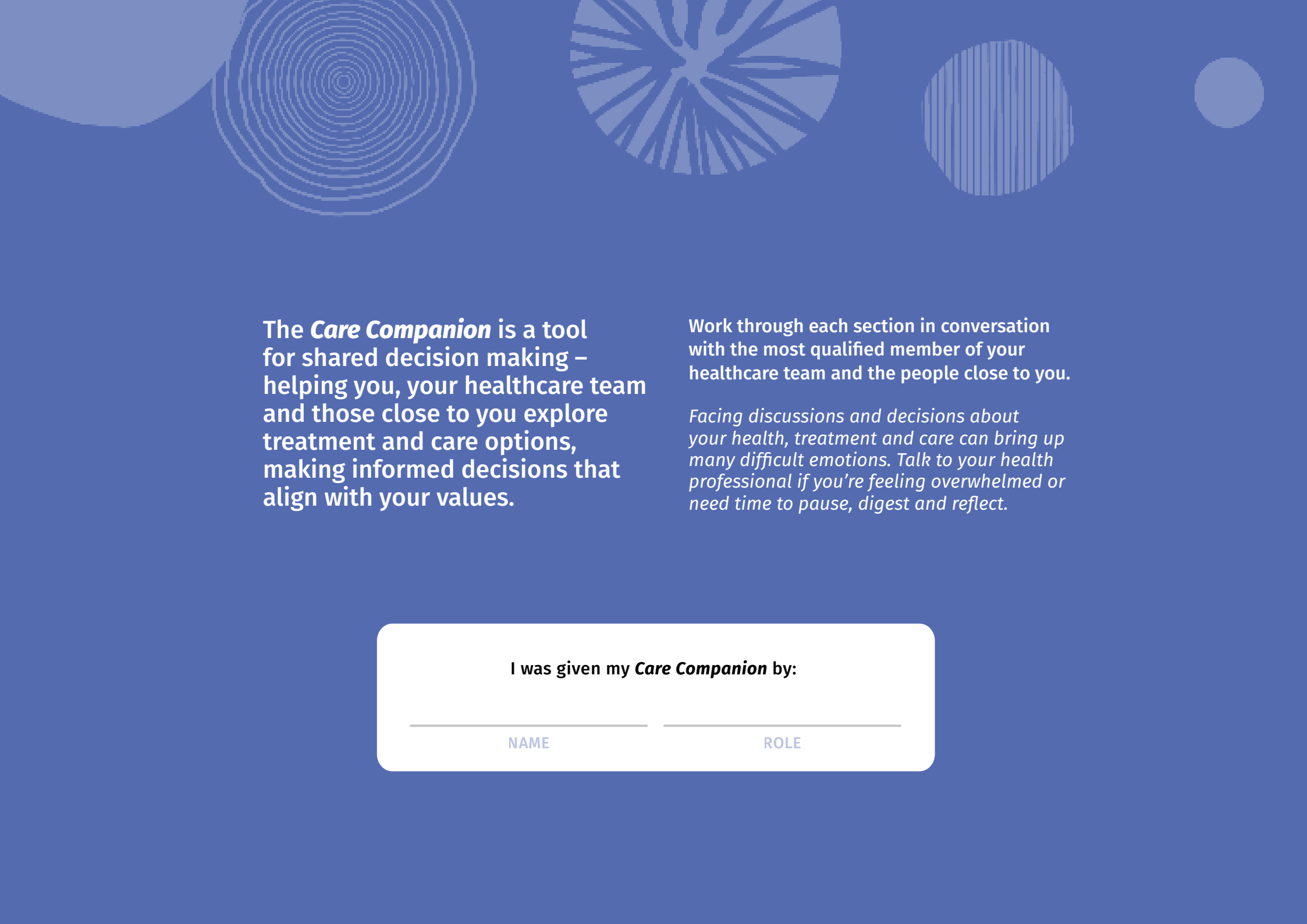


my care companion

DECISION AID

This *Care Companion* belongs to:

Supporting people with life-limiting conditions to have honest conversations and make decisions about their treatment and care



The **Care Companion** is a tool for shared decision making – helping you, your healthcare team and those close to you explore treatment and care options, making informed decisions that align with your values.

Work through each section in conversation with the most qualified member of your healthcare team and the people close to you.

Facing discussions and decisions about your health, treatment and care can bring up many difficult emotions. Talk to your health professional if you're feeling overwhelmed or need time to pause, digest and reflect.

