


my
care
companion

DECISION AID

This *Care Companion* belongs to:

Supporting people with serious health conditions to have honest conversations 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 to make 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 a member of your healthcare team if you're feeling overwhelmed or need time to pause, digest and reflect.

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

NAME

ROLE

The *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

I want to know more about my current health condition

YES

NO

I want to know if this condition could shorten my life

YES

NO

I want to be involved in decisions about my treatment and care

YES

NO

I want to know what might happen with my condition in the future

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 ways?

What treatment or care decision(s) need to be made now?

What treatment or care decision(s) might need to be made in the future?

values & preferences

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

complete this section on your own

OR

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

OR

have this conversation with your carers, family or trusted friends



I had this conversation with:

NAME

ROLE

Date:

DD / MM / YY



completed by you

values

What does *quality of life* mean to you?

Large empty box for writing the answer to the question about quality of life.

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

1

Box for writing the first of three most important things.

2

Box for writing the second of three most important things.

3

Box for writing the third of three most important things.

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

Box for writing the influence of the first important thing.

Box for writing the influence of the second important thing.

Box for writing the influence of the third important thing.

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

Large empty box for writing the answer to the question about who to have with you.

- Trusted friends
- Carers
- Family
- On my own

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

Large empty box for writing the answer to the question about the role you want to play.

- I want to have full control
- I want help from those closest to me
- I want someone else to decide

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

Large empty box for writing the answer to the question about additional support.

- I want the information written down
- I need things explained in plain language
- I need 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

risks

1 2 3

option 2

benefits

risks

option 3

benefits

risks

How much do these risks and benefits matter to you?

- not at all
- somewhat
- very much

1

2

3



I would recommend option because...

Text input area for recommendation

I would choose option because...

Text input area for choice

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 the healthcare team do you need to share this decision with?

referring

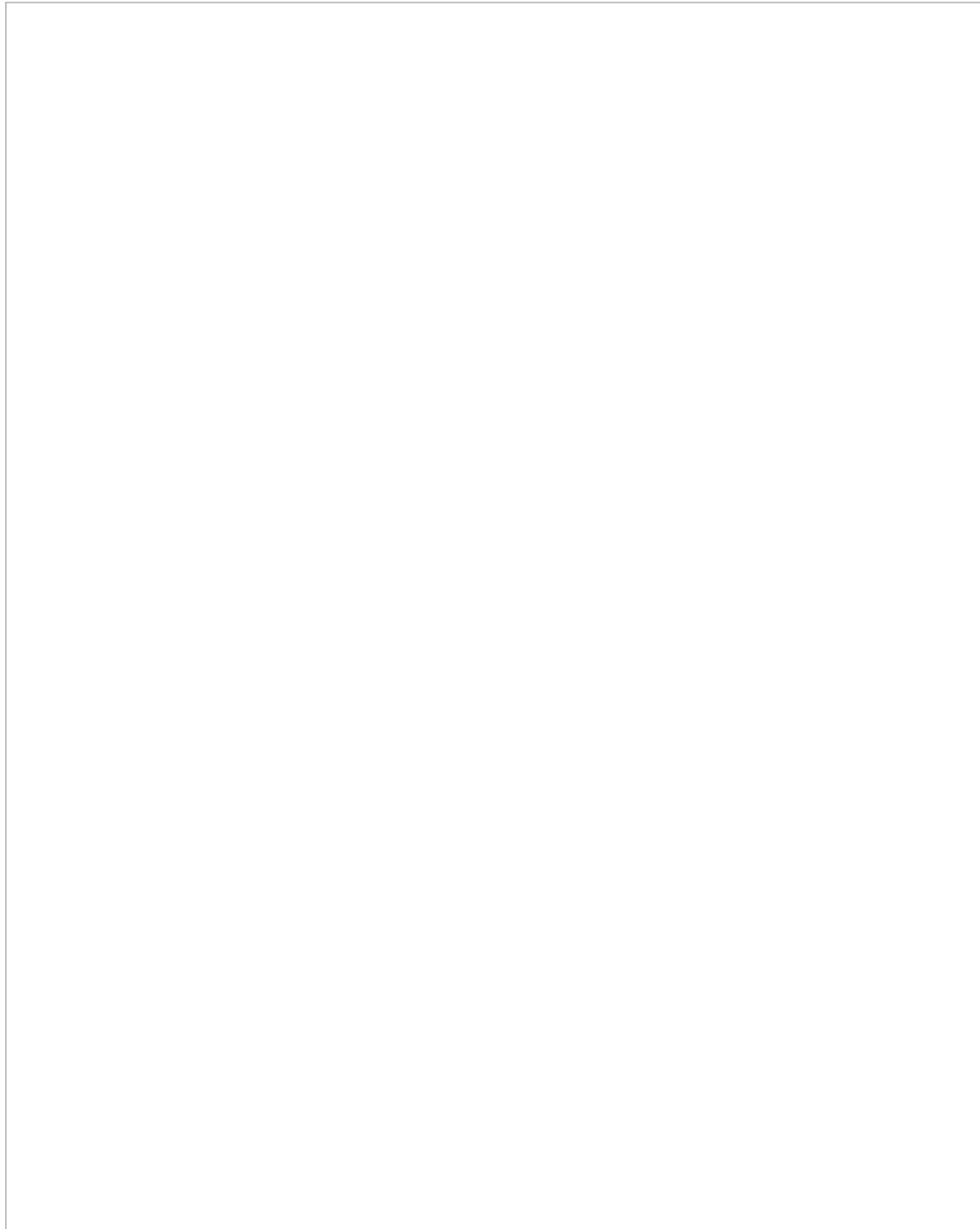
Are there any other teams or services that you need to refer the patient to?



