

ADVANCE CARE DIRECTIVE KIT.



Government
of South Australia

Your wishes for future care.

Order of Documents

1	.....	Do-it-yourself Guide
2	.....	Advance Care Directive Form
3	.....	Information Statement
4	.....	Information for Substitute Decision-Makers
5	.....	Information for Witnesses
6	.....	Information for Interpreters

1 Plan

- » Know your options (see * below)
- » Think about what is important to you
- » Have conversations with people close to you about your preferences

**ACD (medical / personal) | Will (financial) Enduring Power of Attorney (legal / financial)*

2 Write

- » Write down your values and wishes and think about who you trust the most to uphold your wishes if you lose decision-making capacity
- » Validate your Advance Care Directive by following the correct signing and witnessing process

3 Share

- » Share a certified copy with any appointed substitute decision-makers, your GP, aged care provider etc
- » Make it available: (upload to your MyHealth Record) and keep a copy where it's easy for anyone to see (e.g., your fridge)



DO-IT-YOURSELF GUIDE.

This Guide has in-depth information about Advance Care Directives and a step-by-step guide on how to complete an Advance Care Directive Form yourself.

CONTENTS

Glossary	3
Introduction	6
What is an Advance Care Directive?	6
Who can write an Advance Care Directive?	7
When will it be used?	7
Sharing your Advance Care Directive	7
Can I change my existing Advance Care Directive?	7
What if I have other documents in place?	8
Can I cancel my Advance Care Directive?	8
Advance Care Directive Form	9
Before you start.....	9
Where can I find an Advance Care Directive Form?.....	9
Step-by-step guide to completing your Advance Care Directive	10
Part 1: Personal details	10
Part 2a: Appointment of Substitute Decision-Makers	10
Part 2b: Conditions of appointments	13
Part 3: Values and wishes	15
Part 4: Refusal of health care.....	20
Part 5: Substitute Decision-Maker/s acceptance	23
Part 6: Expiry date	23
Part 7: Witnessing	24
Part 8: Interpreter statement	25
Certified copies	26
Next steps.....	27
Additional information	28

Glossary

Advance Care Directive: is a legal form for adults (people aged 18 years and older) to record their wishes and instructions for future health care, end of life, preferred living arrangements and other personal matters. It can also be used to appoint one or more adults to make particular decisions for you, if you are unable to make a particular decision/s yourself.

To be legal, you must only use the official Advance Care Directive Form, included in this Kit or found online at: advancecaredirectives.sa.gov.au.

Anticipatory Direction: the *Advance Care Directives Act 2013 (SA)* ('the Act') replaced Anticipatory Directions. This change does not affect the validity of an Anticipatory Direction executed **before 1 July 2014**. Any new directions must be made with the Advance Care Directive Form.

Certified Copy: is a legal copy of a properly witnessed Advance Care Directive. The document is certified when an authorised witness (any person on the witness list) either stamps or makes a declaration on the front page, verifying that the copy being stamped or declared is a true copy of the original sighted by the witness.

Comfort care: is care that will keep you comfortable and manage your pain until you die but will not cure your illness.

Decision-making capacity: a person's ability to make decisions about their day-to-day life, such as medical care, financial and personal matters.

You can make your own decisions if you can:

- » understand information about the decision
- » understand the risks and benefits of the choices
- » remember the information for a short time
- » tell someone what the decision is, and why you have made the decision.

If, in the future, you can't do these four things, it means you are unable to make this particular decision and someone else will need to help or make this particular decision for you.

However, you may be able to make one decision, and not another. For example, you may be able to decide/consent to having a flu vaccination, but unable to decide/consent to having a complex surgery – your capacity should be assessed in relation to each particular decision.

Glossary *cont.*

Enduring Power of Attorney: is a legal document that relates to financial and legal matters, whereas an Advance Care Directive relates to future health care, end of life care, living arrangements and other personal matters.

Enduring Power of Guardianship: the Act replaced Enduring Power of Guardianship. This change does not affect the validity of an Enduring Power of Guardianship executed **before 1 July 2014**. Any new directions must be made with the Advance Care Directive Form.

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 and medical research: can involve many disciplines, activities, researchers and research institutions. Examples include laboratory research, clinical trials or epidemiological studies. Health and medical research can take place in universities, hospitals and other medical institutions and companies by people including scientists, nurses, general practitioners and medical specialists.

Health practitioner: a person who is registered under Australian law to practice as a health professional.

Life-sustaining treatment: is treatment that keeps you alive but doesn't improve your health. For example, your heart being restarted (CPR), life support with machines keeping you alive, renal dialysis, or food and fluid given to you by a tube.

Living arrangements: can include where you wish to live, whether to go into supported care, whether you prefer to have a view of the garden, live by the sea, live with others or on your own.

Medical Power of Attorney: the Act replaced Medical Power of Attorney. This change does not affect the validity of a Medical Power of Attorney executed **before 1 July 2014**. Any new directions must be made with the Advance Care Directive Form.

Palliative care: is care that aims to improve your quality of life, prevent suffering, manage your pain until you die, and support your family/family of choice through the process and after your death.

Personal decisions: are all about your cultural or spiritual matters, your pets, holidays, employment, personal grooming, dress standards, care of children if you are in hospital temporarily, and relationships that are important to you.

Person responsible: is an adult able to make health care decisions for you if you have not appointed a Substitute Decision-Maker in your Advance Care Directive. It is usually someone who is close to you and is available and willing to make decisions on your behalf. It could be a family member, friend, or another adult who knows you well.

Refusal of health care: the right to refuse a particular medical treatment or type of medical treatment.

Substitute Decision-Maker: is an adult you choose and appoint in your Advance Care Directive to make decisions about your future health care, end of life, living arrangements and other personal matters, when you can't make particular decisions for yourself. This could be for a short time only, or permanently.

Ulysses Agreement: is an example of an advance care plan which is often signed by the person and their treating team and guides care and treatment for the person when they become ill. People should be encouraged to formalise their advance care plan or Ulysses Agreement by making an Advance Care Directive if they are competent to do so.

Value: principles or standards of behaviour; one's judgement of what is important in life.

Wish: a desire or hope for something to happen.

INTRODUCTION

There may be a time in your life when you can't make your own decisions.

This could be because:

- » of a sudden accident or serious mental health episode
- » of dementia or a similar health condition
- » of a serious stroke
- » you are unconscious or in a coma.

If this happened to you, how would you want decisions to be made about your health care, where you live ('living arrangements'), and other personal matters? Importantly, who would you want to make these decisions for you?

An Advance Care Directive can help you with that.



Please note, there is also a Short Instructions Guide available to view or download on the Advance Care Directives website: advancecaredirectives.sa.gov.au

What is an Advance Care Directive?

An Advance Care Directive is a legal form that allows you to provide direction about your care in advance.

By completing an Advance Care Directive, you can make clear your preferences for your future health care, end of life care, preferred living arrangements and other personal matters.

It allows you to choose who you would like to make decisions for you ('Substitute Decision-Makers') if you are not able to make particular decisions in the future.

Please note an Advance Care Directive is not a will. It has no effect after your death. It is not a document for managing your legal or financial affairs. For those matters, consider using an Enduring Power of Attorney, where you appoint a suitable person or trustee organisation to make legal and financial decisions on your behalf when you cannot make decisions yourself.

Who can write an Advance Care Directive?

Any adult can write an Advance Care Directive, whether you are young, older, healthy or sick.

To write an Advance Care Directive, it must be your choice and you must:

- » be aged 18 years and older
- » have decision-making capacity
- » know what an Advance Care Directive is
- » know what it will be used for and when it will be used.

When will it be used?

Your Advance Care Directive can only be used if you do not have capacity to make a particular decision. For example, you may still be able to make some decisions, but not able to make others. This may be temporarily, or permanently.

Sharing your Advance Care Directive

It is important that you let people know you have an Advance Care Directive and where to find it, especially in an emergency.

You should:

- » Make multiple certified copies (see page 26)
- » Give a certified copy to your chosen Substitute Decision-Makers (people who you would like to make decisions on your behalf)
- » Give certified copies to people who care about you and care for you, for example, close family and friends, doctor (and any other health care worker), or health services you visit and aged care facility (if relevant).
- » Take a certified copy with you if you go to a hospital, hospice or aged care facility, or if you travel interstate or overseas.
- » Upload a copy to your My Health Record.

Can I change my existing Advance Care Directive?

Yes. You can update your current Advance Care Directive by completing a new Advance Care Directive Form.

A current Advance Care Directive Form will continue to be valid unless you complete a new Advance Care Directive Form.

Once you have completed a new Advance Care Directive Form, make sure your old one is destroyed (including any certified copies) and removed from any electronic platform, such as My Health Record, and replaced with your new one.

