



Government of **Western Australia**
Department of **Health**

A Guide to Western Australia's Advance Health Directive DRAFT



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How to use this guide

This Guide provides information to help you prepare and complete your Advance Health Directive.

Section 1: About Advance Health Directives

This section provides an overview of what an Advance Health Directive is, why it is helpful and who will make decisions for you if you lose capacity to make or communicate them for yourself.

Section 2: Step-by-step guide

This section provides a step-by-step guide to making an Advance Health Directive. It includes information and examples to assist you to complete the parts of the form.

Section 3: General information

This section provides a checklist of what to do to prepare, complete and store your Advance Health Directive. It also provides further information to help you understand common terms used in Advance Health Directives, frequently asked questions and where to go for further information or advice.

At the end of the Guide there is a tear-out Advance Health Directive that you can complete and an example of a completed Advance Health Directive for you to refer to.



Section 1: About Advance Health Directives

What is an Advance Health Directive?

This section of the Guide outlines what an Advance Health Directive is and why making one can help if you were to lose capacity to make or communicate your wishes and decisions about your future health.

An Advance Health Directive is a legal document that enables you to make decisions now about the treatment you would want – or not want – to receive if you ever became sick or injured and were incapable of communicating your wishes. In such circumstances, your Advance Health Directive would effectively become your voice.

A **'treatment'** is any medical or surgical treatment, including palliative care and life-sustaining measures, dental treatment, or other healthcare.

A **'treatment decision'** is a decision to consent or refuse consent to the commencement or continuation of any treatment.

An Advance Health Directive comes into effect when you are unable to make reasoned judgements about a treatment decision or communicate your values and preferences at the time that the treatment is required.

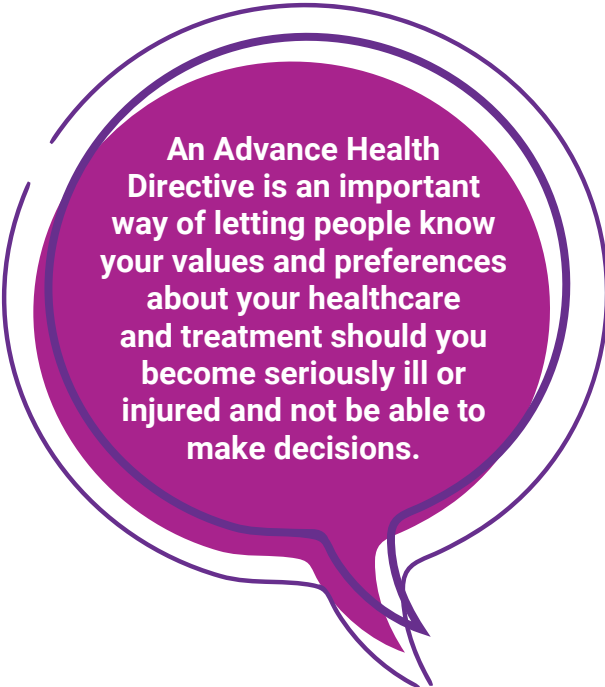
You may refer to the **Frequently asked questions** section of this Guide for more information about Advance Health Directives.

Who will make decisions for you if you lose capacity to make or communicate them for yourself?

If you have lost the capacity to make or communicate decisions for yourself, the **Hierarchy of Treatment Decision Makers** in the diagram **overleaf** explains the order of decision makers that health professionals must follow when seeking a treatment decision for you.

At the top of the hierarchy is the **Advance Health Directive**.

It is recommended that you make an Advance Health Directive even if you have appointed an enduring guardian and are happy for the hierarchy of treatment decision-makers to be followed.



An Advance Health Directive is an important way of letting people know your values and preferences about your healthcare and treatment should you become seriously ill or injured and not be able to make decisions.

What is legal capacity?

A person has full legal capacity if he/she/they can understand the nature, purpose and consequences of the proposed treatment. Capacity is assessed in the context of the decision that is to be made.

The *Mental Health Act 2014* defines a person as having capacity when they:

- understand any information or advice about the decision that is required
- understand the matters involved in the decision
- understand the effect of the decision
- can weigh up the above factors when making the treatment decision
- communicate the decision in some way.

Under the *Mental Health Act 2014*, adults are presumed to have capacity unless shown not to. A child is presumed NOT to have capacity about a decision unless he or she is shown to have that capacity.

If you have any doubts about your capacity to make a valid Advance Health Directive, you should ask your doctor for an assessment.



What if I do not make an Advance Health Directive?

If you do not make an Advance Health Directive, and you lose your full legal capacity to make and/or communicate decisions, health professionals must follow the **Hierarchy of Treatment Decision Makers**.



When seeking a treatment decision, a health professional must go to the first person on the hierarchy, who is 18 years of age or older, has full legal capacity, and is available and willing to make the decision.

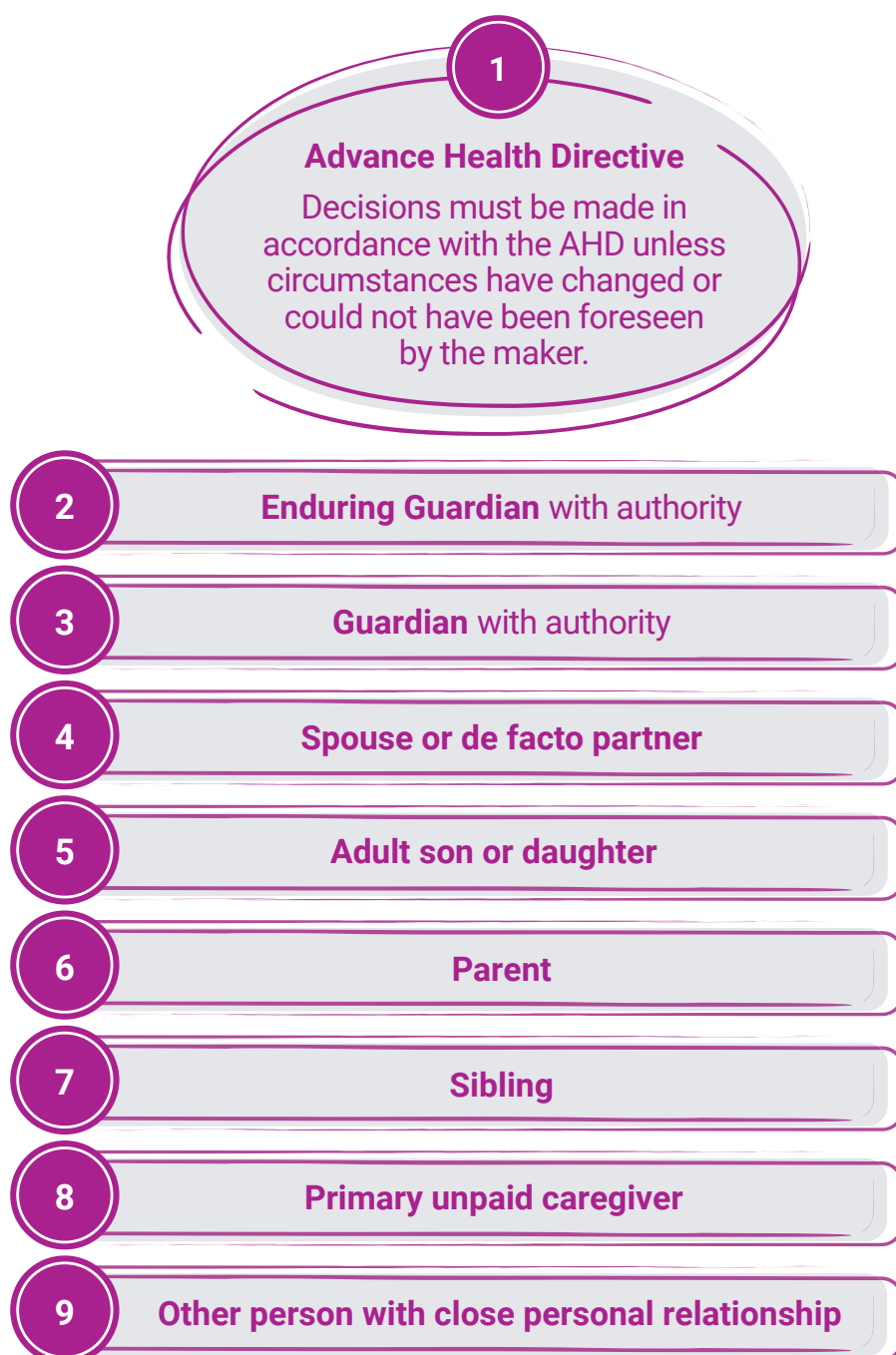
If all of these conditions are not met, for example the first person in the hierarchy does not have capacity or is not available, the health professional can go to the next person in the hierarchy.

What is the Hierarchy of Treatment Decision Makers?

The Hierarchy of Treatment Decision Makers is only used by health professionals when you lose the full legal capacity to make and/or communicate decisions about your health care.

Figure 1: Hierarchy of treatment decision-makers

Where an AHD does not exist or does not cover the treatment decision required, the health professional must obtain a decision for non-urgent treatment from the first person in the hierarchy who is 18 years of age or older, has full legal capacity and is willing and available to make a decision.



What is advance care planning?

Advance care planning is a voluntary process whereby you make known your values, preferences and choices to guide decision-making for your future health and personal care, at a time when you cannot make or communicate your decisions for yourself.

Advance care planning definition - Advance Care Planning National Framework

An Advance Health Directive is a type of advance care planning document that may be completed as a part of the **advance care planning process**.

Advance care planning is the process of making plans that cover your future care, lifestyle and health– making things easier for your loved ones and health professionals to make decisions for you, if they need to in future. It is a good idea for everyone to consider advance care planning, regardless of their age or health.

When thinking about what matters to you now and in the future, you may wish to speak with your family, carer, a close friend, GP or other health professionals to help gather your thoughts. Other resources that may help include:

- My Values – www.myvalues.org.au



Once you have considered and discussed your values, beliefs and choices for future treatment and care, it is recommended you put these in writing in an advance care planning document such as an Advance Health Directive.

For more information on advance care planning visit WA Department of Health Healthy WA website – www.healthywa.wa.gov.au/advancecareplanning

Section 2: Step-by-step guide

A step-by-step guide for making an Advance Health Directive

This section provides a step-by-step guide to completing your Advance Health Directive.

The Parts of the Advance Health Directive are:

Parts 1, 2 and 3 is where you write down your personal details, your major health conditions, what is important to you and your values and wishes about your care in the future.

Part 4 is where you make decisions about the healthcare treatments you do or do not want in the future. You can make decisions about whether you want to take part in medical research activities.

Part 5 details people who have helped you complete your Advance Health Directive.

Part 6 is where you sign and witness your Advance Health Directive.

Part 1: My personal details

You MUST complete this part of the Advance Health Directive.

You **must** fill in:

- the date the Advance Health Directive is being made
- your full name, date of birth and address so you can be identified.

It is **optional** for you to include your phone number and email address but highly recommended.

A future change of address, phone number or email will not make your Advance Health Directive invalid.

