Tips for completing a Statement of Choices Form B:

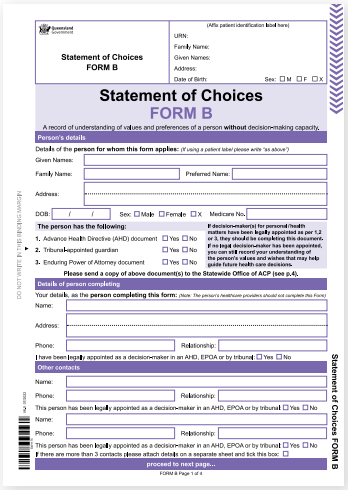
for people who cannot make health care decisions for themselves

This guide is intended to help you complete a Statement of Choices on behalf of someone without decision-making capacity.

To begin completing the Statement of Choices, select Form B and start on page 1.

*Note: Only Form A **OR** Form B should be completed. The decision on which form to use should be based on current circumstances. If the person has already completed a Form A, a Form B is not needed.*

Page 1


Statement of Choices
FORM B

[Affix patient identification label here]

URN:
Family Name:
Given Names:
Address:
Date of Birth: Sex: ☐ M ☐ F ☐ X

Statement of Choices
FORM B

A record of understanding of values and preferences of a person without decision-making capacity.

Person's details

Details of the person for whom this form applies: (If using a patient label please write 'as above')

Given Names:
Family Name: Preferred Name:
Address:
DOB: / / Sex: ☐ Male ☐ Female ☐ X Medicare No.

The person has the following:

1. Advance Health Directive (AHD) document ☐ Yes ☐ No
2. Tribunal-appointed guardian ☐ Yes ☐ No
3. Enduring Power of Attorney document ☐ Yes ☐ No

If decision-maker(s) for personal/health matters have been legally appointed as per 1,2 or 3, they should be completing this document. If no legal decision-maker has been appointed, you can still record your understanding of the person's values and wishes that may help guide future health care decisions.

Please send a copy of above document(s) to the Statewide Office of ACP (see p.4).

Details of person completing

Your details, as the person completing this form: (Note: The person's healthcare providers should not complete this Form)

Name:
Address:
Phone: Relationship:
I have been legally appointed as a decision-maker in an AHD, EPOA or by tribunal ☐ Yes ☐ No

Other contacts

Name:
Phone: Relationship:
This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal ☐ Yes ☐ No
Name:
Phone: Relationship:
This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal ☐ Yes ☐ No
If there are more than 3 contacts please attach details on a separate sheet and tick this box: ☐

please turn over...

FORM B Page 1 of 4

DO NOT WRITE IN THE BINDING MARGIN

Statement of Choices FORM B

Person's details: Fill in all blank spaces.

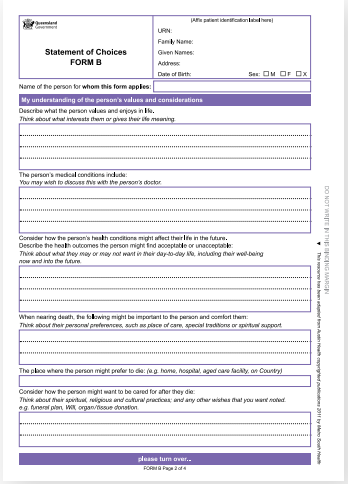
- ✓ The person's "Preferred name" is the name they like to be called.
- ✓ If they live in an aged care facility, please include the name of the facility in the address.
- ✓ Tick the boxes for other documents they may already have.

Details of person completing: Fill in this section with your details as the person completing the form.

- ✓ Form B should be completed by the person's legally appointed substitute-decision-maker(s) or, if not applicable, person(s) in a close and continuing relationship with the individual. A person's healthcare providers should not complete the Statement of Choices on a person's behalf.
- ✓ Tick the box if you are legally appointed as a decision-maker on the Enduring Power of Attorney (EPOA), Advance Health Directive (AHD) or by a Tribunal.

Other contacts: If other people have also been legally appointed as decision-makers, add their contact details and their relationship to the person e.g. husband, son, friend. If there is no EPOA or AHD, you may add the details of other people the person would like to be involved in decision-making for them.

Page 2


Statement of Choices
FORM B

[Affix patient identification label here]

URN:
Family Name:
Given Names:
Address:
Date of Birth: Sex: ☐ M ☐ F ☐ X

Name of the person for whom this form applies:

My understanding of the person's values and considerations

Describe what the person values and enjoys in life.
Think about what interests them or gives their life meaning.

The person's medical conditions include:
You may wish to discuss this with the person's doctor.

Consider how the person's health conditions might affect their life in the future.
Describe the health outcomes the person might find acceptable or unacceptable.
Think about what they may or may not want in their day-to-day life, including their well-being now and into the future.

When nearing death, the following might be important to the person and comfort them:
Think about their personal preferences, such as place of care, special traditions or spiritual support.

The place where the person might prefer to die: (e.g. home, hospital, aged care facility, on Country)

Consider how the person might want to be cared for after they die:
Think about their spiritual, religious and cultural practices; and any other wishes that you want noted. e.g. funeral plan, Will, organ/tissue donation.

please turn over...

