

A Conversation for Everyone

Advance Health Care Planning

Yelin Hung



Overview

- What and Why
- How
 - a conversation
 - some forms
- Your values
- Who can help



Reasons

- The importance of having a plan
 - Record documents
- Understanding the values of having the Advance Care Planning
 - Can help other people know what you need
 - Identify where to go for further information/support

What is Advance Care Plan?

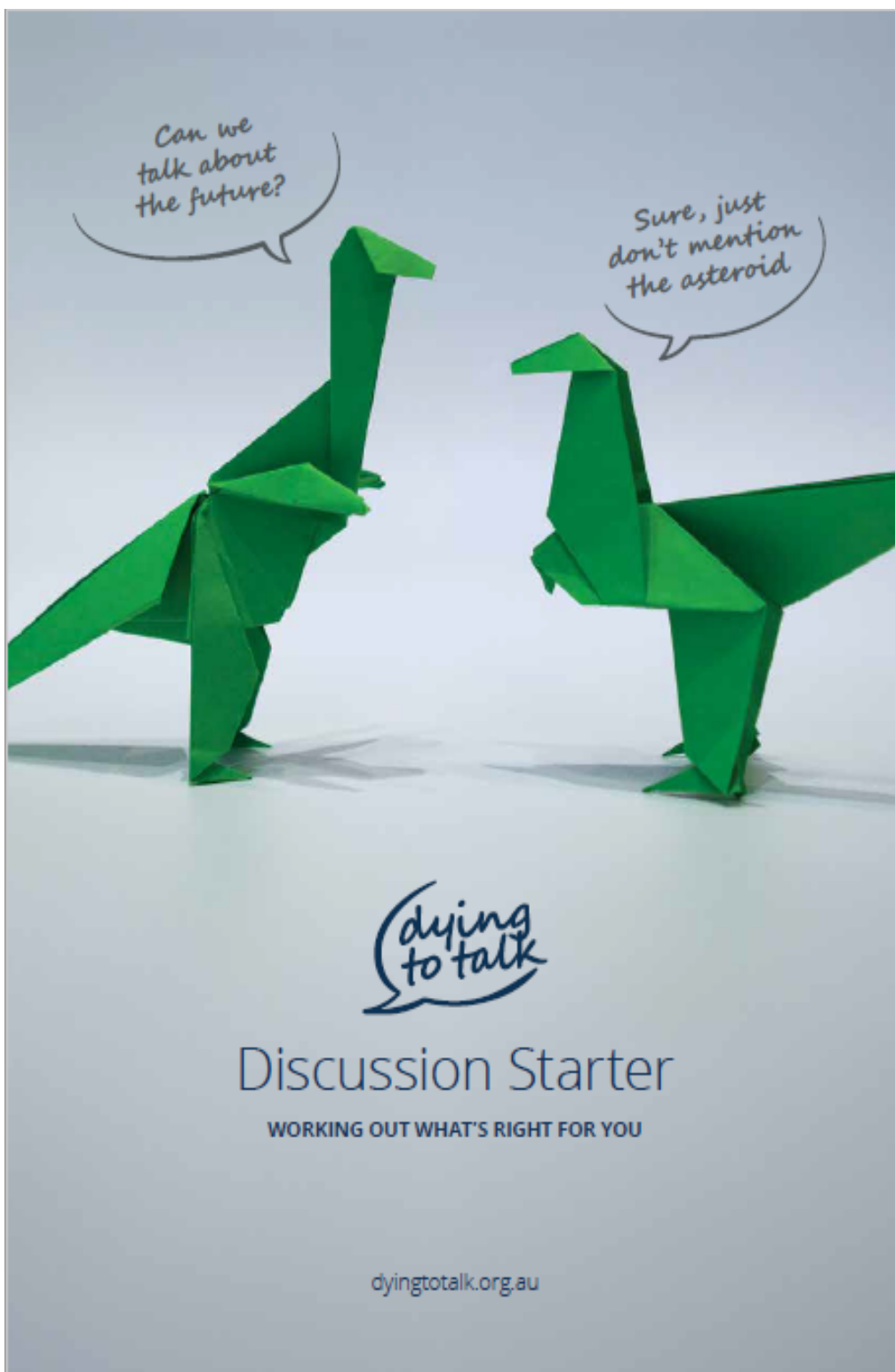
It is a written document to plan your future healthcare choices:

- **If in case you can't speak for yourself.**
- **If you have thought about what's important to you and it is written down.**
- **And you can appoint someone to speak for you**



Why do I need it?