If you have recently changed your name, or used a different name in the past, please refer to the **Frequently asked questions** section of this Guide for further information on what to do in this situation.

Part 2: My health

You are not required to fill in this part.

Cross out any questions you do not want to answer.

In this part of the Advance Health Directive you can list any major health conditions and concerns you might have and things that are important to you when talking about your health with doctors and other health professionals.

2.1 My major health conditions

Here you can list details about your current major health conditions (physical and/or mental) and any significant health issues that you have had in the past.

Examples:

- I was diagnosed with bowel cancer 6 years ago and received chemotherapy treatment. I am in remission now but there is always a chance it may return.
- I was in a car accident 5 years ago and still have ongoing chronic back pain. I have been told this is unlikely to get any better for me.
- I have just been diagnosed with motor neurone disease, a neurological illness. My GP has told me my health is likely to deteriorate quickly. I will soon need a lot of help with day to day tasks like having a shower and getting dressed.


2.2 When talking with me about my health, these things are important to me

In this part you can write details about what is important to you when receiving information from health professionals.

This might be the amount of information you like to be given about your health condition to make decisions. Or you might always want to have a family member with you when talking with health professionals about your care and treatment options.

Examples:

- I want to be given detailed information about my health conditions and all treatment options, so I can fully understand what might happen to me.
- English is my second language, so I like to have my son or daughter with me for any appointments with my GP and specialists.



Trish's Story:
Trish (65) has just been diagnosed with stage 4 breast cancer. In her Advance Health Directive Trish has noted that her close friend Kay (a nurse), attends all her medical appointments as she knows how best to explain information in a way Trish can understand.

Note: If there is someone involved in your care whom you would like to make decisions on your behalf when you are no longer able to, you can appoint them as your **enduring guardian**.

You may refer to the **Frequently Asked Questions** section of this guide for more information on appointing an enduring guardian.

Part 3: My values and preferences

You can choose to complete some questions, all questions, or none of the questions in this part. Cross out any questions you do not want to complete.

In this part you can detail what things are most important to you or what might worry you about your future health.

This will let those close to you and the people involved in your care know your values and preferences when you can no longer communicate or make decisions for yourself.

3.1 These things are important to me

This part asks you to describe what living well means to you. For example, what you would miss most if you became ill and could not live as you do now.

You may choose to tick one or more of the boxes. For example, spending time with family and friends. You may also like to detail additional things that are important to your life such as activities, interests, hobbies or personal arrangements.

Rita's Story:
Rita (87) regularly visits her Croatian Club to see her friends, speak in her first language of Hrvatska and play traditional games from her home country. Rita has written in her Advance Health Directive that she does not want these visits to continue if she no longer has capacity to speak or move easily.

Examples:

- I have spent most of my life immersed in the LGBTIQ+ community in which I live and would like this connection to continue.
- I am Cantonese and enjoy spending time with those who can speak my first language.
- Having my pets near me or at least being able to see them regularly is important to me.



3.2 These things worry me about my future

This part will help you share what really worries you about your future. You can use it to describe what permanent outcomes of illness and injury would not be acceptable to you.

This might include:

- being in constant pain
- not being able to communicate with your family and friends
- not being able to care for yourself.

Sometimes when you become very sick or injured, receiving healthcare will help you get better and condition of health you had before.

Other times, healthcare can only help you a little, and even though you may improve, you may not be able to live the same way as you did before.

Nicole's Story:
Nicole (43) had recently been diagnosed with Parkinson's disease. In her Advance Health Directive she has written that she would find it unacceptable if she was permanently unable to feed herself. Nicole wants her family to know what is important to her as they will care for her if the disease causes her to lose control over her hands and other body parts.

Examples:

- I worry that I may not be able to communicate or be understood by my family and friends.
- I could not imagine living and not being able to feed myself with my own hands.
- I would find it very difficult if I could not recognise my family and friends anymore.



3.3 When I am nearing death, this is where I would like to be


Use this part to indicate where you would like to spend your last days or weeks when you are nearing death.

This could be at home, or you may prefer to be in a hospital.

There are four options provided in this part. You can **only choose one option**. You can include more detail about the option you choose in the free text space provided, particularly if you choose not to be at home.

Examples:

- Being in nature is really important to me so I would like to be somewhere that has a garden with flowers or near the beach.
- Family and friends are such a big part of my life. I would prefer to be near them for as long as possible so they can visit me easily and regularly.
- I have always associated myself with the LGBTIQ+ community, so I would prefer to be somewhere that my sexuality is respected.



Raymond's Story:
Raymond (95) had been in a residential aged care facility for the past five years and it has really become home to him. Raymond had an Advance Health Directive and he had written that he wanted to die where he lived and have his family around him. Raymond's health deteriorated over the next two weeks. Because his wishes were known he died peacefully in the facility surrounded by his family.

3.4 When I am nearing death, these things are important to me

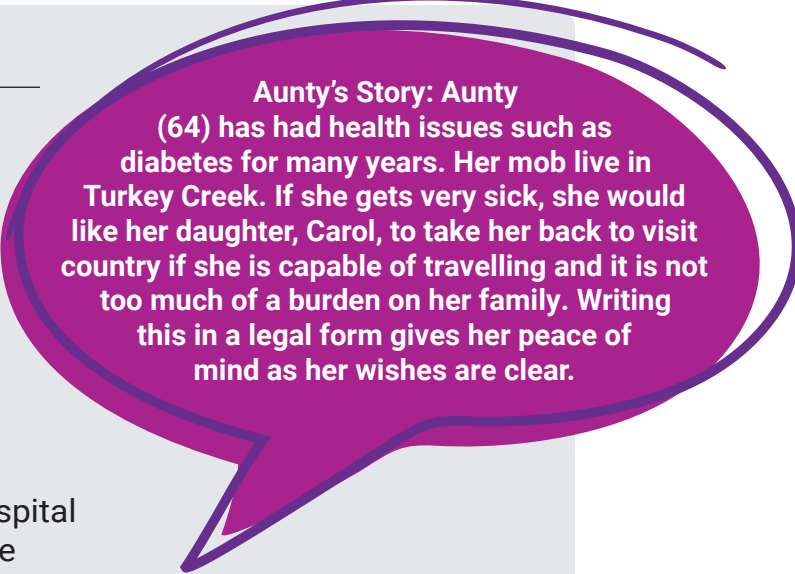
This part will help you to detail what brings you comfort and who you might like to have around you when you are nearing death.

Thinking about your wishes for the end of your life can be hard to do. Think about what would be most important to you at this time. For example, think about what spiritual, religious or cultural traditions are important to you.

You may like to tick one or more of the boxes that apply to you and/or provide more detail in the free text space particularly if your preference is not to be at home.

Examples:

- I'm a Noongar Elder in my community. It is important that my family and I can plan before, during and after my death, the sacred and customary practices of my culture.
- When I am dying, I would like my room to have soft lighting and meditative music playing. This is an environment I find soothing.
- If I am dying, I do not want to go to a hospital unless my comfort and dignity cannot be maintained at home.
- I am Hindu so if I am nearing death, I would like to have my extended family around me so that they can carry out a number of traditional rituals.



Aunty's Story: Aunty (64) has had health issues such as diabetes for many years. Her mob live in Turkey Creek. If she gets very sick, she would like her daughter, Carol, to take her back to visit country if she is capable of travelling and it is not too much of a burden on her family. Writing this in a legal form gives her peace of mind as her wishes are clear.

Part 4: My Advance Health Directive treatment decisions

You can choose to complete some questions, all questions, or none of the questions in this part. Cross out any questions you do not want to complete.

In this part you can make decisions about future medical and surgical treatments, including life-sustaining treatments, that you do and do not want, and if you would like to take part in medical research. Health professionals must follow your decisions.

It is recommended that you review the treatment options in the Advance Health Directive and discuss them with your doctor before completing.

A **treatment** is any medical or surgical treatment, including palliative care and life-sustaining measures, dental treatment, or other healthcare.

A **treatment decision** in an Advance Health Directive is a decision to consent or refuse consent to the commencement or continuation of any treatment.

This decision applies at any time you are unable to make reasonable judgements in respect of that treatment.

It is strongly recommended that you discuss your treatment decisions with your doctor before you complete your Advance Health Directive.

Your doctor and other health professionals can provide advice about treatment options and how they might affect you.



4.1 Life-sustaining treatment decisions

You are not required to fill in this part.

Cross out any questions you do not want to complete.

In this part you can detail information that will help in making decisions about life-sustaining treatments if you have lost the capacity to make or communicate decisions for yourself.

Think about what is important to you and outcomes of illness or injury you are most worried about (Part 3 'My values and preferences'). Are there some permanent life-sustaining treatments you would or would not want?

You should seek advice and discuss options with your doctor and/or health professionals around:

- your current illness or conditions
- how you might be affected
- likely treatment options
- side-effects.

Every individual's situation is different. You may wish to review the examples provided below to help you consider your options with your doctor and/or health professional.

You may also wish to write your own statements or give more detail.

Subject to some limited exceptions, health professionals must follow your life-sustaining treatment directions

You may refer to the **Frequently asked questions** section of this guide to understand more about life-sustaining treatments.

Whatever option you choose, your health providers will focus on keeping you as comfortable as possible when you are nearing the end of your life, including providing treatments that minimise pain, even if you choose to refuse all life-sustaining treatment.

There are five options in this part of the Advance Health Directive. You can only choose one option. Please read all five options before making a decision.

Examples:

Example: Option 1 - Nathan's Story

- Nathan has had a serious heart attack five weeks ago. His GP has told him that there is a high probability he may require heart surgery. Nathan would like all treatments that might sustain or prolong his life.
- **Nathan chooses: Option 1 – I consent to all treatments aimed at sustaining or prolonging my life.**

If you choose Option 1, 2, 3 or 5 – you do not need to complete the subsequent detailed table in this section.

Example: Option 2 – Linda's Story

- Linda has been diagnosed with a bowel disease. Her mother died of stomach cancer. Linda recalls the suffering her mother experienced as she was nearing death from treatments aimed at prolonging her life where there was no reasonable prospect she might recover. Linda does not want this for herself.
- **Linda chooses: Option 2 - I consent to all treatments aimed at sustaining or prolonging my life unless it is apparent that I am so unwell from injury or illness that there is no reasonable prospect that I will recover to the extent that I can survive without continuous life-sustaining treatments. In such a situation, I withdraw consent to life-sustaining treatments.**

Example: Option 3 – Mia's Story

- Mia has previously been treated for breast cancer. She has just been told that her cancer has returned, and that treatment is very unlikely to prolong her life beyond the next few months.
- Mia's mother had breast cancer and Mia has very strong feelings about the treatments that she received that prolonged her life and her suffering. Mia has decided that this time she does not want any more treatment that would delay her death and wants her healthcare to focus on keeping her as comfortable and as pain-free as possible.
- **Mia chooses: Option 3 - I refuse consent to any treatments aimed at sustaining or prolonging my life.**

Example: Option 5 – William's Story

- William is 25 years old and has never experienced the death of a close family member or experienced anyone close to him need life-sustaining treatment.
- **William chooses: Option 5 - I cannot decide at this time.**

Example: Option 4 – Peter’s Story

- Peter has been diagnosed with emphysema (a chronic disease of the lungs). He is 70 years old and knows his condition will only worsen. While he feels he would still have a good quality of life living at home, even if this meant using oxygen, he would not want to be permanently placed on a breathing machine in a nursing home or hospital.
- **Peter chooses: Option 4 – I make the following decisions about specific life-sustaining treatments as listed in the table below.**
 - **He ticks box (B) for assisted ventilation and provides the following details:** Only if temporary and if I could then return home, even with oxygen. I do not want to be permanently on a breathing machine in hospital or at a nursing home.
 - **He ticks box (C) for all the other treatments –** refusing all other life-sustaining treatments.

