

# DISCUSSING AN EMERGENCY CARE PLAN

People have different views about types of treatments that they would want if they were suddenly ill and could not make choices

Visual scales like this one can sometimes help discussions

At the extreme left of the scale, a person would want all active and invasive care and treatments that might sustain their life, even if some of those interventions are accompanied by discomfort or risk

At the extreme right, a person would not want any treatments aimed at sustaining life and would want the focus to be on preventing, controlling or minimising any discomfort

◀ Life preservation

Comfort ▶

Some elements of care and treatments, such as pain relief, should be offered whatever the person's priorities

A team of healthcare professionals will care for a patient, whatever their preference is on this scale. Make sure that all patients receive good care

Consider focusing on desired outcomes rather than specific treatments

I don't want to go into hospital again

Do everything you can to keep me alive and well

Don't try to keep me going if I'd lose my independence

Use these outcomes to guide discussion on realistic treatments and care options

Place of care

Interventions such as antibiotics or ventilation

Whether or not CPR is likely to achieve desired outcomes

Where possible, expressed preferences can be used to guide care and treatments. While it is impossible to plan for all scenarios, patient preferences can help guide the healthcare team, and support discussions with their family when they are unable to make choices. If the patient's health changes, consider reviewing their preferences