KinCare

Preparing for End of Life / Future Planning Fact Sheet

Fun Facts and points to remember

Future Planning and Preparing for End of Life

Every day we make decisions. Some are easy:

- When do I need to get up?
- What do I want to eat?
- Who shall I call next?

Some are more difficult:

- Will we have children?
- When should I retire?
- How do I want to spend my last days?

Talking is important to work out what matters most to you.

Advance care planning

Advance care planning is an ongoing discussion between you and your carers, family and health professionals about your values, beliefs, and treatment and care options. It focuses in particular on your preferences for your future treatment and care should you no longer be able to make or communicate your decisions at the time they are needed.

Advanced care planning benefits everyone: you, your family, carers, health professionals and associated organisations.

- It helps ensure you receive the care you actually want
- It improves ongoing and end of life care, along with personal and family satisfaction
- Families of people with advance care plans have less anxiety and stress
- For healthcare professionals and organisations, it reduces unnecessary transfers to acute care or unwanted treatments

For more information on Advance Care Planning, please visit:
Advance Care Planning Australia - https://www.advancecareplanning.org.au/

Remember the 5 Steps Approach to Advanced Care Planning:

1. Think about it
2. Talk to someone about it
3. Formally appoint a decision maker to speak on your behalf
4. Write your wishes down
5. Share your wishes with the health care team

What is an Advance Health Directive (AHD) or Advance care directive?

An advance care directive formalises your advance care plan. The directive can contain all your needs, values and preferences for your future care and details of a substitute decision-maker. Advance care directives differ between states and territories. Some state and territory governments have specific forms that you can use.

For more information about your state / territories directives, go to the Advance Care Planning website:
https://www.advancecareplanning.org.au/resources/advance-care-planning-for-your-state-territory

What is the difference between Enduring Guardianship (EG) and Enduring Power of Attorney (EPA)?

Enduring Guardianship (EG)

An enduring guardian is a person you appoint to make important personal, lifestyle and treatment decisions on your behalf, should you ever become incapable of making such decisions yourself.

Role of an Enduring Guardian:

- Only makes decisions for you when you are unable to
- Can seek advice from your doctor or medical specialist before making decisions
- Work within any directions or limits you made when appointing them
- Appointment continues for as long as you need it unless:
    - You revoke or cancel it
    - Your enduring guardian resigns from the role, dies or is unable to carry out the role
    - The appointment is changed or revoked by the Guardianship Division or Supreme Court.

What kinds of decisions can your Enduring Guardian make?

- Only in the areas that you outline:
    - where you live and services you might receive
    - Healthcare, medical and dental treatment you receive

They cannot make decisions about:

- Your money
- Who you vote for
- Financial decisions
- Making or changing your ACD or will.

Enduring Power of Attorney (EPA)

An Enduring Power of Attorney will operate when you can no longer make decisions or act on your own.

The appointment of an Enduring Power of Attorney formally gives another person, or persons, the authority to manage your legal and financial affairs.

What kinds of decisions can your Enduring Power of Attorney make?

- Financial or property decisions

They cannot make decisions about:

- Lifestyle
- Accommodation
- Medical decisions

Palliative Care

- Palliative care provides health care to people living with a life-limiting illness to live as well as they can by managing pain and symptoms to ensure their quality of life are maintained.
- It is accessed through a referral from your General Practitioner, medical specialist or other health provider
- It is available to anyone with a life-limiting illness, not just people living with cancer.
- People living with dementia, chronic conditions or degenerative conditions can also access palliative care.
- Palliative care is a multidisciplinary team care approach which includes a coordinated care approach with you, your family, doctor, nurse and allied health team.
- Palliative care also provides support to your carers and family members.

Where can I get more information?

- Customer Care Manager
- KinCare health professionals – nurses, allied health
- General Practitioner

You can also get more information from the following websites:

- Advanced Care Planning Australia
- Carers NSW Australia
- Dying to talk
- Palliative Care Australia

Remember:

"End of Life decisions should not be made at the end of life" (Anonymous)