8 ADVANCE CARE DIRECTIVE

What if I have other documents in place?

If you have already completed an Enduring Power of Guardianship, a Medical Power of Attorney or an Anticipatory Direction, these are still legally effective, unless you complete an Advance Care Directive Form.

If you do not have an Advance Care Directive, but you do have an Enduring Power of Guardianship, a Medical Power of Attorney or an Anticipatory Direction (executed before 1 July 2014), it is important to review them as your values, wishes and relationships can change over time. If you need to update any of these documents, you will need to do so by completing an Advance Care Directive, which supersedes these other documents under the Act.

Non-statutory documents (sometimes called 'advance care plans') are often completed by people to share their preferences for future health care, end of life, preferred living arrangements and other personal decisions. These documents are valid and are recognised under common law, however, must have been made by an adult with decision-making capacity.

Can I cancel my Advance Care Directive?

You cannot alter your Advance Care Directive once it has been finalised and signed by any Substitute Decision-Makers, yourself and a witness.

If you want to change your Advance Care Directive, you will need to cancel (revoke) your original Advance Care Directive. There are two ways to cancel an Advance Care Directive:

1. Cancel and replace

By simply completing a new Advance Care Directive Form and having it signed by any Substitute Decision-Makers (if you wish to appoint any), yourself and a witness, your previous Advance Care Directive will be **cancelled and replaced** by your new Advance Care Directive.

2. Cancel and not replace

If you simply wish to **cancel** your Advance Care Directive **and not replace it**, you can complete the **Cancelling my Advance Care Directive Form**, which can be downloaded from the Advance Care Directives website at advancecaredirectives.sa.gov.au. Once this Form is signed by you and a witness who is satisfied that you understand what it will mean for you if you cancel your Advance Care Directive, your Advance Care Directive will be cancelled.

Remember, if you:

Cancel your Advance Care Directive but don't write a new one – give a copy of the completed Cancelling my Advance Care Directive Form to everyone who has a copy of the original Advance Care Directive, including Substitute Decision-Maker/s, your doctor or health service.

Write a new Advance Care Directive – give certified copies of the new Advance Care Directive to appointed Substitute Decision-Maker/s, family, health practitioners, hospitals and anyone else who has a copy of the old one.

ADVANCE CARE DIRECTIVE FORM

Before you start...

An Advance Care Directive will take time to complete, which may also involve forward planning. It is not a document that should be rushed or completed in one sitting.

You are encouraged to think through each section of the Form carefully, write personal notes and have many conversations with those close to you, your doctor and/or any Substitute Decision-Makers (to ensure they understand their role and agree to be appointed).

Where can I find an Advance Care Directive Form?

Apart from this Kit, there are three other ways you can find and complete an Advance Care Directive Form:

1. Complete an Advance Care Directive Form for free online, using the interactive form at advancecaredirectives.sa.gov.au
2. Download or print the Form for free at advancecaredirectives.sa.gov.au
3. Visit the website for a full list of locations where you can obtain a free hard copy Advance Care Directive Kit.

STEP-BY-STEP GUIDE TO COMPLETING YOUR ADVANCE CARE DIRECTIVE FORM

PART 1

Personal details

Fill in your personal details in **Part 1 of the Advance Care Directive Form ('the Form')**.

You can also list any health conditions that are important to note, under Part 1, for example, diabetes or other conditions that would be helpful for a health practitioner to know.

PART 2A

Appointment of Substitute Decision-Makers

Go to **Part 2a of the Form** to complete this part.

The first Substitute Decision-Maker box on the Form is reserved for your first preferred Substitute Decision-Maker. This person is usually the first person contacted in an emergency, or in a situation that needs a quick response, to make decisions on your behalf; or to coordinate decisions with any other chosen Substitute Decision-Makers.

Choosing one or more Substitute Decision-Makers in your Advance Care Directive means you are trusting them with the legal authority to make future health care, end of life, preferred living arrangements and other personal decisions for you.

Having at least one Substitute Decision-Maker can help to avoid conflict by making it clear who you want to make decisions for you, and how.

You can also make sure the most culturally appropriate person (or people) have legal authority to make decisions, by appointing them in your Advance Care Directive.

In your Advance Care Directive, you can tell your Substitute Decision-Makers how you want them to make decisions for you. For example, if you have more than one, you can say whether you want them to make decisions together or separately. See Part 2b Conditions of Appointments.

If you do not choose a Substitute Decision-Maker/s, other people close to you may be asked to make decisions for you if you are not able to. They must follow any relevant wishes or instructions you have written in your Advance Care Directive.

It is a good idea to appoint one or more Substitute Decision-Makers and talk to them about what is important to you. Write down your wishes on the Form so they, and others, know what you want or do not want.

If you do not want to appoint any Substitute Decision-Makers in your Advance Care Directive, you can still write down what is important to you. This can include your religious and cultural beliefs, wishes and instructions for your future health care, end of life care, living arrangements and other personal matters.

Whatever you decide, make sure you give certified copies to people who care about you and care for you, for example, your appointed Substitute Decision-Maker/s, close family and friends, doctor (and any other health care worker), or health services you visit and aged care facility (if relevant).



See **page 26** of this Guide for information about making certified copies of your Advance Care Directive.

How many Substitute Decision-Makers should you have?

It can be helpful to have more than one Substitute Decision-Maker. Having more than one Substitute Decision-Maker means that:

- » more than one person is prepared and able to make decisions for you if needed in the future; and
- » another person is available should one unexpectedly become sick, change their mind or die.

While you can appoint as many Substitute Decision-Makers as you like, appointing more than four is not recommended. This helps to reduce confusion, conflict or disagreements.

If you choose to appoint more than one Substitute Decision-Maker, it is important that they can work together and communicate with each other.



If you would like to appoint **more than four** Substitute Decision-Makers, please visit the advancecaresdirectives.sa.gov.au website to download the additional Substitute Decision-Maker pages.

PART 2A cont.

Aunty's story

Aunty (59) had a few things wrong with her health – diabetes and heart problems. She came from a big mob, lived in a small community and was worried that there might be big family arguments and worry if she got really sick her family couldn't sort out what was right for her. If she did get very sick, Aunty decided to appoint her daughter, Josie, in her Advance Care Directive to make decisions for her if she couldn't make decisions herself.

Aunty talked to her daughter about what she wanted and also made sure her family and community knew her wishes. Doing this on a legal form gave her peace of mind because she knew her wishes would be clear and could be acted upon, and she could continue to be respected as an Elder.

How to choose your Substitute Decision-Maker/s

Choose a person who:

- » is aged 18 years or older.
- » can make decisions.
- » knows you well and is someone you trust.
- » respects what is important to you.
- » can put themselves in your shoes and work out what decision you would make.
- » can make serious decisions for you during emotional times.
- » wants and agrees to be your Substitute Decision-Maker and understands what this means.

You cannot appoint someone who is paid to care for you, like your doctor, nurse or a professional paid carer (for example, the Director of Nursing in an aged care facility or a community care worker).

Family members or friends who are paid a Carer Allowance by Centrelink can be appointed as Substitute Decision-Makers.

Your Substitute Decision-Maker/s must agree to be appointed.

Talk to the person or people you want to be your Substitute Decision-Maker. Tell them:

- » What types of decisions you want them to make for you; and
- » How you want them to make decisions for you.

The person or people you choose to be your Substitute Decision-Maker/s must sign the Form to say that they understand what it means to be your Substitute Decision-Maker and that they agree to be appointed.

What it means to be a Substitute Decision-Maker is explained in the **Information for Substitute Decision-Makers**, located in your Advance Care Directives Kit. Make sure your Substitute Decision-Maker/s reads and understands this information before they sign your Form.

Your Substitute Decision-Maker/s must follow and respect what you write in your Advance Care Directive. It is recommended that you talk to your Substitute Decision-Maker/s and other people close to you about your Advance Care Directive.

Before you sign your Advance Care Directive in front of a witness, any Substitute Decision-Maker/s you appoint must accept and agree to being appointed; and must sign Part 5 of the Form.

If your Substitute Decision-Makers are located interstate or overseas, your Substitute Decision-Maker/s can sign the Form electronically, as long as you use the fillable PDF to complete your Advance Care Directive.

Aarti's story

Aarti (42) put a condition in her Advance Care Directive that her close friends, who she appointed as her Substitute Decision-Makers, must speak to her brother Raj, who lives in Victoria, about any decisions. She hopes this will avoid conflict with any of her family members in the future.

PART 2B

Conditions of appointments

In Part 2b of the Advance Care Directive Form, you can write down how you want your Substitute Decision-Makers to make decisions for you, and what types of decisions they can make about your health care, living arrangements or personal matters.

Go to **Part 2b of the Form** to complete this part.

