

ADVANCED CARE PLANNING

Advance care planning helps you, the important people in your life and your health care team plan for your end-of-life care.

What is an Advanced Care plan?

An advance care plan is ideally documented rather than verbal and while this might be done on a form designed specifically for that purpose, it can be in any format. It should be accessible to current and future health care providers and to family members according to the person's wishes. An advance care plan is an articulation of wishes, preferences, values and goals relevant to all current and future care.

ACP discussions cover the:

- person's understanding of their illness and prognosis
- types of care and/or treatments that may be beneficial in the future and their potential availability
- person's preferences for future care and/or treatments
- person's concerns, fears, wishes, goals, values and beliefs
- person's preferred place of care (and how this may affect the treatment options available)
- family members or others that they would like to be involved in decisions about their care
- person's views and understanding about interventions that may be considered or undertaken in an emergency (such as resuscitation)
- person's needs for religious, spiritual or other personal support.

How can we help you with your ACP

An advance care plan should be completed with the help of your GP or specialist, and be the result of your thoughts and discussions with your family and loved ones.

Your GP or specialist can explain to you the details of medical treatments for the very ill or injured, and talk you through the benefits and risks of these treatments. If you wish, they can lodge your advance care plan on your electronic record, to be shared with other clinicians if and when it's needed (for example, if you are seriously injured or unwell and in hospital).

More information

For more information on advanced care planning, visit the Health Quality and Safety Commission [here](#).