



Appendix 1

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Scott IA, Mitchell GK, Reymond EJ, Daly MP. Difficult but necessary conversations — the case for advance care planning. *Med J Aust* 2013; 199: 662-666. doi: 10.5694/mja13.10158.

Appendix 1. Phases in advance care planning*

1. Pre-contemplation: Individual lacks awareness of and has no desire to engage in ACP
2. Contemplation: Individual understands the relevance of ACP to his/her own life and begins to form intentions to engage in ACP
3. Preparation and values clarification: Transitory phase that links contemplation to the action stages but can also link many of the action phases to one another. It includes clarifying a patient's understanding of their illness and treatment options, understanding their values, beliefs and goals of care, and identifying their wishes. This phase is a complex task, ideally encompassing patients' values as they relate to the acceptability of diminishing states of health, the trade-offs between the benefits and burdens of interventions, and the likelihood of different health outcomes.
4. Actions: Individuals overtly engage in behaviours that make their ACP wishes known through discussions with family, friends and clinicians, and such wishes are documented.
5. Maintenance or reflection on one's choices: Individuals have made end-of-life choices and are in a position to reflect on, and alter, these choices given changes in their life circumstances

*Adapted from Fried TR, Redding CA, Robbins ML, et al. Stages of change for the component behaviours of advance care planning. *J Am Geriatr Soc* 2010, 58: 2329-2336.

ACP=advance care planning