This part is usually completed if you have appointed two or more Substitute Decision-Makers.

This is called putting 'conditions' on their appointment.

You can ask that they talk with certain family members/family of choice, friends and/or your Attorney, appointed under an Enduring Power of Attorney (if you have one), if decisions will impact your financial situation.

For example, you may want two or more Substitute Decision-Makers to:

- » make decisions together
- » make decisions individually
- » make decisions in an order of preference; or
- » make decisions as they are available.

The choice is yours.

PART 2B *cont.*

If your Substitute Decision-Makers cannot agree on a decision, you can write down how you would like these differences to be resolved.

You can also assign different decisions (for example, living arrangements or health care) to different Substitute Decision-Makers.

If you do not write down any conditions, your Substitute Decision-Makers will be able to make decisions either together or separately. This will mean that if only one Substitute Decision-Maker can be contacted, a decision can still be made, but if two or more Substitute Decision-Makers are available they can decide together.

If you want your Substitute Decision-Makers to make all decisions together, please write this in the space provided on Part 2b of the Form.

If you choose this option, it is important to remember:

- » It could take your Substitute Decision-Makers longer to make a decision, because they all need to agree.
- » There is a chance your Substitute Decision-Makers may not agree.

The best approach is to make sure your Substitute Decision-Makers can communicate well and agree together.

When you choose your Substitute Decision-Makers, think about their relationship to each other, and how well they can make decisions in stressful and emotional environments and/or situations.

In this section you might also like to:

- » Write down the names of people your Substitute Decision-Maker must talk to when making decisions for you, for example, family members, close friends, religious adviser, or Aboriginal Elders.
- » Write down the name of your Attorney as appointed under your Enduring Power of Attorney (someone you have chosen to make financial and legal decisions), if you have one. Your Substitute Decision-Maker will need to speak to your Attorney if decisions they make on your behalf might affect your finances.
- » Write down who you **do not** want to make decisions about your future care.



A **health practitioner** is only responsible for contacting one Substitute Decision-Maker (whoever they can reach).

Your **first preferred Substitute Decision-Maker** is responsible for contacting other Substitute Decision-Makers if you have appointed more than one.

The Office of the Public Advocate website provides additional information for Substitute Decision-Makers at opa.sa.gov.au

PART 3

Values and wishes

Go to **Part 3 of the Form** to complete this part.

In Part 3 of the Advance Care Directive Form you can write down:

- a. what is important to you (what living well means to you)
- b. health care you prefer
- c. where you wish to live
- d. other things you would like known
- e. other people you want involved in discussions about your care
- f. your dying wishes
- g. organ and tissue donation preferences.

a) What is important to me? (What living well means to me)

Writing down what is important to you about your life and health will help your Substitute Decision-Maker/s, people close to you, health care workers and others to make decisions for you, if you can't make decisions yourself.

What is important in life varies from person to person. Things that make your life worth living may include family or family of choice, friends, religious or cultural beliefs, sexuality, gender identity, spirituality, interests, or maintaining independence.

What is important to you can affect the decisions you would make about health care. This is the opportunity to let others/your Substitute Decision-Maker/s (if you appoint any) know what living well means to you.

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

Situation	<i>Life like this would be:</i>			
	Difficult but worth living	Barely worth living	Not worth living	I cannot answer now
I can no longer talk or communicate with others				
I can no longer move myself around, in or out of bed, and rely on other people to move me				
I permanently rely on a breathing machine to keep me alive				
I can no longer feed, wash or dress myself				
I no longer have control of my bladder and bowels				

PART 3 cont.

The following statements may help you write down what is important to you. You may want to write one or more of these on your Form, or you may have words of your own you want to use to give more detail.

Some suggested statements

- » Relationships with my family/family of choice and friends are very important to me.
- » Being free from pain is important to me.
- » Being able to do daily self-care for myself is important to me.
- » Being able to recognise and communicate with my family/family of choice and friends is important to me.
- » I would like my family/family of choice and friends to be involved in my life.
- » I prefer my pets to be near me or continue to be able to see them.
- » Being emotionally/mentally/financially independent is important to me and I would prefer not to have to rely on others in my daily life.
- » My cultural practices are important to me. I would like them to be followed where possible and practical, and to always be respected.
- » My family and Substitute Decision-Maker (if appointed) will let my carers / health professionals know what is important to me, and when. Please listen to them and follow their instructions wherever this is possible.
- » My religion is very important to me. My decisions are guided by my religious faith which is...
- » I value my cultural identity and like being with people who speak my first language.
- » Health and medical research is important to me. I provide consent in advance to participating in future research studies relevant to my condition, even if I do not have capacity at the time to consent.
- » I identify as part of the LGBTIQ+ community, and I want to stay in contact with this community.

b) Health care I prefer

You may have clear wishes or instructions about specific health care (including medical treatment) you prefer.

When you need health care, health care workers think about what is wrong with you and tell you what health care they think will help you or your illness. There may be one choice of health care, or many.

Your health practitioner should clearly explain your health care options to you, your Substitute Decision-Maker/s or Person Responsible, and what those options will mean for your health and life.

If you want to write health care instructions, you might like to think about these suggested statements.

Some suggested statements

- » I would prefer medical treatment that keeps me comfortable (for example, pain relief and sedation) if I am permanently unable to communicate or recognise my family and friends.
- » I prefer to have full palliative care, including pain relief and comfort care to manage and respect my dignity as I die.
- » I would prefer to live as well as possible for as long as possible, and I am willing to accept medical treatment that my doctors and family/family of choice think is appropriate.
- » I prefer to be given my usual medications if I have a mental illness and I am temporarily unable to make my own decisions, even if I refuse them at the time.
- » I will accept all health care and medical treatment that will improve my health and give me more time with my family/family of choice, if considered appropriate.
- » I have a mental illness and when I am unwell, I want my caregivers to follow my Ulysses Agreement which can be found (give details).
- » I am allergic to (give details) and prefer to be treated with (give details).

Katerina's story

Katerina (30) had a recurring mental illness. Sometimes she was well and sometimes she went off her medicine and became unwell. She knew that medicine X had terrible side-effects; however, medicine Y did not.

She wrote in her Advance Care Directive that she wanted medicine Y, but not medicine X if she ever became unwell. Katerina was glad she could make her wishes clear in her Advance Care Directive in case she couldn't tell her doctor at the time.

c) Where I wish to live

In the future, you might not be as independent as you are now.

You might need:

- » extra support at home to be able to live independently, provided by family, friends or professionals.
- » to be looked after in a disability or aged care facility.
- » temporary care or support, or a permanent or long-term arrangement.

PART 3 cont.

Some suggested statements

- » I prefer to be supported and cared for at home, for as long as possible, if it is safe for me to do so.
- » I prefer to live with my family/family of choice for as long as possible.
- » I prefer to maintain my independence for as long as possible.
- » I prefer to live close to family/family of choice and friends so they can visit me easily.
- » I prefer to live where my spiritual needs will be met.
- » I prefer to live somewhere where they respect my sexuality and gender identity.
- » I prefer to live in a place where the staff speak my language.
- » I prefer to live where treatment and care can be provided to me.
- » I prefer to live somewhere that has a garden or is near the beach.

d) Other things I would like known

You might have some activities, interests or hobbies which are important to your life. You can write these down on your Advance Care Directive Form so that other people know what you like and dislike.

Things to consider:

- » Activities you enjoy and would like to keep doing if you are able to, for example, walking, gardening or singing in a choir.
- » Things you do not like to do, such as playing bingo or long car drives.
- » Organisations or groups that you belong to and want to continue with.
- » Relationships that are important to you.
- » Your gender identity and/or sexuality.
- » Your favourite music.
- » Grooming requirements such as haircuts and removal of facial hair.
- » If you would rather receive care or be assisted with showering from someone of a particular gender.
- » Who you prefer to spend holidays with.
- » People who you do or do not want to visit you.
- » What you like or don't like to wear (for example, I do not want to wear tracksuits at any time of the day or night).
- » Who you would prefer to look after your children and/or pets if supported care is required.

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

Consider if there are people other than your Substitute Decision-Makers (if you appoint any) that you would like your Substitute Decision-Maker/s and health practitioner/s to involve in discussions about your care.

f) If I am nearing death, the following would be important to me

Writing down your wishes for the end of your life is hard to do.

To help, think about what would be most important to you at this time.

For example:

- » Situations you want to avoid or would be unacceptable when you are dying.
- » Where you would prefer to die (at home, in aged care facility or hospital).
- » Who you want to be there when you die.
- » What or who is important to you at the end of your life.
- » Spiritual, religious or cultural traditions that are important to you.
- » Aboriginal and Torres Strait Islander practices that you want followed (for example, Return to Country).
- » Your burial or cremation wishes or funeral arrangements.