If you choose Option 4 – you will need to complete the subsequent table and give different decisions about different types of life-sustaining treatment.

4.2 Other treatment decisions

You are not required to fill in this part.

Cross out any questions you do not want to complete.

In this part you can record decisions about other treatments, outside of life-sustaining treatments, if you have lost the capacity to make or communicate decisions for yourself.

Other treatments can include drugs used to prevent certain health conditions (e.g. aspirin, cholesterol treatments), or blood transfusions.

If you list a treatment decision, you should describe the health circumstances the decision applies to.

For example, if you do not want to receive aspirin, is that in all circumstances or only in specific circumstances?

You may detail your preferences in the free text space provided. If you need more space, you can add pages.

You may refer to the **Frequently asked questions** section of this Guide for more information about how to add pages to your Advance Health Directive.

Health circumstances	My treatment decisions
I have very high cholesterol	Do not give me ____ medication. I can't tolerate the side effects.
All circumstances	Do not give me a blood transfusion or any blood products. It is against my faith.

4.3 Medical research

You are not required to fill in this part.

Cross out any questions you do not want to complete.

In this part you can detail your preferences for participating in medical research.

You may wish to take part in medical research even if you are unable to make or communicate decisions. You may tick multiple boxes where you consent to take part in the listed medical research activity and the situations in which you would consent. You may also tick the 'I do not consent' boxes where you do not consent to taking part. Examples for each of the medical research activities are provided in the table below.

Research Activities	Example
The administration of pharmaceuticals or placebos (inactive drug)	For example, swallowing a pill each day that neither you, nor your doctor knows is the new drug for your condition or a sugar pill to test if the drug has an advantageous effect.
The use of equipment or a device	For example, wearing a new type of oxygen mask or having a new type of pacemaker implanted.
Providing health care that has not yet gained the support of a substantial number of practitioners in that field of health care	For example, trying a new drug or type of equipment that has so far only been shown to work in a study with a small sample size, so has not yet become common practice due to lack of evidence.
Providing health care to carry out a comparative assessment	For example, receiving one of two types of drugs commonly used to treat your condition, while another group of people takes the other type of drug.
Taking of blood samples	For example, having your blood taken and it being sent to the lab to look at the white blood cell count.
Taking sample/s of tissue or fluid from the body, including the mouth, throat, nasal cavity, eyes or ears	For example, having a freckle biopsied (part of the tissue cut away under local anaesthetic) to analyse skin cancer markers, or a swab from the inside of your nose taken to check for the presence of a virus or bacteria.
Any non-intrusive examination of the mouth, throat, nasal cavity, eyes or ears	For example, having a light shone in your ears or your doctor looking down your throat while your mouth is open.
A non-intrusive examination of height, weight or vision	For example, your weight being measured on a set of scales or your vision being tested using a visual acuity test.
Being observed	For example, having your breathing rate or your activity levels being noted down.
Undertaking a survey, interview or focus group	For example, answering a 20-question long survey about your treatment or attending a 30-minute meeting at which you can share your thoughts on what might make your treatment better.
Collecting, using or disclosing information, including personal information	For example, having information from your medical records shared with researchers to analyse how frequently people with your condition are admitted to hospital over a 10-year period.
Considering or evaluating samples or information taken under an activity listed above	For example, having the results of your blood test being compared to the results of other people's blood tests.

Medical research is research conducted with or about individuals, or their data or tissue, in the field of medicine or health; and includes an activity undertaken for the purposes of that research. A treatment decision in this part may include deciding whether to start or continue to take part in medical research.

Your involvement in medical research, and any treatments you receive as part of the medical research, must be consistent with what you have agreed in your Advance Health Directive. If you do not make a decision about participation in medical research, *Part 9E of the Guardianship and Administration Act 1990* will operate as to how decisions will be made about your participation in medical research.

Consent to medical research under an Advance Health Directive is subject to approvals of the Human Research Ethics Committee that complies with the National Statement on Ethical Conduct in Human Research issued under the *National Health and Medical Research Council Act 1992 (Cth)*.

For more information on making medical research decisions, refer to the Office of the Public Advocate at www.publicadvocate.wa.gov.au.

Part 5: People who helped me complete my Advance Health Directive

You can choose to complete some questions, all questions, or none of the questions in this part. Cross out any questions you do not want to complete.

For some questions, you may need to include additional information in your Advance Health Directive.

In this part you can detail the people who have helped you complete the Advance Health Directive.

5.1 Did an interpreter help you complete this form?

If English is your first language, you do not need to complete this part of your Advance Health Directive and should cross it out.

If English is your second language you MUST complete this part of the Advance Health Directive and if you used an interpreter to help you complete your Advance Health Directive, you will need to include additional information.

If English is your second language, you will need to consider the three options provided. You can **tick one box only**.

If you have used an interpreter to help you write your Advance Health Directive in English, your interpreter **must** complete this part of the Advance Health Directive.

You and your interpreter may need to complete the **Interpreter Statement** and attach it to your Advance Health Directive.

It is recommended that you and your interpreter read the Information for Interpreters in the Frequently asked questions section of this Guide.

5.2 Have you made an Enduring Power of Guardianship (EPG)?

You are not required to fill in this part. If you choose not to complete this question, you should cross it out. If you complete this question, you will need to include additional information in your Advance Health Directive.

An Enduring Power of Guardianship allows you to name and legally appoint one or more people to make lifestyle and healthcare decisions for you if you are no longer able to make or communicate them.

A person you appoint to make decisions on your behalf is called an **enduring guardian**.

An enduring guardian cannot override decisions made in your Advance Health Directive, except in special circumstances (e.g. new treatment options have become available that did not exist when you completed your Advance Health Directive).

You will need to consider the two options provided. You can **tick one box only**.

If you choose **Option 2**, you will be required to include additional information about your Enduring Power of Guardianship and enduring guardian.

If you wish to appoint an enduring guardian, it is recommended that you refer to the Frequently asked questions section of this Guide for more information about Enduring Power of Guardianship.

5.3 Did you seek medical and/or legal advice about making this Advance Health Directive?

You are not required to fill in this part.

You should cross it out if you do not want to complete it.

You are encouraged (but not required) to seek medical and/or legal advice in order to complete an Advance Health Directive and to provide additional information that may help your health professionals and family make decisions.

You may find it useful to seek assistance to reassure yourself and those close to you that the decisions you are making are in your best interests and appropriate to your health circumstances.

There are two options provided for medical and/ or legal advice. You can **tick one box only**.

If you choose **Option 2** for either medical and/or legal advice, you will need to include additional information including the name, phone number and medical and/or legal practice you obtained advice from.

Part 6: Signature and witnessing

You MUST complete and sign this part of the Advance Health Directive and meet certain requirements.

To sign and witness your Advance Health Directives, there are a number of requirements which must be complied with:

- You must sign the Advance Health Directive in the presence of two witnesses.
- The witnesses must sign in your presence and in the presence of each other.
- The witnesses must both be at least 18 years of age and have full legal capacity.
- One of the witnesses must also be a person who is authorised to witness statutory declarations.

For a detailed list of people authorised to witness statutory declarations in Western Australia, you may refer to the *Oaths, Affidavits and Statutory Declarations Act 2005, Schedule 2*.

A simplified list of authorised people includes:

- Academic (post-secondary institution)
- Accountant
- Architect
- Australian Consular Officer
- Australian Diplomatic Officer
- Bailiff
- Bank Manager
- Chartered Secretary
- Chemist
- Chiropractor
- Company Auditor or Liquidator
- Court Officer
- Defence Force Officer
- Dentist
- Doctor
- Electorate Officer of a Member of State Parliament
- Engineer
- Industrial Organisation Secretary
- Insurance Broker
- Justice of the Peace
- Landgate Officer
- Lawyer
- Local Government CEO or Deputy CEO
- Local Government Councillor
- Loss Adjuster
- Marriage Celebrant
- Member of Parliament
- Midwife
- Minister of Religion
- Nurse
- Optometrist
- Paramedic
- Patent Enduring guardian
- Physiotherapist
- Podiatrist
- Police Officer
- Post Office Manager
- Psychologist
- Public Notary
- Public Servant (Commonwealth or State)
- Real Estate Agent
- Settlement Agent
- Sheriff or Deputy Sheriff
- Surveyor
- Teacher
- Tribunal Officer
- Veterinary Surgeon

When providing name and address details of your witness a street address, rather than a post office box, should be given. This can be the business, place of employment or residential address.

You may refer to the **Frequently asked questions** section of this guide for more information on the role and responsibilities of witnesses.

What if I am unable to sign my Advance Health Directive?

If you are unable to sign your completed Advance Health Directive, you can making a mark of any kind, including an initial, cross or even a thumb print is acceptable. However, an explanatory clause known as a 'marksman clause' will need to be included in your Advance Health Directive.

If you include a marksman clause it is recommended that you seek legal advice (solicitor or community legal service).

An example of a 'marksman' clause if you are unable to sign your Advance Health Directive:

Signed by (name of person making the Advance Health Directive)

by making (his, her or their) mark, (he, she or they) being incapable of signing (his, her or their) name.

Mark of the person making this Advance Health Directive

In the presence of (witness's signature)

(witness's full name)

(witness's address)

(occupation of witness)

on (date)

Refer to the **Frequently asked questions** section of this guide for more information about completing an Advance Health Directive if you are vision impaired or cannot read and write.

Section 3: Helpful Information

Checklist for making an Advance Health Directive

This section of the Guide provides a checklist of things you may consider doing when preparing and completing an Advance Health Directive.

Items highlighted are things you **MUST** do to complete your Advance Health Directive and ensure it is valid.

- Read the Advance Health Directive to understand what kind of information you need.
- Read this Advance Health Directive Guide to help you understand how to prepare for and complete an Advance Health Directive.
- Think about what matters to you most about your values, health and healthcare and what will matter most when you become less well.
- Talk to close family and friends about what is important to you and your values and preferences for healthcare, including end-of-life care.
- Talk to your doctor who can explain the life-sustaining treatment options listed in the Advance Health Directive.
- If you want to appoint an Enduring Guardian(s) for health matters, consider who you want to appoint and talk to them about your wishes.
- Consider how making an Advance Health Directive may impact any previous advance care planning documents you have completed.
- Complete the details in your Advance Health Directive, either by hand or type into the electronic PDF fillable form.
- Sign your Advance Health Directive in the presence of at least one person that is authorised to witness statutory declarations in WA AND one other person over 18 years of age.
- Make certified copies and upload a copy to My Health Record – this will ensure that your Advance Health Directive is available to your treating health professionals if it is needed.
- Keep your original Advance Health Directive in a safe place.
- Give certified copies of your Advance Health Directive to close family and friends and people who are involved in your care.
- Plan a time (in 2 to 5 years) to review your Advance Health Directive or do it immediately if your health circumstances change.

