



Giving our mob a voice



ACKNOWLEDGMENTS

Artwork by Kristy-jane Kelly (13); about the Murray River turtle and how it came to have a shell. It also describes how if there is no river, there would be no river life.

Artwork: 'our land and water' represents connection to the land and water and how it must be protected for the future. Artist Jason Proctor, Victoria.



ABORIGINAL FLAG

The black represents Aboriginal people, the red represents the earth and the yellow represents the sun which is the giver of life.



TORRES STRAIT ISLANDER FLAG

The green stripes represent the land, the black stripes represent Torres Strait Island people, the blue represents the sea, the white Dhair headdress represents all Torres Strait Islanders, and the white star symbolises the five island groups.

Acknowledgment To Country

Sunraysia Community Health Service would like to acknowledge the First Peoples of the Millewa -Mallee, The Latji Latji, Ngintait, Nyeri Nyeri and Werigia, as the Traditional Owners and Custodians of the Country on which we are.

We pay our respects to the Elders past, present and future generations of the First Peoples of the Millewa-Mallee and the ancient connections they hold with their Country.

Photograph or picture



If you wish, please put a photograph or picture here that relates to yourself, your family or your Country.

If I present to hospital please call these people:

NAME	PHONE NUMBER

You may wish to list the local Aboriginal Hospital Liaison Officer and your Medical Treatment Decision Maker as identified on page 9

My Advance Care Planning Booklet

My full name is:

My mob/tribe or clan is:

The Community I live in is:

The type of animal/totem I identify with is:

The language(s) I speak is:

My date of birth is:

My address is:

My home phone number is:

My mobile phone number is:

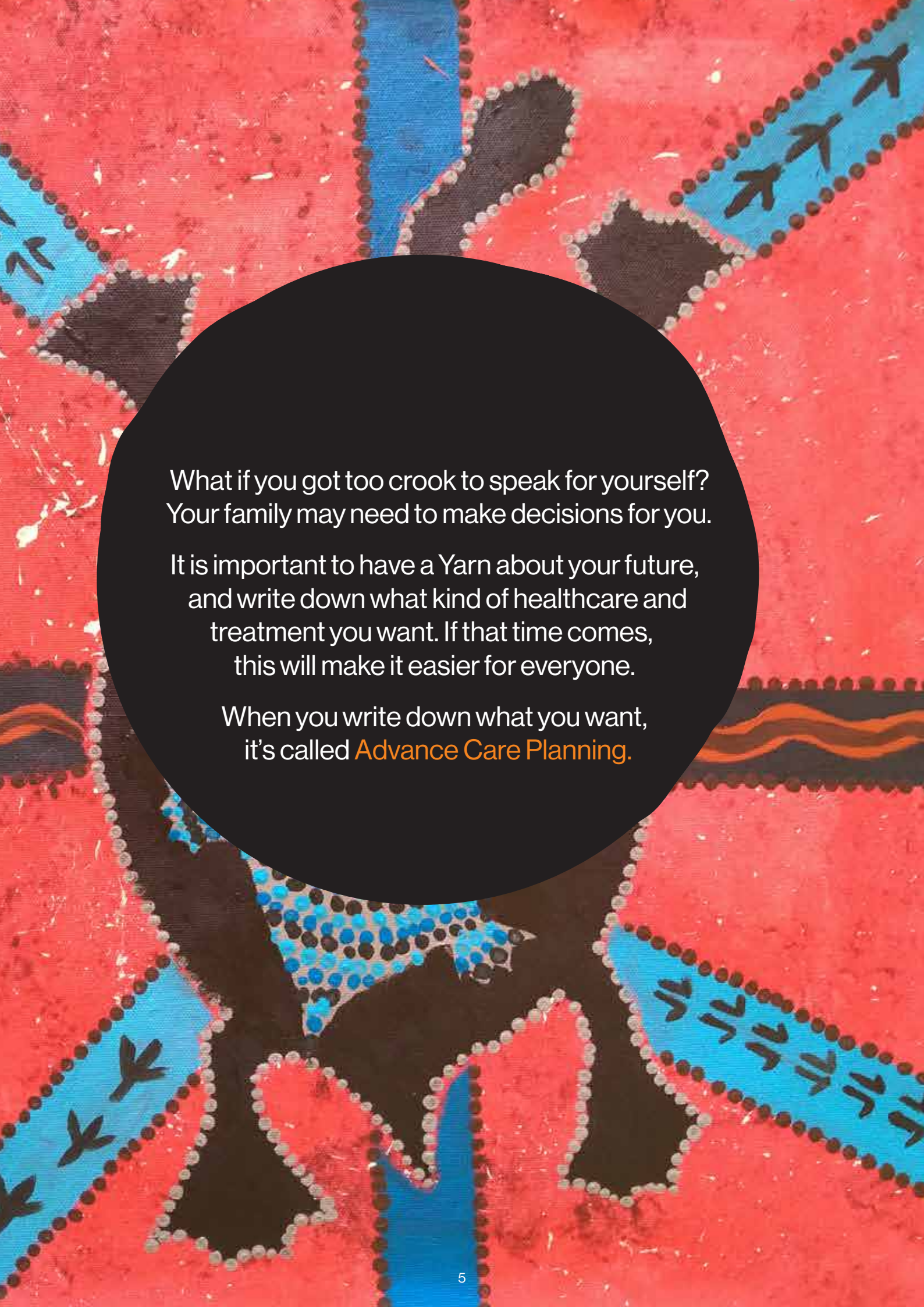
Made under the Medical Treatment Planning and Decisions Act 2016 (Vic.)