Some suggested statements

- » I want more time with my family rather than friends.
- » I would prefer to have better quality of life even if it meant I would be alive for a shorter period of time.
- » I want to be in a comfortable, familiar environment surrounded by my memories.
- » I would like my favourite music playing and the room lit with soft light/candles when I am dying.
- » Please make sure my room is full of happiness and joy. I want people to celebrate my life, and not mourn my dying.
- » My spirituality is important to me, so please let nature take its course and just make sure I am comfortable.
- » My religion is important to me, and I want my religious adviser contacted (insert contact details).
- » I want time to say goodbye to my family/family of choice if possible. Please try and keep me alive so my family can see me before I die.
- » If I am dying, I do not want to go to hospital unless my comfort and dignity cannot be maintained in my home/nursing home.
- » My cultural practices are important to me. My family or Substitute Decision-Maker should inform carers or health care workers what these are and when they should happen.

PART 3 cont.

Edward's story

Edward (87) had been in his nursing home for the past four years and it had become home to him. Edward had written in his Advance Care Directive that he wanted to die where he lived, have his children present and his favourite music playing. Edward became more and more sick over three weeks. He died peacefully in the nursing home where he lived surrounded by his large family because his wishes were known.

g) Organ donation wishes

Here you can indicate your wishes regarding organ and tissue donation by selecting one of two statements. If you select the first statement, this does not register you to become an organ donor. For more information about organ and tissue donation, please visit the [DonateLife.gov.au](https://www.donatelife.gov.au) website.

PART 4

Refusal of health care

If you do not want to receive certain types of health care/medical treatment, you can write this in your Advance Care Directive.

Go to **Part 4 of the Form** to complete this part.

It is recommended that you consult your doctor/a medical practitioner if you choose to complete this section of the Form. For example, if you have a current health condition, you should understand your prognosis, treatment options, and the risks and benefits of these options.

If you choose to complete this section of the Form, it is important to make sure you write down when, or under what circumstances, you want to refuse health care. For example:

'If I am have trouble swallowing, I would like to be offered sips of fluid through my mouth. I do not want any feeding tubes or artificial feeding of any kind.'

'If I get sick, I would like to receive treatment in my local country hospital where my family can easily visit me. I do not want to be sent to the city or go to an intensive care unit.'

It is good to be specific. If you refuse health care but do not write down when the refusal applies, it will apply at all times. Unclear statements like 'I don't want to be a vegetable', or 'I don't want to be a burden on my family' can make it harder for people to make decisions for you.

Sometimes when you are sick or hurt, having health care will mean that you get better and go back to the way you were before (for example, if you have a blood infection, antibiotics can often help cure this, so you become healthy again).

Other times, health care can only help you a little. Even though you may improve, you may not be able to live the same way as you did before (for example, you may have had a stroke and need physiotherapy, but afterwards you may not be fully mobile and need help to dress yourself, shower, cook or need assistance walking).

If you refuse specific health care in your Advance Care Directive, it is a legally binding refusal. This means that your health practitioner will not be able to give health care treatment you have refused.

Your Substitute Decision-Maker/s or Person Responsible must follow your Advance Care Directive if it is relevant in the circumstances. If your Substitute Decision-Maker/s or Person Responsible says no to health care (because they believe it is the decision you would have made) your health practitioner cannot give you that health care.

Billy's story

Billy (42) wrote in his Advance Care Directive that he did not want any antibiotics. Billy got a bladder infection and was in a lot of pain, which meant he could not make his own decisions. His doctor questioned whether the refusal was meant to apply in this situation. His doctor spoke to his Substitute Decision-Maker and discovered that Billy actually only wanted the refusal to apply if he had a terminal illness, not when he was fit and well.

It can be hard to know what health care you may not want in the future – especially if you are well and don't know what health problems you might have later. However, if you want to write specific refusals of health care or life-sustaining treatment, you could consider your absolute non-negotiable outcomes, even if your personal circumstances change. You may like to consider the following suggested statements.

Some suggested statements

- » I do not want any life extending treatments if I have a terminal illness and I am dying. Please focus on symptom management / please keep me comfortable.
- » I do not wish to receive medical interventions to extend my life, but I am willing to accept medical interventions that may be required so I can live better and/or donate my organs or tissues.
- » I do not want to be fed by a tube, even if this means I may die.
- » I do not want to be given any medication unless it helps to keep me comfortable.
- » I do not want any life extending treatment for any illness if I am unable to communicate or make my own decisions (for example, because of dementia or a serious stroke).
- » I do not want to be resuscitated if there is no chance that I will be able to recover to my former self.

PART 4
cont.

Some suggested statements cont.

- » I do not want to be put on life support or admitted to intensive care.
- » I do not want any surgical interventions.
- » I do not want any treatment which prolongs my life if I have a serious condition that I am not going to recover from, I am incontinent, cannot eat without help and I rely on others to wash and move me. Please keep me comfortable where I live, if possible.
- » I do not want to have my heart started if it stops at any stage of my life. I would prefer to die quickly.
- » I do not want my limbs amputated, even if it might save my life.
- » I only want health care to make me comfortable and which doesn't extend my life if I am permanently living in residential or nursing home care.

Lucia's story

Lucia (85) had a history of heart disease as well as previous care for serious stomach problems. She went to the Emergency Department (ED) with severe pain and could not make her own decisions. Lucia had made it clear in her Advance Care Directive that she only wanted comfort care in this situation. The ED staff respected her wishes, set her up in a separate room on the ward where her family could be with her. She died 36 hours later surrounded by her family, without pain, the way that she wanted to.



You cannot refuse compulsory mental health treatment (for example, treatment listed in a community treatment order, if you have one).

A health practitioner can only go against a refusal of health care if:

- » there is evidence that suggests you have changed your mind, but did not update your Advance Care Directive; or
- » the health practitioner believes you did not mean for the refusal of health care to apply to the current circumstance.

If this happens, the health practitioner will need consent from your Substitute Decision-Maker, if you have one, or a Person Responsible (for example, close family/family of choice or friend).

You should review your refusals of health care at least every two years, or if your health has changed.

For more information about different types of life sustaining treatment and common medical terms, visit advancecaredirectives.sa.gov.au.

PART 5

Substitute Decision-Maker/s Acceptance

Substitute Decision-Maker/s **must** agree and accept their appointment by signing Part 5 of the Form **before** you and your witness sign in Part 7.

Go to **Part 5 of the Form** to complete this part.

It is important that your Substitute Decision-Maker/s read the **Information for Substitute Decision-Makers**. The order of signing an Advance Care Directive is unique to some other legal documents. This is to:

- » provide additional safeguards; and
- » ensure your wishes for future care are known and discussed with your Substitute Decision-Maker/s before they accept their appointment.

If you are appointing more than four Substitute Decision-Makers, you can download additional acceptance pages from the Advance Care Directives website (advancecaredirectives.sa.gov.au).

If you are using the fillable PDF to complete your Advance Care Directive, your Substitute Decision-Maker/s can use a digital signature in Part 5 of the Form.

PART 6

Expiry date

You have the option of including an expiry date in your Advance Care Directive.

Go to **Part 6 of the Form** to complete this part.

It is recommended that you **review** your Advance Care Directive once **every two years**, or whenever your medical or personal circumstances change.

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 may expire at a time that you do not have decision-making capacity to complete a new one.

PART 7

Witnessing

Go to **Part 7 of the Form** to complete this part.

a) Signature of person giving this directive:

In this part, you are declaring that it is your own decision to complete this Advance Care Directive, and that another person is not forcing you to complete it.

Your authorised witness will tell you to fill in this part of the Form after you have read the **Information Statement**, located in your Advance Care Directive Kit. If you have removed and/or misplaced the **Information Statement**, you can download and print another copy from the website at: advancecaredirectives.sa.gov.au

You must initial each page of the Form and then sign this Form **in person**, in front of an authorised witness.

If you are using the fillable PDF or online Form to complete your Advance Care Directive, digital signatures are **not** permitted in Part 7a of the Form.

If your Substitute Decision-Maker/s (if you have appointed any), or an interpreter (if you have used one), has digitally signed your Advance Care Directive, you will need to print your Advance Care Directive and take it with you to sign **in person** in front of an authorised witness.

b) Signature of authorised witness:

Only an authorised witness can sign your Advance Care Directive.

Authorised witnesses are specified in Schedule 1 of the Advance Care Directives Regulations 2014, and include:

- » health practitioners
- » registered teachers
- » police officers
- » Justices of the Peace
- » registered social workers; and
- » legal practitioners.

Your authorised witness must be independent of you, and cannot be:

- » a beneficiary in your will
- » appointed as a Substitute Decision-Maker; or
- » your health practitioner or paid professional carer.