Frequently asked questions

This section of the Guide provides more detail to support the information in the step-by-step guide.

General

When will my Advance Health Directive be used?

Your Advance Health Directive will be used if you are unable to make and/or communicate your own healthcare and treatment decisions. In these circumstances, the Advance Health Directive acts as your voice.

How long is my Advance Health Directive valid?

The decisions in your Advance Health Directive are valid until you die or revoke your Advance Health Directive, or while your treatment options remain relevant (e.g. new treatment options may become available after you have completed an Advance Health Directive).

If I completed an Advance Health Directive using an old template— is it still valid?

Yes. If you made your Advance Health Directive in the previous version of the form before (insert date of when new form comes into force) and it was validly completed, it will continue to be valid.

Do I have to register my Advance Health Directive?

No. It is not a legal requirement for you to register your Advance Health Directive. Refer to the question - **What should I do with my completed Advance Health Directive?** below for more information.

Will my health professional always need to follow my decisions in my Advance Health Directive?

Yes, except in some limited exceptions, health professionals are required to follow your treatment decisions.

How often and when should I review my Advance Health Directive?

It is recommended you review your Advance Health Directive every two to five years, or if your circumstances change. For example, if you have recently been diagnosed with an ongoing and/or life-limiting illness you may need to review your Advance Health Directive sooner.

Witnessing, signing and sharing

Can I be forced to sign an Advance Health Directive against my will?

No. A treatment decision contained in an Advance Health Directive which was not made voluntarily, or which was made as a result of an inducement or coercion will be invalid.

If it is suspected that an Advance Health Directive was not made voluntarily or was influenced by inducement or coercion, it would be appropriate to make an application to the State Administrative Tribunal under the *Guardianship and Administration Act 1990* for a determination of (in)validity.

Can I ask my doctor to witness my Advance Health Directive?

Yes, you can ask your doctor to witness your Advance Health Directive. If you received advice from a doctor about the decisions you have made in your Advance Health Directive, you can record their details in Part 5.3 of the Advance Health Directive.

Can I ask a family member to witness my Advance Health Directive?

Yes. However, it is recommended that independent witnesses are chosen rather than family members.

Do I need to inform others that I have completed an Advance Health Directive?

Yes, it is important that those who are close to you and those involved in your care know that you have completed an Advance Health Directive. You should let them know where you have stored your Advance Health Directive, so it can be easily accessed when needed.

Additions, changes, inclusions and revoking (cancelling)

How do I include additional pages to my Advance Health Directive?

You may wish to add more information than you have space for on your Advance Health Directive. You can only add additional pages at the time you are making your Advance Health Directive.

To add additional pages, make sure you:

- physically attach (e.g. staple) any additional pages at the end of the Advance Health Directive
- write at the top of the page what you are adding and what part of the Advance Health Directive it relates to
- check you have added all required information that the Advance Health Directive requires
- sign and date the additional page when signing the Advance Health Directive in front of your witness

Make sure your witness:

- completes the total number of pages of the Advance Health Directive (including any additional pages) in Part 6
- signs any additional pages attached to the Advance Health Directive at the same time they sign Part 6.

Can I make additions to my Advance Health Directive once it has been completed and signed?

No. You cannot make any additions to your Advance Health Directive after it has been completed, signed and witnessed.

How do I make changes to an Advance Health Directive once it has been completed and signed?

If you need to make changes, we recommend you revoke your current Advance Health Directive and create a new one.

If you have changed your address and/or phone number your Advance Health Directive remains valid and you don't need to revoke it. You can let the people who have copy your Advance Health Directive know that your updated personal details.

Can an Advance Health Directive include permission regarding organ and tissue donation?

No. An Advance Health Directive cannot be used to formally register your interest in organ and tissue donation. Organ and tissue donation should be formally registered at <https://www.donatelife.gov.au/join-register>. It is also important for people to talk to family, as relatives will be asked to agree.

Can I consent to Voluntary Assisted Dying in my Advance Health Directive?

No. Voluntary Assisted Dying is a separate process to advance care planning. For more information on voluntary assisted dying you may refer to the WA Department of Health website at <https://ww2.health.wa.gov.au/voluntaryassisteddying>.

How do I revoke (cancel) my Advance Health Directive?

To revoke an Advance Health Directive, you must have full legal decision making capacity. The law provides safeguards to ensure that Advance Health Directives cannot be made, amended or revoked if a person does not have capacity.

There is a statement within the Advance Health Directive that allows a person to indicate they are revoking any previous versions.

The WA Department of Health recommends the person gives written notification of the revocation to all relevant persons and organisations, including GPs, healthcare providers and family members and those who currently hold a copy of the Advance Health Directive being revised.

All those who hold an old copy should return it to the person to be destroyed.

Accessibility

Are Advance Health Directives available in a language other than English?

No. The Advance Health Directive form and your responses must be written in English. Supporting guidance and resources are available in multiple languages.

Can I use an Interpreter?

Yes. You can use an Interpreter to help you to complete the Advance Health Directive. You can find out more about using an interpreter in 5.1 of Section 2: Step-by-Step Guide.

Where to go for further information has details on where to find interpreter services.

What must I and my Interpreter do to complete the Advance Health Directive?

You and your interpreter must sign an Interpreter Statement and attach this to your completed Advance Health Directive. Supporting guidance and resources are available in multiple languages. Refer to **Where to go for further information** section of this Guide for tools and documents.

How do I make an Advance Health Directive if I am vision impaired, unable to read and write?

Being unable to read and/or write, and/or sign your name does not prevent you from making an Advance Health Directive. If you understand English you can have the Advance Health Directive read to you and someone can assist you to complete it. If you complete the Advance Health Directive with the assistance of another person, an explanatory clause known as a 'marksman clause' must be included in your Advance Health Directive.

Example of a 'marksman clause' person who understands English but cannot read or write

Signed by (name of person making the Advance Health Directive)

by making (his, her or their) mark, (he, she or they) being unable to read or write, after this instrument had been read and explained to (him, her or their) and (he, she or they) then appearing to understand fully its nature and effect.

Mark of the person making this Advance Health Directive

In the presence of (witness's signature) _____

(witness's full name) _____

(witness's address) _____

(occupation of witness) _____

on (date) _____

If you include a marksman clause it is recommended that you seek legal advice (solicitor or community legal service). Refer to **Where to find further information** in this Guide for details on where to seek legal advice.

Life-sustaining treatments

What is a life-sustaining treatment?

When you are nearing the end of your life, life-sustaining treatment is healthcare aimed at sustaining or prolonging your life. Some examples of life-sustaining treatment include:

- CPR (cardiopulmonary resuscitation) (e.g. treatment to keep your heart pumping when it has stopped beating)
- assisted ventilation (e.g. a machine which assists your breathing through a face mask or a breathing tube)
- artificial hydration (e.g. fluids given via a tube into a vein, tissues or the stomach)
- artificial nutrition (e.g. a feeding tube through the nose or stomach)
- receiving blood products such as a blood transfusion
- antibiotics (e.g. drugs given to help fight infection, given by mouth injection or by drip tube).

Enduring Power of Guardianship

What is an Enduring Power of Guardianship?

An Enduring Power of Guardianship (EPG) is a legal document that authorises a person of your choice, to make important personal, lifestyle and treatment decisions on your behalf should you ever become incapable of making or communicating decisions yourself.

This person is known as an **enduring guardian**. An enduring guardian could be authorised to make decisions about where you live, the support services you have access to and the treatment you receive. An enduring guardian cannot make decisions about your property or financial matters.

For more information on Enduring Power of Guardianship and enduring guardians, you may refer to the Office of the Public Advocate at www.publicadvocate.wa.gov.au.

If I make an Advance Health Directive do I need to make an Enduring Power of Guardianship too?

No. You are under no obligation to make an Enduring Power of Guardianship just because you have made an Advance Health Directive, nor do you have to make an Advance Health Directive because you have made an Enduring Power of Guardianship.

However, if you chose to make both, you would be increasing the likelihood that in the event you lost decision-making capacity, decisions made on your behalf would reflect your values, beliefs and preferences.

Certified copies and storing

How do I make a certified copy of my Advance Health Directive?

A certified copy is a photocopy of a document which has been certified as a direct copy of the original document. There is no legislation in Western Australia that stipulates either how to certify a copy of a document or who can do it.

However, it is usual for documents to be certified by a person who is authorised as a witness for statutory declarations under *Schedule 2 of the Oaths, Affidavits and Statutory Declarations Act 2005*. For more information on certifying copies of your Advance Health Directive, you may refer to the Office of the Public Advocate at www.publicadvocate.wa.gov.au.

What should I do with my completed Advance Health Directive?

You should share your completed Advance Health Directive, and other advance care planning documents, with as many of the following people and places that you feel comfortable with:

- your family, friends and carers
- your GP or health professional
- your specialist(s)
- your residential aged care home
- your hospital
- myagedcare.gov.au
- My Health Record – www.myhealthrecord.gov.au
- Medic Alert – www.medicalert.org.au
- AHD wallet alert card.

Write a list of all the people who have a current copy of your advance care planning documents. This list will make it easier for you to remember who you should give any updated advance care planning documents to if you revoke or update them in the future.

Where to go for further information

This section of the Guide will help you find organisations that can assist you in completing your Advance Health Directive.

Advance Health Directives

WA Department of Health

General queries about advance care planning and Advance Health Directives
Email: ACP@health.wa.gov.au
Tel: 9222 2300

Advance Care Planning Australia

www.advancecareplanning.org.au
Tel: 1300 208 582
(Mon – Friday 9am – 5pm AEST)

Palliative Care WA

For information from the WA Palliative Care helpline
Tel: 1800 573 299

Enduring Power of Guardianship

Office of the Public Advocate

To find information about Enduring Powers of Guardianship, enduring guardians and assessing capacity

www.publicadvocate.wa.gov.au
Email: opa@justice.wa.gov.au
Tel: 1300 858 455

Medical advice

See your GP, specialist or local doctor for advice

healthdirect Australia

Confidential phone service for health advice
Can direct you to a local GP or you can talk to a registered nurse 24 hours, 7 days
Tel: 1800 022 222

Legal advice

Law Society of Western Australia

For information about finding a solicitor for legal advice
www.lawsocietywa.asn.au
Tel: 08 9324 8600
Monday to Friday, 9am – 4pm

Community Legal Centres

www.communitylegalwa.org.au
Tel: (08) 9221 9322

State Administrative Tribunal (SAT)

Applications for guardianship and administration, as well as applications regarding capacity and enduring guardians can be made at SAT.

www.sat.justice.wa.gov.au

Tel: 1300 306 017
Mon - Fri, 8:30am – 4.30pm



Interpreter

If you need an Interpreter

If you have difficulty understanding this guide and need language assistance, please call XX. Ask them for an interpreter and ask them to telephone any of the agencies in this section.

