What I understand to be the person's preferences and values:

Information to help guide future medical decisions for a person who is unable to express their own preferences

Before you begin, please take a moment to read these instructions

Who is this form for?

This form records information about a person who cannot express their preferences about medical treatment. What you write in this form will help the Medical Treatment Decision Maker and health professionals to make medical decisions that the person would want.

This form is only for people who cannot make medical decisions or express what they want. If a person can clearly express their preferences regarding medical treatment, even if they need assistance to write them down, they should complete an Advance Care Directive. Advance Care Directive forms are available on the Office of the Public Advocate website www.publicadvocate.vic.gov.au or by phoning the Office of the Public Advocate 1300 309 337.

If the person has already completed their own Advance Care Directive, the information in that document would be given priority in medical decision-making over any information in this form.

Who can complete this form?

This form can be completed by one or more people who know the person well. This can include:

- the person's Medical Treatment Decision Maker (see page iii of these instructions for more information)
- a family member, carer or close friend
- a professional care worker who the person has known for some time and who has knowledge of what is important to the person.

How can information in this form be helpful?

A Medical Treatment Decision Maker makes medical decisions for a person when that person can't make their own decisions. The decisions should reflect what the Medical Treatment Decision Maker knows about the person's preferences for medical treatment and about what the person values most. The decision should be what the person would want; not what others want.

Medical decisions are made in the context of: the person's illness; how their illness is progressing; what has caused any current change; and how likely it is that an episode of worsening health can be reversed. Health professionals will make this assessment and offer treatment options to be considered by the Medical Treatment Decision Maker.

✓ *When the Medical Treatment Decision Maker and the health professionals work in partnership, they bring together their different areas of knowledge and expertise, to achieve the best possible outcomes for the person.*

The aim of completing this form is to capture in writing what you know about the person that would help when making future medical decisions

When filling in this form, try to 'stand in the shoes' of the person and think about what you know about them. If possible, you should also involve the person, as much as they are able or want to be involved.

Knowledge about the person, their preferences and values may come from:

- Things they have said in the past related to their healthcare or medical treatment, including their hopes and fears for their health.
- Things they have said in the past related to what they value in life; what gives their life the most meaning and pleasure.
- What you know about them from observing how they live their life, how they make decisions, and what they give priority to in any decisions.
- What you know about them from observing how they respond to medical tests and treatments, having to go to hospital, being cared for by new people, or a different routine.

Information for the Medical Treatment Decision Maker

Making medical decisions for someone else can be hard, especially if:

- your own preferences and values are different from those of the person for whom you make decisions.
- there doesn't seem to be a clear choice; or
- when there are two options and you don't want to choose either.

When a decision has to be made, you can only make the best one possible with the information available at the time.

Sometimes, decisions need to be made quickly. When you are feeling tired and emotional it can be difficult to think as clearly as you would want.

Thinking in advance about what the person would want can help. It can help you to think through the issues calmly before you need to make decisions.

Writing down information in this form can help you remember what would be important to the person, if you ever need to make decisions in the future. It can also help guide health professionals if you are not available.

List of those who can be the Medical Treatment Decision Maker

If a person is not able to make decisions about their own medical treatment, they need someone else to make decisions for them. It is best if that is someone who knows them well, and who knows their preferences for medical treatment and their values. This will be someone who can consent to medical treatment that the person would want and can refuse medical treatment that the person would not want.

Victorian law tells us who should have this role.

If a person has appointed a Medical Treatment Decision Maker, then this is the decision maker. This includes a Medical Enduring Power of Attorney or other appointed medical decision makers. If there is no-one who has been appointed, and there has been no VCAT (Victorian Civil and Administrative Tribunal)-appointed Medical Treatment Decision Maker (i.e. a Guardian who can make medical treatment decisions), then the Medical Treatment Decision Maker is the first available from the following list, **who has a close and continuing relationship with the person**, and **who is willing to take on that role:**

- The spouse or domestic partner
- The primary carer of the person
- An adult child of the person
- A parent of the person
- An adult brother or sister of the person

Where there are two or more relatives who are first on this list, for example two children, the oldest child would have this role.

If there is no available Medical Treatment Decision Maker, the Office of the Public Advocate may have to make the decisions. Sometimes VCAT may have to appoint a Medical Treatment Decision Maker (i.e. a Guardian).

The Instruction pages can be removed from this document for filing of the completed form.

