Public Guardian as your attorney for personal and health care decisions only (not financial). If you don't have anyone suitable to manage your financial matters the Public Trustee or a private trustee firm can take on this role for a fee.

How does it work if I nominate more than one attorney?

As noted above you can nominate more than one attorney. As described in the previous example, you might choose to have different attorneys make decisions about different areas of your life, but there are multiple other ways you can choose to have your attorneys make decisions. These include:

- jointly – your attorneys must make all decisions together
- severally – any one of the attorneys can make a decision
- jointly and severally – this means that your attorneys can make decisions together or separately
- as a majority – if you are appointing more than three attorneys, you would need to specify, e.g. 'simple majority', 'two-thirds majority'.

If you choose to appoint joint attorneys you can only appoint a maximum of four for a matter (so you could appoint up to four attorneys to act jointly for personal matters, and up to four attorneys to act jointly for financial matters). In all cases, attorneys must keep each other informed about the decisions they are making.

There is also the option to choose successive attorneys. In this situation, one or more attorneys act initially, but you also nominate another to take over if the first appointed attorney(s) can no longer carry out the role, for example if they become ill or die.

When does the power begin?

For personal and health care matters, your attorney's power begins only if and when you lose capacity to make those decisions. For financial matters, your attorney's power begins whenever you want it to and you nominate the start date in your Enduring Power of Attorney form. You can still continue to make any of your own decisions while you are capable of doing so.

Can I cancel or change my Enduring Power of Attorney?

You can cancel (revoke) or change your Enduring Power of Attorney at any time as long as you still have the decision-making capacity to do so. You should fill out the Revocation of Enduring Power of Attorney form and give a certified copy of it to your original attorney, bank, doctor and anyone else who would have known about your existing documents. You can also appoint a replacement attorney, but you must inform your original attorney of these decisions. Certain life circumstances will also bring your Enduring Power of Attorney to an end, such as if you were to get married, divorced or die. If your attorney becomes bankrupt, loses capacity or dies, their power to act on your behalf ceases.

How do I arrange an Enduring Power of Attorney?

You can download the forms from publications.qld.gov.au, or alternatively they can be purchased from most newsagencies. You can complete the form yourself, which has explanatory notes to guide you. You will also need it formally witnessed. Alternatively, you may wish to get professional help with completing the form instead of doing it yourself. Qualified solicitors (generally those specialising in estate planning) and the Public Trustee of Queensland both provide this service for a fee.

When completed, keep the original form in a safe place. Keep a certified copy for yourself and give certified copies to anyone else who needs to know its contents – for example, your attorney, family, solicitor, doctor or accountant. There is no central register for Powers of Attorney in Queensland, but the completed form must be registered with the Titles Registry if your attorney buys or sells land on your behalf.

Find out more

For more information on Enduring Powers of Attorney, Advance Health Directives and planning for the future, go to publicguardian.qld.gov.au/planahead

Contact us

t. 1300 653 187
e. publicguardian@publicguardian.qld.gov.au
w. www.publicguardian.qld.gov.au

If you need translation services, contact the Translating and Interpreting Service on 131 450.

Understanding the role of a Statutory Health Attorney

If an adult lacks the capacity to make a health care decision for themselves and has not completed an Enduring Power of Attorney or Advance Health Directive, they will need someone to make this decision for them.

However, in many cases it isn't necessary to have a formal decision maker appointed by the Queensland Civil and Administrative Tribunal (QCAT) for health decisions, as medical professionals can contact the adult's Statutory Health Attorney when a health care decision is required.

This is a much less restrictive option for the adult as the decision-making power of a Statutory Health Attorney only lasts as long as the health care decision needs making.

How is a Statutory Heath Attorney appointed?

A Statutory Health Attorney does not need to be formally appointed – they automatically act in this role when the need arises, as outlined in s62 of the P*owers of Attorney Act 1998*.

Who can act as a Statutory Health Attorney?

By law, a Statutory Health Attorney is the first available and culturally appropriate person (over the age of 18) from the following:

- a spouse or de facto partner (as long as the relationship is close and continuing)
- a person who is responsible for the adult's primary care but is not the adult's health provider, a service provider for a residential service where the adult is a resident, or a paid carer (although they can be receiving a carer's pension), or
- a friend or relation in a close personal relationship with the adult. Relation can also include a person who under Aboriginal tradition or Torres Strait Islander custom is regarded as a relation

If the medical professional has tried to contact a Statutory Health Attorney and is unsuccessful, or there is no one suitable, then the Public Guardian can act in this role as a last resort.

When would a Statutory Health Attorney start making decisions?

If the adult has impaired decision-making capacity and needs a decision made about their health care, a Statutory Health Attorney will start acting in this role when a need for a decision is identified. As soon as a decision no longer needs making, or if the adult regains capacity, the Statutory Health Attorney no longer act in the role.

What are the responsibilities of a Statutory Health Attorney?

All decisions made by the Statutory Health Attorney must maintain and promote the health and wellbeing of the adult with impaired capacity and be in their best interests, as outlined in the General and Health care Principles of the *Powers of Attorney Act 1998*. This means the Statutory Health Attorney should:

- choose the least intrusive treatment if available
- take the person's views and wishes into account as much as possible
- consider a doctor's opinion.

When is a Statutory Health Attorney not needed?

If someone has completed an Enduring Power of Attorney appointing an attorney for health matters, then their attorney will make any health care decisions that need making. Additionally, if the adult has completed an Advance Health Directive, medical professionals should look to this document in the first instance for directions on treatment.

It's important to note that under the *Guardianship and Administration Act 2000,* medical professionals can administer urgent health care where the treatment is needed to prevent immediate harm or suffering to the person. In these situations, if the person has impaired capacity and there is no known objection to the health care a decision maker, including a Statutory Health Attorney, does not need to be consulted. Similarly, consent is not needed for minor or uncontroversial health care, such as first aid, taking blood pressure or giving medications normally obtained without a prescription.

For more information

To find out more information about the role of a Statutory Health Attorney, go to our website or call 1300 653 187.

If you need to contact our health care consent phone line call 1300 753 624 Monday-Friday 7am-7pm and Saturday, Sunday and public holidays 9am-5pm.

Contact us

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