

Advance Care Planning (ACP)

Planning ahead for your medical treatment

Answering the questions below will help you to think about what you might want for your future medical treatment. This may include completing an advance care directive and/or appointing a medical treatment decision maker.

Important things to consider:

- What would happen if you became very sick or had a serious accident and could not talk to your doctor about your treatment?
- Who would you want to make medical decisions for you?
- How will they know what you would want?

How planning ahead can help you

Having to think about a time when you may not be able to make your own decisions about your medical treatment can be difficult.

The planning process can give you peace of mind in the knowledge that:

- Your preferences will be known
- Your health care team and those important to you will know what decisions to make on your behalf, should the need arise

Making a plan for your future healthcare involves the following steps:

A dvance:	A ppoint another
C are:	C hat and communicate
P lanning:	P ut it on paper

If you require further information or feel ready to complete your advance care planning documents please contact:

Monash Health Advance Care Planning Program

Tel: 9594 3475

Email: acp@monashhealth.org

Advance Care Planning - things to consider

Write down your thoughts in the spaces provided below

Medical Treatment Decision Maker (MTDM):

***See Monash Health Advance Care Planning brochure 'Who will help make medical decisions for you', section titled 'Who is your medical treatment decision maker?'**

If you were unable to communicate your preferences regarding medical treatment, is there someone you would like to speak on your behalf?

Thinking about this person.....

- Do they know you well?
- Do they know your preferences for future medical care?
- Would they be willing, able and available to speak on your behalf?

(It is important to discuss this with them)

Write their name/s here:

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Have you already completed a legal document appointing a medical treatment decision maker/ medical power of attorney? Yes/No (If yes consider providing a copy of the document to Monash Health).

If yes – Do you want to change the person you have appointed? Yes /No

If no – Do you want to formally appoint a Medical Treatment Decision Maker?

Yes/No

1. List your current health/medical problems: What is your health like now?

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2. Does your health affect your daily life? If so, in what way(s)?

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**3. What matters most in your life? What does living well mean to you? What are you able to do?
(May include your values/ethics/interests/spiritual/religious beliefs/hobbies)**

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4. What worries/concerns you most about the future?

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5. Are there any situations that you would consider unacceptable for your quality of life/how you need to live your life?

Unsure No

Yes, I would not want to be kept alive if:

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6. Are there any medical treatment that you would definitely not want to receive?

Unsure No

Yes (note below)

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7. If you were nearing death what would be important to you?

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