completed by your healthcare team

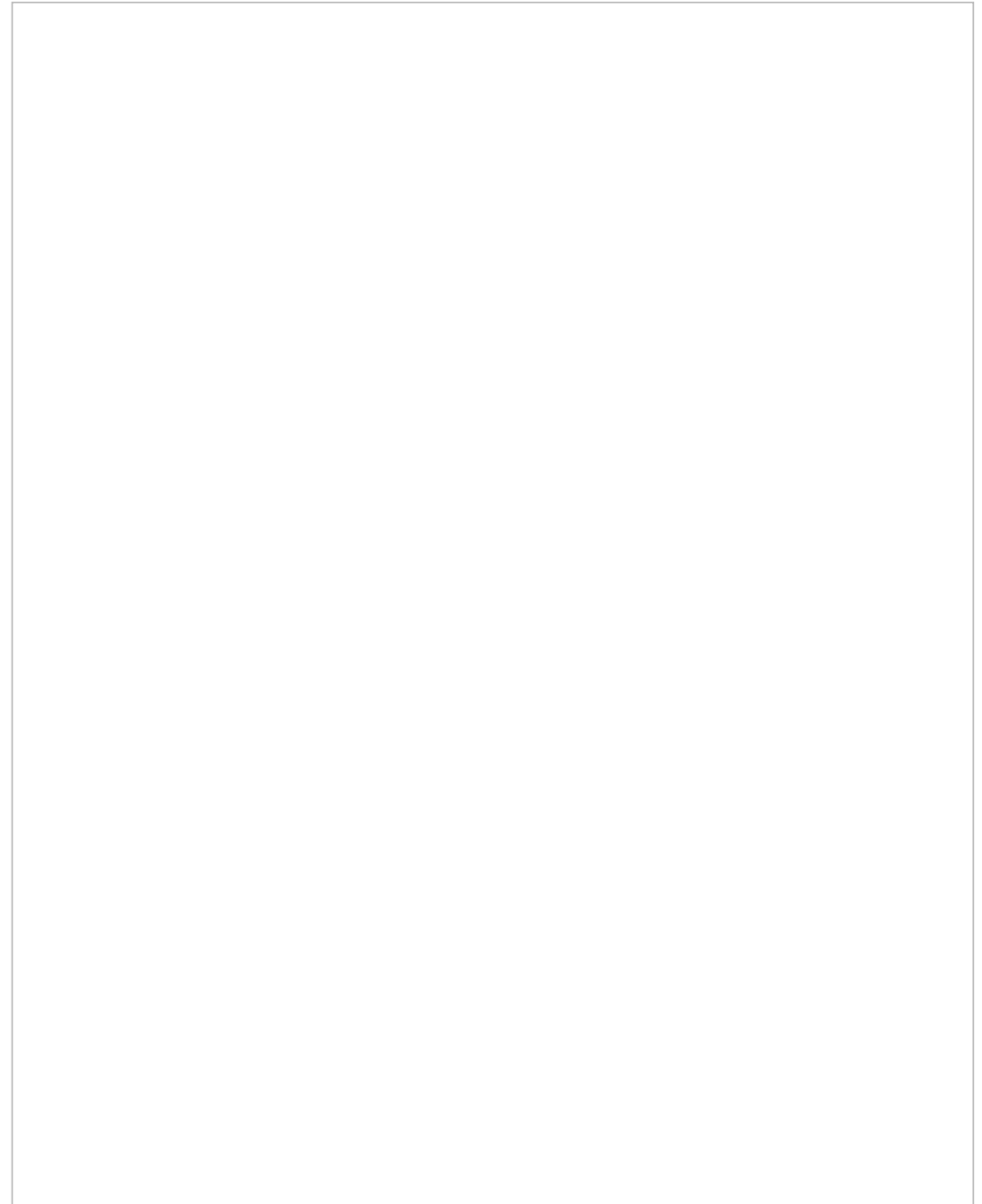
follow-on actions

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

A large, empty rectangular box with a thin black border, intended for writing down follow-up actions.

notes + questions

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

A large, empty rectangular box with a thin black border, intended for writing down notes and questions.

This 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

Additional resources can be found at:

www.health.qld.gov.au/carecompanion

If you have made a decision about treatment or care

Are there any documents that need to be updated?

Last reviewed: April 2024. Developed by Healthcare Improvement Unit, Clinical Excellence Queensland. 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.