MRO.6
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ADVANCE CARE PLANNING

Advance Care Planning is not just about the end of your life, it is about taking control of your health journey.

When you have an Advance Care Plan, everyone knows what's important to you. They know exactly what you want, and don't want.



What if you got too crook to speak for yourself?
Your family may need to make decisions for you.

It is important to have a Yarn about your future,
and write down what kind of healthcare and
treatment you want. If that time comes,
this will make it easier for everyone.

When you write down what you want,
it's called **Advance Care Planning**.



How would you feel if...

You were sick or injured and ended up in hospital for weeks not being able to move or speak? Or you get dementia and can't look after yourself?

During this time, the doctors may need to do lots of tests. Does anyone know what you do or don't want?

Writing down what you want, will make sure things go your way in the hard times. It is important to make some decisions, while you can.

MEDICAL TREATMENT DECISION MAKER

THE FIRST STEP is to choose somebody who can make medical decisions for you.

We call this person a Medical Treatment Decision Maker.

If you do not choose an official Medical Treatment Decision Maker, the hospital has a list governed by law, to tell them who to call, (if you get crook and can't tell them what you want).

This list is shown on the next page >

Are you happy with the hospital contacting that list of people, in that order?

If you don't want the hospital to follow this list, please turn the page.



MY MEDICAL TREATMENT DECISION MAKER IF I DON'T CHOOSE ONE

Stop when you get a "YES" answer and write their name and phone number

Do you have a **legally appointed guardian**?

YES or

NO

Name

Phone

go to next question



Do you have a **husband, wife or partner**?

YES or

NO

Name

Phone

go to next question



Do you have a **carer**? Eg. Someone who helps you everyday.

YES or

NO

Name

Phone

go to next question



Do you have **children**? (eldest surviving)

YES or

NO

Name

Phone

go to next question



Are your **parents** alive and do you talk to them?

YES or

NO

Name

Phone

go to next question



Do you have **siblings**? (oldest to youngest)

YES or

NO

Name

Phone



MEDICAL TREATMENT DECISION MAKER continued

It is best to choose a Decision Maker who is close to you, shares the same values as you, who is going to think clearly when they get stressed, and who is somebody you can trust.

Perhaps there is a grandparent, neighbour, Elder, Uncle, Aunt, cousin, nephew, niece or friend that you would like them to contact first?

You can choose more than one Decision Maker. The hospital will start at the top of your list of Decision Makers, and work their way down if they can't reach the first person and so on.

Fill out the forms on the next few pages of this booklet, if you would like to choose a Decision Maker.



Have a Yarn with your Decision Maker, to make sure they are happy to take on the role, and write down their name and details here.

You can have more than one Medical Treatment Decision Maker. If you want more than two, photocopy this sheet and fill it out. The hospital will follow your list of decision makers, starting at the top. (If you only want one decision maker, just write in the first one).