It is strongly encouraged that authorised witnesses complete training for witnesses before they sign your Advance Care Directive. A list of training available for witnesses is available on the website at: advancecaredirectives.sa.gov.au.

There is an extra execution statement box in this section that your witness can complete if you signed Part 7a in another way, such as making a 'mark', or if someone was present to sign on your behalf due to injury, illness or disability.

If you are using the fillable PDF or online Form to fill in your Advance Care Directive, digital signatures are **not** permitted in Part 7b of the Form.

You will need to print your Advance Care Directive and take it with you to sign **in person** in front of an authorised witness.

See your Advance Care Directives Kit for **Information for Witnesses** and checklist and make sure you take this with you when you get your Advance Care Directive witnessed. If you have removed and/or misplaced the **Information for Witnesses**, you can download and print another copy from the website at: advancecaredirectives.sa.gov.au.

PART 8

Interpreter statement

If you used an interpreter to help you fill in the Advance Care Directive Form, your interpreter will need to fill in this part of the Form to certify that they meet the requirements under section 14(2) of the Act.

Go to **Part 8 of the Form** to complete this part.

See your Advance Care Directives Kit for the **Information for Interpreters**. If you have removed and/or misplaced the **Information for Interpreters**, you can download and print another copy from the website at: advancecaredirectives.sa.gov.au

Using a qualified interpreter is strongly encouraged, to make sure your wishes are accurately recorded in English.

Your interpreter must be aged 18 years or older and have legal capacity.

Only fill in this part of the Form if you used an interpreter. If you did not use an interpreter, please draw a large 'Z' across this section.

If you are using the fillable PDF to complete your Advance Care Directive, your interpreter can use a digital signature in Part 8 of the Form.

CERTIFIED COPIES

To make decisions for you, your Substitute Decision-Maker/s (if you have appointed any) must show your doctors, health practitioners or aged care staff an original or certified copy of your Advance Care Directive.

This will prove that they have the authority to make these decisions for you when you are unable to make your own.

Your witness may help you make certified copies of your Advance Care Directive, at the same time as they witness your original Advance Care Directive Form. This will be important so that you can give your Substitute Decision-Maker/s, others close to you, your doctor or other health practitioners, a certified copy of your Advance Care Directive.

You can ask a person from the authorised witness list to certify copies for you at a later time. The person you ask to certify copies of your Advance Care Directive does not have to be independent of you.

When your Advance Care Directive is completed and signed by you, your Substitute Decision-Maker (if you have appointed any), and your witness (and interpreter if you have used one), you can make photocopies of your Advance Care Directive. The witness can certify all copies as a true copy of the original by stamping and/or signing the certification box on the first page of your Advance Care Directive Form.

A certification statement will need to be written or stamped on the front of the Advance Care Directive Form. Instructions for certifying copies of Advance Care Directives can be found in the **Information for Witnesses**.



TIP: keep a list handy (perhaps with your original) of who you provided a certified copy to in case you revoke and replace or cancel your Advance Care Directive.

You can then contact them and ask them to shred/destroy their copy.

David's Story

David had given an Advance Care Directive that appointed Sally as his Substitute Decision-Maker. When David's Advance Care Directive was witnessed, he asked his witness to certify one copy for him to give to Sally. Five years later Sally realised she had lost her certified copy. Sally and David asked David's brother Brian, who met the requirements of an authorised witness, to certify 10 copies of David's Advance Care Directive.

Next steps

Once the Form is signed by you, your Substitute Decision-Maker/s (if you have appointed any) and your witness, make multiple certified copies and give them to:

1. any appointed Substitute Decision-Maker/s
2. your doctor (and any other relevant health care worker), health service and/or aged care facility
3. those close to you including friends, family/family of choice and any other relevant person
4. display it on your fridge with your Emergency Medical Information Booklet (emib.org.au)
5. add it to your Electronic Health Record (My Health Record) if you have one (ehealth.gov.au)
6. Complete the wallet card included in your Kit. If you misplace your wallet card, you can download and print another one at: advancecaredirectives.sa.gov.au

Additional Information

For more information Visit advancecaredirectives.sa.gov.au.

To see an example of a completed Form, visit advancecaredirectives.sa.gov.au

Contact Information:

Advance Care Directives website:

Complete your Advance Care Directive online or download the Form from advancecaredirectives.sa.gov.au

Advance Care Planning Australia: For advice, information and support about advance care planning across Australia, visit advancecareplanning.org.au

Australian Health Practitioner Regulation Agency (AHPRA): For concerns about misconduct in relation to an Advance Care Directive not being correctly followed under the Act, call 1300 419 495, or from outside Australia, 03 9285 3010.

Legal Services Commission: For advice or to find a witness for your your Advance Care Directive, visit lsc.sa.gov.au or call 1300 366 424.

Office of the Public Advocate: For advice, help, and to resolve disputes, visit opa.sa.gov.au, or call 1800 066 969.

SA Civil and Administrative Tribunal: (formerly the Guardianship Board) To resolve disputes, visit sacat.sa.gov.au or call 08 8368 5600 or 1800 800 501 (Country SA only).

Interpreter services: The Interpreting and Translating Centre (ITC) is a South Australian Government agency employing qualified translators and interpreters experienced in most of the community and commercial languages of South Australia.

They can provide on-site and telephone interpreting in over 100 languages and dialects, including some Aboriginal languages. To contact ITC to discuss an interpreting booking or requirement, visit: translate.sa.gov.au/interpreting-services

Stop Elder Abuse: For concerns about the abuse of an older person's rights, visit sahealth.sa.gov.au/stopelderabuse or call 1800 372 310.

Aged Rights Advocacy Service: For free advice about your rights, visit sa.agedrights.asn.au or call 08 8232 5377 or 1800 700 600 (Country SA only).

Seniors Information Service: For independent information, support and advice to regarding housing, home support and respite, and residential aged care, visit seniors.asn.au or call 08 8168 8776 or 1800 636 368 (Country SA only).

Palliative Care South Australia: visit pallcare.asn.au or call 08 8271 1643

Personally Controlled Electronic Health Record: visit ehealth.gov.au

Plan Ahead (SA): For information on Plan Ahead Week, visit sahealth.sa.gov.au/planningahead

Start2Talk: For information on planning ahead, visit start2talk.org.au

Law Society of South Australia: For advice or to find a witness for your Advance Care Directive, visit lawsociety.sa.asn.au or call 08 8229 0200

Royal Association of Justices SA: For information about witnessing Advance Care Directives, visit rajsa.com.au or call 08 8297 4044.

Justice of the Peace Service: For assistance with witnessing Advance Care Directives, email jpservices@sa.gov.au or call 131 882.



Your initial:	Witness initial:	Date: / /
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ADVANCE CARE DIRECTIVE FORM

Made under the *Advance Care Directives Act 2013 (SA)*

Any Advance Care Directive that you have previously made under this Act is automatically revoked (cancelled) when you complete this Advance Care Directive Form ('Form').

This Form is designed for people with decision-making capacity, aged 18 years or older, to complete using the **Do-It-Yourself Guide**.

Certification statement or JP stamp.
For use of certifying copies only (leave blank on original).

PART 1

Personal details

You **must** fill in your full legal name, date of birth and address. Sex at birth, gender, phone number and health condition information is **optional**.

Your full legal name:*	.....
Date of birth (dd/mm/yyyy):* / /
Sex at birth:	.....
Gender:	.....
Address:*	..... ..... .....
Phone number:	.....
My health conditions that are important to note are: <i>If you have no health conditions you would like noted, cross out this section by placing a large 'Z'.</i>	..... ..... ..... ..... .....

Your
initial:

Witness
initial:

Date: / /

**PART
2A**

Appointment of Substitute Decision-Maker/s *(optional)*

A Substitute Decision-Maker has the legal authority to make decisions on your behalf if you do not have decision-making capacity to make a particular decision.

- » It is not a legal requirement to appoint Substitute Decision-Maker/s.
- » This Form allows you to appoint up to **four** people. For appointing additional people, please download additional pages from advancecaredirectives.sa.gov.au.
- » Your first preferred Substitute Decision-Maker is the first person you list below who is reasonably available, willing and able to make decisions on your behalf, and is responsible for contacting any other appointed Substitute Decision-Makers when decisions need to be made.
- » **Your Substitute Decision-Makers must sign Part 5 of this Form before you sign Part 7.**

Cross out this section by placing a large 'Z', if you are not appointing a first preferred person.

Substitute Decision-Maker (first preferred)

Fill in the details of your first preferred Substitute Decision-Maker here.

Full name:*	.....
Date of birth (dd/mm/yyyy):* / /
Address:*	..... .....
Phone number:*	.....

