



SHORT INSTRUCTIONS FOR COMPLETING THE ADVANCE CARE DIRECTIVE FORM.



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Use these instructions to complete the parts of the Advance Care Directive Form relevant to you.

Cross out any sections that are not relevant to you by placing a large “Z” in that section of the Form.

In your Advance Care Directive, you can:

Appoint Substitute Decision-Maker/s

Include your values and wishes

Refuse health care.

Quick Glossary:

Advance Care Directive:

A legal form for people aged 18 years and older. It can record your wishes and instructions for your future health care, end of life, preferred living arrangements and other personal matters. It can also be used to appoint one or more adults (known as Substitute Decision-Makers) to make these decisions for you, if you are unable to make your own decisions.

Substitute Decision-Maker:

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.

Refusal/s of health care:

The right to make decisions about your health care by refusing (a type of) medical treatment. Refusals of health care are legally binding and must be followed by your health practitioner.

These short instructions accompany the Advance Care Directive Form.

For more information, please read the in-depth Do-It-Yourself Guide located in the Advance Care Directives Kit or on the Advance Care Directives website. To access the online Form, visit the Advance Care Directive website.

advancecaredirectives.sa.gov.au



If you previously made an Advance Care Directive...

If you previously made an Advance Care Directive under the *Advance Care Directives Act 2013*, it is automatically revoked (cancelled) when you make a new one.

Replace an old Advance Care Directive with your most recent Advance Care Directive to ensure your Substitute Decision-Maker/s and health practitioner/s have the correct records.

PART 1

Personal Details

Your personal details

To make a valid Advance Care Directive, you must include your full legal name, date of birth and address. Including your sex at birth, gender and phone number information is optional.

Any health conditions that are important to note

This information provides context for your Substitute Decision-Maker/s and health practitioner/s about your health when you wrote this directive. List any health conditions you would like noted, for example, diabetes or other conditions that would be helpful for a health practitioner to know. If your health problems change, your Substitute Decision-Maker/s and health practitioner/s will be able to find up-to-date information about this on your patient record.

PART 2A

Appointment of Substitute Decision-Maker/s

Appointing Substitute Decision-Maker/s is optional. The Form allows you to appoint up to four people. Any additional appointments require you to download additional pages from the Advance Care Directives website: advancecaredirectives.sa.gov.au.

The first person you list is your 'first preferred' Substitute Decision-Maker, and is usually someone who is reasonably available, willing, and able to make decisions on your behalf. Some considerations of who your Substitute Decision-Maker/s may be, include:

- » your spouse or domestic partner
- » your primary carer*
- » your adult child
- » your parent
- » your adult sibling.

*

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).

If you do not have decision-making capacity and if you have not appointed a Substitute Decision-Maker or a Substitute Decision-Maker cannot be located:

- a. in an emergency, doctors can treat you if they agree that they should
- b. a Person Responsible can still give consent (in accordance with the legal hierarchy in the *Consent to Medical Treatment and Palliative Care Act 1995*)
- c. if no Person Responsible is willing or able, an application must be made to South Australian Civil and Administrative Tribunal (SACAT) for a guardian to be appointed.

PART 2B

Conditions of appointment

This part is optional. You may wish to write down how you want your Substitute Decision-Makers to make decisions for you, and the types of decisions they can make.

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

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

PART 3

Values and wishes

This part is optional. However, completing this section will be helpful for others/your Substitute Decision-Maker/s (if you appoint any), to help them make decisions that they reasonably believe you would make, if you had the capacity to do so.

Completing your values and wishes is one way to communicate your preferences, such as what is important to you, health care you prefer, living and other personal arrangements and dying wishes. The information you write in this section should help to make the decision/s you would want.

People can rely on what you write in your values and wishes because:

- » you sign your Advance Care Directive in front of an authorised witness who certifies that you have decision-making capacity and are making it voluntarily
- » your authorised witness is required to check that you understand the nature and effect of what you have written.

Even if you do not have a Substitute Decision-Maker, recording and discussing your values and wishes with those close to you is important. If you become unable to make your own health care decisions, a Person Responsible will be able to use the information in your Advance Care Directive to advocate for your wishes. If the South Australian Civil and Administrative Tribunal (SACAT) has appointed the Public Advocate to make decisions for you, they would also use the information in your Advance Care Directive to inform any decisions made on your behalf.

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

The suggested statements in the Do-It-Yourself Guide are to help you get started. You can complete all or some, or none, of the sections in Part 3.

PART 3 cont.

a) What is important to you (what living well means to you)

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

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

For example:

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

b) Health care you prefer

You may have specific preferences that you want others/your Substitute Decision-Maker/s (if you appoint any) to know. Among other things, you can include information about your preferences that relate to:

- » treatment with prescription medicine
- » treatment for mental illness
- » dental treatment.

