

# Instructions for completing the 'Advance care directive' for adults form

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### These instructions accompany the 'Advance care directive' for adults form.

If you have a physical disability that means you cannot sign this form, there is a different version available that allows someone else to sign at your direction.

Someone under 18 years of age is also able to make an 'Advance care directive' if they have the decision-making capacity to do so.

For more information and to access these forms, see the [Advance care planning page on the Health.vic website](https://www2.health.vic.gov.au/acp) <<https://www2.health.vic.gov.au/acp>>.

Use these instructions to complete the parts of the 'Advance care directive' for adults form relevant to you. **Cross out any sections that are not relevant.**

In your 'Advance care directive', you can include:

- a values directive
- an instructional directive.

A **values directive** is a statement of your values and preferences for your medical treatment. Your medical treatment decision maker will use your values directive to guide them when they make decisions for you.

Your medical treatment decision maker is the person with legal authority to make medical treatment decisions for you, if you do not have decision-making capacity (are unable) to make the decision(s).

An **instructional directive** is a legally binding statement in which you consent to, or refuse, future medical treatment.

Your instructional directive takes effect as if you had consented to, or refused the treatment.

You can choose to complete **either or both** directives, using this form.

## **If you previously made an 'Advance care directive'**

If you previously made an 'Advance care directive' under the *Medical Treatment Planning and Decisions Act 2016*, it is automatically revoked (cancelled) when you make a new one.

Replace an old 'Advance care directive' with your most recent 'Advance care directive' to ensure your medical treatment decision maker and health practitioner(s) have accurate records.

If you made an Advance care plan prior to 12 March 2018, this will be considered by your medical treatment decision maker as a statement of your values and preferences.

## **Part 1: Personal details and medical treatment decision maker**

### **Your personal details**

To make a valid 'Advance care directive', you must include your full name, date of birth and address. A phone number is optional.

### **Your current major health problems**

This information provides context for your medical treatment decision maker and your health practitioner(s) about your health when you wrote this directive. List your current major health problems. If your health problems change, your medical treatment decision maker and health practitioner will be able to find up-to-date information about this on your patient record.

### **Advance statements under the *Mental Health Act 2014***

If you have a mental illness (or have had one in the past) you may have completed an Advance statement under the *Mental Health Act*. In your 'Advance care directive', you can also document your preferences for your

treatment for mental illness. Find a fact sheet that explains the differences between Advance Statements and 'Advance care directives' on the Office of the Public Advocate (OPA) website <<http://www.publicadvocate.vic.gov.au>>.

Mark with an X if the statement on the form is relevant to you.

## **Part 2: Values directive**

Completing a values directive is one way to communicate to your medical treatment decision maker and health practitioner your values and preferences for your medical treatment.

Your medical treatment decision maker must make the decision that they reasonably believe is the one you would have made. Your values directive will help them to do this.

Your medical treatment decision maker can rely on what you write in your values directive because:

- you sign your values directive in front of witnesses who certify that you have decision-making capacity to make a values directive and are making it voluntarily
- your witnesses need to check that you understand the nature and effect of what you have written
- one of your witnesses is your doctor.

Even if you do not have a medical treatment decision maker, recording your values and preferences is important. If this is the case for you, and you become unable to make your own medical treatment decisions, the Public Advocate will find out from your health practitioner or hospital whether you completed a values directive.

## Identifying your medical treatment decision maker

You can appoint your medical treatment decision maker using the Appointment of medical treatment decision maker form.

You may have appointed a medical treatment decision maker before 12 March 2018 in:

- a medical enduring power of attorney
- an enduring power of attorney for personal matters
- an enduring power of guardianship.

These will be valid as medical treatment decision maker appointments under the *Medical Treatment Planning and Decisions Act 2016*. If you are unable to make medical treatment decisions, the Act specifies who your medical treatment decision maker is in Victoria. The first person in the list below who is reasonably available, and willing and able, to make the decision will be your medical treatment decision maker:

- your appointed medical treatment decision maker
- your guardian appointed by the Victorian Civil and Administrative Tribunal (VCAT) to make decisions about medical treatment
- the first of the following people who is in a close and continuing relationship with you:
  - your spouse or domestic partner
  - your primary carer
  - your adult child
  - your parent
  - your adult sibling.

Where you have two or more relatives who are first on this list, it is the eldest.

If you do not have decision-making capacity and a medical treatment decision maker cannot be located, consent for significant treatment must be obtained from the Public Advocate.

## Ways to complete your values directive

There are many ways you can approach your values directive. Keep in mind that you are communicating to your medical treatment decision maker. Your values directive should help them to make the decision(s) you would want.

