

# ADVANCE CARE DIRECTIVE (PILOT v3.0, 2/3/10)

## FOR CARE AT THE END OF LIFE (TASMANIA)

### INTRODUCTION

Advance care planning is a process of planning for future medical and other health care decisions in case you cannot make or communicate these decisions yourself. You can either do this by making written instructions (section one), or by appointing a person to speak for you (section two), or both.

The written instruction document is often referred to as an Advance Care Directive (ACD). You can include any aspects of care that you identify as important, and in particular, nominate any specific treatments or outcomes that you wish to avoid.

This ACD however, is mainly focused on End of Life care, as many people are concerned about being subjected to life-prolonging medical treatment, including life support measures and resuscitation that they would not want when death is thought to be imminent and inevitable. You can specify that you wish instead to receive appropriate palliative care that primarily addresses comfort and dignity. You can also make plans for where and how you wish to be cared for, and to help those close to you at this time. There is also a section where you can make specific directions about medical treatment at any time, regardless of whether you are thought to be dying or not, and a specific one for dementia.

It is important that you discuss your values and beliefs and the content of this Advance Care Directive with significant persons such as your proposed Enduring Guardian, your family and/or close friend/s, as one of them will need to be designated as your Person Responsible if you lack capacity.

[NB. This document has been approved for pilot use, and further evaluation, by a Working Party of the Tasmanian Palliative Care Clinical Network, and the Clinical Ethics Committee of the Southern Tasmania Area Health Service. It is based on the instruments developed and experience gained as part of the Respecting Patients Choices program at RHH, Austin Health and nationally. As Advance Directives are common law documents in Tasmania, it is not a statutory document. It can be used by any citizen or institution, but no changes should be made to it. It does NOT replace the statutory Enduring Guardianship form (see below). Any comments or enquiries to [michael.ashby@dhhs.tas.gov.au](mailto:michael.ashby@dhhs.tas.gov.au) or [bruce.wilson@dhhs.tas.gov.au](mailto:bruce.wilson@dhhs.tas.gov.au).]

### SECTION ONE: ADVANCE CARE DIRECTIVE

This ADVANCE CARE DIRECTIVE will be used to guide future medical decisions ONLY when you lose the ability to make or communicate your medical treatment decisions yourself. In this event, your PERSON RESPONSIBLE will make medical treatment decisions on your behalf, in consultation with the treating doctors responsible for your care at the time. Medical treatment decisions will be made taking into account your expressed wishes, and where these are not known, in your best interests.

I \_\_\_\_\_ (your name)  
of \_\_\_\_\_ (your address)

request that my stated wishes for End of Life Care and medical care generally, recorded below, are respected by my PERSON RESPONSIBLE, and by any doctors involved in my care.

### MY VALUES AND BELIEFS

(please detail here any specific religious or spiritual practices that you wish to have observed):

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**PLANS FOR LIMITATION OF MEDICAL TREATMENT AT THE END OF MY LIFE**

I request that treatment aimed at prolongation of my life be withheld or stopped, and appropriate palliative care (for comfort and dignity) be provided, if, at some future time, it is the opinion of the treating team responsible for my medical care that:

- significant recovery is highly unlikely, and I am therefore dying (death may be expected within the next few days); or
- the outcome of such treatment would be a permanent coma (or 'vegetative' state) or continuing progressive severe dementia; or
- any other state that is unacceptable to me (list below).

State any other results of treatment or types of treatment that would be particularly unacceptable to you: (e.g. I never want another operation, OR I fear being unable to speak and move myself, OR I do not ever want to be put on a breathing machine, OR I do not want to be fed through a tube.)

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**PLANS FOR MEDICAL TREATMENT GENERALLY WHEN I AM NOT DYING**

Other requests with regard to my medical care generally, such as circumstances in which I do or do not want a particular treatment (for example, surgical intervention to treat fractured neck of femur).

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**Any Specific directions should I develop DEMENTIA/ALZHEIMERS DISEASE**

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**Other wishes:**

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*If there is not enough room to write all your requests and wishes, please attach further pages as necessary.  
All additional pages need to be signed, dated and witnessed.*

Signature: \_\_\_\_\_ (your signature) Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness name, address and contact details \_\_\_\_\_

Relationship \_\_\_\_\_ (any person over 18 years who is not related to you)

If you are registered as an organ or body donor, you may wish to attach your documentation to this plan.

**What to do with your completed Advance Care Directive**

After completing this Advance Care Directive the original remains with you and copies can be given or sent to:

- Your Enduring Guardian, Joint Enduring Guardians, and alternate Enduring Guardian if you have appointed one (see Section Two, below); and
- **It is also highly recommended that you show it to relevant health professionals such as your general practitioner, community nurse, and medical specialists, and where appropriate discuss it with them and give them a copy.**

You may wish to share extra copies with others e.g. family members, close friend, next of kin, your minister of religion, or your solicitor.