If you are deaf or have a hearing or speech impairment



Use the National Relay Service to phone any of the agencies in this section. For more information visit:

www.communications.gov.au/accesshub

Common terms

This section of the Guide will help you understand the common terms used in completing Advance Health Directives.

Advance care planning

A voluntary process of planning for future health and personal care whereby the person's values, beliefs and preferences are made known to guide decision-making at a future time when that person cannot make or communicate their decisions.

Advance care planning documents

A catch all term to include documents that result from advance care planning. This includes Advance Health Directives and Enduring Power of Guardianship.

Advance Care Plan

Documents that capture a person's beliefs, values and preferences in relation to future care decisions, but which do not meet the requirements for statutory or common law recognition due to the person's lack of competency insufficient decision-making capacity or lack of formalities (such as inadequate person identification, signature and date).

An Advance Care Plan for a non-competent person is often very helpful in providing information for substitute decision-makers and health practitioners and may guide care decisions but are not legally binding.

An Advance Care Plan may be oral or written, with written being preferred. A substitute decision-maker named in an Advance Care Plan is not a statutory appointment.

Advance Health Directive (AHD)

A voluntary, person-led legal document completed by an adult with full capacity that focuses on an individual's values and preferences for future care decisions, including their preferred outcomes and care.

It specifies the treatment(s) for which consent is provided or refused under specific circumstances and only comes into effect if the person becomes incapable of communicating their wishes.

Capacity

The ability to make a reasonable judgement and decision for oneself. This includes understanding the nature, purpose and consequences of the decision. Decision-making capacity can be assessed by trained professionals. Capacity should be assessed in the context of the decision that is to be made. Capacity assessment does not assess whether the decision is considered "good" or "bad" by others such as health professionals or family, but rather considers the person's ability to know the nature and purpose of the decision and understand its implications.

Certified copy

A photocopy of a properly witnessed advance care directive which has been certified as a direct copy of the original document by an authorised witness.

End-of-life

End-of-life is the timeframe during which a person lives with, and is impaired by, a life-limiting/ fatal condition, even if the prognosis is ambiguous or unknown. Those approaching end-of-life will be considered likely to die during the next 12 months.

Enduring Power of Attorney

A document in which a person nominates someone (known as an attorney) to manage their financial affairs.

Enduring Power of Guardianship (EPG)

An Enduring Power of Guardianship is a legal document in which a person nominates an enduring guardian to make personal, lifestyle and treatment decisions on their behalf in the event that they are unable to make reasonable judgements about these matters in the future.

Enduring guardian

A person appointed under an Enduring Power of Guardianship to make personal, lifestyle, treatment and medical research decisions on behalf of the appointor.

Healthcare

Health care can include medical treatment, life-sustaining treatment, surgery, mental health treatment, medications, dental treatment, maternity care, emergency care, nursing care, podiatry, physiotherapy, optometry, psychological therapy, Aboriginal health care, occupational therapy, and other services provided by registered health practitioners such as traditional Chinese medicine.

Health professional

Includes doctors and nurses, surgeons, dentists and allied health practitioners.

LGBTIQA+

People who associate themselves as lesbian, gay, bisexual, transgender, gender diverse, intersex, queer, asexual and/or questioning.

Life-sustaining measures or treatment

Medical, surgical or nursing procedure that replaces a vital bodily function that is incapable of working independently. Includes

assisted ventilation and cardiopulmonary resuscitation.

Medical research

Research conducted with or about individuals, or their data or tissue, in the field of medicine or health; and includes an activity undertaken for the purposes of that research.

Public Advocate

The Public Advocate is a statutory officer appointed under the Act to protect and promote the rights of adults with a decision-making disability.

State Administrative Tribunal (the Tribunal)

The judicial body which, under the Act, hears matters about the operation of EPGs.

Treatment decision

A decision to consent or refuse consent to the commencement or continuation of any treatment of the person.

Urgent treatment

Treatment urgently needed by a patient – to save the patient’s life; to prevent serious damage to the patient’s health; or to prevent the patient from suffering or continuing to suffer significant pain or distress.

Below are medical terms used in the Advance Health Directive

Antibiotics

A type of medicine used to treat infections.

Artificial hydration

Fluids given via tube into a vein, tissues or the stomach.

Artificial nutrition

A feeding tube through the nose or stomach.

Blood products

Blood contains red cells, white cells, platelets, antibodies and life-sustaining proteins e.g. those which help us stop bleeding. The term ‘blood products’ includes any products derived from a component of blood.

Blood transfusion

Infusion of blood products into a patient.

Cardiopulmonary resuscitation (CPR)

Emergency measures to keep the heart pumping (by chest compression and/or use of a defibrillator) and assisted ventilation when the heart and/or breathing have stopped.

Chemotherapy

Usually refers to medicines used to treat cancer. Chemotherapy involves use of drugs to kill or stop the spread of cancerous cells in the body.

Coma

A state of unconsciousness in which a patient cannot be roused, even by powerful stimulation.

Dementia

Deterioration of intellectual faculties, such as memory, concentration, and judgment, resulting from an organic disease or a disorder of the brain. It is sometimes accompanied by emotional disturbance and personality changes.

Dialysis

A procedure usually performed in patients with renal failure to remove waste products from the blood and correct fluid and electrolyte imbalances.

Disease

Any abnormality or interruption of normal bodily functions or structure which results in a characteristic pattern of signs and symptoms.

Intensive care

A branch of medicine concerned with the provision of life support or organ support systems in patients who are critically ill and who usually require intensive monitoring. Also known as critical care medicine.

Intubation and ventilation

Intubation and ventilation may be used when a person is unable to breathe for themselves. Intubation is the passage of a tube (usually through a person's mouth) into their lungs. Ventilation is the act of passing air through the tube.

Intravenous

Into a vein. For example, intravenous fluids are fluids which are administered directly into a person's veins.

Life-limiting illness/condition

A disease, condition or injury that is likely to result in death, but not restricted to the terminal stage when death is imminent.

Pain relief medication

Any medicine given with the purpose of reducing pain. Pain medication may be given via a variety of means including by mouth, injection or through a patch applied to the skin.

Patient

A patient is any person who needs treatment.

Paralysis

The loss of the ability to use or control certain muscles in the body. Paralysis is often caused by nerve damage.

Sepsis

Sepsis is a life-threatening condition that occurs when the body damages its own tissues and organs in response to an infection. It can lead to septic shock, organ failure and even death if sepsis is not diagnosed and treated early.

Stroke

A sudden loss of brain function caused by a blockage or rupture of a blood vessel to the brain, characterised by loss of muscular control, diminution or loss of sensation or consciousness, dizziness, slurred speech, or other symptoms that vary with the extent and severity of the damage to the brain.

Sample completed Advance Health Directive

Advance Health Directive Form

This form is for people who want to make an Advance Health Directive in Western Australia.

To make an Advance Health Directive, you **must** be 18 years or older and have full legal capacity. Your Advance Health Directive is about your future treatment. It will only come into effect if you are unable to make reasonable judgements or decisions at a time when you require treatment.

✦ Part 4 marked with this symbol, contains your treatment decisions. If you choose not to make any treatment decisions in part 4, then the document is not considered a valid Advance Health Directive under the *Guardianship and Administration Act 1990*.

Please tick the box below to indicate that by making this Advance Health Directive you revoke all prior Advance Health Directives completed by you.

In making this Advance Health Directive, I revoke all prior Advance Health Directives made by me.

This form includes instructions to help you complete your Advance Health Directive. For more information on how to complete the form and to see examples, please read the *Advance Health Directive Guide*.

Before you make your Advance Health Directive, you are encouraged to seek legal or medical advice, and to discuss your decisions with family and close friends. It is important that people close to you know that you have made an Advance Health Directive and where to find it. Once you complete your Advance Health Directive, it is recommended that you:

- tell your close family and friends that you have made an Advance Health Directive and where to find it
- upload a copy of your Advance Health Directive in your My Health Record – this will ensure that your Advance Health Directive is available to your treating doctors if it is needed
- give a copy of your Advance Health Directive to health professionals regularly involved in your healthcare (for example, your General Practitioner (GP), a hospital you attend regularly, and / or other health professionals involved in your care).

This form must be completed in English. If English is not your first language, you may need help to understand and complete this form. Contact the National Accreditation Authority for Translators and Interpreters for help.

Part 1: My Personal Details

You must complete this section

You **must** complete this section.

You **must** include the date, your full name, date of birth and address.

This Advance Health Directive is made under the *Guardianship and Administration Act 1990* Part 9B on the:

	15th	(day)
of:	October	(month),
	2021	(year)
by:	Marie Catherine Richards	(name)

Full Name	Marie Catherine Richards		
Date of Birth	3 rd October 1951		
Address	5 Richmond Street		
	Canning Vale	WA	6100
	Suburb	WA	Postcode
Phone Number	(08) 9335 4477		
Email	marierichards@gmail.com		

Advance Health Directive Form

Part 2: My Health

2.1 My major health conditions

Use part 2.1 to list details about your major health conditions (physical and / or mental).

Cross out part 2.1 if you do not want to complete it.

Please list any major health conditions below:

I was diagnosed with bowel cancer 7 years ago and received treatment including surgery and chemotherapy.

I am in remission but there is always a chance it may return.

I also have high blood pressure and cholesterol. I am on medication for the blood pressure.

2.2 When talking with me about my health, these things are important to me

Use part 2.2 to provide information about what is important to you when talking about your treatment.

This might include:

- How much do you like to know about your health conditions?
- What do you need to help you make decisions about treatment?
- Would you like to have certain family members with you when receiving information from your health professionals?

Cross out part 2.2. if you do not want to complete it.

Please describe what is important to you when talking to health professionals about your treatment:

I like to know as much as I can about all my health conditions and diagnosis.

It takes me a long time to understand what my GP and other health professionals are telling me in appointments, so I like to take my son with me – he knows how best to explain everything to me.

Part 3: My Values and Preferences

This part encourages you to think about your values and preferences relating to your health and care now and into the future. This may help you to decide what future treatment decisions you want to make in part 4: My Advance Health Directive Treatment Decisions.

In this part, you are not making decisions about your future treatment. Use part 4 to make decisions about your future treatments.

Cross out any parts that you do not want to complete.

3.1 These things are important to me

Use part 3.1 to provide information about what "living well" means to you now and into the future.

This might include:

- What are the most important things in your life?
- What does 'living well' mean to you?

Cross out part 3.1 if you do not want to complete it.

Please describe what 'living well' means to you now and into the future. Use the space below and / or tick which boxes are important for you.

Please describe:

My family and friends are the most important thing in my life. I do also like to go to my local lawn bowls where I have a regular group of friends that I bowl with every week. I would like to keep visiting them and bowling for as long as I can.

