

Tips for completing a Statement of Choices Form B: for people without decision making capacity OR requiring supported decision making

This guide is intended to help you complete a Statement of Choices on behalf of someone who does not have the ability to make decisions on their own or who needs help to make decisions. It offers some words other people have used that may help you begin. The examples here are **not intended to limit or direct** your responses on their behalf. To begin completing your Statement of Choices, select Form B and start on page 1 (Form A is not needed for them).

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Section A. 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 a retirement complex please include the name of the facility in the address.
- Tick the boxes for other documents they already have.
- **Details of Person Completing:** Fill in the spaces in this section with you as the person completing this form or helping to complete their form. Tick the box if you are legally appointed as decision maker.
- **Other Contacts:** If others 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, or you would like others to be involved, you can still complete this section and add their contact details.

Statement of Choices FORM B
For persons without decision-making capacity OR requiring supported decision-making.

A. Person's Details
Details of the person for whom this form applies: (if using a patient label please write 'as above')

Given Name: _____ Preferred Name: _____
Family Name: _____
Address: _____
DOB: / / Sex: M F I Medicare No: _____

The person has the following:

1. Advance Health Directive (AHD) Yes No
2. Tribunal-appointed guardian Yes No
3. Enduring Power of Attorney (EPOA) Yes No (personal/health matters)

If a decision-maker for personal/health matters has been legally appointed they should be the one completing this document. If no legal decision-maker has been appointed you can still write the values and wishes of the person to help guide future health care decisions.

Details of Person Completing
Your details, as the person assisting to complete this form:

Name: _____
Address: _____
Phone: _____ Relationship: _____

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

Other Contacts

Name: _____ Phone: _____
Relationship: _____ This person is appointed in an EPOA or AHD: Yes No

Name: _____ Phone: _____
Relationship: _____ This person is appointed in an EPOA or AHD: Yes No

If there are more than 3 substitute decision-makers please attach details on a separate sheet and tick the box: please turn over...

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QUEENSLAND HEALTH
Advance Care Planning
Statement of Choices
(FORM B)

URN: _____
Family Name: _____
Given Name: _____
Address: _____
Date of Birth: _____ Sex: M F I

Name of the person for whom this form applies: _____

B. Personal Values
Describe what the person values or enjoys most in their life.
Think about what interests them or gives their life meaning.

Consider what the person would like known about them when health care decisions are being made.
Think about their past experiences, wishes and beliefs or what is important to them.

Describe the health outcomes the person would find unacceptable.
Think about what they would not want, including situations which may involve severe disability for them.

Describe what would be important or comforting to the person when they are nearing death.
Think about their personal preferences, special traditions or spiritual support.

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

Consider how the person would want to be cared for after they die.
Think about their spiritual, religious and cultural practices, organ and tissue donation, and any other wishes that they would want noted.

proceed to next page.

Section B. Personal Values:

Record what you know is most important to the person. You may know this from past conversations, from your close relationship with them and from talking to other people significant to them. Write down the things they would want known to guide their health care. Keep in mind what they might want to still enjoy doing regardless of how sick they may become in the future. Include any special traditions or spiritual care important to them. Describe the health outcomes they find unacceptable now. Involve the person as much as possible so they can add whatever they are able to the document.

Examples of other people's words:

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

Form B: 'Tips' cont.

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Section C. Medical conditions: Fill in all the person's present health conditions that you know about. It may be necessary to talk to their doctor about their current health. Ask questions about what treatments might be offered in the future and this may help you think about their quality of life and their preferences for care.

Life Prolonging Treatments: You may find it helpful to ask their doctor to assist you with this section. Discussing treatment outcomes in light of their current medical conditions may help you fill in this section. The Glossary of Terms (back cover) can also help.

Medical Treatments: Tick the boxes. You may have different preferences for each of the treatment options. This section is a guide to let doctors consider and talk through the preferences with you when decisions need to be made. Doctors will continue to provide all care according to good medical practice.

The screenshot shows the 'Statement of Choices (FORM B)' form. Section C, 'Medical Conditions', asks for current medical conditions and includes a checkbox for 'The health impacts of the conditions listed above have been explained to me and I understand them: Yes / No - you have answered / No please consult a doctor before continuing with this form.' Section D, 'Medical and emergency preferences', includes 'Life Prolonging Treatments' with checkboxes for 'Cardiopulmonary Resuscitation (CPR) (tick appropriate box)', 'The person would wish CPR attempted if it is consistent with good medical practice OR', and 'The person would NOT wish CPR attempted under any circumstances OR'. Section E, 'Medical Treatments', is a table with columns for 'If considered to be medically beneficial', 'the person would wish for:', 'the person would NOT wish for:', and 'undecided / no preference:'. Rows include 'A major operation (e.g. under general anaesthetic)', 'Intravenous (IV) fluids', 'Intravenous (IV) antibiotics', 'Other intravenous (IV) drugs', and 'A blood transfusion'.




Examples of other people's words:

- "Don't keep going if they are not responding to the treatment".
- "Only provide these treatments if their quality of life will be improved".
- "Please start treatment but discuss with our family when it is time to stop and keep them comfortable and dignified".

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The screenshot shows the bottom part of the 'Statement of Choices (FORM B)' form. Section F, 'Understanding of the Document', includes a paragraph about understanding the document and a checkbox for 'I consent to share the information on this form with persons/providers relevant to the health of the person named as per the privacy policy and a non-identifiable information being used for quality improvement research purposes as per the information sheet.' Section G, 'Your Signature', has fields for 'Your Name:' and 'Your Signature:'. Section H, 'Usual Doctor's Statement', has fields for 'Doctor's Name:', 'Doctor's Signature:', and 'Date:'. At the bottom, there is an 'IMPORTANT!' note and contact information for the Office of Advance Care Planning.

- It is good to review all planning documents regularly. You may want to write down when you want to review with their doctor and other substitute decision makers. If you want to change the document you should write another Form B and send it to the Office of Advance Care Planning so it can be uploaded to replace the earlier Statement of Choices in their medical record.
 - **Declaration:** Read through the declaration. You should sign and date to indicate you understand the document and the information it contains.
 - **Doctor's Review:** After discussing the completed document with the person's significant others, consult with their doctor so they can sign it. This will make sure their doctor is informed and can place a copy on their file.
-  Keep the original document at home with the person's other important papers. If they live in an aged care facility be sure to take the original to be filed there. Keep a **copy for yourself** and other substitute decision makers and **send a copy** to the Office of Advance Care Planning. They will make sure your document is available in the person's medical record at all Queensland Health Hospitals and to authorised GPs.

