



Advance care planning

What is it?

Advance care planning is for people at any age. It is making a plan for your future medical care. If one day you are too unwell to make decisions or communicate, your doctors can refer to your plan. Planning now for your future care can help ensure you get the medical care you want. It also ensures someone you trust will be there to make decisions for you.

An Advance Care Directive is part of the planning process. It is a legal document. You and one other person, usually your GP, will need to sign it. It includes the treatments you would accept or refuse if you have a life-threatening illness or injury. It will only be used if you can not make decisions on your own. It may also include your beliefs, values and goals.

Advance care planning gives you control over your health. It's a way of making sure your care team respect your wishes in the future. It is a plan for your care while you are living. It is not a Will, but you can also consider writing one of these.

What will my GP do?

Your GP will talk to you about your wishes for end-of-life care. They will discuss your plan with you over the coming weeks and months. Your GP may also ask you to complete a Resuscitation Plan or an Authorised Care Plan. This lets the ambulance service know what additional steps they can or can't take if you call an ambulance.

During your planning, you and your GP will discuss:

- Your understanding of your health currently
- What might happen with your care and health needs in the future
- Why it's important to take control of your future care
- What might happen if your treatment doesn't go to plan
- Your past experiences with illness
- Any concerns or fears you have
- Any support you have at home
- Your thoughts on resuscitation
- Your wishes about what will happen after you die

What can I do?

Reflect on your values and wishes. Continue to talk to your GP and your loved ones about your plan. If you would like to have an Enduring Guardian, choose someone you trust.

Some things to think about during advance care planning:

- Life goals, values and wishes
- Who you trust to make decisions for you
- Who should have a copy of your plan

When your plan is finished, you should share it with your GP. You should also share a copy with a loved one or someone you trust. Remember, you can change or cancel your plan, goals or wishes at any time.

Helpful definitions

Advance Care Planning

The process of discussing and choosing the health care and medical treatments you want in the future.

Advance Care Directive

A legal document which outlines your preferences for your future care. It includes your beliefs, values and goals.

Resuscitation Plan

A plan to assist end-of-life decision making.

Authorised Care Plan

A plan to enable paramedics to give individual care to patients.

Enduring Guardian

Someone who you appoint to medical decisions for you if you can't speak for yourself.

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What supports are available?

SWSLHD My Wishes Advance Care Planning Program

This program provides support and education to help people living in South Western Sydney to prepare an Advance Care Plan. Talk to your GP about this program.

National Advance Care Planning Support Service

A national phone service for all matters relating to advance care planning. Phone [1300 208 582](tel:1300208582) or email acpa@advancecareplanning.org.au



What questions could I ask my doctor?

- What should my plan include?
- Who needs to see my plan?
- Where should I store my plan?
- What if I want to change my plan?
- How will I know if my plan is legal?
- Who should I talk to about my plan?



Where can I learn more?

- **Health Resource Directory** - Advance care planning easy read factsheet: healthresourcedirectory.org.au
- **NSW Health** - Advance care planning: health.nsw.gov.au
- **NSW Health** - Making an advance care directive: health.nsw.gov.au
- **Advance Care Planning Australia** - Create your plan in New South Wales: advancecareplanning.org.au

This information is to be viewed by someone who has received a diagnosis from their doctor. It is not designed to be used to diagnose a condition or as a substitute for ongoing medical care

Health Resource Directory factsheets are endorsed by South Western Sydney PHN's Community Advisory Committee and local GPs