- Spending time with family and friends
- Living independently
- Being able to visit my home town, country of origin, or spending time on country
- Being able to care for myself (e.g. showering, going to the toilet, feeding myself)
- Keeping active (e.g. playing sport, walking, swimming, gardening)
- Enjoying recreational activities, hobbies and interests (e.g. music, travel, volunteering)
- Practising religious, cultural and/or spiritual activities (e.g. prayer, attending religious services)
- Living according to my cultural and religious values (e.g. eating halal, kosher foods only)
- Working in a paid or unpaid job

Advance Health Directive Form

Part 3: My Values and Preferences

3.2 These are things that worry me when I think about my future health

Use part 3.2 to provide information about things that worry you about your future health.

This might include:

- Being in constant pain
- Not being able to make your own decisions
- Not being able to care for yourself

Cross out part 3.2 if you do not want to complete it.

Please describe any worries you have about the outcomes of future illness or injury:

I have the occasional aches and pains that come with being 70 years old but I really worry about constant pain. I don't think I could cope with my life if I was always in pain.

I also worry about my family and friends not being able to understand me and not being able to communicate as I have always done.

3.3 When I am nearing death, this is where I would like to be

Use part 3.3 to indicate where you would like to be when you are nearing death.

When you are nearing death, do you have a preference of where you would like to spend your last days or weeks?

Cross out part 3.3. if you do not want to complete it.

Please indicate where you would like to be when you are nearing death. Tick the option that applies you. You can provide more detail about the option you choose in the space below.

I want to be at home – where I am living at the time

I do not want to be at home – provide more details below

I do not have a preference – I would like to be wherever I can receive the best care for my needs at the time

Other – please specify:

Please provide more detail about your choice:

I would really like to stay at home for as long as I can and for as long as possible. If my family are finding it too hard to care for me then I understand it will be best I move into a nursing home.

Part 3: My Values and Preferences

3.4 When I am nearing death, these things are important to me

Use part 3.4 to provide information about what is important to you when you are nearing death.

This might include:

- What would comfort you when you are dying?
- Who would you like around you?

Cross out part 3.4 if you do not want to complete it.

Please describe what is important to you and what would comfort you when you are nearing death. Use the space below and / or tick which boxes are important for you.

Please describe:

I grew up on a farm in the country so I would really like to be visit the countryside and be near open spaces as I am nearing death.

- I do not want to be in pain, I want my symptoms managed, and I want to be as comfortable as possible. (Please provide details of what being comfortable means to you)

[Empty text box for description]

- I want to have my loved ones and / or pets around me (Please provide details of who you would like with you)

I would like my sister, my children and grandchildren and my dog, Abbey, to be with me.

- It is important to me that cultural or religious traditions are followed (Please provide details of any specific traditions that are important for you)

[Empty text box for description]

- I want to have access to pastoral / spiritual care (Please provide details of what is important for you)

[Empty text box for description]

- My surroundings are important to me (e.g. quiet, music, photographs) (Please provide details of what is important for you.)

[Empty text box for description]

Part 4: My Advance Health Directive Treatment Decisions

This part of your Advance Health Directive contains treatment decisions in respect of your future treatment. A **treatment** is any medical or surgical treatment including palliative care and life-sustaining measures (such as assisted ventilation and cardiopulmonary resuscitation), dental treatment, or other healthcare.

A **treatment decision** in an Advance Health Directive is a decision to consent or refuse consent to the commencement or continuation of any treatment and includes a decision to consent or refuse consent to the commencement or continuation of the person's participation in medical research. This decision applies at any time you are unable to make reasonable judgements in respect of that treatment.

Treatment to which you consent in this Advance Health Directive can be provided to you. Treatment to which you refuse consent to in this Advance Health Directive cannot be provided to you. Your enduring guardian or guardian or another person cannot consent or refuse consent on your behalf to any treatment to which this Advance Health Directive applies.

It is recommended that you discuss your treatment decisions with your doctor before completing this part.

Cross out any parts if you do not want to complete them.

SAMPLE

Part 4: My Advance Health Directive Treatment Decisions



4.1 Life-sustaining treatment decisions

Use part 4.1 to indicate your instructions for future life-sustaining treatments.

You can give an overall instruction or list individual treatments that you consent or refuse consent to receiving in future. You can also list situations in which you consent or refuse consent to a particular treatment.

Life-sustaining treatments are treatments used to keep you alive or to delay your death.

Read all options before making a decision. The options are over two pages.

Cross out part 4.1 if you do not want to complete it.

If I do not have the capacity to make or communicate treatment decisions about my healthcare in the future, I make the following decisions about life-sustaining treatment:

(Tick only one of the following options. If you choose Option 4, complete the table overleaf).

Option 1 **I consent to all treatments aimed at sustaining or prolonging my life.**

OR

Option 2 **I consent to all treatments aimed at sustaining or prolonging my life unless it is apparent that I am so unwell from injury or illness that there is no reasonable prospect that I will recover to the extent that I can survive without continuous life-sustaining treatments. In such a situation, I withdraw consent to life-sustaining treatments.**

OR

Option 3 **I refuse consent to all treatments aimed at sustaining or prolonging my life.**

OR

Option 4 **I make the following decisions about specific life- sustaining treatments as listed in the table below. (Tick a box in each row of the table)**

OR

Option 5 **I cannot decide at this time**

Advance Health Directive Form

Part 4: My Advance Health Directive Treatment Decisions



Please complete this table if you have ticked Option 4 above.

If you have ticked Option 1, 2, 3 or 5, do not complete this table.

This table lists some common life-sustaining treatments. Use the boxes to indicate which treatments you consent to or refuse consent to receiving. You can also list situations in which you consent to treatment. There is also space for you to add any life-sustaining treatments not listed here.

Tick one box per row in the table below.

If you choose Option B for any treatments, please specify the circumstances in which you consent to the treatment.

Life-sustaining treatment	A. I consent to this treatment in all circumstances	B. I consent to this treatment in the following circumstances	C. I refuse consent to this treatment in all circumstances	D. I cannot decide at this point
CPR Cardiopulmonary resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Option B only: In which circumstances do you consent to this treatment?			
Assisted ventilation A machine that helps you breathe using a face mask or tube	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Option B only: In which circumstances do you consent to this treatment? <i>Only if temporary and if I could then return home, even with oxygen. I do not want to be permanently on a breathing machine in hospital or at a nursing home.</i>			
Artificial hydration Fluids given via a tube into a vein, tissues or the stomach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Option B only: In which circumstances do you consent to this treatment?			
Artificial nutrition A feeding tube through the nose or stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Option B only: In which circumstances do you consent to this treatment?			
Receiving blood products such as a blood transfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Option B only: In which circumstances do you consent to this treatment?			

Part 4: My Advance Health Directive Treatment Decisions



Please complete this table if you have ticked Option 4 above.

If you have ticked Option 1, 2, 3 or 5, do not complete this table.

This table lists some common life-sustaining treatments. Use the boxes to indicate which treatments you consent to or refuse consent to receiving. You can also list situations in which you consent to treatment. There is also space for you to add any life-sustaining treatments not listed here.

Tick one box per row in the table below.

If you choose Option B for any treatments, please specify the circumstances in which you consent to the treatment.

Life-sustaining treatment	A. I consent to this treatment in all circumstances	B. I consent to this treatment in the following circumstances	C. I refuse consent to this treatment in all circumstances	D. I cannot decide at this point
Antibiotics Drugs given to help fight infection, given by mouth, injection or by drip tube	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option B only: In which circumstances do you consent to this treatment?				
Use the boxes below to list any other life-sustaining treatments you do / do not consent to receive:				
Other life-sustaining treatment (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State the treatment:	Option B only: In which circumstances do you consent to this treatment?			

Other life-sustaining treatment (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State the treatment:	Option B only: In which circumstances do you consent to this treatment?			

Part 4: My Advance Health Directive Treatment Decisions



4.2 Other treatment decisions

Use part 4.2 to indicate your decisions for other (non-life-sustaining) treatments.

There are a range of other treatments that may be options for you in future.

Examples include treatments for mental health (e.g. electroconvulsive therapy) and drugs used to prevent certain health conditions (e.g. aspirin, cholesterol treatments).

When making the treatment decision, list the circumstances in which you want your decision to apply (e.g. in all circumstances, or specify particular circumstances).

A treatment decision only applies in the circumstances you specify.

Please ensure you indicate in the "My treatment decisions" column whether you consent or refuse consent to any treatment you refer to.

If you need more space, use the template in the Advance Health Directive Guide and attach to your Advance Health Directive form.

Cross out part 4.2 if you do not want to complete it.

Health circumstances	My treatment decisions

I have made more treatment decisions using the template and attached ___ (specify number of pages) additional pages.

Part 4: My Advance Health Directive Treatment Decisions



4.3 Medical research

Taking part in medical research may be an option for you even if you are unable to make or communicate decisions.

A treatment decision may include deciding whether to start or continue to take part in medical research. Your involvement in medical research, and any treatments you receive as part of the medical research, must be consistent with what you have agreed in your Advance Health Directive. The decisions you make in your Advance Health Directive about participating in medical research only operate while you are alive.

Use part 4.3 to provide treatment decisions about the types of medical research you consent or refuse consent to take part in, and any circumstances in which these decisions apply.

Cross out part 4.3 if you do not want to complete it.

If you do not make a decision about participation in medical research, Part 9E of the *Guardianship and Administration Act 1990* will operate as to how decisions will be made about participation in medical research.

Please tick a box showing whether you consent to taking part in the listed medical research activities and the situations in which you would consent. You may tick more than one situation for each research activity.

Research Activities	I consent to taking part in the following circumstance(s):				I do not consent
	Where I require urgent treatment to save my life, or to prevent serious damage to my health, or to prevent me suffering or continuing to suffer significant pain and distress.	Where the medical research may improve my condition or illness.	Where the medical research may not improve my condition or illness but may lead to a better understanding of my condition or illness in the future.	Where there are no other treatment options.	
The administration of pharmaceuticals or placebos (inactive drug)					✓
The use of equipment or a device					✓
Providing healthcare that has not yet gained the support of a substantial number of practitioners in that field of healthcare					

Advance Health Directive Form

Part 4: My Advance Health Directive Treatment Decisions



4.3 Medical research *continued*

Providing healthcare to carry out a comparative assessment			✓		
Taking blood samples			✓		
Taking samples of tissue or fluid from the body, including the mouth, throat, nasal cavity, eyes or ears		✓			
Any non-intrusive examination of the mouth, throat, nasal cavity, eyes or ears		✓			
A non-intrusive examination of height, weight or vision					✓
Being observed					✓
Undertaking a survey, interview or focus group	✓	✓	✓	✓	
Collecting, using or disclosing information, including personal information				✓	
Considering or evaluating samples or information taken under an activity listed above					✓
Any other medical research not listed above					✓

Part 5: People Who Helped Me Complete This Form

5.1 Did an interpreter help you to complete this form?

Use part 5.1 to show whether an interpreter helped you to complete this form.

