

# 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**.

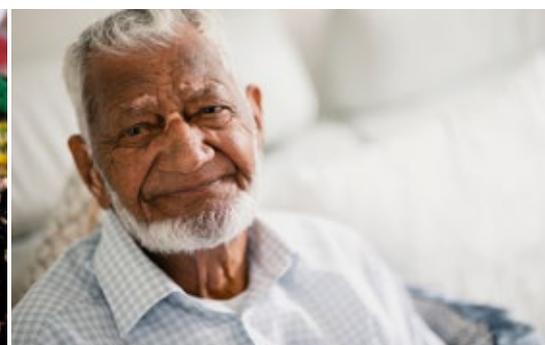
## What is supported decision-making for health care and medical treatment?

Supported decision-making refers to processes or approaches that enable a person to make or communicate their own decisions and participate in decision-making about health care and medical treatment. It can involve someone the person trusts e.g. a health professional, family member or friend (known as a **supporter**) supporting them to decide, or other forms of support e.g. assistive technologies. Supported decision-making respects the person's rights to independence, autonomy, choice, participation, dignity, 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 a medical treatment decision if they can make the decision with support.

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

**Supported decision-making should be adopted 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 or wish for support to decide.



**Determine**  
whether the person wants support and discuss support options.



**Ask**  
the person if they would like someone to support them e.g. a supporter.



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

Health professionals should also record the supported decision-making process and the person's decision.

## 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 wishes, 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.**



Asking the person if they would like to **have 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 some or all 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?

If the person agrees, supporters can do things such as:



**Attend medical appointments** with the person.



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



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



**Access 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 relevant to the decision, then a substitute decision-maker may be able to 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 have a **registered supporter** under the *Aged Care Act 2024* (Cth) to help the person make and communicate their own decisions about aged care e.g. accommodation, having an aged care needs assessment. Generally their role does not include supporting health care decision-making unless the health care is part of the aged care services the person receives. An example is supporting a resident to decide whether they want to have regular podiatry visits.

**A registered supporter cannot make the decision for the older person.** They may, in line with the older person's known will and preferences, 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 registered supporter for aged care?

Registered supporters can be:

- > **someone the older person chooses and consents to being registered as their supporter** e.g. a family member or friend, or
- > **someone appointed under Commonwealth, State or Territory law as the older person's decision-maker** e.g. a guardian, enduring guardian, enduring power of attorney. In aged care, this person is known as an *active appointed decision-maker*.

An older person can have:

- > more than one registered supporter.
- > a registered supporter for aged care decisions and a supporter for health care decisions. This might be the same person, or different people.

People who are not registered can still support the older person with decisions if the person wishes.

## Does an older person need to have a registered supporter?

An older person does not have to register anyone as their supporter if they do not need or want someone to support them. However, active appointed decision-makers may be registered without the older person's consent.<sup>1</sup>

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

## More information

- ③ Department of Health, Disability and Ageing: [Registered Supporters: Frequently asked Questions](#).
- ③ Older Persons Advocacy Network [Supported decision-making Toolkit](#).

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