Advance Care Planning and Directives

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**Introduction**

There is a lot of difference in communication, planning and end of life decisions. It should not be the place of intensive care unit where such type of choices is going to be taken as measures for the implementation long before the times comes for its application. Advance care planning and directives in the palliative care are significant and guide the healthcare professionals in Victoria to work under the legal framework provided over it. Various ethical principles are also attached to advance care planning (ACP), and it should be followed accordingly. The use of ACP/ACD is an essential aspect, and it is mostly referred to the nature of patients. If a person has the severity of issue which comes suddenly than it would not work because of the limited time.

**Discussion**

Planning is always essential regarding health care issues and the chance to make decisions receive at a time when someone is unable to speak for itself. The objective is to increase the independence and health of individual faced at the end of its life. The process is compassionate, and with the support and education, it is easy to sustain with changes in health. For example, the knowledge of contingent heart defect will positively impact the health and complete the process adequately. Over time changes occurred in the health of a person includes the completion of advance directives after the documentation (Bryant et al., 2015). In general advance directives is the written statement which provides the medical information about the health of a person. Throughout the regions of the United States and especially victories, these are actively served for the best interests of the patient.

When someone fails to decide about his/her health, these documents provide the opportunities and way for others to read the case study and take appropriate decision. There is nothing right and wrong instead it is the health of person which itself shows what to do and how to move for the completion of the process (Waldron et al., 2016). Further, the communities have devised specific laws which are known as legal requirements, fact sheets and forms in Victoria. The law provided that during serious injury one cannot decide about its health because values, beliefs and expectation of patient are already ensured and considered. It allows the team to treat the person without waiting for its consent. Other steps for the advance care planning will incorporate the values of being open, ready and be heard.

These laws encourage the person to talk about preferences and beliefs along with the decision of appointing substitute decision maker. The sharing of documentation is allowed with the doctors, carers, friends and family. There would be significant benefits of sharing the information with other individuals, and everyone will be informed accordingly. The distribution of information is again essential because it shows the support of many people for the early recovery of the patient. Further, the speaker who deals all the matter would be appointed according to the Victorian Civil and Administrative Tribunal (VCAT) laws. The designated person must have a continuous relationship with a patient which signifies as the spouse or domestic partner, primary care, adult child, parent and the adult sibling.

There is a form given to the patient for the appointment of another decision maker for medical treatment in Victoria. It is vital that the chosen person must accept the responsibility of caring and overviewing the patient (Sudore et al., 2017). The legal limitations and conditions will be followed by the appointed individual who shows that one should carefully choose the person for the right job. Preferences for the care would follow the lines and directions issued according to the laws and rules of Victoria. Further, the ethical values are also included in those directions that are published on behalf of the Victoria laws and system for running the patient with severity. One of the significant challenges that occurred during the treatment is the conflict between family members and the health care professional (Lotz et al., 2015). It is because of the terminologies used by the health care personnel concerning the treatment of the patient. These confusing and tremendous terms create difficulty for an ordinary person.

It is mentioned in the laws that every difficulty or the hindrance on the part of the centre or particular unit would result in the action against the responsible person. Use of the right tools is always appreciated to minimise appropriate level intervention for the patient. There are specific questions in the mind of a patient which according to Victoria laws must be satisfied by the concerned authority for a smooth running of the business inside and outside the hospital. The effective advance care planning has the measurement to enhanced comfort for individual and removes all the concerns that are placed before them. Carelessness of any type would result in action against the employee and staff available on duty. One can empower itself by talking with the ACHD provider and take necessary decisions about end of life change and choices. There must be a plan in place to cater to such concerns and illness.

Regarding the personal opinion and assessment of advance care and planning, I would prefer these plans and especially those who are underlined by the Victoria laws and followed by certain ethics. These are very important because of the severity of health and anything that happened with a person in one or the other way (Murray et al., 2017). We need to appreciate such efforts and practices introduced by the concerned organisations so that everyone could have the facility of dealing with its health condition which can be disturbed at any time. A person is taken to hospital with a heart attack, and he or she is facing the severity of the situation will be affected if it is not given the due care. Even those who are already admitted in the care centres should follow certain ethics and organisational norms like the practice of advance care.

Events or happening related to the health will not wait for someone to come and rescue the person from a bad position.

Plans are always, and these should be considered for immediately responding to the critical condition. Presence of professional along with medication can only be possible when there is a plan of action. Without it, there would be no execution, and many examples are available on the record (Chan et al., 2016). The clinical papers and research are supported by the fact that these measures should be encouraged to allow the other facilities of health care in Australia for adjusting advance care planning. However, any direction that negates the values and ethics should not be allowed to operate because it will cause negativity for the already existing operations of health care and planning.

**Conclusion**

Concluding the assessment, it is notable to mention that advance care and planning is one of the significant tool used by the people across Australia and other regions. There must be support and encouraging elements that can enhance such practices for the betterment and well-being of patients. A sense of control is better than no knowledge of health care and what is going on in the future. Over time evaluation and reviewing is also a great source of learning and stability of the individual health.

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