If English is not your first language, you can use an interpreter to help you complete this form.

If you use an interpreter to help you to complete this form, you and your interpreter should complete the **Interpreter Statement** and attach it to your Advance Health Directive.

Cross out part 5.1 if you do not want to complete it.

Tick the option that applies to you:

Option 1	<input checked="" type="checkbox"/>	English is my first language – I did not need to use an interpreter
Option 2	<input type="checkbox"/>	English is NOT my first language – an interpreter helped me make this Advance Health Directive and I have attached an Interpreter Statement
Option 3	<input type="checkbox"/>	English is NOT my first language – I did NOT receive help from an interpreter to make this Advance Health Directive

Advance Health Directive Form

Part 5: People Who Helped Me Complete This Form

5.2 Have you made an Enduring Power of Guardianship (EPG)?

Use part 5.2 to indicate whether you have made an Enduring Power of Guardianship (EPG) and provide details if relevant.

An Enduring Power of Guardianship (EPG) allows you to name and legally appoint one or more people to make decisions about your lifestyle and healthcare if you lose capacity.

A person you appoint to make decisions on your behalf is called an enduring guardian.

An enduring guardian cannot override decisions made in your Advance Health Directive.

Cross out part 5.2 if you do not want to complete it.

Tick the option that applies to you:

Option 1

I have NOT made an Enduring Power of Guardianship

Option 2

I have made an Enduring Power of Guardianship

My EPG was made on:

10th

(day)

of: March

(month),

2015

(year)

My EPG is kept in the following place (be as specific as possible):

The top drawer of my office drawer with my birth certificate

I appointed the following person/s as my enduring guardian.

Name: Anna Falkner

Phone: (08) 9221 5500

Joint Enduring Guardian (if appointed)

Name:

Phone:

Substitute enduring guardian/s (if any):

Name:

Phone:

Other substitute enduring guardian (if more than one):

Name:

Phone:

Part 5: People Who Helped Me Complete This Form

5.3 Did you seek medical and / or legal advice about making this Advance Health Directive?

Use part 5.3 to indicate whether you obtained medical and/or legal advice before making this Advance Health Directive and provide details if relevant.

You are encouraged (but not required) to seek medical or legal advice to make an Advance Health Directive.

Cross out part 5.3 if you do not want to complete it.

Medical advice

- Option 1 I did NOT obtain medical advice about the making of this Advance Health Directive.
- Option 2 I DID obtain medical advice about the making of this Advance Health Directive.

I obtained medical advice from:

Name: Dr Alan Ng

Phone: (08) 9225 3757

Practice: Shepperton Road Family Practice

Legal advice

- Option 1 I did NOT obtain legal advice about the making of this Advance Health Directive.
- Option 2 I DID obtain legal advice about the making of this Advance Health Directive.

I obtained legal advice from:

Name:

Phone:

Practice:

Advance Health Directive Form

Part 6: Signature And Witnessing

You must complete this section

- You **must** sign this Advance Health Directive in the presence of two witnesses. If you are physically incapable of signing this Advance Health Directive, you can ask another person to sign for you. You must be present when the person signs for you.
- Two (2) witnesses must be present when you sign this Advance Health Directive or when another person signs for you.
- Each of the witnesses must be 18 years of age or older and cannot be you or the person signing for you (if applicable).
- At least one of the witnesses must be authorised by law to take statutory declarations.
- The witnesses must also sign this Advance Health Directive. Both witnesses must be present when each of them signs. You and the person signing for you (if applicable) must also be present when the witnesses sign.

YOU MUST SIGN THIS FORM IN THE PRESENCE OF TWO WITNESSES. BOTH WITNESSES MUST BE PRESENT WHEN YOU SIGN THIS FORM. THE WITNESSES MUST SIGN IN EACH OTHER'S PRESENCE.

Signed by: (signature of person making this Advance Health Directive)

SIGNATURE HERE	Date: (dd/mm/year) 16/10/2021
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OR

Signed by: (name of person who the maker of Advance Health Directive has directed to sign)

--

in the presence of, and at the direction of: (insert name of maker of Advance Health Directive)

	Date: (dd/mm/year)
--	--------------------

Witnessed by a person authorised by law to take statutory declarations:

Authorised witness's signature:	SIGNATURE HERE
Authorised witness's full name:	Georgina Tulloch
Address:	16 Wallock Street, West Ledderville, WA 6007
Occupation of authorised witness:	IT Manager
Date: (dd/mm/year)	16/10/2021

And witnessed by another person:

Witness's signature:	SIGNATURE HERE
Witness's full name:	Robert Williams
Address:	45 Fort Avenue, Wembley, WA 6014
Date: (dd/mm/year)	16/10/2021

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Advance Health Directive Form

This form is for people who want to make an Advance Health Directive in Western Australia.

To make an Advance Health Directive, you must be 18 years or older and have full legal capacity. Your Advance Health Directive is about your future treatment. It will only come into effect if you are unable to make reasonable judgements or decisions at a time when you require treatment.

✦ Part 4 marked with this symbol, contains your treatment decisions. If you choose not to make any treatment decisions in part 4, then the document is not considered a valid Advance Health Directive under the *Guardianship and Administration Act 1990*.

Please tick the box below to indicate that by making this Advance Health Directive you revoke all prior Advance Health Directives completed by you.

In making this Advance Health Directive, I revoke all prior Advance Health Directives made by me.

This form includes instructions to help you complete your Advance Health Directive. *For more information on how to complete the form and to see examples, please read the Advance Health Directive Guide.*

Before you make your Advance Health Directive, you are encouraged to seek legal or medical advice, and to discuss your decisions with family and close friends. It is important that people close to you know that you have made an Advance Health Directive and where to find it. Once you complete your Advance Health Directive, it is recommended that you:

- tell your close family and friends that you have made an Advance Health Directive and where to find it
- upload a copy of your Advance Health Directive in your My Health Record – this will ensure that your Advance Health Directive is available to your treating doctors if it is needed
- give a copy of your Advance Health Directive to health professionals regularly involved in your healthcare (for example, your General Practitioner (GP), a hospital you attend regularly, and / or other health professionals involved in your care).

This form must be completed in English. If English is not your first language, you may need help to understand and complete this form. Contact the National Accreditation Authority for Translators and Interpreters for help.

Part 1: My Personal Details

You must complete this section

You **must** complete this section.

You **must** include the date, your full name, date of birth and address.

This Advance Health Directive is made under the *Guardianship and Administration Act 1990 Part 9B* on the:

		(day)
of:		(month),
		(year)
by:		(name)

Full Name			
Date of Birth			
Address			
	Suburb	WA	Postcode
Phone Number			
Email			

Part 2: My Health

2.1 My major health conditions

Use part 2.1 to list details about your major health conditions (physical and / or mental).

Cross out part 2.1 if you do not want to complete it.

Please list any major health conditions below:

2.2 When talking with me about my health, these things are important to me

Use part 2.2 to provide information about what is important to you when talking about your treatment.

This might include:

- How much do you like to know about your health conditions?
- What do you need to help you make decisions about treatment?
- Would you like to have certain family members with you when receiving information from your health professionals?

Cross out part 2.2. if you do not want to complete it.

Please describe what is important to you when talking to health professionals about your treatment:

Part 3: My Values and Preferences

This part encourages you to think about your values and preferences relating to your health and care now and into the future. This may help you to decide what future treatment decisions you want to make in part 4: My Advance Health Directive Treatment Decisions.

In this part, you are not making decisions about your future treatment. Use part 4 to make decisions about your future treatments.

Cross out any parts that you do not want to complete.

3.1 These things are important to me

Use part 3.1 to provide information about what "living well" means to you now and into the future.

This might include:

- What are the most important things in your life?
- What does 'living well' mean to you?

Cross out part 3.1 if you do not want to complete it.

Please describe what 'living well' means to you now and into the future. Use the space below and / or tick which boxes are important for you.

Please describe:

- Spending time with family and friends
-
- Living independently
-
- Being able to visit my home town, country of origin, or spending time on country
-
- Being able to care for myself (e.g. showering, going to the toilet, feeding myself)
-
- Keeping active (e.g. playing sport, walking, swimming, gardening)
-
- Enjoying recreational activities, hobbies and interests (e.g. music, travel, volunteering)
-
- Practising religious, cultural and/or spiritual activities (e.g. prayer, attending religious services)
-
- Living according to my cultural and religious values (e.g. eating halal, kosher foods only)
-
- Working in a paid or unpaid job

Part 3: My Values and Preferences

3.2 These are things that worry me when I think about my future health

Use part 3.2 to provide information about things that worry you about your future health.

This might include:

- Being in constant pain
- Not being able to make your own decisions
- Not being able to care for yourself

Cross out part 3.2 if you do not want to complete it.

Please describe any worries you have about the outcomes of future illness or injury:

3.3 When I am nearing death, this is where I would like to be

Use part 3.3 to indicate where you would like to be when you are nearing death.

When you are nearing death, do you have a preference of where you would like to spend your last days or weeks?

Cross out part 3.3. if you do not want to complete it.

Please indicate where you would like to be when you are nearing death. Tick the option that applies you. You can provide more detail about the option you choose in the space below.

- I want to be at home – where I am living at the time
-
- I do not want to be at home – provide more details below
-
- I do not have a preference – I would like to be wherever I can receive the best care for my needs at the time
-
- Other – please specify:

Please provide more detail about your choice:

Part 3: My Values and Preferences

3.4 When I am nearing death, these things are important to me

Use part 3.4 to provide information about what is important to you when you are nearing death.

This might include:

- What would comfort you when you are dying?
- Who would you like around you?

Cross out part 3.4 if you do not want to complete it.

Please describe what is important to you and what would comfort you when you are nearing death. Use the space below and / or tick which boxes are important for you.

Please describe:

- I do not want to be in pain, I want my symptoms managed, and I want to be as comfortable as possible.**
(Please provide details of what being comfortable means to you)

- I want to have my loved ones and / or pets around me**
(Please provide details of who you would like with you)

- It is important to me that cultural or religious traditions are followed**
(Please provide details of any specific traditions that are important for you)

- I want to have access to pastoral / spiritual care**
(Please provide details of what is important for you)

- My surroundings are important to me (e.g. quiet, music, photographs)**
(Please provide details of what is important for you.)

Part 4: My Advance Health Directive Treatment Decisions



This part of your Advance Health Directive contains treatment decisions in respect of your future treatment. A **treatment** is any medical or surgical treatment including palliative care and life-sustaining measures (such as assisted ventilation and cardiopulmonary resuscitation), dental treatment, or other healthcare.

A **treatment decision** in an Advance Health Directive is a decision to consent or refuse consent to the commencement or continuation of any treatment and includes a decision to consent or refuse consent to the commencement or continuation of the person's participation in medical research. This decision applies at any time you are unable to make reasonable judgements in respect of that treatment.

Treatment to which you consent in this Advance Health Directive can be provided to you. Treatment to which you refuse consent to in this Advance Health Directive cannot be provided to you. Your enduring guardian or guardian or another person cannot consent or refuse consent on your behalf to any treatment to which this Advance Health Directive applies.

