

CPA204 ASSESSMENT QUESTIONS ACP IN CARITAS CARE

Q1.

St Vincent's Care Services is part of a greater whole; that of St Vincent's Health & Aged Care and Catholic health Australia.

True

Q2.

Is it correct that Catholic Health Australia supports a person's right to have a say in their future health needs?

Yes

Catholic Health Australia supports the notion of Advance Care Planning; however the approach to ACP is based on the long standing traditions and teachings of the Catholic Church.

Q3.

It is recognised that there are many ways that life can be preserved but we are not obliged to do all of them in every circumstance?

True

The Catholic tradition recognises that we are not obliged to try something if it's futile e.g. if it almost certainly won't work or too burdensome e.g. if it is too physically painful, too expensive, or too emotionally distressing.

Q.4

Advance Care Planning (ACP) refers to "the process by which individuals, together with their families and health practitioners, consider their values and goals and articulate their preferences for future care"

True

Q.5

Which of the following issues might make it hard for a person to talk about what they might want for their future health care?

Confusion over who should or does control decision making

Fear about not being able to change one's mind

Discomfort talking about death on the part of the person, their family or the health professional

Grief, loss and emotional distress make it too hard

Perception that it is too hard and complicated

All of the above

Correct – all of the above

Discussing future health care can be a very sensitive and emotional topic for most people. Advance care planning becomes more relevant when people believe they are coming closer to the end of their lives. Health professionals need to listen for opportunities to encourage the person, their representative or family to start the conversation.

Q6.

Many people trust their families and health care professionals to know and do what is best for them in a time of need. Others prefer to provide specific guidance for their treatment in the form of an advance care plan. Which of these could be a way that people let others know about their wishes?

- a. Making a document
- b. Some will have a discussion with their loved ones
- c. Some will have a discussion with their health professional
- d. A combination of these activities
- e. All of the above

Correct – e

Any, all or none of these could be pursued by people with their family or health professionals when they are considering their future health care wishes.

Q7

“Everyone that comes into St Vincent’s Care Services must write down exactly what they will have done to them on their Advance Care Plan and that is what we will do regardless of the circumstances”.

False

St Vincent’s Care Services values and Catholic Health Australia supports the idea that people have a right to express their wishes about future health care. Whether or not a person chooses to take part in an advance care planning process is entirely voluntary; not everyone will want to express their wishes or have those wishes written down.

Q8

The process of supporting people and their families with information about what may occur in their future health is of great importance to Advance Care Planning.

True

Advance Care Planning is not a document. It is a process of providing and sharing information, and having conversations about what is happening and what could happen in the future. A person’s view may alter as their health condition deteriorates, new treatments become available or family circumstances change and this may mean their ACP is changed to reflect their new opinions and beliefs.

Q9.

Which one of the following is something that we may be involved in when supporting a person's wishes to discuss future health care in the process of Advance Care Planning?

- a. Telling them what they need to put on their advance care plan
- b. Not providing them with information as it has nothing to do with us
- c. Telling them who has to be their EPOA
- d. Keeping the person's doctor involved and informed of the process
- e. Signing as a witness for their Advance Health Directive

Correct - d

There are many things we cannot do when supporting people's wishes to express their future health care. Telling them our opinions and views is not part of the process. Supporting them and keeping their doctor up to date is a vital part of our role.

Q10

In St Vincent's Care Services, the person who makes substitute decisions for another person in advance care planning is referred to by what title?

- a. Substitute authority
- b. Representative
- c. Advance care plan advisor
- d. Decision maker

Correct - b

Q11

Who can be a representative for an individual?

- a. a person/s who is by appointment by the individual on an advance care plan (appointed representative)
- b. a person by the nature of the authority of their relationship to the individual (Statutory Health Attorney)
- c. a person legally appointed by the individual or a statutory authority (Enduring Power of Attorney, Guardian)
- d. a person appointed by any of the above methods

Correct – d

There are different ways an individual can appoint a representative. An individual will choose appointment of a representative in the way that best meets their needs. The most important part is that the representative knows them, is available to them, can make decisions that are in their best interests and can make those decisions under difficult circumstances.

Q12

What should a representative know and be able to do when asked to make decisions for the individual? There are two (2) correct answers.

- a. Know the person and their values
- b. Listen carefully to the person's wishes for future health care
- c. Make decisions based on their own personal views
- d. Refuse to accept input from health care professionals

Correct - a & b

A representative should know the individual's previous written or verbal advice, and their values and beliefs. They should base decisions on input from the health care team, and use good judgement to make decisions in the best interest of the individual.

Q13

An enduring power of attorney for financial matters can make decisions about an individual's health matters.

False

An enduring power of attorney must have been appointed for health and personal matters before they can make decisions for an individual. The individual must have lost capacity to make decisions before the enduring power of attorney health and personal matters can be used.

Q14

Is the following statement true or false? "Once a person has expressed their wishes in a written document, it can never be changed".

False

One of the key principles of Advance Care Planning is that an individual can change their views and their Advance Care Plan when their circumstances change, for example new treatments may be introduced or family circumstances may change.

Q15

There are two (2) types of Advance Care Plans; formal and informal. Which of the following statements is true about an informal Advance Care Plan? There are three (3) correct answers.

- a. Must be witnessed
- b. Is not a legally binding document
- c. Can only be completed when the person has capacity
- d. Can take many different forms
- e. Can be completed by another person

Correct – b, d, e

A formal Advance Care Plan must be witnessed and the person must have capacity to make informed decisions.

Q16

What is the name of the formal legal Advance Care Plan document here in Queensland?

- a. Form 2 Advance Health Directive
- b. Advance Care Directive
- c. Form 4 Advance Health Directive
- d. Future Health Directive

Correct - c

Q17

The Advance Health Directive is a legal document which outlines what people wish to have happen to them in the event that they cannot speak for themselves. Each person in the examples provided below has an AHD. In which scenario could their AHD potentially be invoked? There are two (2) correct answers.

- a. A person gets a new diagnosis of kidney disease
- b. A person, who has an active diagnosis of cancer of the liver in their end stage falls into unconsciousness.
- c. The person is 90 and has a major stroke and is now unable to move or speak.
- d. The person is told that their MRI has shown some brain changes similar to a stroke.

Correct – b & c

Questions 2 and 3 show instances where the person has **lost capacity** to communicate their wishes for themselves and hence the conditions of the AHD should be read and invoked. This is always done in conjunction with their GP.

Q 18

In Qld, a doctor is not legally compelled to follow the directions on an ACP or AHD.

True

Doctors in Qld must make decisions about a person's medical care based on "good medical practice". This expectation is supported by law and as such allows the doctor to provide treatment that is contrary to the stated wishes on the Advance Care Plan or Advance Health Directive.