

Name:

Advanced Care Discussion Record

Start by thinking about what's most important to you. What do you value the most? What can you **not** imagine living without? What are the three (3) most important things for your family or doctor to understand about your wishes for end of life care?

PART 1: A meaningful life

I want my doctor to try treatments that may allow me to live a meaningful life. By meaningful life, I mean, living in a way that allows me to do things that are important to me or necessary for my health and wellbeing.

Activities of daily life:	Very important	Somewhat important	Not important
Being able to recognise my friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to talk and be understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being pain free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to swallow properly and eat what I like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being free of symptoms such as nausea and diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to breathe without feeling like I can't get breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to control my bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to control my bowel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Three (3) most important things to me that I want others to know are:

PART 2: Hope for recovery or natural death

If I were going to die soon and there was no reasonable hope that I would regain living in a way that was meaningful to me:

I would want all possible treatments even though my doctors do not think they will help me, because I would hope for a miracle to prolong my life	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Sure <input type="checkbox"/>
I would expect to be given all care and treatment for pain and discomfort even when such care may take away my appetite, slow down my breathing or be habit forming	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Sure <input type="checkbox"/>

If I were in a coma and the doctors thought I have only a slight chance of returning to my 'normal' health:

I would want to be kept alive, as I would still hope for a new medical development that would help cure me	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Sure <input type="checkbox"/>
I would not want to be given a treatment just to keep me alive when I had a condition that would cause me to die soon	AGREE <input type="checkbox"/>	DISAGREE <input type="checkbox"/>	Not Sure <input type="checkbox"/>
I would not want to be given a treatment just to keep me alive when I have a condition so bad (including substantial brain damage or brain disease) that there was not reasonable hope that I would regain a quality of life acceptable to me	AGREE <input type="checkbox"/>	DISAGREE <input type="checkbox"/>	Not Sure <input type="checkbox"/>
I have talked to my family about what I would want and I have nominated a person to speak on my behalf if I am unable to do so myself	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Not Sure <input type="checkbox"/>

It is never too early to consider what is important for others to know about what you want if you were unable to tell them. Talk to a health professional if you would like help with this discussion.

Comments:

Importance to me	High	Medium	Low	Not important
Avoiding pain and suffering, even if it means that I might not be awake or continue living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being alert, even if it means I might be in pain and discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having religious or spiritual advisors at my side when I die	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconciling differences and saying 'good-bye' to my family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being kept alive long enough for my family to see me before I die, even if I am unconscious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being allowed to die naturally in a place with my preference of music, aroma, taste and touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being at home when I die even if the 'home' becomes an aged care facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being in hospital when I die with access to doctors and medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				