- I am comfortable that my wishes will be respected
- My family knows what I want
- Make it easier for my family to make decisions



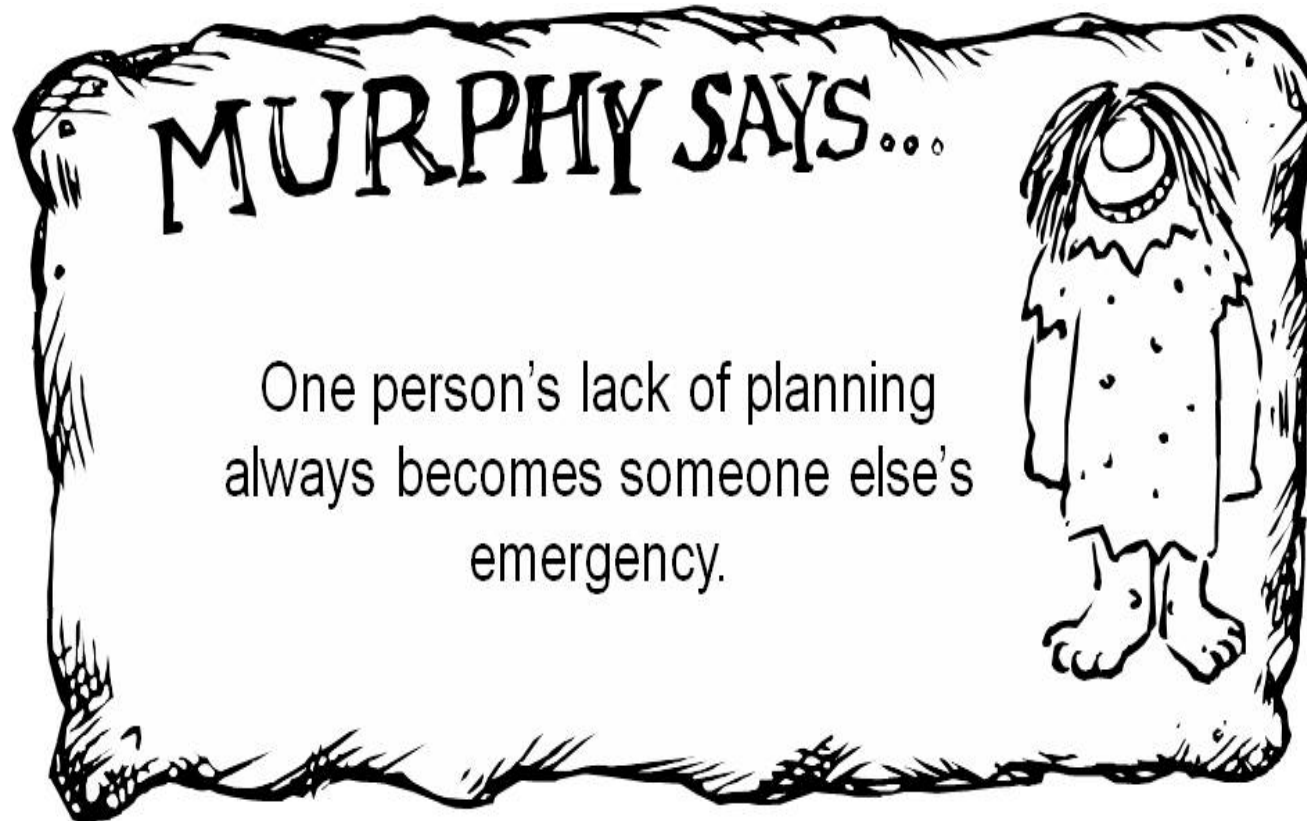
There is a Guide

- Helps to work out what's right choices for you
- How to talk to relevant others.(eg. Family)
- Get help with how to start the conversation and
- Fill out the forms

Advance care Plan Forms

- Statement of Choices – *Guiding document*
- Health Direction under the Medical Treatment (Health Directions) Act 2006 – *Legal document (What is your preference)*
- Enduring Power of Attorney (EPA) – *Legal document (Who will speak for you)*

If you don't Plan, everything will become an emergency



What if you plan to travel?

- Would you make a plan where you want to go?
- What is your expectation of the trip?



