

6. When it is thought that I am in the final stages of terminal illness or injury, or that my death is imminent, I ask that all reasonable steps are taken to allow me to be with my family and be reconciled to anyone from whom I may have become estranged, and if it is practicable, that I be allowed to die at home or at least in a home-like hospice or other institution.
7. (Strike out, if not applicable) In my medical care, I wish to follow the rites and teachings of my religion _____ (insert the name/denomination of your religion). I ask that I receive pastoral care and the appropriate ministry, both early in the course of my illness and again when death approaches.
8. (Strike out, if not applicable) I ask that those looking after me observe the *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia* (CHA 2001) and subsequent Catholic Church documents.
9. (Strike out if not applicable) I am suffering from the following degenerative illness:

In the following circumstances:

I would want effective, non-burdensome treatment and care that is reasonably available to be continued, but would consider the following to be overly burdensome:

I would also want the following:

Signature

Date

Witness

A guide for people considering their future health care

Summary



A comprehensive version of 'A Guide for People Considering their Future Health Care' can be located at www.cha.org.au

Summary of key points

- Though illness can be unpredictable, we may choose to offer those entrusted with our care some guidance about our wishes for our future health care.
- Planning future health care relies on good, long-term communication between you and your family, friends and health care professional.
- A representative can make health decisions on your behalf, based on your advice, the advice of your health care professionals, and your representative's own good judgement. These health decisions have the advantage of being flexible in response to changing circumstances.
- You can allow your representative to make health decisions for you, or you can provide that person with specific advice, verbally or in writing, or by having it recorded in your doctor's records.
- You may wish to clarify the burdens that you would find acceptable, for example, by requesting that you be given only the kind of treatment or care that can be provided in your home, without the need for prolonged hospital care.



A model statement for future health care

I, (name) _____

of (address) _____

ask that this document be used to inform decisions about my health care, in the event that I am not able to communicate my wishes.

This statement is intended to guide but not direct my representative.

Person(s) appointed

Name(s): _____

Contact details: _____

Alternative: _____

Contact details: _____

Statement of my wishes for my future health care

1. I wish to be given appropriate care to sustain my life, to cure disease, or to reduce deterioration in any physical or medical condition that I suffer.
2. I know that death need not be resisted by every possible means. I ask that I not be given any treatment that would not sustain me, or give me comfort or relieve a condition that I have, or would be overly burdensome to me or to others.
3. I ask that I be given adequate palliative treatments to manage uncomfortable or distressing symptoms, while maintaining as much function as possible, especially lucidity, during the dying process. If the only way to manage my distress is with treatments that have the side effect of reducing lucidity or even shortening life, then I am prepared to accept these consequences.
4. I wish to be provided with food and fluid, and with other basic means of sustaining my life and making me comfortable, for as long as I need them. This may need to be done by tube, unless or until such methods of treatment and care are ineffective or are overly burdensome.
5. I do not want my life to be ended, or my death to be hastened, by any act or omission that is intended to cause my death.

continued over . . .

