

Guide for health professionals using the Statement of Choices document

This guide is provided to help clinicians when they talk to people about advance care planning or help them to complete a Statement of Choices document as part of an advance care planning process.

Fast facts:

- The Statement of Choices document (SoC) lets Substitute Decision Maker/s (SDMs) and treating clinicians know a person's individual preferences to inform medical treatment decisions made at a time when the person does not have decision-making capacity.
- **Participation in any aspect of advance care planning (ACP) is voluntary.** Health professionals must not coerce or direct individuals to participate in ACP and complete documentation. They must not instruct a person to refuse or accept interventions or to limit or accept treatments against their wishes.
- All clinicians must act **ONLY** within their scope of practice when discussing ACP or helping to complete a SoC.

Top tips:

- Before introducing the SoC to others, familiarise yourself with the content of both forms:
 - **Form A** – for people **with decision-making capacity**
 - **Form B** – completed on behalf of people who **don't have decision-making capacity or who need support to make decisions.**
- Allow people time to think and reflect. ACP and completing the SoC may take more than one discussion.
- Explain that it is useful to complete all fields in the SoC, though not all fields are mandatory.

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My Details (Form A) The Person's Details (Form B):

- ✓ Place ID sticker on each page OR ensure all details are completed including name of RACF, if applicable
- ✓ Check all identity details are correct, including date of birth, Medicare number and telephone numbers
- ✓ Tick the boxes to indicate what other documents have been completed or if a Guardian has been appointed by Queensland Civil and Administrative Tribunal
- ✓ Note: The substitute decision-maker completing Form B will ideally be the legally appointed attorney.

My Contacts (Form A) Other Contacts (Form B):

- ✓ Complete this section to name SDMs who may have been legally appointed to give consent for medical treatments. Note: SDMs will only be required to give consent when the person is unable to make decisions or communicate consent for themselves
- ✓ Encourage completion of all relevant lines in the box, including whether the listed person(s) is appointed in an Enduring Power Of Attorney (EPOA) or Advance Health Directive (AHD)
- ✓ A Statutory Health Attorney is not formally appointed and acts as SDM only when the need arises.

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B. Personal Values

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

Consider what you would like known about you when health care decisions are being made. Think about your past experiences, wishes and health or what is important to you.

Describe the health outcomes that you would find unacceptable. Think about what you would not want, including situations you consider may be worse than death.

Describe what would be important or comforting to you when you are nearing death. Think about your personal preferences, special traditions or spiritual support.

The place where you would prefer to die: (e.g. home, hospital, nursing home)

Consider how you would want to be cared for after you die. Think about your spiritual and cultural practices or organ and tissue donation.

proceed to next page...

Section B. Personal Values:

- ✓ Try to include family members/SDMs in the discussion. This is important information for them to have
- ✓ Build a rich description of the person's quality of life and what brings them joy. This might include their past work; personal stories; preferred surroundings, rituals, enjoyable activities; what they value most regardless of declining health; past hospital or health experiences; what puts a smile on their face now
- ✓ Include other information to help guide medical decision making such as being pain free, not suffering, to be treated with dignity, hold honest discussions with SDMs and what would be important as death is approaching eg type of music, pets, TV
- ✓ Encourage people to avoid generalised phrases when recording **health outcomes they would find unacceptable**, e.g. "Being a vegetable" needs to be more explicit. Expand on the thoughts behind their words; situations they want to avoid: e.g. "unable to feed myself or go to the toilet", "be a burden to the family", "be alone"
- ✓ Expand on the person's preferred environment as they come to **the end of their life** so that others know how to soothe and comfort them, e.g. spiritual needs or rituals, type of music, TV use, pets nearby
- ✓ Record the **preferred place of death**. This may change if unexpected conditions or circumstances arise
- ✓ Record special preferences for **care after they die** e.g. the person may want to include funeral or burial instructions. Record their preferences for organ and tissue donation, donor registration number or their application to a university to be to be a body donor.