Cross out this section by placing a large 'Z', if you are not appointing an additional person.

Substitute Decision-Maker

Full name:*	.....
Date of birth (dd/mm/yyyy):* / /
Address:*	..... .....
Phone number:*	.....

Your
initial:

Witness
initial:

Date: / /

PART 3

Values and wishes *(optional)*

Your values and wishes in your Advance Care Directive are not legally binding, but must still be followed by any appointed Substitute Decision-Makers or Person/s Responsible.

Discuss your values and wishes with your Substitute Decision-Maker/s (if you appoint any) and those close to you. Refer to **Part 3** of the **Do-It-Yourself Guide** for more information. You may complete all, some, or none of sections a) to g).

a) What is important to me:

What living well means to me. Refer to **Part 3a** of the **Do-It-Yourself Guide**.

Draw a large 'Z' in the sections you do not complete.

Large rectangular area with horizontal dotted lines for writing.

Your initial:

Witness initial:

Date: / /

b) Health care I prefer:

Refer to **Part 3b** of the **Do-It-Yourself Guide**.

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c) Where I wish to live:

Refer to **Part 3c** of the **Do-It-Yourself Guide**.

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Your
initial:

Witness
initial:

Date: / /

PART 3
cont.

Values and wishes *(optional)*

d) Other things I would like known are:

Refer to **Part 3d** of the **Do-It-Yourself Guide**.

Dotted lines for writing.

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

Refer to **Part 3e** of the **Do-It-Yourself Guide**.

Dotted lines for writing.

Your
initial:

Witness
initial:

Date: / /

f) I am nearing death, the following would be important to me:
Refer to **Part 3f** of the **Do-It-Yourself Guide**.

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

g) Select one statement below and mark your response by ticking the box.
Refer to **Part 3g** of the **Do-It-Yourself Guide**.
By visiting [DonateLife.gov.au](https://www.donatelife.gov.au) or ticking the box on your driver's licence, you can register your wish to become an organ and tissue donor.

I am willing to be considered for organ and tissue donation and recognise that medical interventions may be necessary for donation to take place.	
I am <u>not</u> willing to be considered for organ and tissue donation.	

Your initial:

Witness initial:

Date: / /

PART 4

Refusal/s of health care (optional)

Refusals of health care are legally binding and communicate your medical treatment decision/s directly to your health practitioner/s.

- » Part 4 of this Form will only be used if you do not have decision-making capacity to make a particular health care decision.
» If any of your statements are unclear or uncertain in particular circumstances, it will become a value and/or wishes instruction.
» In some limited circumstances set out in the Act, a health practitioner may not be required to comply with this section of the Form.
» It is recommended that you consult a health practitioner if you choose to complete this section of the Form.
» You should include details about the circumstances in which you want to refuse treatment.
» In an end-of-life care situation, certain medical interventions may be required for organ and tissue donation to take place, if you are a registered donor.
» You cannot refuse compulsory mental health treatment, for example, treatment listed under a community treatment order, if you have one.

I refuse the following health care:

Specify the health care and the circumstances. Refer to Part 4 of the Do-It-Yourself Guide.

Cross out this section by placing a large 'Z', if you do not want to refuse future health care.

Large rectangular area with horizontal dotted lines for writing.

Your
initial:

Witness
initial:

Date: / /

PART 5

Substitute Decision-Maker Acceptance

Each Substitute Decision-Maker you appoint must read the Information for Substitute Decision-Makers and sign this Form before you and your witness sign.

Substitute Decision-Maker (first preferred)

I accept my appointment as Substitute Decision-Maker and state that:

- » I have read the **Information for Substitute Decision-Makers**; and
- » I understand the obligations of an appointed Substitute Decision-Maker; and
- » I undertake to act in accordance with any known values and wishes of the person making the appointment; and
- » I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person’s individuality.

Cross out this section by placing a large 'Z', if you are not appointing a first preferred person

Full name:*	.....
Signature:*	.....
Date (dd/mm/yyyy):* / /

Substitute Decision-Maker

I accept my appointment as Substitute Decision-Maker and state that:

- » I have read the **Information for Substitute Decision-Makers**; and
- » I understand the obligations of an appointed Substitute Decision-Maker; and
- » I undertake to act in accordance with any known values and wishes of the person making the appointment; and
- » I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person’s individuality.

Cross out this section by placing a large 'Z', if you are not appointing an additional person.

Full name:*	.....
Signature:*	.....
Date (dd/mm/yyyy):* / /

Your
initial:

Witness
initial:

Date: / /

PART 5
cont.

Substitute Decision-Maker

I accept my appointment as Substitute Decision-Maker and state that:

- » I have read the **Information for Substitute Decision-Makers**; and
- » I understand the obligations of an appointed Substitute Decision-Maker; and
- » I undertake to act in accordance with any known values and wishes of the person making the appointment; and
- » I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person's individuality.

Cross out this section by placing a large 'Z', if you are not appointing an additional person.

Full name:*	.....
Signature:*	.....
Date (dd/mm/yyyy):*/...../.....

Substitute Decision-Maker

I accept my appointment as Substitute Decision-Maker and state that:

- » I have read the **Information for Substitute Decision-Makers**; and
- » I understand the obligations of an appointed Substitute Decision-Maker; and
- » I undertake to act in accordance with any known values and wishes of the person making the appointment; and
- » I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person's individuality.

Cross out this section by placing a large 'Z', if you are not appointing an additional person.

Full name:*	.....
Signature:*	.....
Date (dd/mm/yyyy):*/...../.....

PART 6

Expiry date (optional)

Only complete this part if you want this Advance Care Directive to have an expiry date. Refer to **Part 6** of the **Do-It-Yourself Guide**.

This Advance Care Directive expires on: (dd/mm/yyyy)/...../.....
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Your
initial:

Witness
initial:

Date: / /

PART 7

Witnessing

a) Signature of person giving this directive *(You sign here)*

You declare that:

- » I give this Advance Care Directive of my own free will; and
- » I certify that I understand the information in the **Information Statement** given to me by my authorised witness.

Full legal name:*	.....
Signature:*	.....
Date (dd/mm/yyyy):* / /

b) Signature of authorised witness

The authorised witness certifies that:

- » I meet the requirements of an authorised witness in accordance with Section 15 of the Act and as specified in the **Information for Witnesses**; and
- » I gave the person making this Advance Care Directive the **Information Statement** as per Section 15(1)(b) of the Act; and
- » At the time of signing the document, the person giving this Advance Care Directive appeared to understand the **Information Statement** and appeared to have decision-making capacity; and
- » The person appeared to freely and voluntarily make this Advance Care Directive; and
- » The person, or someone on their behalf, signed this document in my presence.

Full name:*	.....
Witness category:*	.....
Phone:*	.....
Signature/stamp of witness:*	
Date (dd/mm/yyyy):* / /
Extra execution statement:	..... .....

You and your witness must initial and date each page of this Advance Care Directive before you and your witness sign this page.

Take both the Information Statement and Information for Witnesses, located in your Advance Care Directive Kit, with you to get your Advance Care Directive witnessed.

Use the extra execution statement space if the person, due to an injury, illness or disability executed this Form in another way such as by placing a 'mark', or if someone signed on their behalf.

Your
initial:

Witness
initial:

Date: / /

PART 8

Interpreter statement

If an interpreter assisted in the preparation of this document:

If an interpreter helped you to prepare this document, they complete this section. They can fill in this section before the document is witnessed or at the time the document is witnessed.

Refer to the **Information for Interpreters** and **Part 8** of the **Do-It-Yourself Guide**.

Cross out this section by placing a large 'Z' if an interpreter was not used in the preparation of this document.

Name of interpreter:*

.....

If accredited with the National Accreditation Authority:

NAATI number:

.....

I meet the requirements of an interpreter under Section 14(2) of the Act.

I provided a true and correct interpretation to facilitate the witnessing of the document.

Signature of interpreter:*

.....

Date (dd/mm/yyyy):*

...../...../.....

You have reached the end of this Form.

It is recommended that you **review your Advance Care Directive every two years**, or whenever there is a change in your personal or medical circumstances.

- » Please keep your original Advance Care Directive safe and accessible for when it is needed.
- » Ensure that your Substitute Decision-Maker/s (if any) has read and understood the contents of your Advance Care Directive.
- » Your Advance Care Directive can be uploaded to your My Health Record and should be shared with your Substitute Decision-Maker/s and relevant health practitioner/s and/or health service/s.



INFORMATION STATEMENT

Take this document
with you to get
your Advance Care
Directive witnessed.

Your witness will ask you to read this Information Statement, and then ask you some questions.

This is to make sure that you understand what you are doing by making an Advance Care Directive, and that it is your choice to write one.



Did you know?