The first Decision Maker you have chosen, will get first choice of the decisions. The 2nd Medical Treatment Decision Maker is a 'just in case' your first person is not available.

Medical Treatment Decision Maker 1

Medical Treatment Decision Maker's full name:

Date of birth:

Address:

Phone number:

Medical Treatment Decision Maker 2

Medical Treatment Decision Maker's full name:

Date of birth:

Address:

Phone number:

Take these pages to your doctor and get them to witness you signing it, to make it legal.
Turnover the page for further information.

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Medical Treatment Decision Maker - Witness Form

You need to sign this in front of you doctor (or someone authorised to witness affidavits) and one other person (see below)

Your signature:

Date:

Full name of authorised witness:

Qualification of authorised witness:

Signature of authorised witness*:

Date:

You will also need to have another person see that you understand what's going on, this person is called a witness. Get the witness to fill out their details below:

Second Witness' full name:

Second Witness' signature*:

Date

*Each witness certifies that:

- At the time of signing the document, the person giving this advance care directive appeared to have decision-making capacity in relation to each statement in the directive and appeared to understand the nature and effect of each statement in the directive; and
- The person appeared to freely and voluntarily sign the document; and
- The person signed the document in my presence and in the presence of the second witness; and
- I am not the appointed medical treatment decision maker of the person.

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Medical Treatment Decision Maker 1 - Acceptance Form

Get your chosen medical treatment decision maker to sign below. We need proof that they know you have chosen them.

Medical Treatment Decision Maker's signature:

You will also need to have another person see that your Medical Treatment Decision Maker understands what's going on, this person is called a Witness. Get the Witness to fill out their details below:

Witness' full name:

Witness' signature:

Date when this form was signed by everybody:

Copy this form for all of your medical treatment decision makers.

Medical Treatment Decision Maker 2 - Acceptance Form

Get your chosen Medical Treatment Decision Maker 2 to sign below. We need proof that they know you have chosen them.

Medical Treatment Decision Maker's signature:

You will also need to have another person see that your medical treatment decision maker understands what's going on, this person is called a Witness. Get the Witness to fill out their details below:

Witness' full name:

Witness' signature:

Date when this form was signed by everybody:

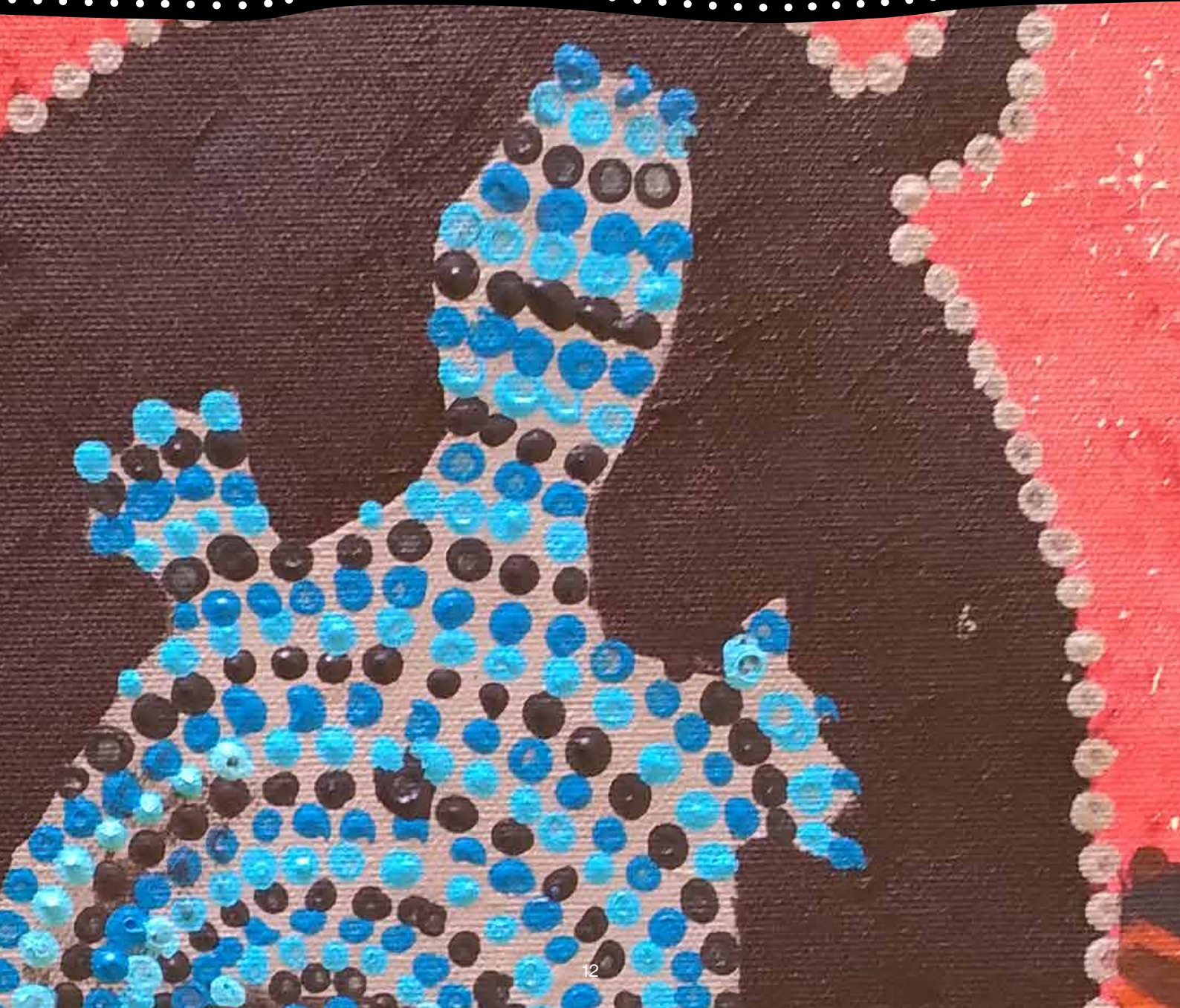
Copy this form for all of your medical treatment decision makers.