FORM B Page 2 of 4

DO NOT WRITE IN THE BINDING MARGIN

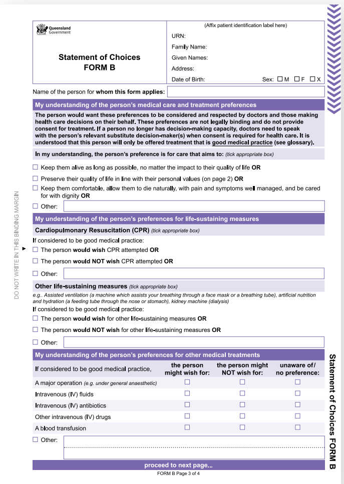
My understanding of the person's values and considerations:

- ✓ Wherever possible, involve the person as much as they are able to be involved.
- ✓ Try to 'stand in the shoes' of the person and think about what you know about them.
- ✓ Record your understanding of what is most important to the person, what they value in life, and what gives them most meaning and pleasure. You may know this from past conversations, from your close relationship with them and from talking to other people who know them well.
- ✓ Record the person's health conditions. It is good to talk to the person's doctor about their current health conditions and how they might affect their life in the future.
- ✓ Write down your understanding of the things they have said in the past that they would want known to guide their health care.
- ✓ Write down any special traditions or spiritual care important to them.
- ✓ Describe your understanding of the health outcomes they might find acceptable or unacceptable.

Examples of other people's words:

"Being with her family is vital for her"
"She's afraid of being alone in hospital"
"He would like his priest at his bedside"
"She loves spending time in the garden"
"He wants to be buried on the family farm"
"She hates being limited to bed all the time"
"He was always very independent and dignified"
"He has told everyone to keep him out of pain and let him die peacefully"

Page 3


Statement of Choices
FORM B
My understanding of the person's medical care and treatment preferences
My understanding of the person's preferences for life-sustaining measures
My understanding of the person's preferences for other medical treatments
proceed to next page...

My understanding of the person's medical care and treatment preferences

- ✓ Think about the medical care, treatment and goals of care that you understand the person would want considered and respected by doctors and those making health care decisions on their behalf.
- ✓ Life-sustaining measures: You may find it helpful to ask their doctor to assist you with this section. Discussing likely treatment outcomes for them may be helpful. The Glossary of Terms (back cover) can also help.
- ✓ Medical treatments: Tick the boxes that apply from your understanding of the person's opinions about certain treatment options. This section is a guide for doctors to consider and talk through these choices with you and other significant people when decisions need to be made.

Regardless of the preferences expressed on the Statement of Choices, the person will continue to be offered all other relevant care, including care to relieve pain and alleviate suffering. Doctors should only provide treatment that is consistent with good medical practice.

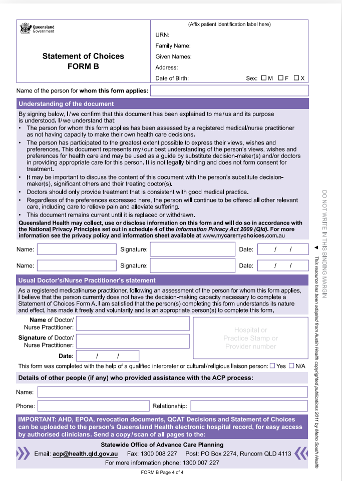
Examples of other people's words:

"He would want to know we gave him a chance, but if he wasn't responding, just let him go"

"He always said he wouldn't want any treatment that wasn't going to put him back on his feet"

"She would say already that this is no life; if she deteriorates further, just keep her comfortable and treat her with respect"

Page 4


Statement of Choices
FORM B
Understanding of the document
Usual Doctor's/Nurse Practitioner's statement
Details of other people (if any) who provided assistance with the ACP process:

Understanding of the Document:

- ✓ It is important that you read through the text. You should sign and date to show you understand the document and the information it contains.

Usual Doctor/Nurse Practitioner's statement:

- ✓ After discussing the completed document with the person's significant others, consult with their doctor/nurse practitioner so they can sign it. This will make sure they are informed and can place a copy on their file.
- ✓ If you received assistance from someone else to complete this form, list their details here. For example, this could be an advance care planning facilitator or Aboriginal and Torres Strait islander health worker.

When the document is complete:

- ✓ Keep the original document with the person's other important papers. If they live in an aged care facility be sure to have a copy filed there.
- ✓ Keep a **copy for yourself** and other substitute decision-maker(s).
- ✓ Give copies to their doctors and health providers.
- ✓ **Send a copy/scan of all pages** to the Statewide Office of Advance Care Planning by email, fax or post (see bottom of p.4), for upload to the person's Queensland Health electronic hospital record, and easy access by authorised clinicians.

Review the document:

- ✓ It is good to review the document from time to time with the person's doctor, and other substitute decision-makers especially if the person's health changes.
- ✓ If you want to change the whole document, you should fill in a new Form depending on the current circumstances. For minor changes to the Form B, initial and date them on the form. Send any updated Forms to the Statewide Office of Advance Care Planning for uploading to the person's medical record.

If, after reading this tip sheet, you would like more information about the Statement of Choices or help to fill it in, please call the Statewide Office of Advance Care Planning on 1300 007 227 for help or to put you in contact with someone in your local area.

An interpreter service is available during office hours to provide information and resources about advance care planning in Queensland.

Call 13 14 50

- State the language spoke
- Ask to be connected to the Statewide Office of Advance Care Planning on 1300 007 227

Interpreter

OACP
Statewide Office of Advance Care Planning