The Information Statement is available in other languages on the Advance Care Directive website (advancecaredirectives.sa.gov.au)

ADVANCE CARE DIRECTIVE

What is an Advance Care Directive?

An Advance Care Directive is a legal form that allows people aged 18 years and older to:

- » write down their wishes, preferences and instructions for future health care, end of life, living arrangements and personal matters; and/or
- » appoint one or more Substitute Decision-Makers to make these decisions on their behalf when they are not able to make a particular decision for themselves.

It cannot be used to make financial decisions.

If you have written a refusal of health care, it must be followed if it is relevant to the circumstances at the time.

All other information written in your Advance Care Directive should be used to help your Substitute Decision-Maker/s, your health care workers or Person/s Responsible (for example, close family/friends) make decisions on your behalf.

It is your choice whether or not to have an Advance Care Directive. No one can force you to have one, or to write things you do not want to write. These are offences under the law.

As long as you are able to make legal documents, you can change your Advance Care Directive by completing a new Advance Care Directive Form.

Your new Advance Care Directive Form will replace all other documents you may have completed previously, including an Enduring Power of Guardianship, Medical Power of Attorney or Anticipatory Direction.

When will it be used?

Your Advance Care Directive can only be used if you are not able to make your own decisions, either temporarily or permanently.

You will be considered unable to make a particular decision if you cannot:

- » understand information about the decision
- » understand the risks and benefits of the choices
- » remember the information for a short time; and
- » tell someone what the decision is and why you have made the decision.

If any of the above statements apply to you, someone else will need to make this particular decision for you.

Who will make decisions for you if you cannot?

It is your choice whether you appoint one or more Substitute Decision-Makers.

If you have appointed one or more Substitute Decision-Makers, they will be legally able to make decisions for you about your health care, living arrangements and other personal matters when you are not able to.

You can choose the types of decisions you want them to make in Part 2b: Conditions of Appointment of your Advance Care Directive.

If you do not appoint any Substitute Decision-Makers, someone close to you (like a close family member or friend) may be asked to make a health decision for you. This person is called a 'Person Responsible'.

They must follow any relevant wishes or instructions you have written in your Advance Care Directive.

Anyone making a decision for you will need to make a decision they think you would have made in the same circumstances.

Refusal/s of health care

You may have written in your Advance Care Directive that you do not want certain types of health care (also known as a refusal of health care).

It is important to make sure you have written down when, or under what circumstances, any refusals of health care apply.

If you have refused specific health care in your Advance Care Directive, your Substitute Decision-Maker/s, Person Responsible and your health practitioner must follow that refusal, if it is relevant to the current circumstances.

This means that your health practitioner will not be able to give you the health care or treatment you have refused.

If you refuse health care but do not write down when the refusal applies, it will always apply when you cannot make the decision.

A health practitioner can only go against a refusal of health care if they have evidence to suggest you have changed your mind but did not update your Advance Care Directive, or the health practitioner believes you didn't mean the refusal of health care to apply in the current circumstance.

If this happens, they will need consent from your Substitute Decision-Makers, if you have any, or a Person Responsible, to provide any health care.

You cannot refuse compulsory mental health treatment included in a community or involuntary treatment order if you have one.

ADVANCE CARE DIRECTIVE

Letting people know you have an Advance Care Directive

To let people know you have an Advance Care Directive, it is recommended that you:

1. Complete the Wallet Card on the front cover of this Kit or download and complete a Wallet Card from the Advance Care Directives website (advancecaredirectives.sa.gov.au)
2. Give a certified copy to any appointed Substitute Decision-Makers, your doctor (and any other relevant health care worker), close family or friends, health service you regularly attend and or aged care facility (if relevant) and those close to you.
3. Keep a certified copy with you and where you can easily find it.
4. Fill out the Emergency Medical Information Booklet (emib.org.au) and display it with your Form on your fridge.
5. Add it to your Electronic Health Record (My Health Record) (ehealth.gov.au) if you have one.

For more information

advancecaredirectives.sa.gov.au





INFORMATION FOR SUBSTITUTE DECISION-MAKERS

Read this information before you agree to be appointed as a Substitute Decision-Maker. Keep this information for future reference.

By signing the Advance Care Directive Form you are agreeing to be the person's Substitute Decision-Maker and understand the responsibilities of this role.

Before you sign, make sure you understand:

- » what types of decisions you will be able to make
- » how the person wants you to make those decisions for them; and
- » whether you are able to be a Substitute Decision-Maker.

People who **cannot** be appointed as a Substitute Decision-Maker include the person's:

- » doctor
- » nurse; or
- » paid professional carer.

Family members or friends who are paid a Carer Allowance by Centrelink **can be** appointed as Substitute Decision-Makers.

After you are appointed, you should keep a certified copy of the completed and signed Advance Care Directive where you can easily find it.

You should try to have regular discussions with the person who appointed you, in case their circumstances change.

What is the role of a Substitute Decision-Maker?

As a Substitute Decision-Maker, you must try to make a decision you believe the person would have made for themselves in the same situation.

As a Substitute Decision-Maker, you can make all the decisions the person wanted you to make, but you cannot:

- » make a decision which would be illegal, such as requesting any illicit drugs.
- » refuse food and water to be given to them by mouth.
- » refuse medicine for pain or distress (for example, palliative care).
- » make legal or financial decisions (unless you have also been appointed as an Enduring Power of Attorney for financial matters).

When contacted and asked to make a decision, you must:

- » Only make a decision when the person who appointed you cannot make their own decision, whether it be temporary or permanent.
- » Support that person to make their own decisions if they are able to.
- » Produce an original or certified copy of the person's Advance Care Directive Form or advise if it can be accessed in an electronic record (e.g., My Health Record).
- » Only make decisions that you have been appointed to make.
- » Try to contact any other Substitute Decision-Maker who has been appointed to make the same types of decisions as you.
- » Only make a decision on your own if no other Substitute Decision-Maker with the same decision-making responsibility as you cannot be contacted, or if the decision is urgent.
- » Inform any other Substitute Decision-Maker/s of the decisions you make.
- » Try to make a decision you believe the person would have made in the same circumstances. For guidance when making decisions, look at the Decision-Making Pathway on the last page of the **Information for Substitute Decision-Makers**, or for more detail visit advancecaredirectives.sa.gov.au

Where to get help, advice and more information

Visit the Advance Care Directives website:
advancecaredirectives.sa.gov.au

You can also call the Legal Services Commission help line on 1300 366 424.

Office of the Public Advocate:

- » Website: opa.sa.gov.au
- » Substitute Decision-Maker Toolkit
- » Information Service: 1800 066 969
- » Dispute Resolution Service website:
opa.sa.gov.au/what_we_do/dispute_resolution_service

Stand in my shoes: a guide to decision making for Substitute Decision-Makers

1

Is the person able to make a decision? As Substitute Decision-Maker, you may want to assess whether the person is able to make their own decision for yourself. Visit the website to learn more about how to assess decision making capacity. If the person is unable to make their own decision (meaning a substitute decision is required), move to Step 2.

2

Check whether the person's preferences are included in their Advance Care Directive. Check whether preferences relevant to the decision have been included in the person's Advance Care Directive or mentioned to you in a previous discussion.

3

Listen to health professionals. For decisions relating to the person's health, listen to the advice given by health professionals about treatment, health care options and likely outcomes. Think about how this advice lines up with the person's wishes, in particular:

- » interventions some people might think are overly burdensome or intrusive
- » 'What is important to me', 'Health care I prefer' and 'Refusals of health care' included in Part 3 and Part 4 of the Form.

4

Comply. Make sure you comply with specific refusals of medical treatments or health care and interventions if they apply to the current circumstances (Part 4 of the Form).

5

Consider other preferences. Consider other preferences and directions in the Advance Care Directive, relevant to your current decision (Part 3 of the Form).

6

Consultation. If there are no other specific relevant preferences or directions, contact other people close to the person to see if there were any relevant, previously expressed views and social or relationship factors to consider in decision making.

7

What do you know about the person? Think about the person's known values, life goals and cultural, linguistic and religious preferences, and make the decision that the person would make if they had access to current information and advice.

8

Consider the options. If you find you have many options that meet the decision-making criteria: (1) uphold the person's wishes, (2) choose the least restrictive option, or (3) choose the option that most reflects the decision the person would have made.

9

Post-decision care. Think about where the person will live once the decision has been made, for example, are there care arrangements in place so that the person can continue to live at home?

10

Decide. If there is no evidence of what the person would have decided, make the decision that would best provide for the person's care and protect their interests.