What is important to you?

THE NEXT STEP is to write down your values and beliefs. This will help the doctors and your medical treatment decision maker, know what you want.

This is called a *Values Directive*.

It will only be used if you get too crook to talk.



VALUES DIRECTIVE - This is what is important to me

Your Name

What are your current health problems? (if none, leave blank)

What do you value most in life?

It might be your Family, Community, Culture, Country, your Ancestors, or something else?

What brings you joy and happiness?

If you were really crook, how much would you like to know about your illness? (show on line)



If you were really crook, how much would you like your family to know about your illness? (show on line)



What cultural traditions or ceremonies are important to you? For example: would you like access to smoking ceremonies?

What spiritual traditions and/or religious beliefs are important to you?

What fears do you have about the end of your life? Explain them below.

If you were really crook, would you want medical treatment to keep you alive if it meant:

- You could not talk You could not eat without help
- You could not communicate with your family You could not walk
- You permanently need help showering or going to the toilet

Have a think and a Yarn about these things and write down your thoughts below:

If you were sick and you were not going to get better...

Is there a type of Country (including river, trees, open space) you would like to be near?

Is there someone you would like to come and sing to you, or tell you stories? Who are they?

Is there a type of music or song you would like to listen to? Please write it down.

Three horizontal lines for writing.

Are there specific foods you would like to eat?

Three horizontal lines for writing.

Do you know where Country is for you or where your Ancestors come from?

Yes No

Does your family know where Country is for you?

Yes No

If known, write down where Country is for you:

Three horizontal lines for writing.

How important is it for you to be on Country when you pass on? (show on line)



If you are too crook to return to Country, is there something you would like from Country to be brought to you?

Four horizontal lines for writing.

How important is it to you to be buried or cremated on country? (show on line)



If you are cremated, is there a part of Country, or waterway, where you would like your ashes returned?
If so, where?

Where would you like to be cared for at the end of your life?

- Hospital Hospice Aged Care Home Your house
 Family Member's House Other

Is there a family member you would like to stay with you? Who are they?

What would you like to do before you pass away? Are there any places you would like to visit or people you would like to see?

This space is for you to have a Yarn and write down anything else you might want to say about your values or future care.

INSTRUCTIONAL DIRECTIVE

The Victorian law also allows you to write down any definite wishes you have about medical treatment in an **Instructional Directive**

This is a form that the doctor must help you complete.

