

# Supported decision-making for health care and medical treatment

Everyone, including people with dementia and cognitive impairment, has the right to exercise choice and participate in decisions about their own health care and medical treatment. This can occur through **supported decision-making**. This factsheet explores supported decision-making in two different contexts – **decisions about health care and medical treatment**, and **aged care decisions**.

## What is supported decision-making for health care and medical treatment?

Supported decision-making is where a person e.g. a health professional, family member or friend (known as a **supporter**) supports another person (an adult with a cognitive impairment) to make their own health care and medical treatment decisions, and to participate in decision-making. This supports the person's rights to independence, autonomy, choice, participation, dignity and respect, and equity.

Supported decision-making for health care is a legal requirement in **Victoria, Queensland, the Australian Capital Territory, the Northern Territory and Tasmania**. In these places, a person will have decision-making capacity for medical treatment decisions if they can make a decision with appropriate support.

Throughout Australia, it is good practice for health professionals to try supported decision-making before turning to substitute decision-making.

**Supported decision-making should be attempted even if the person has impaired capacity.**



## What role do health professionals have in supported decision-making?

Doctors, nurses and allied health professionals may have an important role in supporting a person to make health care and medical treatment decisions. They:



**Identify**  
the need for a  
decision.



**Recognise**  
the person's  
need for  
support to  
decide.



**Determine**  
whether the  
person wants  
support and  
what support  
is appropriate.



**Identify**  
who else  
may be able  
to provide  
support e.g. a  
supporter.



**Provide**  
support that  
meets the  
person's  
needs.

## What support can health professionals provide?

There are many ways health professionals can support a person to make health care decisions. The type of support depends on the person's needs and must be determined case by case. It can include:



**Communicating information and treatment options** in a way the person understands e.g. speaking more slowly and using simple terminology.



**Using communication aids** e.g. technology, pictures, symbols and body gestures.



**Giving the person more time** to process information and ask questions.



**Meeting with the person at a time when they are best able to decide** e.g. in the morning, or over several appointments.



**Asking the person if they would like to choose another supporter** e.g. a close family member or friend, to help them in the decision-making process.



**Encouraging the person to discuss the information with their supporters.**



**Engaging an interpreter.**



Where appropriate, **involving other health professionals who can provide appropriate support** e.g. speech pathologists, occupational therapists, social workers, disability support workers.

## Who else can support the person to decide?

Support for health care and medical treatment decision-making can be provided by a **supporter** e.g. a trusted person such as a close family member, friend, carer (paid and unpaid), or someone else in the person's network. The person needing support chooses who they want to be their supporter.

In **Victoria**, a person can choose to formally appoint a medical support person to help them to make medical treatment decisions. The Victorian Civil and Administrative Tribunal also has power to appoint a supportive guardian. For more information visit the [Office of the Public Advocate Victoria](#).

## What is the difference between a supporter and a substitute decision-maker?

A **supporter** provides decision support to a person so they can make their own health care or medical treatment decision. **The supporter does not make the decision on behalf of the person.** A supporter may be informal or formally recognised by law.

A **substitute decision-maker** is a person who is authorised by law to make health care decisions on behalf of a person who does not have decision-making capacity. Each State and Territory's guardianship laws set out who can be the person's substitute decision-maker.

## What can a supporter do?

Examples of decision-making support that can be provided by supporters includes:



Attending medical appointments with the person.



Helping the person to understand information being given by a health professional e.g. helping the person to think about, process and remember the information.



Assisting the person to communicate with health professionals about treatment the person wants or does not want e.g. asking questions or communicating on the person's behalf, interpreting the person's body language or non-verbal communication.



With the person's consent, accessing information to help the person to decide e.g. information from the person's medical records.

## What happens if a person cannot make health care decisions with support?

If the person cannot decide with support, and they do not have an Advance Care Directive, then a substitute decision-maker can decide. Visit [End of Life Law in Australia](#) to find out who can be a substitute decision-maker in your State or Territory.

# Supported decision-making for aged care

## What does supported decision-making for aged care matters involve?

An older person receiving aged care may also have a supporter under the *Aged Care Act 2024* (Cth) to help the person make and communicate their own decisions about aged care services e.g. accommodation, funding. **Their role does not include supporting health care decision-making.**

**A supporter cannot make the decision for the older person.** They may, with the person's consent, assist them to communicate and make their own decisions by<sup>1</sup>:

- **requesting, accessing and receiving information or documents,**
- **communicating information,** including the individual's will, preferences and decisions,
- **helping the older person to understand information and make decisions** e.g. choosing a provider, applying for an aged care assessment, making a complaint about aged care, and
- **letting others** e.g. aged care providers, My Aged Care know the older person's decisions.

## Who can be a supporter for aged care?

An older person can have both a supporter for aged care decisions, and a supporter for health care decisions. This might be the same person, or different people.

**Supporters for aged care decisions can be formally registered in aged care systems.**

**Registered supporters can be:**

- **someone the person chooses and consents to being registered as their supporter** e.g. a family member or friend, or
- **someone appointed under State or Territory law as a person's decision-maker** e.g. a guardian. In aged care, this person is known as an *active, appointed decision-maker*. They may apply to be a registered supporter without the older person's consent.

An older person can have more than one registered supporter. They do not have to have a registered supporter if they do not need or want someone to support them.<sup>1</sup> The person can also choose not to register the people that support them. They can still support the person with aged care decisions.<sup>1</sup>

For further information about supporters in aged care see:

- Department of Health, Disability and Ageing: [Registered Supporters: Frequently asked Questions](#).
- Older Persons Advocacy Network [Supported decision-making Toolkit](#).

1. Department of Health, Disability and Ageing. [Registered Supporters: Frequently Asked Questions](#). DHDA, 2025.