

What does dying well mean to you? Handout 10

YOUR CHOICES: Many people are unaware that they (or their nominated advocate) can request or refuse medical treatments or interventions and life support treatments. There is no better time than the present to consider what constitutes a quality of life for you.

WHAT I WANT SHOULD I BE DIAGNOSED WITH A LIFE-REDUCING ILLNESS such as cancer, cardiovascular disease, chronic kidney disease, chronic respiratory conditions, HIV/AIDS, motor neurone disease, multiple sclerosis and/or dementia, including Alzheimer's disease. My personal choices for end of life care and medical intervention would include the following:

- Try any proven & unproven intervention possible Let me die with no interventions
- Provide Pain Management only Of possible measures to extend my life when it otherwise might end, I DO NOT want the following procedures administered:
 - CPR (for heart attack) Artificial ventilation (breathing)
 - Food & water via tube through nose or stomach Antibiotics via tube
 - Dialysis Blood Transfusions Vitamins via tube
 - Major surgery (e.g. hip replacement, remove blot clots, fix fractures, new pacemaker battery)
 - Other:

WHO I WANT TO ADVOCATE FOR ME

If and when I am not able to make or communicate my own decisions, the people I trust to make decisions and carry out my plan are:

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WHEN I WANT *NO* MEDICAL INTERVENTIONS if I have been diagnosed with a terminal illness.

- When I am bedridden When I am doubly incontinent When I cannot feed myself
- When I cannot communicate with my loved ones When I do not recognise my loved ones
- other

WHERE I WANT TO BE when I am no longer able to feed myself and manage my own personal hygiene. I would prefer to:

- Stay at home and hire full time professional caregivers
- Move to an aged care facility that has health-care professionals
- Move to a hospice and be treated by a Palliative Care Specialist and a Palliative Care team
- Move in with the following relative and hire caregivers to assist my family
- Other

WHO I WANT TO BE WITH IN MY FINAL DAYS

- Family only Friends only
- Family & friends, including:
- Excluding:

PUTTING THESE CHOICES INTO ACTION:

- I have discussed my choices with my doctor.
- I have discussed these choices with my next of kin, Enduring Guardian or Person Responsible, explaining my reasons for my choices.
- I have an Enduring Guardian document nominating who I want to advocate for me when I can't communicate my health choices.
- I have written and had witnessed an Advance Care Directive for my Enduring Guardian or my nominated Person Responsible to follow.
- My next of kin, nominated Enduring Guardian or Person Responsible could correctly advocate for how I would like to be treated in the case of a life-reducing illness if I do not have capacity to communicate my choices.

IMPORTANT NOTE: THIS HANDOUT DOES NOT REPLACE A FORMAL ADVANCE CARE DIRECTIVE, BUT MAY BE USED AS A *GUIDE* TO MAKING DECISIONS.

