

Appendix A and B

Appendix A

ACP can take many forms and in the state of Victoria, Australia, may include the following components:

1) Medical Enduring Power of Attorney (MEPOA)

A MEPOA is a legal document where an individual appoints another person (the 'agent') to make decisions about medical treatment on their behalf in circumstances when the individual becomes incompetent and is unable to make decisions for themselves due to accident or illness resulting in incapacity.

2) Statement of Choices

A Statement of Choices provides specific information related to a person's wishes and values.

3) Refusal of Treatment certificate, and/or an

A Refusal of Treatment certificate applies to the refusal of a medical treatment for a current condition and not to an illness/condition that may occur in the future. It does not allow for refusal of palliative care.

4) Advance Care Directive (ACD) [7]

An ACD is defined as a document which is created by a person while they are competent, that defines the medical treatment that the person wishes to refuse should they become incompetent in the defined circumstances.

Appendix B

Pre-formatted ACP interview guide

A. Introductory questions

- a. So firstly, just very briefly, can you tell me what the general quality of your care has been like so far?
- b. What is your understanding about your illness?
- c. And how are you feeling about the future?

B. Discussing the future with health care providers/family

- a. Have you talked about the future with any of your doctors or nurses? (e.g. what might happen to you, what treatment may be available, what services are available)
- b. Have you talked about the future with your family and close friends?
- c. Have you been able to talk to any of your doctors or nurses or family about what you would or wouldn't want to happen if your condition were to deteriorate – what treatment you would or wouldn't want to receive?
 - i. Who would be the most comfortable for you to have these conversations with?
- d. Are you aware of Advance Care Planning?
- e. What is your understanding about Advance Care Planning?
- f. If your heart stopped beating and you stopped breathing, do you have any views about whether you want the doctors and nurses to try and bring you back to life, that is, to resuscitate you?
- g. How do you feel about making decisions about starting or stopping other treatments including intubation, antibiotics or artificial tube feeding when you become ill in the future?
- h. How would you feel about doctors and nurse looking after you, making decisions about your care and treatment if you become very unwell and unable to make decisions?

C. Concerns regarding the future

- a. Do you have any fears or worries regarding the future? (e.g. children etc)
- b. Is this something that you feel able to talk about?
- c. In thinking about the future, what do you consider to be the most important areas of your care?

D. Documentation

- a. Have you been given an **Advance Care Planning Information Brochure**?
- b. Have you **previously appointed someone** who could make health decisions for you in the future if you are too ill? (e.g. your spouse, enduring power of attorney)
- c. Sometimes people want to document their wishes and preferences regarding future health care decisions, so that if their condition were to deteriorate that have already communicated their preferences. Have you made your preferences known using any one of these documents?

It can be documented in a number of ways:

- i. Firstly – **Statement of Choice Form** – where a record is made usually in your medical notes of your wishes and preferences for future treatment care. It may also state your feelings and the values that govern how you make decisions in life. They are not legally binding but they can provide health professionals with information to help them make decisions in your best interests if you were no longer able to make those decisions yourself
- ii. **Advance Care Directive** – it is a document where you specify what specific treatments you would not want to receive in particular circumstances. It only comes into effect if you to become too ill to make those decisions in the future. These documents are legally binding
- iii. **Medical Enduring Power of Attorney** – nominate someone to make decisions for you if you were to become too ill to make those decisions in the future
- iv. **Refusal of Treatment Certificate** – where a record is made of life prolonging treatments that you would like to refuse when you become too ill

E. Informal closure

- a. We have talked about some quite sensitive issues today. How has talking about Advance Care Planning been for you today? How are you feeling right now?