Advance Care Planning Australia
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FACTSHEET FOR GENERAL PRACTICE

Advance care planning and COVID-19: resources for general practitioners

The World Health Organisation has announced that COVID-19 (coronavirus) is a pandemic. Older people including those with chronic and/or life limiting illnesses are the most susceptible and have the worst outcomes. If these groups become infected, knowing their preferences for future medical treatment decision-making will be an important element of their health care.

Advance care planning is a process of planning for future health and personal care whereby the person's values, beliefs and preferences are made known to guide medical treatment decision-making at a future time when that person cannot make or communicate their decisions. It may include the appointment of one or more health care substitute decision-makers. It may involve the documentation of an Advance Care Directive (values and/or preferences) recognised by jurisdictional legislation or common law. The ultimate goal of advance care planning is to align the care the person actually receives with their preferences for care.

General practitioners generally have ongoing and trusted relationships with their patients and are well positioned to initiate and promote advance care planning. Unfortunately, older Australians may be poorly prepared as research demonstrates only 25% have documented an Advance Care Directive.[1] Despite this, individuals often report wanting to do advance care planning. [2,3] General practitioners may want to support their patients to do advance care planning during COVID-19. This factsheet outlines the priorities and information resources to support general practices.

Advance care planning priorities for general practice

Advance Care Planning Australia recommends the following advance care planning priorities relating to COVID-19. All at-risk Australians, particularly older persons, should:

1. think about and discuss their future health care preferences with loved ones and their treating medical practitioner(s)
2. identify their substitute decision-maker(s), appoint these when relevant and make this known to their treating medical practitioner(s)
3. make existing Advance Care Directive documents available and transferable between care providers by storing a copy of the document in My Health Record, with their treating hospital, with their treating medical practitioner(s), and/or with their substitute decision-maker.

An individual may wish consult with their treating medical practitioner(s) to document an Advance Care Directive during COVID-19 and this should occur when relevant.

1. K Buck et al, 'Prevalence of advance care planning documentation in Australian health and residential aged care services' (2019) Advance Care Planning Australia, Austin Health, Melbourne.
2. K Detering et al, COPD: Recognizing advanced disease, advance care planning, and recognition of dying. European Respiratory Journal Monograph September 2016. European Respiratory Journal Monograph September 2016 DOI: 101183/2312508X10012215.
3. T Sharp et al, Do the elderly have a voice? Advance care planning discussions with frail and older individuals: a systematic literature review and narrative synthesis. Br J Gen Pract. 2013;63.

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Advance care planning resources for general practice

Advance Care Planning Australia provides a range of resources for general practice.

Conversation starters

Questions to prompt an advance are planning conversation include:

- *I try to talk to my patients about what medical treatment they would want if they became unwell with COVID-19. It's such a terrible situation. Have you thought about this?*
- *What does it mean to you to live well? What are your values, beliefs or preferences about medical treatment?*
- *COVID-19 is a serious risk to already unwell patients (such as those with cancer or older people). Reducing your contact with others is important. Would you be willing to have a break from treatment and avoid hospital to limit your risk?*
- *COVID-19 may cause shortness of breath, pneumonia and/or a bad bacterial infection that requires intensive and invasive treatments in hospital, possibly for a long period. Many older people do not want to be put on a breathing machine or have CPR. It may not be clinically possible either. What are your thoughts about this?*
- *Have you thought about what medical treatment or outcomes are acceptable to you?*
- *Who would you trust to make your medical treatment decisions if you were unable to talk due to illness? What would you like them to say?*
- *Do your loved ones know your wishes and preferences? I encourage you to discuss these with them.*

A range of videos demonstrating advance care planning conversations are available.

Education resources

ThinkGP advance care planning education module.

ThinkGP advance care planning video.

Legal resources and advance care directive forms

Advance care planning in your state and territory hub including forms and factsheets.

Advance care planning frequently asked questions for general practice factsheet.

Further information:
advancecareplanning.org.au

National advisory service: 1300 208 582