More detailed information about the role of the Medical Treatment Decision Maker is available in

'A guide for Consumers: Making medical decisions for another person'

If you need an interpreter, please speak to your health care staff or call via TIS on 131 450

This form was developed by a Working Group funded by the Department of Health and Human Services Victoria and Chaired by Dr Barbara Hayes (Northern Health). The Working Group membership included the Office of the Public Advocate Victoria, Advance Care Planning clinicians, Hospital and Residential In-Reach clinicians, General Practitioners and Residential Aged Care clinicians.

Name:

DOB:

Address

What I understand to be the person's preferences and values:

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1. Person that this document applies to

Name: _____

Date of birth: _____ / _____ / _____

Address: _____

_____

Date completed: _____

2. This document is completed by

Name _____

Relationship _____

Phone _____

How long has the person known you? _____

Signature _____

3. Assistance with completing this document provided by (*if applies)*

(i) Name _____
Relationship _____
Phone: _____
How long has the person (that this document is for) known you? _____

(ii) Name _____
Relationship _____
Phone: _____
How long has the person (that this document is for) known you? _____

4. The person's main health problems

The person's main health problems are:

_____

_____

_____

Name:

DOB:

Address

5. Medical Treatment Decision Maker information

Is there an appointed Medical Treatment Decision Maker for this person?

❑ Yes *(ensure a copy is in the file with the person's doctor & other health services)*

Details of the appointed Medical Treatment Decision Maker/s: *(if applicable)*

1. Name: _____
   Relationship: _____
   Contact No: Home: _____ Mobile: _____
2. Name: _____
   Relationship: _____
   Contact No: Home: _____ Mobile: _____

OR

❑ No, there is no-one appointed as a Medical Treatment Decision Maker but medical decisions are usually made on behalf of the person by: *(see Instructions Page iii)*

Name: _____
Relationship: _____
Contact No: Home: _____ Mobile: _____

OR

❑ There is no-one available who could make medical decisions for the person

6. Advance Care Directive or Planning document available

Is there a previously completed Advance Care Directive or Advance Care Planning documents?

❑ Yes *(Ensure a copy is in the file with the person's doctor and other health services)*

❑ No

7. Others who should be involved in medical decisions

People who are important to this person and, if possible, should be involved in discussions about their health care. List these names and their contact details:

_____

_____

_____

Name:

DOB:

Address

8. The person's preferences and values

a) What matters most to the person in relation to their life and health? Explain why you think this. eg Have they told you this? Have you seen how they have made other decisions, or how they respond to medical treatments or tests?

b) What worries or frightens the person most in relation to their life and health? Explain why you think this.

c) What would be unacceptable outcomes from medical treatment after illness or injury?. (*These are situations they would not want to happen if it could be avoided.)* Explain why this is important for them.

Name:

DOB:

Address

d) Are there treatments that they would not want even if the doctors thought the treatment might help? Explain why this is important to them. Are there treatments they find very upsetting?

e) Close to death, these things would be important to this person. *(Things to consider include: who should be there with them, spiritual care, customs or cultural beliefs, music etc)*

f) Other things that would be important to know:

Is the person supportive of organ and tissue donation? *(Circle one)*

Yes **No** **I don't know**

Is the person a registered organ and tissue donor? *(Circle one)*

Yes **No** **I don't know**

Registration No (if known): _____

Name:

DOB:

Address

9. Progress notes and updates

You can add more information in this form, if you find out more or if the person changes what they want. (Make sure the **original** version of the form always stays with the person who writes the document. Give copies only to other people involved.)

People who have not filled in the above sections of this form can also add information about the person here. This can be family members, carers, friends, or professional care workers who the person knows well.

Make sure that everything is dated and that whoever writes in this form notes: their name; relationship to the person; and how long the person has known them.

Name: Relationship (and how long):

Signature: Date:

Comments:

Name: Relationship (and how long):

Signature: Date:

Comments:

Name:

DOB:

Address

Name:	Relationship (and how long):
Signature:	Date:
Comments:	

Name:	Relationship (and how long):
Signature:	Date:
Comments:	

Name:	Relationship (and how long):
Signature:	Date:
Comments:	

Name:

DOB:

Address

Name:	Relationship (and how long):
Signature:	Date:
Comments:	

Name:	Relationship (and how long):
Signature:	Date
Comments:	

Name:	Relationship (and how long):
Signature:	Date:
Comments:	

-- end of form --