Where can I find more information?

If you want further information about end of life decision making, talk to your doctor or other treating health professionals.

Palliative Care Australia has links to organisations which can help you create an advance care plan on its website:
www.palliativecare.org.au/advancecareplanning

States and territories have different documents that need to be completed for advance care planning. Links to the different documents are included on this page.

John was 40 when he was diagnosed with an inoperable brain tumour. He and his wife Helen decided that they wanted him to be cared for, and to die, at their home. They discussed this wish with their GP, who explained what they could expect from the final stages of John's illness and the round-the-clock care he would need. The GP helped them to complete an advance care plan. When John was in the last week of life he became confused and was unable to make his own decisions. His advance care plan made it easier for those looking after him to follow his wishes. Helen arranged for family members to come to their home to help care for John and with regular visits from the local palliative care team and support from other community care services, he was able to die at home.

Key Contacts

Palliative care national number: 1800 660 055

Palliative Care Australia Inc.
t: 02 6232 4433
e: pcainc@palliativecare.org.au
w: www.palliativecare.org.au

Palliative Care ACT
t: 02 6273 9606
e: office@pallcareact.org.au
w: www.pallcareact.org.au

Palliative Care New South Wales
t: 02 9206 2094 / 0403 699 491
e: info@palliativecarensw.org.au
w: www.palliativecarensw.org.au

Palliative Care Northern Territory
t: 08 8951 6762
e: pcnt@palliativecare.org.au
w: www.nt.palliativecare.org.au

Palliative Care Queensland
t: 1800 660 055 / 07 3256 2486
e: enquiries@palliativecareqld.org.au
w: www.palliativecareqld.org.au

Palliative Care Council South Australia
t: 1800 660 055 / 08 8291 4137
e: pallcare@pallcare.asn.au
w: www.pallcare.asn.au

Tasmanian Association for Hospice and Palliative Care
t: 03 6285 2514
e: tahpc@intrepidonline.com.au
w: www.tas.palliativecare.org.au

Palliative Care Victoria
t: 03 9662 9644
e: info@pallcarevic.asn.au
w: www.pallcarevic.asn.au

Palliative Care Western Australia
t: 1300 551 704 / 08 9382 9367
e: pcwainc@palliativecarewa.asn.au
w: www.palliativecarewa.asn.au

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Advance Care Planning:
Decision making for the end of life

Talk to your family and complete an advance care plan so that your wishes for care at the end of life are known.

Australian Government
Department of Health and Ageing

Palliative Care Australia

Funded by the Australian Government Department of Health and Ageing

What is advance care planning?

Imagine you became very sick and couldn't talk to your doctor about your treatment.

Advance care planning is a process to help you plan your medical care in advance so if you become too unwell to make decisions for yourself, your wishes can still be respected by your health care team, your family and carers.

Who should have an advance care plan?

Anyone over 18 years of age can make an advance care plan. Everyone can, and should, have one, but especially people who

- have chronic or life limiting health conditions,
- are entering residential care facilities,
- believe their family may have different views or beliefs to their own,
- have a condition that may lead to a loss of capacity to make decisions, (e.g. Dementia)

Why have an advance care plan?

Advance care planning offers people (especially those living with a life limiting condition), their families and carers, the opportunity to take control of decisions that affect their care.

If you aren't able to understand or communicate your wishes and decisions about medical treatment and end of life care, others will decide for you.

If you have not discussed this with your family, friends or others, and have not written down anything to guide them, they may not know what you would want them to do.

By having a conversation, or writing an advance care plan, you may save your family stress if an emergency should happen.

It should be considered as an ongoing conversation between you, your health care team and family/ carers. It can be changed at any time.

How do I choose someone to make decisions for me?

You will need to appoint a Substitute Decision Maker to make decisions for you. This person should be someone you trust, who will listen carefully to your values and wishes for future care, and will follow those wishes to the best of their ability.

Most states and territories have specific documents you can use to legally appoint your Substitute Decision Maker.

When is an advance care plan used?

An advance care plan will only be used if you are unable to make decisions or communicate on your own behalf. It would then guide the decision making of your doctor and health care team, your Substitute Decision Maker and your family.

Is it euthanasia?

No. Advance care planning is the process of individuals discussing and making decisions about future health care and medical treatment options. Euthanasia is the practice of actively terminating life and is illegal in Australia.

How do I write an advance care plan?

1. Think about values and beliefs that are important in your life.
2. Think about your current health, possible future health problems and the kind of outcomes from medical treatment that would be unacceptable for you.
3. Talk to your family, friends, doctor or other people you trust about your wishes.
4. Choose someone to be your Substitute Decision Maker. Think 'Am I confident this person will make decisions based on what I would want?'
5. Write down your wishes (there are specific legal documents you can use to do this in most states and territories).
6. Give copies to family, as well as your doctor and local hospital, and anyone else you feel needs to have one.

There is no point in doing an advance care plan if people do not know about it. Do not leave it locked away somewhere 'safe'!

Check legal requirements where you live

States and territories have different names for the legal documents you can use to write down your future healthcare wishes – for example Advance Care Directives or Advance Health Directives.

There is also different terminology used for 'Substitute Decision Maker' – for example Enduring Power of Attorney or Enduring Guardian.