Before you start on this part of the form, spend some time thinking about your values, preferences, beliefs and any worries you have about your current and future health.

The prompts in the form are to help you get started. You can complete all or some of the sections in Part 2.

### a) What matters most in your life

What matters most in life varies from person to person. Things that make your life worth living may include family, friends, religious or cultural beliefs, spirituality, interests, or maintaining independence.

What matters most to you can affect the decisions you would make about medical treatment. This is the opportunity to let your medical treatment decision maker know what quality of life means to you.

For example:

- Do you want to live as long as possible, whatever it takes? Or is quality of life more important to you?
- If remaining independent is important to you, try to give examples of what you mean by this. For some people remaining independent means living in their own home. Other people may be more concerned with being able to take care of their personal grooming, remaining mobile, participating in specific activities, maintaining connections with family and friends, or being able to make decisions for themselves.

- Do you have religious or spiritual beliefs that affect the type of medical treatment you would consent to?

**b) What worries you most about your future**

For example, you may worry about being in pain, not being able to take care of yourself, being unable to participate in specific activities or live in your own home.

**c) Unacceptable outcomes**

It will help your medical treatment decision maker if they understand how you feel about experiencing a range of possible outcomes.

To help you get started, consider the outcomes in the table below and think about how you would feel in these situations.

Situation	Life like this would be: Difficult but acceptable	Life like this would be: Worth living but just barely	Life like this would be: Not worth living	Cannot answer now
I can no longer recognise family/friends.				
I can no longer talk or be understood by others.				
I permanently rely on a breathing machine to keep me alive.				
I can no longer move myself around, in or out of bed, and rely on other people to shift or move me.				
I can no longer feed, wash or dress myself.				
I no longer have control of my bladder and bowels.				

See the My Values website <<https://www.myvalues.org.au>> for more information, and the option of completing a survey that may help you to think more about the important issues that underpin difficult decisions about future treatment. Other resources are available at the Advance care plans page on the Better Health Channel website <<https://www.betterhealth.vic.gov.au/havetheconversation>>.

In Part 2 of the form, at c) write what are unacceptable outcomes for you.

#### **d) Other things you would like known**

There may be other things that will help your medical treatment decision maker to understand your values and preferences. These could be your spiritual, religious, or cultural requirements, or your preferred place of care, for example home, hospice or hospital.

You may have specific preferences that you want your medical treatment decision maker to know. Among other things, you can include information about your preferences that relate to:

- treatment with prescription pharmaceuticals (medicine)
- treatment for mental illness
- dental treatment
- medical research procedures.

For example, because of side-effects you have experienced in the past, you may have preferences in relation to particular prescription pharmaceuticals (medicine).

#### **e) Other people I would like involved in discussions about my care**

Consider if there are other people you would like your medical treatment decision maker and health practitioner(s) to involve in discussions about your care.

#### **f) If I am nearing death**

Consider if there are things you would want known if you are nearing death. These may include who you would like present, any music or photos or spiritual care requirements, or your customs and cultural beliefs.

#### **If you are supportive of organ and tissue donation**

If you are a registered organ and tissue donor or are willing to be considered for organ and tissue donation, there are extra things you should consider when completing your 'Advance care directive'. There are medical interventions in an end-of-life care situation that are important for successful organ and tissue donation. If you are supportive of organ and tissue donation and want these medical interventions to be able to happen to you, make sure you are clear about this in your 'Advance care directive'.

Find more information about medical interventions required for successful organ and tissue donation on the Australian Government's Donate Life website <<https://register.donatelife.gov.au>>.

### **Part 3: Instructional directive**

You should **only** complete an instructional directive if you know the medical treatment that you want or do not want in the future, as this is a legally binding statement.

Keep in mind, if you complete an instructional directive **you** are making the decision, not your medical treatment decision maker.

In your instructional directive you can consent to or refuse future medical treatment. These decisions are directed toward your health practitioners, not your medical treatment decision maker.

**Be aware that consenting to or refusing treatment in your instructional directive could be acted on in situations you have not considered.** For example, if you write 'In all circumstances, I don't want to be put on a machine that breathes for me', this means that this treatment will not be provided to you, even if you only need it for a short period of time while you are recovering after successful surgery.

#### **Consulting your doctor**

If you choose to complete an instructional directive, it is recommended that you consult your doctor first, to make sure you have the information you need.

For example, if you have a current health condition, you should understand your prognosis, treatment options, and the risks and benefits of these options.