Copies of this Advance Care Directive have been given to: (complete as many lines as applicable)

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|-------------------------------------|-----------|
| 1. Enduring Guardian _____          | 6. _____  |
| 2. Enduring Power of Attorney _____ | 7. _____  |
| 3. GP _____                         | 8. _____  |
| 4. Solicitor _____                  | 9. _____  |
| 5. _____                            | 10. _____ |

I request that a copy of this ACD, and a copy of an Enduring Guardianship document if I have registered one with the Guardianship and Administration Board, be sent to the following hospitals, Nursing Homes or health care facilities for incorporation into my medical record:

- Southern Area Health Service, Royal Hobart Hospital
- Northern Area Health Service, Launceston General Hospital
- North West Area Health Service, North West Regional Hospital
- Other (please specify): \_\_\_\_\_

## SECTION TWO: APPOINTING A PERSON TO SPEAK FOR YOU

### Person Responsible

If you lack capacity (sometimes referred to as lacking competence), any medical decisions that need to be made will be made by a *Person Responsible* as determined by the Guardianship and Administration Act 1995. This Act lists those who can make decisions on your behalf in the following order:

([http://www.guardianship.tas.gov.au/\\_\\_data/assets/pdf\\_file/0007/67057/6\\_Person\\_Responsible.pdf](http://www.guardianship.tas.gov.au/__data/assets/pdf_file/0007/67057/6_Person_Responsible.pdf))

1. A guardian (including an Enduring Guardian) who has the power to consent to health care, which includes the power to refuse or withdraw consent to treatment;
2. A spouse - including a de-facto spouse;
3. An unpaid carer who is now providing domestic services or support to you, or who provided these services and support before you entered a residential facility; or
4. A relative or friend who has both a close personal relationship and a personal interest in your welfare.

It is the responsibility of the medical practitioner recommending treatment to determine whether a person qualifies as the patient's *Person Responsible*. If the medical practitioner cannot decide between competing persons, the matter should be referred to the Guardianship and Administration Board. You can assist by giving a list of possible persons responsible for you below. This ACD will help the *Person Responsible* available at the time to carry out your wishes.

On this form you are only telling us who your Enduring Guardian is. To appoint an Enduring Guardian you require a specific form from the Guardianship and Administration Board, which can also be accessed through: [http://www.publicguardian.tas.gov.au/enduring\\_guardianship](http://www.publicguardian.tas.gov.au/enduring_guardianship). An Enduring Guardian can make decisions on your behalf only if you are not able to make or communicate decisions yourself. Your Enduring Guardian must be at least 18 years of age and mentally competent to make these decisions. You may choose to appoint one Enduring Guardian, Joint Enduring Guardians and/or an alternate Enduring Guardian. Your alternate Enduring Guardian will only make decisions for you if your primary Enduring Guardian/s is unavailable, or incapable of making decisions.

Your Enduring Guardian is not authorised to make financial decisions for you, as this is the role of an Enduring Power of Attorney. When selecting someone to be your Enduring Guardian, it is important to choose someone who:

- You trust and who knows you well;
- Is willing to respect your views and values; and
- Is able to make decisions under circumstances that may be difficult or stressful.

Often a family member is a good choice as an Enduring Guardian, but not always. Make sure that you choose someone who will closely follow what you want and will be a good advocate for you. Two witnesses must sign the Enduring Guardianship form. By law your nominated Enduring Guardian cannot also be a witness to your Enduring Guardianship form.

Name and contact details of Enduring Guardian (1) and Joint Enduring Guardians (2) or alternate Enduring Guardians (3) (if appointed) or your preferred *Person Responsible*:

Signature:

Date:

Witness Signature:

**1. Enduring Guardian**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home)

\_\_\_\_\_ (Mobile)

\_\_\_\_\_ (Work)

Relationship: \_\_\_\_\_

Date appointed: \_\_\_\_\_

**2. Joint Enduring Guardian**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home)

\_\_\_\_\_ (Mobile)

\_\_\_\_\_ (Work)

Relationship: \_\_\_\_\_

Date appointed: \_\_\_\_\_

If you choose to have an Alternate Enduring Guardian (3):

If not, I would like my person responsible (4) to be (see hierarchy):

**3. Alternate Enduring Guardian**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home)

\_\_\_\_\_ (Mobile)

\_\_\_\_\_ (Work)

Relationship: \_\_\_\_\_

Date appointed: \_\_\_\_\_

**4. Person Responsible (see list on previous page)**

**I have not appointed an Enduring Guardian, but I would like the following person, if available, to be my Person Responsible.**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home)

\_\_\_\_\_ (Mobile)

\_\_\_\_\_ (Work)

Relationship: \_\_\_\_\_

Date appointed: \_\_\_\_\_

**SECTION THREE: HOW TO CHANGE OR REVOKE MY ADVANCE CARE PLAN**

There are a number of reasons why you might want to change or revoke your Enduring Guardianship or ACD. Maybe your relationship with your Enduring Guardian has changed, or the person you appointed is no longer appropriate for the role. Your medical and other circumstances or wishes may have changed. Tasmanian law is specific about how to revoke an Enduring Guardianship. Individuals must complete a Revocation of Enduring Guardianship form. It is also important to inform your Enduring Guardian of the changes and provide them with new documents. For other Advance Care Plans such as this ACD, documents can be destroyed or individuals may create a new form with a more recent date. The most recent dated document overrides the older document.

*For further information you can contact your health professional, or the Office of the Public Guardian at [public.guardian@info.tas.gov.au](mailto:public.guardian@info.tas.gov.au) or telephone 6233 7608, or the Guardianship and Administration Board at 6233 3085..*

*If you need assistance in completing this document or would like more information please contact: the person who gave you this form.*

**Optional – you may sign and date, and have your witness sign, each page if you wish.**