

ADVANCED CARE PLANNING



Taking care of Dying Time so you can get on with living



ACKNOWLEDGEMENTS

Artwork and story by Alkina Edwards.

I am a Yorta Yorta woman. Living on Yorta Yorta lands.

I acknowledge and pay my respect to my Elders past and present and all First Nations people. I acknowledge and respect the Elders of my community who paved the way for me and many other Koorie people.

My tribes: Yorta Yorta, Wemba Wemba, Mutthi Mutthi & Wiradjuti.

The hill represents the shields of protection over the whole family during a family member passing to the dreaming. The circles represent the meeting places and support groups surrounded by the family and loved one who is passing.

The support around our family member who is passing, the hands held firmly with strength and protection.

The color purple is significant because it combines the calm of blue and the energy of red, also associated with devotion, wisdom, dignity and pride.

Acknowledgements

Njernda Aboriginal Corporation acknowledges the Ancestral Land of the Traditional Custodians, the Yorta Yorta People. Njernda also pay respect to Elders both past and present, and to all Aboriginal Nations, their Stories, Traditions and Country.

This booklet has been created on Yorta Yorta Country with the help of Community members.

If you would like some help to complete this booklet, please talk to your Doctor, family members, your Aboriginal Health Liaison Officer, Njernda Aboriginal Corporation Staff or your local Hospital.

Name:

Your Mob:

Community you live in:

DOB:

Address:

Phone:

Emergency Contacts:

Advance Care Planning

Advanced Care Planning is not just about the end of your life, it's also about taking control of your health. When you have an Advanced Care Plan, everyone will know what's important to you, exactly what you want and don't want.

What if...

You were too sick to speak for yourself? Your family might have to make decisions for you. It is important for you to let them know about your future, write down the kind of healthcare and treatment you want. If that time comes, this will make it easier for everyone.



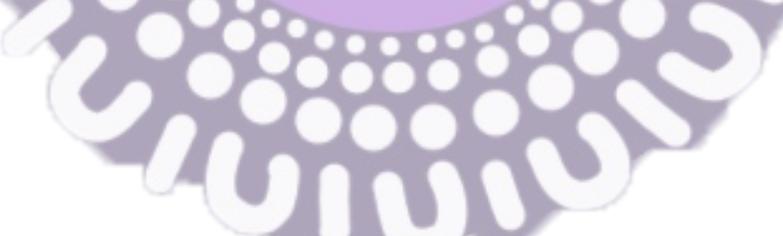
How would you feel if...

You were sick or injured, ended up in hospital for a long time and couldn't move or speak?

The Doctors might need to do a lot of tests, does anyone know what you want, or don't want?

Write things down so everyone knows exactly what you want should you not be able to tell someone.

It's really important to make these decisions while you can.



Medical Treatment Decision Maker

The first step is to choose somebody who you can trust to make decisions for you. This person will be your Medical Treatment Decision Maker.

If you don't choose a Medical Treatment Decision Maker, the hospital has a list governed by law to tell them who to call if you are too sick and you can't tell them what you want.

Your List for the Hospital

Do you have a **legally appointed guardian**?

YES

Name:

NO

Phone:

Do you have a **husband, wife or partner**?

YES

Name:

NO

Phone:

Do you have a **carer**? Eg. Someone who helps you everyday.

YES

Name:

NO

Phone:

Do you have **children**? (oldest to youngest)

YES

Name:

NO

Phone:

Are your **parents** alive and do you talk to them?

YES

Name:

NO

Phone:

Do you have **siblings**? (oldest to youngest)

YES

Name:

NO

Phone:

Medical Treatment Decision Maker continued

It's best to choose someone who is close to you, someone you trust, who understands what it is you want and need and who will think clearly even if they are stressed.

You can choose more than one decision maker, the hospital will start at the top of the list and work their way down the list if they can't reach the first person.

Make sure you have a talk to, and ask the people you have chosen to be decision makers to see if they are able to take on the role.