It is recommended that you discuss your treatment decisions with your doctor before completing this part.

Cross out any parts if you do not want to complete them.



Part 4: My Advance Health Directive Treatment Decisions

4.1 Life-sustaining treatment decisions

Use part 4.1 to indicate your instructions for future life-sustaining treatments.

You can give an overall instruction or list individual treatments that you consent or refuse consent to receiving in future. You can also list situations in which you consent or refuse consent to a particular treatment.

Life-sustaining treatments are treatments used to keep you alive or to delay your death.

Read all options before making a decision. The options are over two pages.

Cross out part 4.1 if you do not want to complete it.

If I do not have the capacity to make or communicate treatment decisions about my healthcare in the future, I make the following decisions about life-sustaining treatment:

(Tick only one of the following options. If you choose Option 4, complete the table overleaf).

Option 1

I consent to all treatments aimed at sustaining or prolonging my life.

OR

Option 2

I consent to all treatments aimed at sustaining or prolonging my life **unless** it is apparent that I am so unwell from injury or illness that there is no reasonable prospect that I will recover to the extent that I can survive without continuous life-sustaining treatments. In such a situation, I withdraw consent to life-sustaining treatments.

OR

Option 3

I refuse consent to all treatments aimed at sustaining or prolonging my life.

OR

Option 4

I make the following decisions about specific life- sustaining treatments as listed in the table below. (Tick a box in each row of the table)

OR

Option 5

I cannot decide at this time

Part 4: My Advance Health Directive Treatment Decisions



Please complete this table if you have ticked Option 4 above.

If you have ticked Option 1, 2, 3 or 5, do not complete this table.

This table lists some common life-sustaining treatments. Use the boxes to indicate which treatments you consent to or refuse consent to receiving. You can also list situations in which you consent to treatment. There is also space for you to add any life-sustaining treatments not listed here.

Tick one box per row in the table below.

If you choose Option B for any treatments, please specify the circumstances in which you consent to the treatment.

Life-sustaining treatment	A. I consent to this treatment in all circumstances	B. I consent to this treatment in the following circumstances	C. I refuse consent to this treatment in all circumstances	D. I cannot decide at this point
CPR Cardiopulmonary resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option B only: In which circumstances do you consent to this treatment?				
Assisted ventilation A machine that helps you breathe using a face mask or tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option B only: In which circumstances do you consent to this treatment?				
Artificial hydration Fluids given via a tube into a vein, tissues or the stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option B only: In which circumstances do you consent to this treatment?				
Artificial nutrition A feeding tube through the nose or stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option B only: In which circumstances do you consent to this treatment?				
Receiving blood products such as a blood transfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option B only: In which circumstances do you consent to this treatment?				

Part 4: My Advance Health Directive Treatment Decisions



Please complete this table if you have ticked Option 4 above.

If you have ticked Option 1, 2, 3 or 5, do not complete this table.

This table lists some common life-sustaining treatments. Use the boxes to indicate which treatments you consent to or refuse consent to receiving. You can also list situations in which you consent to treatment. There is also space for you to add any life-sustaining treatments not listed here.

Tick one box per row in the table below.

If you choose Option B for any treatments, please specify the circumstances in which you consent to the treatment.

Life-sustaining treatment	A. I consent to this treatment in all circumstances	B. I consent to this treatment in the following circumstances	C. I refuse consent to this treatment in all circumstances	D. I cannot decide at this point
Antibiotics Drugs given to help fight infection, given by mouth, injection or by drip tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option B only: In which circumstances do you consent to this treatment?				
Use the boxes below to list any other life-sustaining treatments you do / do not consent to receive:				
Other life-sustaining treatment (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State the treatment: _____ _____	Option B only: In which circumstances do you consent to this treatment?			
Other life-sustaining treatment (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State the treatment: _____ _____	Option B only: In which circumstances do you consent to this treatment?			

Part 4: My Advance Health Directive Treatment Decisions



4.2 Other treatment decisions

Use part 4.2 to indicate your decisions for other (non-life-sustaining) treatments.

There are a range of other treatments that may be options for you in future.

Examples include treatments for mental health (e.g. electroconvulsive therapy) and drugs used to prevent certain health conditions (e.g. aspirin, cholesterol treatments).

When making the treatment decision, list the circumstances in which you want your decision to apply (e.g. in all circumstances, or specify particular circumstances).

A treatment decision only applies in the circumstances you specify.

Please ensure you indicate in the "My treatment decisions" column whether you consent or refuse consent to any treatment you refer to.

If you need more space, use the template in the Advance Health Directive Guide and attach to your Advance Health Directive form.

Cross out part 4.2 if you do not want to complete it.

Health circumstances	My treatment decisions

I have made more treatment decisions using the template and attached ____ (specify number of pages) additional pages.



Part 4: My Advance Health Directive Treatment Decisions

4.3 Medical research

Taking part in medical research may be an option for you even if you are unable to make or communicate decisions.

A treatment decision may include deciding whether to start or continue to take part in medical research. Your involvement in medical research, and any treatments you receive as part of the medical research, must be consistent with what you have agreed in your Advance Health Directive. The decisions you make in your Advance Health Directive about participating in medical research only operate while you are alive.

Use part 4.3 to provide treatment decisions about the types of medical research you consent or refuse consent to take part in, and any circumstances in which these decisions apply.

Cross out part 4.3 if you do not want to complete it.

If you do not make a decision about participation in medical research, Part 9E of the *Guardianship and Administration Act 1990* will operate as to how decisions will be made about participation in medical research.

Please tick a box showing whether you consent to taking part in the listed medical research activities and the situations in which you would consent. You may tick more than one situation for each research activity.

Research Activities	I consent to taking part in the following circumstance(s):				I do not consent
	Where I require urgent treatment to save my life, or to prevent serious damage to my health, or to prevent me suffering or continuing to suffer significant pain and distress.	Where the medical research may improve my condition or illness.	Where the medical research may not improve my condition or illness but may lead to a better understanding of my condition or illness in the future.	Where there are no other treatment options.	
The administration of pharmaceuticals or placebos (inactive drug)					
The use of equipment or a device					
Providing healthcare that has not yet gained the support of a substantial number of practitioners in that field of healthcare					

Part 4: My Advance Health Directive Treatment Decisions



4.3 Medical research *continued*

Providing healthcare to carry out a comparative assessment					
Taking blood samples					
Taking samples of tissue or fluid from the body, including the mouth, throat, nasal cavity, eyes or ears					
Any non-intrusive examination of the mouth, throat, nasal cavity, eyes or ears					
A non-intrusive examination of height, weight or vision					
Being observed					
Undertaking a survey, interview or focus group					
Collecting, using or disclosing information, including personal information					
Considering or evaluating samples or information taken under an activity listed above					
Any other medical research not listed above					

Part 5: People Who Helped Me Complete This Form

5.1 Did an interpreter help you to complete this form?

Use part 5.1 to show whether an interpreter helped you to complete this form.

If English is not your first language, you can use an interpreter to help you complete this form.

If you use an interpreter to help you to complete this form, you and your interpreter should complete the **Interpreter Statement** and attach it to your Advance Health Directive.

Cross out part 5.1 if you do not want to complete it.

Tick the option that applies to you:

Option 1

English is my first language – I did not need to use an interpreter

Option 2

English is NOT my first language – an interpreter helped me make this Advance Health Directive and I have attached an Interpreter Statement

Option 3

English is NOT my first language – I did NOT receive help from an interpreter to make this Advance Health Directive

Part 5: People Who Helped Me Complete This Form

5.2 Have you made an Enduring Power of Guardianship (EPG)?

Use part 5.2 to indicate whether you have made an Enduring Power of Guardianship (EPG) and provide details if relevant.

An Enduring Power of Guardianship (EPG) allows you to name and legally appoint one or more people to make decisions about your lifestyle and healthcare if you lose capacity.

A person you appoint to make decisions on your behalf is called an enduring guardian.

An enduring guardian cannot override decisions made in your Advance Health Directive.

Cross out part 5.2 if you do not want to complete it.

Tick the option that applies to you:

- Option 1** I have NOT made an Enduring Power of Guardianship

- Option 2** I have made an Enduring Power of Guardianship

My EPG was made on:

of:		<i>(day)</i>
		<i>(month),</i>
		<i>(year)</i>

My EPG is kept in the following place (be as specific as possible):

I appointed the following person/s as my enduring guardian.

Name: Phone:

Joint Enduring Guardian (if appointed)

Name: Phone:

Substitute enduring guardian/s (if any):

Name: Phone:

Other substitute enduring guardian (if more than one):

Name: Phone:

Part 5: People Who Helped Me Complete This Form

5.3 Did you seek medical and / or legal advice about making this Advance Health Directive?

Use part 5.3 to indicate whether you obtained medical and/or legal advice before making this Advance Health Directive and provide details if relevant.

You are encouraged (but not required) to seek medical or legal advice to make an Advance Health Directive.

Cross out part 5.3 if you do not want to complete it.

Medical advice

Option 1

I did NOT obtain medical advice about the making of this Advance Health Directive.

Option 2

I DID obtain medical advice about the making of this Advance Health Directive.

I obtained medical advice from:

Name:

Phone:

Practice:

Legal advice

Option 1

I did NOT obtain legal advice about the making of this Advance Health Directive.

Option 2

I DID obtain legal advice about the making of this Advance Health Directive.

I obtained legal advice from:

Name:

Phone:

Practice:

Part 6: Signature And Witnessing

You must complete this section

- You **must** sign this Advance Health Directive in the presence of two witnesses. If you are physically incapable of signing this Advance Health Directive, you can ask another person to sign for you. You must be present when the person signs for you.
- Two (2) witnesses must be present when you sign this Advance Health Directive or when another person signs for you.
- Each of the witnesses must be 18 years of age or older and cannot be you or the person signing for you (if applicable).
- At least one of the witnesses must be authorised by law to take statutory declarations.
- The witnesses must also sign this Advance Health Directive. Both witnesses must be present when each of them signs. You and the person signing for you (if applicable) must also be present when the witnesses sign.

YOU MUST SIGN THIS FORM IN THE PRESENCE OF TWO WITNESSES. BOTH WITNESSES MUST BE PRESENT WHEN YOU SIGN THIS FORM. THE WITNESSES MUST SIGN IN EACH OTHER'S PRESENCE.

Signed by: *(signature of person making this Advance Health Directive)*

Date: *(dd/mm/year)*

OR

Signed by: *(name of person who the maker of Advance Health Directive has directed to sign)*

in the presence of, and at the direction of: *(insert name of maker of Advance Health Directive)*

Date: *(dd/mm/year)*

Witnessed by a person authorised by law to take statutory declarations:

Authorised witness's signature:

Authorised witness's full name:

Address:

Occupation of authorised witness:

Date:
(dd/mm/year)

And witnessed by another person:

Witness's signature:

Witness's full name:

Address:

Date:
(dd/mm/year)



Government of **Western Australia**
Department of **Health**

DRAFT

This document can be made available
in alternative formats on request for
a person with disability.

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