Survey Statistics - Facts

- 90% say that talking with loved ones about end-of-life care is *important*
- 60% say that making sure family is not burdened by tough decisions is *extremely important*

Stats from The Conversation Project National Survey 2013



Your guide to use the Planning

- You might need an professional interpreter to explain the guide
- You can get a health professional to assist you to fill out the form



With the help:

- You know what you want
- How you want to be treated
- And who will speak on your behalf



Remember: you should start the conversation before filling the forms

Remember

The things that are important to us

- The way we live
- How we approach illness, ageing and death

Sharing with people who care can make things easier



KEEP
CALM
AND
GET
ORGANISED

Enduring Power of Attorney

1

ENDURING POWER OF ATTORNEY

Powers of Attorney Act 2006

(Please refer to the guidelines in 'The Power to Choose' published on the Public Trustee and Guardian's website before completing this form.)

a) APPOINTER AND ATTORNEY

| | |
|--------------------------|-----------|
| Appointer (Principal) | [name] |
| | [address] |
| | |

| | |
|------------|-----------|
| Attorney 1 | [name] |
| | [address] |
| | |

AND *(Insert details of other Attorney, otherwise cross out and initial.)*

| | |
|------------|-----------|
| Attorney 2 | [name] |
| | [address] |
| | |

AND *(Insert details of other Attorney, otherwise cross out and initial.)*

| | |
|------------|-----------|
| Attorney 3 | [name] |
| | [address] |
| | |

b) MULTIPLE ATTORNEYS

(Indicate whether you want the attorneys to act together and separately, in any combination, or in any other manner, such as different attorneys to act in different circumstances, on the happening of different events or in relation to different matters. To choose your option below, initial in the appropriate box and then delete and initial any option that does not apply.)

I appoint my attorneys to act:

- ☐ together
☐ separately
☐ together and separately
☐ in the following manner -

.....
.....
.....

Statement of Choices

ACT Health Statement of Choices Competent Person

Affix patient label or complete details

Name: _____

Address: _____

DOB: _____ Telephone: _____

URN: _____

This Statement of Choices will be used to guide future medical decisions ONLY when you lose the ability to make or communicate your medical treatment decisions yourself. The law requires that this statement of your wishes must be taken into account when determining your treatment.

I _____
(Your name)

of _____
(Your address)

am of sound mind, and I have read and understand the importance of this document. I have also had this document explained to me and had all my questions answered to my satisfaction. I request that my stated choices recorded below, are respected by my family, appointed decision-maker(s) and by my doctors. In addition I request that they respect my beliefs and values in life as we have previously discussed.

I understand that it is most important to discuss my wishes with my Medical Enduring Power of Attorney, family and doctor so that they are aware of them. I also understand that the doctors will only provide treatment that is medically appropriate.

Health Direction

Health direction

UNDER THE MEDICAL TREATMENT (HEALTH DIRECTIONS) ACT 2006,
SECTION 21, FOR SECTION 7.



IMPORTANT NOTICE:

- This direction will not be valid if it is inconsistent with an enduring power of attorney for a health care matter under the Powers of Attorney Act 2006 that you have previously given (and not subsequently revoked).
- This direction will be revoked if you later make an enduring power of attorney for health care matters. You can also revoke this direction by clearly expressing to a health professional or someone else a decision to revoke the direction.
- Subject to the above, the power to make decisions relating to the withholding or withdrawal of medical treatment to you will now be exercised according to your instructions on this form.

1

I, [insert full name]

of [insert address]

Direct that—

*(a) medical treatment generally be withheld or withdrawn; or

*(b) the following medical treatment: (specify particular kind of treatment)

be withheld or withdrawn. NOTE: delete (a) or (b)

2

I **REVOKE** all directions previously made by me under the Medical Treatment Act 1994 and all other directions made by me under the Medical Treatment (Health Directions) Act 2006.

Legislation

Powers of Attorney Act 2006

<http://www.legislation.act.gov.au/a/2006-50/current/pdf/2006-50.pdf>

Medical Treatment (Health Directions) Act 2006

<http://www.legislation.act.gov.au/a/2006-51/current/pdf/2006-51.pdf>



Your completed forms for Advance Care Plan will go to:

- Your Enduring Power of Attorney
 - Other family members/carers
 - Doctor
 - Advance Care Planning team:
- An alert will appear on your hospital record if admitted to Canberra and Calvary Hospitals



