# Joe's Journey

## through the advance care planning lens

START HERE

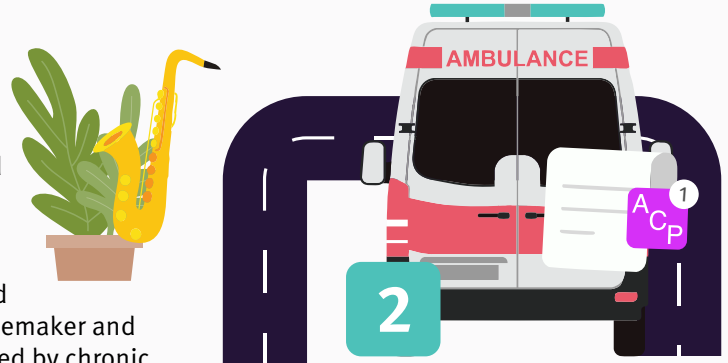
José (Joe) Cristani, born 12/11/1952, is a Brisbane-based retired teacher and first-generation immigrant from Spain. He is married to Jill, a former homemaker and volunteer now slowed by chronic heart failure. Joe enjoys gardening, playing in a local jazz band and checkers with friends. He and Jill have two sons: Nick, who lives on the Gold Coast, and John, who lives in Darwin.


1

Joe's journey begins with a routine bowel screen, leading to a colonoscopy and a diagnosis of bowel cancer with liver involvement. He is scheduled for surgery and encouraged to explore advance care planning.

After consulting his GP, Joe contacts the Statewide Office of Advance Care Planning (OACP), who connects him with a community advance care planning (ACP) facilitator. Upon checking the ACP Tracker, they find no uploaded documents or comments. The facilitator then supports Joe as he completes a QLD EPOA document. A comment is made on the ACP Tracker to record the progress. Joe takes an QLD AHD form to consider with his family.

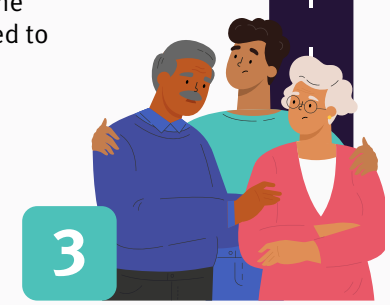
REFER TO THE PROMPTS FOR END-OF-LIFE PLANNING (PELP) FRAMEWORK




2

After surgery, Joe begins chemotherapy and resumes normal activities. During a concert performance, he collapses and is taken to hospital by the QAS. The QAS check the ACP Tracker and find Joe's EPOA document. This information is handed over to the ED staff.

During Joe's admission, staff notice a comment in the ACP Tracker about his desire to complete an AHD form. With support, Joe would like to finalise this form once he returns home. A comment is added to the ACP Tracker. On discharge, Joe is referred to a community palliative care team.



3

The community palliative care nurse practitioner (NP) visits Joe and checks the ACP Tracker whilst planning Joe's care. The NP supports Joe in creating an AHD document outlining his health care directions for a time when he may be unable to communicate them himself. Once complete, Joe asks the NP to send his AHD document to the OACP for review and upload to the ACP Tracker.

4

At Joe's next chemotherapy session, his condition deteriorates, leading to hospitalisation for further scans. A palliative care specialist assesses Joe and diagnoses cerebral metastases. Joe's decision-making capacity begins to fluctuate. The doctor checks the ACP Tracker and reviews Joe's ACP documents with him and his substitute decision-makers (Joe's wife and sons).

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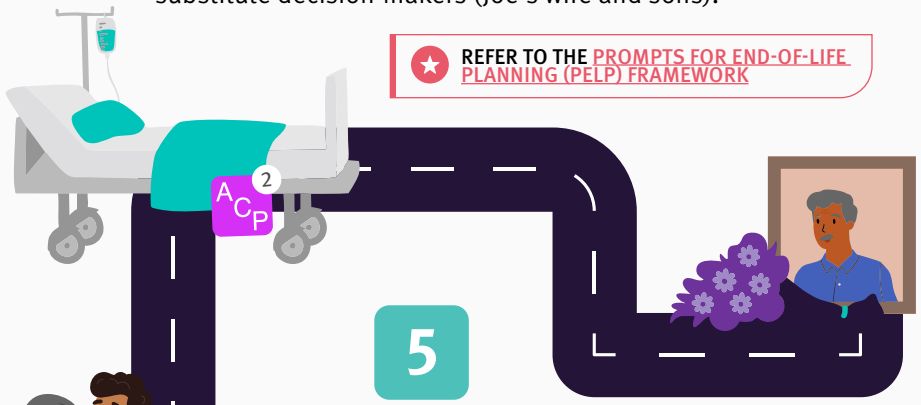


5

Two months later, Joe's disease progresses and he loses decision-making capacity. Joe's wife, Jill, is unable to manage his care at home. Joe is admitted to a palliative care unit where his ACP documents are considered when delivering clinical care.

Joe remains in the unit, where he is comfortable and dies peacefully, surrounded by family. The senior bereavement counsellor provides grief counselling and support throughout this time.

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OACP Statewide Office of Advance Care Planning

Queensland Government