If you have specific wishes, please take the next page labelled 'Instructional Directive' to your doctor.

Some examples of specific wishes are:

- Refusing blood transfusions, resuscitation or feeding tubes.
- Consenting to antibiotics, breathing machines or certain operations.

What you say on this form will be strictly followed by paramedics, doctors and registered health practitioners (nurses, pharmacists, ATSI health practitioners etc.).

Note: If you don't have any specific wishes cross this form out and get your Doctor to witness your Values Directive (on page 13).

Instructional Directive Form

I (write full name)

I consent to the following medical treatment: (Specify the medical treatment and the circumstances)

I refuse the following medical treatment: (Specify the medical treatment and the circumstances)

(Only fill out this form if you have specific treatment wishes and you have discussed this with your Doctor)

If you don't have any specific wishes cross this form out and get your doctor to witness your Values Directive

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Advance Care Directive - Witness Form

To make your Values Directive and/or Instructional Directive legal, you must fill out the following form and get it signed by both a doctor and a witness (this witness cannot be your Medical Treatment Decision Maker).

You must sign this in front of your doctor and witness all at the same time.

Your signature:

Date:

Doctor's full name:

Doctor's provider number:

Doctor's signature:

Date:

You will also need to have another person see that you understand what's going on, this person is called a witness (this witness cannot be your Medical Treatment Decision Maker). Get the witness to fill out their details below:

Witness' full name:

Witness' signature:

Date*:

*Each witness certifies that:

- at the time of signing the document, the person giving this advance care directive appeared to have decision-making capacity in relation to each statement in the directive and appeared to understand the nature and effect of each statement in the directive; and
- he person appeared to freely and voluntarily sign the document; and
- he person signed the document in my presence and in the presence of the second witness; and
- I am not the appointed medical treatment decision maker of the person.

MRO.7

Frequently Asked Questions

Is this the same as a will?

No. Advance Care Plans and Directives are to assist your medical experiences. A Will is specifically about your wishes relating to your money and possessions, and what you want to happen, once you have passed away. After completing your Advance Care Plans and Directives it would be a good idea to ensure you have a legal Will.

Do I need a lawyer?

No. Your plan can be completed with your family or someone trained in Advance Care Planning, but most importantly needs to be witnessed by your doctor and one other person (this cannot be any of your Medical Treatment Decision Makers).

Can I change my plan?

Yes. You can change your plan as much as you like, whilst you are still able to make you own decisions. If you do change your plan, it is important to destroy all old copies of your plan, so people don't get confused.

Who do I give my plan to?

You give a copy of your plan to your main Healthcare providers (including your doctor and local hospital), your family, your medical treatment decision maker, and keep the original for yourself. If this booklet is filled out correctly, signed and witnessed, it can be used as a plan.

Do I have to fill out this whole booklet?

No. Only fill out the sections of this booklet that you want to. This may include the Medical Treatment Decision Maker section, the Values Directive section, and/or the Instructional Directive section, and/or a combination of all three. If you wish for any of the sections you fill out to be followed and made legal, then you must get them signed by a doctor and one other person, as the booklet instructs. If there are any questions in the Values Directive that you do not want to answer, you don't have to. It is best to cross these sections out.

Where to find help...

1. Sunraysia Community Health Service
- Palliative Care Nurse - 0350 225 444
2. Aboriginal Health Promotion and Chronic
Care Worker - 0439 603 398
3. Aboriginal and Torres Strait Islander Healing
Centre - 0350 223 333
4. MDAS Aboriginal Health Workers - 0350 184100
5. CHAC Aboriginal Health Workers - 0350 274 824
6. Your Doctor
7. Mildura Base Hospital

Who to give copies of this book to

When you finish this booklet it is important for you to keep it in a safe place where you know where to find it if you need to.

It is also important to copy the pages with MR numbers on them and give copies to (please write the person's name below)

Your Medical Treatment Decision Maker

Medical Treatment Decision Maker 2 (if you have them)

Your family

Your local doctor

Any specialist doctors you see

Your local hospital

Your My Health Record (your doctors clinic can help you upload this)

Tick this box when completed

If you change or write a new Advance Care Plan make sure you give new copies to all the people listed above.



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SCHS

Sunraysia Community
Health Services