Help with your forms

Advance Care Planning Program

Canberra Health Services

ACT Government

Phone: 5124 9274

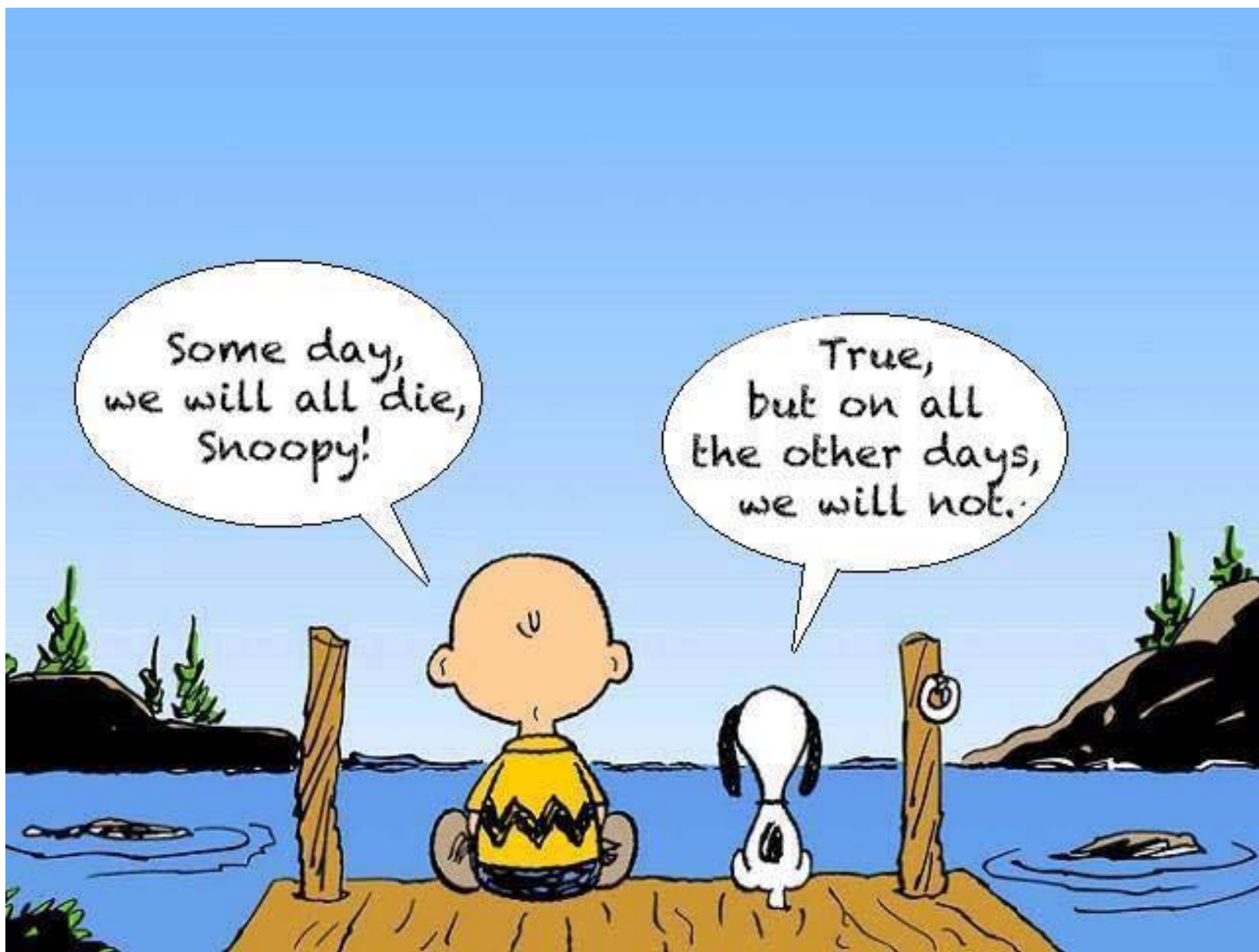
acp@act.gov.au

Telephone Interpreting Service (TIS): 13 14 50



**Be open, be ready, be
heard**





Some Useful Websites

- Advance Care Planning Canberra:
<https://www.health.act.gov.au/services/advance-care-planning>
- Advance Care Planning Australia:
www.advancecareplanning.org.au
- Be My Voice: www.bemyvoice.com.au
- The Conversation Project (American):
www.theconversationproject.org



Thank you

Questions?



Private Health Insurance

| | |
|---|---|
| <u>What is covered?</u> | There are different types of cover that offer different benefits |
| <u>How does it work?</u> | You can buy combined policies. |
| <u>What government incentives and surcharges affect my insurance?</u> | Private Health Insurance Rebate depends of your earning at Tax time. |
| <u>Overseas visitors & students</u> | If you are in Australia on a temporary visa, you should consider taking out some form of visitor's health cover for the duration of your stay. On some visas, you may be required to take out a form of visitor's health insurance. |

Health Insurers



Information & Complaints

- Private Health Insurance Ombudsman Complaints
Hotline (free call) 1800 640 695
- Private Health Insurance Ombudsman
<http://www.phio.org.au/>



Thank you

Yelin Hung

Multicultural Liaison Officer
Health Care Consumers' Association

Email: yelinhung@hcca.org.au

Phone: 02 6230 7800

Mobile: 0413 922 184

www.hcca.org.au