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C. Medical Conditions

My current medical conditions include:

The health impacts of the conditions listed above have been explained to me: (tick appropriate box)
 Yes No (if you have answered 'No' please consult a doctor before continuing this form)

Medical and emergency preferences
 Please remember, doctors need to speak with the relevant substitute decision-maker(s) at the time a decision is made. You will always receive relevant care to relieve pain and suffering.

Life Prolonging Treatments

Cardiopulmonary Resuscitation (CPR) (tick appropriate box)
 I would want CPR attempted if it is consistent with good medical practice OR
 I would NOT want CPR attempted under any circumstances OR
 Other: _____

Other Life Prolonging Treatments (tick appropriate box)
 e.g. kidney machine (dialysis), feeding tube, breathing machine (ventilator)
 I would want other life prolonging treatments if they are consistent with good medical practice OR
 I would NOT want other life prolonging treatments under any circumstances OR
 Other: _____

Medical Treatments

if considered to be medically beneficial:	I would want:	I would NOT want:	undecided / no preference:
Major operation (e.g. under general anaesthetic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous (IV) fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous (IV) antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other intravenous (IV) drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood transfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____			

please turn over.

Section C. Medical conditions:

- ✓ All **major health conditions** should be recorded such as chronic illnesses, disease states, previous major surgery, a pacemaker. This list is particularly important when using Form B as diagnoses listed can help to indicate why the person did not have sufficient capacity at the time to complete a Form A
- ✓ Confirm that the person completing the form understands the likely impacts/outcomes of the medical conditions listed. If not, encourage them to discuss further with the doctor who can assist them to understand and help clarify their choices.

Life Prolonging Treatments and Medical Treatments

- ✓ Be prepared, **within your scope of practice**, to answer questions, provide information or explain in general terms the likely outcomes of treatments in relation to their health conditions and values
- ✓ Encourage the person to make an appointment with their GP to discuss their preferences for treatments
- ✓ Use the "Other" boxes in the treatments sections, if required, to qualify the "would wish" or "would not wish" choices. E.g. "only if my quality of life would be maintained"; "please discuss benefits and limitations of other treatments fully with my family"; "I don't wish to die in an ICU".

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- ✓ Encourage the person to regularly review their preferences with their doctor/GP
- ✓ Encourage a short review period if the person with very advanced disease, or their SDM, insists on having treatments that you believe may not be realistic. Over time the evidence of further functional decline may alter the individual's perceptions about their treatment choices. Doctors are not compelled to deliver treatments that would not be considered good medical practice.

ACP is not a static event. People can change their minds over time or as their health changes. The SoC may need to be done again at the time of review or at another preferred time.

Declaration

- ✓ The person completing the SoC must sign the declaration
- ✓ Consent to "sharing information" allows alerts and a copy of the SoC to be filed in the person's medical records, a copy to be uploaded to The Viewer, and for de-identified data to be used for service improvements. Note: The Viewer is a Queensland Health state-wide electronic, read-only application.

Doctor's Review

- ✓ Ensure a doctor signs the document.
- ✓ The doctor's signature indicates to all health professionals that the SoC is well-made, the person has been able to ask questions and adequately discuss their preferences. The doctor indicates they believe the person has capacity to make the SoC for themselves (Form A) or that (Form B) has been completed by an appropriate SDM.

Unless signed by a doctor the SoC cannot be uploaded to The Viewer.

What to do when you receive a completed SoC:

- ✓ Check through the document to ensure minimum and mandatory elements are completed (See [Auditing of SoC Documents](#))
- ✓ The original document should remain with the person named in the SoC, at the person's home or RACF
- ✓ Copies should be made available for the GP, SDMs, family members, private hospital (if applicable)
- ✓ Send a copy of the SoC by fax or email to the Office of ACP (see contact details in footer). All completed SoCs received by the Office of ACP are clinically reviewed before they are uploaded to The Viewer.