MEDICAL TREATMENT DECISION MAKER 1

Name:

DOB:

Address:

Phone Number:

MEDICAL TREATMENT DECISION MAKER 2

Name:

DOB:

Address:

Phone Number:

Medical Treatment Decision Maker - Witness Form

SIGN THIS IN FRONT OF YOUR DOCTOR AND A WITNESS

Your signature:

Doctor's full name:

Doctor's Provider Number:

Doctor's signature:

You will need to have another person see that you understand what is going on, this person is called a witness. Get the witness to fill out their details below:

Witness full name:

Witness signature:

Date:

Medical Treatment Decision Maker - Acceptance Form

MTDM1 - ACCEPTANCE FORM

You need proof that the MTDM know you have chosen them and they agree to take on the role.

MTDM signature:

You will need to have another person see that your Medical Treatment Decisions maker

Witness full name:

Witness signature:

Date:

MTDM2 - ACCEPTANCE FORM

You need proof that the MTDM know you have chosen them and they agree to take on the role.

MTDM signature:

You will need to have another person see that your Medical Treatment Decisions maker

Witness full name:

Witness signature:

Date:



What is important to you?

Write down your values and beliefs. These decisions will help Doctors and your Medical Treatment Decision Maker know exactly what you want. This is called a Values Directive, and will only be used if you are too sick to talk and tell Doctors what you want.

VALUES DIRECTIVE:

What are your current health problems?

What do you value most in life?

What brings you happiness?

If you became really sick, how much would you like to know about your illness?

Nothing Some things Everything

— — — —

If you became really sick, how much would you like your family to know?

Nothing Some things Everything

— — — —

Are there any Cultural Traditions or Ceremonies that are important to you? (e.g. smoking ceremony)

Do you have Traditions or religious beliefs that are important to you?

Do you have fears about the end of your life? Would you like to explain?

If you were really sick, would you want medical treatment to keep you alive if it meant:

- You couldn't talk You couldn't eat without help
- You could not walk You could not communicate
- You need help showering and going to the toilet

Have a think and a talk about these things and write your thoughts down

If you were sick and not going to get better – Where would you like to be?

Do you have favorite songs or music you would like to hear?

What are your favorite foods to eat?

Do you know where Country is for you, or where your Ancestors are from?

Does your family know where Country is for you?

How important is it for you to be on Country when you pass?



If you are too unwell to return to Country, is there something from Country you would like brought to you?

How important is it to be buried or cremated on Country?

Not important

Important

Very important



If you are cremated, is there a part of Country or waterway where you would like your ashes returned?

Where would you like to be cared for at the end of your life?



Hospital



Hospice



Aged Care facility



Your home



Family member



Other

Is there a family member you would like to stay with you?

What would you like to do before you pass away?

Are there places you would like to visit or people you would like to see?

This space is for you to write down anything else you might want to say.

Instructional Directive

The Victorian Law also allows you to write down any definite wishes you have about Medical Treatment in an Instructional Directive.

This is a form that your Doctor must help you complete.

If you have specific wishes, please make sure you have this with you so your Doctor can sign off.

Some examples might be: Refusing blood transfusions, resuscitation, feeding tubes, consenting to antibiotics, breathing machines or surgeries/operations.

What you say on this form will be strictly followed by paramedics and Doctors.

Instructional Directive Form

I (full name)

Consent to the following medical treatment (please specify)

I refuse the following medical treatment (please specify)

Advanced Care Directive - Witness Form

To make your Values Directive & Instructional Directive form legal, you must fill out the following form and get it signed by your Doctor and a witness. You must sign this with your Doctor and witness at the same time.

Your signature:

Doctor's full name:

Doctor's signature:

Witness full name:

Witness signature:

Date this form was signed by everybody:



Frequently Asked Questions

IS THIS THE SAME AS A WILL?

No. Advanced care plans and directives are to assist your Medical experiences. A will is specifically about your wishes relating to your money and possessions and what you want to happen once you have passed away.

DO I NEED A LAWYER?

No. Your plan can be completed with your family or someone trained in Advanced Care Planning, but most importantly witnessed by your Doctor and one other person.

CAN I CHANGE MY PLAN?

Yes, you can change your plan as much as you like while you are still able to make your own decisions. If you do change your plan, it is important to destroy all old copies of your plan so people don't get confused.

WHO DO I GIVE MY PLAN TO?

Give a copy to your Doctor, your healthcare providers or Local Hospital, your family, your Medical Treatment Decision Maker and keep the original copy yourself.

DO I HAVE TO FILL OUT THE WHOLE BOOKLET?

No. Only fill out the sections of this booklet that you want. If your plan is signed by your Doctor and witnessed it is then a legal document.



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