I was given my **Care Companion** by:

NAME

ROLE

Your Care Companion
will prompt you to have
conversations about...



truth telling

do you want to know about your
current health condition and what
might happen in the future?



values & preferences

what matters to you and
how will this influence your
decision making?



decision making

what specific decision(s)
do you need to make about
your treatment and care?



next steps

do you need any
extra information
or support?

truth telling

*do you want to know about your
current health condition and what
might happen in the future?*

The health condition being discussed is:

CONDITION

I had this conversation with:

NAME

ROLE

Date:

____/____/____

DD MM YY

have this conversation with
the most qualified member
of your healthcare team





completed by you

Do you want to know more about your current health condition?

☐

YES

☐

NO

Do you want to know if this condition could shorten your life?

☐

YES

☐

NO

Do you want to know what might happen with your condition in the future?

☐

YES

☐

NO

Do you want to have a say about your treatment and care?

☐

YES

☐

NO



completed by your healthcare team

In simple terms, what are the details of your patient's current health condition(s)?

Is this a life-limiting condition? In what way?

What might happen with their condition in the future?

What decision(s) needs to be made now or in the future?

If you ticked **NO** to some or all of these questions, continue to the *Values & Preferences* section to clarify the role you want to have in making decisions about your treatment and care

values & preferences

what matters to you and how will this influence your decision making?

I had this conversation with:

NAME ROLE

Date:

____ / ____ / ____
DD MM YY





completed by you

values

What does *quality of life* mean to you?

What **3 things** are currently most important to you in life?

1

2

3

How might these things influence you when making decisions about your treatment and care?

When making decisions about your treatment and care, is there anyone you would want to have with you?

health professionals

carers

elders

close friends

family

on my own

What role do you want to play in making these decisions?

I want to have full control

I want help from those closest to me

I want someone else to drive the process

Is there anything else we can do to support you in making these decisions?

I want the information written down

I need things explained in plain language

I want time to consider my options

preferences

decision making

what specific decision(s) do you need to make about your treatment and care?

have this conversation with
the most qualified member
of your healthcare team



The decision we need to make is:

DECISION

I had this conversation with:

NAME

ROLE

Date:

DD / MM / YY



completed by your healthcare team



completed by you

option 1

benefits

1 2 3

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

risks

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

option 2

benefits

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

risks

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

option 3

benefits

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

risks

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

I would recommend option ☐ because...

I would choose option ☐ because...

How much do these risks and benefits matter to you?

☐ not at all
1

☐ somewhat
2

☒ very much
3

next steps

*do you need any extra
information or support from
your healthcare team?*

have this conversation with
the most qualified member
of your healthcare team



I had this conversation with:

NAME ROLE

Date:

____/____/____
DD MM YY



completed by you

knowledge

Do you understand the benefits and risks of each option?

☐

YES

☐

NO

If you answered **NO**, what additional questions do you have?

values

Are you clear about which benefits and risks matter most to you?

☐

YES

☐

NO

If you answered **NO**, revisit the **Values & preferences** and/or **Decision making** sections, focussing on your needs

support

Do you have enough support and advice to make a choice?

☐

YES

☐

NO

If you answered **NO**, is there anyone else you want to discuss this with?

certainty

Do you feel sure about the best choice for you?

☐

YES

☐

NO

If you answered **YES**, what decision have you chosen?

recording

Where and when was this conversation documented in their medical record?

sharing

Who else in their healthcare team do you need to share this decision with?

referring

Are there any other teams or services that you need to refer the patient to?



completed by your healthcare team

follow-on actions

Are there any follow-on actions to be completed by you or your healthcare team?

notes + questions

Are there any questions or things you want
to remember about this conversation?

Your *Care Companion* is yours to keep.

If you want to share your *Care Companion*

Carry it with you when having future conversations with your carers, family, trusted friends or healthcare team

If your situation has changed or you have another decision to make

Request additional pages from your healthcare professional

If you have made a decision about treatment or care

Are there any other documents that need to be updated?

Last reviewed: August 2023. Developed by Healthcare Improvement Unit, Clinical Excellence. Conflict of interest available from: HIU@health.qld.gov.au. Sponsored by Clinical Excellence Queensland, Department of Health. Based on the Ottawa Personal Decision Guide © 2015 O'Connor, Stacey, Jacobsen.

