Quick guide to introducing Advance Care Planning – Substituted Approach version

This version of the quick guide can be used to introduce Advance Care Planning (ACP) to a family member or Substitute Decision Maker when the resident/client/patient does not have capacity to make healthcare decisions (e.g. due to advanced dementia).

Knowing whether or not a person has capacity to make decisions is not always clear. Generally, when a person does not have capacity to make a particular decision they cannot:

- Understand and appreciate the facts and choices involved
- Weigh up the consequences
- Communicate the decision

A person's ability to make decisions may also fluctuate over time depending on their health or stress levels. **People should be supported to make their own healthcare decisions as much as possible.** When this is not possible, it is then appropriate to discuss ACP with the appropriate Substitute Decision Maker(s). There is another version of this quick guide that can be used to initiate ACP discussions with a person who needs support to take part in the discussion due to early or moderate dementia.

Suggested introduction

As part of our routine care, we ask all families about the conversations they have had with their relative about their future health wishes. Are you OK to talk with me about this for about 10 minutes?"

OR

"In the next 10 minutes or so, could I ask you a few questions about the conversations you have had with your relative about their future health care wishes?"

Consider adding: "Your answers will give me useful information about your relative's needs and wishes and the best way to care for them and support you as well (with Advance Care Planning)".

Purpose of the question	Suggested questions to ask the family member	Prompts for the health professional
Determine if the resident/client has a legally appointed Substitute Decision Maker	Has your relative ever signed a legal document to appoint someone to make health or medical decisions on their behalf?	• If so, request copy of document for the client/resident/patient's record • Record contact details for the legally appointed Substitute Decision Maker(s) in client/resident's record
Consider who the appropriate Substitute Decision Maker would be (if there is no legally appointed decision maker)	Have there been previous discussions about who would be making the medical decisions if your relative was too unwell to speak for themself? If so, who and what is their relationship to the person?	• There is a hierarchy of who should be consulted for medical decision making in each state/territory when the person no longer has capacity to make their own decisions. Specific state/territory information is available at End of Life Law for Clinicians or Advance Care Planning Australia • Record contact details for the appropriate Substitute Decision Maker(s) in client/resident/patient's record

Purpose of the question	Suggested questions to ask the family member	Prompts for the health professional
Determine the resident/client's previous involvement in Advance Care Planning	Has your relative ever spoken to you about their wishes, values and beliefs about medical treatment and care in case they become more unwell? • Have they spoken to other family members or their doctor or other health professional about this? • Have they ever written down their wishes?	If written down: • In what type of document? • When was it last reviewed? • Check the most recent version is available in the client/resident's record • Request copy of the document for the client/resident/patient's record if not already provided
Determine the relative's understanding of Advance Care Planning and provide information as needed	Have you heard of Advance Care Planning? What is your understanding?	• Explain what ACP is and how it might help (see definition below)
Determine the relative's readiness to discuss further discuss Advance Care Planning	Would you be comfortable to have a meeting with a member of the team to **further** discuss Advance Care Planning for your relative?	If so ask: • Which family members or other people (e.g. spiritual or community leader or close friend) would be important to involve in the Advance Care Planning discussion?
Explore the relative's understanding of the resident/client/patient's wishes or priorities for future care.	Is there anything you think would be important for the team to know about your relative's wishes or priorities when it comes to their health care?	• Emphasise that you are asking the relative to reflect on what the person (who no longer has capacity) would have wanted rather than what the family member would want • Summarise key points and reflect back to the relative to make sure you have understood • Write summary in resident/client's record
Explore the relative's questions or concerns they would like to discuss at the Advance Care Planning discussion	Are there any questions or concerns that you would like to talk about at the Advance Care Planning discussion?	• Summarise key points and reflect back to relative to make sure you have understood their questions/concerns • Write summary in resident/client/patient's record • Prompt relative to write down any other questions and bring them to the meeting

Next steps:

- Arrange family meeting to further discuss ACP as appropriate
- Consider providing the relative with a copy of the Advance Project **"Planning for"** guide to take home and consider and also discuss with other family members prior to the family meeting

Definitions and further information

What is Advance Care Planning?

Advance Care Planning is a process that helps to plan for a person's future health care. This process involves thinking about the person's values, beliefs and wishes about health and medical care if they became more unwell. It is a way to make sure that the person's wishes and values are taken into account when planning their care. As part of this process, we may choose to write an Advance Care Plan that records what is known about your relative's specific wishes in relation to their health care. **It is important to revisit Advance Care Planning regularly as the person's wishes or health situation changes.**

For further information about Advance Care Planning, and substitute decision making legislation relevant in your state please refer to:

Advance Care Planning Australia advancecareplanning.org.au

End of Life Law for Clinicians in Australia end-of-life.qut.edu.au/treatment-decisions/adults/state-and-territory-laws