



ADVANCE CARE PLANNING: THE BASICS

WHAT IS ADVANCE CARE PLANNING?

Advance care planning (ACP) is the process of thinking about and communicating with people close to you about how you would like to be treated in the future if you cannot speak for yourself at the time. This may happen if you had a progressive condition like dementia or became too ill to communicate. ACP is relevant for everyone, but particularly for people with progressive, life-limiting conditions.

WHAT ARE THE BENEFITS?

- Future decisions by others will better reflect your wishes
- It helps you raise sensitive issues about future care with your loved ones
- People making decisions for you will be clear about what your wishes would be
- It reduces the likelihood of confusion or conflict at time of difficult decision-making

WHAT DOES ACP INVOLVE?

- Making sure there is someone who is clearly identified as a substitute decision maker for you if the need arises
- Having open and frank discussions about your condition and prognosis with your GP and any specialists who are caring for you
- Talking to the person(s) who may ultimately be making decisions for you about your values and wishes regarding the type of care and interventions you would want for yourself toward the end-of-life
- Continuing these discussions over time as your wishes may change as your health and lifestyle changes.
- Considering documenting your values and wishes in a written advance care plan and making sure you give copies to your GP and to anyone who may be called on to make decisions on your behalf in the future.

HOW CAN I GET FURTHER INFORMATION?

- Talk to your GP. It may help to take this brochure along and tell them there is information aimed at GPs on the *My Wishes* website - www.mywishes.org.au
- Talk to other healthcare staff who may be involved in your ongoing care or facility staff if you, or a person you are caring for, is in a nursing home or hostel
- Consult the *My Wishes* website for a range of further information about advance care planning.

WHAT IF A PERSON CAN NO LONGER MAKE THEIR OWN DECISIONS?

- The person's substitute decision-maker(s) can consider and document the values and wishes they believe the person would have expressed themselves if they were able to
- Having these considered and documented will make it easier if important decisions have to be made about the person's care toward the end-of-life.

For further information go to:
www.mywishes.org.au