You should also make sure your statements and intentions are clear to the doctor. It can be helpful to include the reasons for your statements.

If you include statements about treatment for mental illness or dental treatment, consider consulting your relevant health practitioners about these statements.

#### **How your instructional directive will be used**

If in the future, you do not have decision-making capacity to make a medical treatment decision, your health practitioner will see if you made an instructional directive. They will read your instructional directive to see if you made a decision about the medical treatment they are proposing. If you made a decision in your instructional directive to either consent to or refuse the proposed treatment, your health practitioner will follow your instructions.

#### **Organ and tissue donation**

If you are supportive of organ and tissue donation and intend to refuse particular medical treatments, you should be aware that there are medical interventions that could be needed for successful organ donation in an end-of-life care situation.

#### **Other things to keep in mind**

Make sure you only write binding instructions in the instructional directive section of the form. Any instruction not written in this section or not identified as an instructional directive, will be considered a values directive.

Keep in mind that your health practitioner will only provide a medical treatment that is medically appropriate (helpful). They are not compelled to offer a treatment just because you have consented to it in an instructional directive.

If you make any statements about palliative care, they will be considered a values directive, even if you include them in your instructional directive.

Keep in mind that your health practitioner(s) cannot do anything that would require them to:

- do something unlawful
- breach their professional code of practice.

## **Part 4: Expiry date**

You have the option of including an expiry date in your 'Advance care directive', but this is not a requirement.

It is recommended that you review your 'Advance care directive' once every two years, or whenever your medical or personal situation changes.

You may choose to include an expiry date as a safeguard in case you forget to review your 'Advance care directive'. However, keep in mind if you include an expiry date, your 'Advance care directive' could expire at a time that you do not have decision-making capacity to complete a new one.

## **Part 5: Witnessing**

### **Witnessing requirements**

To make a valid 'Advance care directive' you need to sign in front of two witnesses. One must be a registered medical practitioner (a medical doctor). Neither witness can be someone you have appointed as your medical treatment decision maker.

### **Information for witnesses**

To help your witnesses understand their role, the Office of the Public Advocate has a fact sheet for witnesses. Find this on the [OPA website](http://www.opa.vic.gov.au) <<http://www.opa.vic.gov.au>>.

It is important your witnesses are able to communicate with you in a language that you understand.

### **If you need someone to sign for you**

If you are physically unable to sign or need someone to sign the form for you, there is more information and an alternative form available on the [Advance care planning page on the Health.vic website](https://www2.health.vic.gov.au/acp). <<https://www2.health.vic.gov.au/acp>>.

### **If an interpreter is present**

If an interpreter is present at the time the document is witnessed, they must sign and date Part 5 immediately after the document is witnessed.

## **Part 6: Interpreter statement**

### **If an interpreter helped you prepare the document**

If an interpreter assists you in preparing your 'Advance care directive', they will need to sign the interpreter statement in Part 6. They can fill in this section before the document is witnessed or when the document is witnessed.

If you need an interpreter, it is recommended that you use an independent and qualified interpreter.

## **After you have completed your 'Advance care directive'**

### **When your 'Advance care directive' will be used**

Your 'Advance care directive' is valid as soon as it is signed and witnessed correctly, but it can only be used when you do not have decision-making capacity to make the medical treatment decision.

### **Who to discuss your 'Advance care directive' with**

After you have completed your 'Advance care directive', it is important that you share and discuss it with your medical treatment decision maker, your family and/or friends and relevant health practitioners.

### **Who to give copies to**

Keep the original signed copy of your 'Advance care directive' in a safe place. You are encouraged to give your medical treatment decision maker a certified copy.

Other ways to make sure your 'Advance care directive' is readily available to those who might need to refer to it include:

- uploading a copy of your 'Advance care directive' to My Health Record at <http://www.myhealthrecord.gov.au>
- giving a copy to your health practitioner and/or your hospital for your medical record
- giving a copy to any other health practitioners who will need to access your directive.

### **If you change your mind**

You can cancel or change your 'Advance care directive' by completing a new directive or by completing the 'Advance care directive' revocation form. Find this on the OPA website <http://www.publicadvocate.vic.gov.au>.

### **Reviewing your 'Advance care directive'**

Your preferences for medical treatment may change over time. For this reason, it is recommended that you review your 'Advance care directive' every two years, or whenever your medical or personal situation changes.

To receive this publication in an accessible format phone (03) 9096 7498, using the National Relay Service 13 36 77 if required, or email Advance care planning [acp@dhhs.vic.gov.au](mailto:acp@dhhs.vic.gov.au)

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