



ADVANCE CARE PLANNING (ACP)

Advance care planning is about people taking control of their health care wishes now and in the future. Advance care planning involves thinking about your end of life. Long before the diagnosis of a life limiting or terminal condition, discussing your care wishes with your family and close friends is encouraged. Preferably, documenting what types of health care you may or may not wish to receive if you become seriously ill and/or are unable to speak for yourself is the best way to record your wishes for the future.

These conversations are especially relevant near the end of life. It makes the space for your specific treatment wishes as well as your goals, values and beliefs to be known and respected by health providers and those closest to you.

Ideally advance care planning involves:

1. Appointing a person, known as a substitute decision maker, who can make healthcare decisions for you if you are too unwell to do this for yourself.
2. Writing your wishes down in an advance care directive, sometimes known as a "living will".
3. Sharing your wishes with a trusted person or person/s.

The most commonly considered plan is the Advance Care Directive which is a medical plan which documents the types of health care you may or may not wish to receive if you become seriously ill and/or are unable to speak for yourself. An Advance Care Directive formalises and, in some instances, legalises your Advance Care Plan. The application of the plans varies across States and Territories and you can best inform yourself by reviewing these websites:

<https://www.health.gov.au/health-topics/palliative-care/planning-your-palliative-care/advance-care-directive>

<https://www.health.gov.au/health-topics/palliative-care/planning-your-palliative-care/advance-care-planning>

<https://www.advancecareplanning.org.au/> (go to your State or Territory)

When completing your plan, some of the key issues that may need to be considered at end of life include:

- Emergency treatment
- Types of treatment when you can no longer talk for yourself



- Who you want to speak for you if you cannot
- How you want to be treated emotionally and physically
- Who you want present and who you do not
- Any religious requests
- Access to medication and pain control
- Where you would like death to occur i.e. home, hospital etc.
- Access to fresh air, sunshine and other atmospheric factors
- Organ and tissue donation
- Voluntary Assisted Dying

The definitions and scope of Advance Care Planning can be further expanded to include the social, emotional and spiritual wishes, funeral planning and also living wills or legacy documents – that is, the things you want to leave behind for people that do not form a part of your Will or estate such as family photo albums, recipes and letters.

Advance Care Plan – Social, Emotional and Spiritual (SES)

An Advance Care Plan documents the types of social, emotional and spiritual care you may or may not wish to receive if you become seriously ill and/or unable to speak for yourself.

Advance Care Plan – Funeral Care Planning

A Funeral Care Plan is a document that is prepared to outline your funeral wishes and instructions.

See our info sheet on Funeral Planning.

Advance Care Plan – Legacy Documents

- Letters to family members etc. – letters that you may wish to leave for loved ones after you have died.
- A written record of wishes for memorabilia, heirloom gifts, emotional items such as treasured belongings

One of the main purposes of creating these documents is so that they are truly aligned to your authentic self in order to be valued.



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NATURAL DEATH
ADVOCACY NETWORK

www.ndan.com

contact@ndan.com.au

Additional Resources:

Discussion starters:

<https://dyingtotalk.org.au/discussion-starters/>

Digital End of Life Plan:

<https://touchstonelifecare.com/>

The Groundswell Project Big List

<https://www.thegroundswellproject.com/thebiglist>

Website on law around end of life:

<https://end-of-life.qut.edu.au/advance-care-directives/state-and-territory-laws>