INFORMATION FOR WITNESSES

The following persons or classes of persons are considered authorised witnesses. Check that you fit one of the authorised witness categories (as per Schedule 1 of the Regulations):

<input type="checkbox"/>	Health practitioners
<input type="checkbox"/>	Justices of the Peace
<input type="checkbox"/>	Legal practitioners
<input type="checkbox"/>	Police officers
<input type="checkbox"/>	Social workers
<input type="checkbox"/>	Teachers

Take this document with you to get your Advance Care Directive witnessed.

ADVANCE CARE DIRECTIVE

You must be independent of the person you are witnessing for, which means you cannot be:

- » a beneficiary in their will
- » appointed as their Substitute Decision-Maker; or
- » their health practitioner or paid professional carer.

If there is a chance you will be the person's health practitioner in the future, you should not witness their Advance Care Directive.

It is your choice whether or not you witness a person's Advance Care Directive.

- » To be valid under the Act, an Advance Care Directive must be completed on the official Advance Care Directive Form. It may be completed in handwriting (ink only) or electronically.
- » Do not witness the Advance Care Directive until it has been finalised, including signed by any Substitute Decision-Makers (you do not need to witness the acceptance).
- » It is not your role to check the content of the person's Advance Care Directive.
- » If you think the person is not competent to complete an Advance Care Directive, you can request they provide medical documentation which states that they are.

Training

A list of training for witnesses is available at:

advanccaredirectives.sa.gov.au



For Justices of the Peace requiring assistance with witnessing an Advance Care Directive, you can:

- » Call 131 882
- » Email: jpservices@sa.gov.au
- » View the JP Handbook at agd.sa.gov.au

Checklist for witnesses

To fulfil your obligations as a witness, it is strongly encouraged that you complete the online training for witnesses. You must complete the following checklist:

<input type="checkbox"/>	Confirm that the identity of the person matches the details on the Form .												
<input type="checkbox"/>	Ask the person to read the Information Statement . If they did not bring theirs with them, or you do not have a copy, you can download or view a copy on a computer or smart device, such as your mobile phone, at advancecaredirectives.sa.gov.au												
<input type="checkbox"/>	Speak with the person alone so you can assess if they are voluntarily giving the Advance Care Directive and to limit the possibility of coercion by others. If you reasonably suspect the person is not making their Advance Care Directive of their own free will, do not witness the document and refer them to page 28 of the Do-It-Yourself Guide , which provides additional support contact information.												
<input type="checkbox"/>	Check that the Form has been written in ink and whether there are any alterations to the Form (including white-out). You and the person completing the Form should initial and date any alterations. Make sure any blank sections have a large 'Z' drawn across them. You do not need to initial the 'Z's'.												
<input type="checkbox"/>	<p>Once the person has read the Information Statement ask the questions below to make sure you are satisfied the person appears to understand the Information Statement and that they do not appear to be acting under duress or coercion.</p> <table border="1" data-bbox="280 1350 1487 1926"> <tr> <td data-bbox="280 1350 368 1435"><input type="radio"/></td> <td data-bbox="368 1350 1487 1435">What is an Advance Care Directive?</td> </tr> <tr> <td data-bbox="280 1435 368 1525"><input type="radio"/></td> <td data-bbox="368 1435 1487 1525">When will your Advance Care Directive be used?</td> </tr> <tr> <td data-bbox="280 1525 368 1615"><input type="radio"/></td> <td data-bbox="368 1525 1487 1615">What types of decisions will it cover?</td> </tr> <tr> <td data-bbox="280 1615 368 1704"><input type="radio"/></td> <td data-bbox="368 1615 1487 1704">Who will have to follow your Advance Care Directive?</td> </tr> <tr> <td data-bbox="280 1704 368 1794"><input type="radio"/></td> <td data-bbox="368 1704 1487 1794">Why have you decided to complete an Advance Care Directive?</td> </tr> <tr> <td data-bbox="280 1794 368 1926"><input type="radio"/></td> <td data-bbox="368 1794 1487 1926">Have you appointed any Substitute Decision-Makers? Why did you choose them? What decisions will they be able to make? When will they be able to make decisions for you?</td> </tr> </table>	<input type="radio"/>	What is an Advance Care Directive?	<input type="radio"/>	When will your Advance Care Directive be used?	<input type="radio"/>	What types of decisions will it cover?	<input type="radio"/>	Who will have to follow your Advance Care Directive?	<input type="radio"/>	Why have you decided to complete an Advance Care Directive?	<input type="radio"/>	Have you appointed any Substitute Decision-Makers? Why did you choose them? What decisions will they be able to make? When will they be able to make decisions for you?
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<input type="radio"/>	What types of decisions will it cover?												
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<input type="radio"/>	Have you appointed any Substitute Decision-Makers? Why did you choose them? What decisions will they be able to make? When will they be able to make decisions for you?												

ADVANCE CARE DIRECTIVE

<input type="checkbox"/>	<p>If the person has appointed any Substitute Decision-Makers, make sure they have signed the Form and accepted their appointment. This must be done before you witness the document. You do not need to witness the acceptance.</p> <p>If the person is appointing more than four Substitute Decision-Makers, ensure the downloadable additional pages to appoint more Substitute Decision-Makers have been inserted in the correct order and the pages are numbered sequentially.</p>
<input type="checkbox"/>	<p>If you are satisfied that the person appears to understand the Information Statement and that they do not appear to be acting under duress or coercion, ask the person to sign the Form in front of you. If they are physically unable to sign due to an injury, illness or disability, another person can sign on their behalf. This person should not be an appointed Substitute Decision-Maker.</p>
<input type="checkbox"/>	<p>Both you and the person giving this Advance Care Directive must initial and date each page of the Advance Care Directive in the boxes provided on the Form.</p>
<input type="checkbox"/>	<p>Fill in the Witnessing section Part 7b of the Form. Record your name, witness category and contact details and then sign the Form. Fill in the 'extra execution statement' section if the person executed their Advance Care Directive in another way, such as by placing a 'mark' or if someone signed on their behalf.</p>
<input type="checkbox"/>	<p>If you are able to, make multiple certified copies of the document after it has been signed by all parties and witnessed. There is a space on the first page of the Form for certifying copies. Please see below for instructions on how to certify copies.</p>

Instructions for certifying copies of Advance Care Directives:

When certifying copies of Advance Care Directives, you must:

- » sight the original Advance Care Directive and check that the copy or copies is an identical copy of the original.
- » stamp or write the certification statement on the front page of the Advance Care Directive Form in the certification box.

For Justices of the Peace:

- » sign and put your JP stamp underneath the certification, or if you do not have a stamp, write your full name, your JP ID number and the words 'Justice of the Peace for South Australia'.

A suggested certification statement:

I (insert name), (insert occupation) certify that this and the following (insert number) pages to be a true copy of the original sighted by me.

Signed

Date/...../.....

There is space on the front of the Advance Care Directive Form for the witness to use when they certify each of the photocopies.



INFORMATION FOR INTERPRETERS

You are reading this because you have been asked to help someone complete an Advance Care Directive, and they require assistance with the English language.

Under Section 14 of the *Advance Care Directives Act 2013*, to fulfill the requirements of an interpreter, you must:

a	be an adult with legal capacity; and
	you cannot:
b	be appointed as a Substitute Decision-Maker for the person giving this Advance Care Directive,
c	have an interest in the estate of the person giving the Advance Care Directive,
d	be a health practitioner responsible for the care of the person,
e	occupy a position of authority by virtue of your employment in a hospital, aged care facility or other institution.

ADVANCE CARE DIRECTIVE

The person may have already completed an Advance Care Directive in their own language. If they have, you will need another blank Advance Care Directive Form (available on the website) to translate their words into English on the blank Form.

The official copy of the person's Advance Care Directive must be in English so others, especially those providing healthcare, can read it.

As the interpreter, you must fill in **Part 8 of the Form**.



Did you know?

The Information Statement is available in other languages on the Advance Care Directive website (advancecaredirectives.sa.gov.au)

By signing your name, you are certifying that:

1	You gave the person the Information Statement (you may have to read it to them) and in your opinion, they appeared to understand the information given.
2	<p>Your translation and what you have written on the Form accurately reproduces in English the information and instructions of the person.</p> <p>There are penalties for writing false or misleading statements on an Advance Care Directive or forcing someone to write information in an Advance Care Directive that they do not want to write.</p> <p>You must explain to the person that they need to sign their Advance Care Directive in front of an authorised witness.</p> <p>You may also be able to witness their Advance Care Directive, if you are also an authorised witness as specified under the Act and Regulations.</p>

A series of horizontal dotted lines for writing notes.

ADVANCE CARE DIRECTIVE

A series of horizontal dotted lines providing a template for writing an advance care directive.



Government
of South Australia



For more information

Call: 1300 366 424

Visit: advancecaredirectives.sa.gov.au

Advance Care Directives

Department for Health and Wellbeing