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

c) Where you wish to live

It will help others or your Substitute Decision-Maker/s (if you appoint any) if they understand how you feel about different living options or your preferred place of care, for example home, hospice or hospital.

d) Other things you would like known

There may be other things that will help others or your Substitute Decision-Maker/s (if you appoint any) to understand what you like / dislike. These could include your spiritual, religious, or cultural beliefs, sexuality, gender identity, some activities, interests and hobbies that are important to you.

e) Other people you would like involved in discussions about your care

Consider if there are other people you would like your Substitute Decision-Maker/s and health practitioner/s to involve in discussions about your care.

f) If you are nearing death (dying wishes)

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

g) If you are supportive of organ and tissue donation

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



Find more information about registering to become a donor or about medical interventions required for successful **organ and tissue donation** on the Australian Government's Donate Life website: [DonateLife.gov.au](https://www.donatelife.gov.au).

PART 4**Refusal/s of health care**

You should only complete the refusal/s of health care section if you know the health care that you do not want in the future, as this section is legally binding.

These decisions are directed toward your health practitioner/s, which can be relayed by your Substitute Decision-Maker/s (if you have appointed any).



Be aware that refusing health care in your Advance Care Directive could be acted on in situations you may have not considered.

Consulting your doctor

If you choose to include refusals of health care, it is recommended that you consult your doctor first, to make sure you have the information you need.

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

You should also make sure your statements and intentions are clear in your Advance Care Directive. It can be helpful to include the reasons for your statements/decisions to refuse medical treatment.

PART 4 *cont.*

How your refusal/s of health care will be used

In the future, if you do not have decision-making capacity to make a health care decision, your health practitioner/s should see if you have made an Advance Care Directive. They will read your refusals of health care to see if you made a decision about the health care they are proposing. If you made a decision in this section to refuse particular health care, your health practitioner must follow your instructions.

Organ and tissue donation

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

Other things to keep in mind

Keep in mind that your health practitioner/s will only provide health care that is medically appropriate. They are not required to offer a treatment if you or your Substitute Decision-Maker/s ask for it.

If you make any statements about palliative care, they will be considered a value and/or wish.

Keep in mind that your health practitioner/s cannot do anything that would require them to do something unlawful or breach their professional code of practice.



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

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.

It is important that your Substitute Decision-Maker/s read the **Information for Substitute Decision-Makers**, so they understand and accept their role and responsibility.



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 this section of the Form.

PART 6

Expiry date

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



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

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

PART 7

Witnessing

Witnessing requirements

To make a valid Advance Care Directive you need to sign your Advance Care Directive in front of an authorised witness. Your witness cannot be someone you have appointed as your Substitute Decision-Maker/s, or a health practitioner/GP directly involved in your care. Your Substitute-Decision-Maker/s must sign your Advance Care Directive before you and your witness sign. You **must** take the **Information Statement** and **Information for Witnesses**, located in your Advance Care Directives Kit, along with you when you have your Advance Care Directive witnessed.

Information for witnesses

To help your witness understand their role, please refer to the **Information for Witnesses** which includes a checklist and can be found in your Advance Care Directives Kit.

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

PART 8

Interpreter statement

If an interpreter assists you in preparing your Advance Care Directive, they will need to sign the interpreter statement in Part 8. They can fill in this section before the document is witnessed or when the document is witnessed.

If you need an interpreter, it is strongly recommended that you use an independent accredited and/or qualified interpreter, however it is not a legal requirement that they be accredited.

Information for Interpreters can be found in your Advance Care Directives Kit.

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

After you have completed your Advance Care Directive

When will your Advance Care Directive be used?

Your Advance Care Directive is valid as soon as it is signed and witnessed correctly and will be used when you do not have the capacity to make a particular decision/s.

Who to discuss your Advance Care Directive with?

After you have completed your Advance Care Directive, it is important that you share and discuss it with your Substitute Decision-Maker/s, your family and/or friends and relevant health practitioners.

Who to give copies to?

Keep the original signed copy of your Advance Care Directive in a safe place. You are encouraged to give any appointed Substitute Decision-Maker/s a certified copy.

Other ways to make sure your Advance Care Directive is readily available to those who might need to refer to it include:

- » uploading a copy of your Advance Care Directive to your My Health Record at myhealthrecord.gov.au
- » giving a copy to your health practitioner and/or your hospital for your medical record
- » giving a copy to any other health practitioners who may need to access your Advance Care Directive.

If you change your mind

You can cancel your Advance Care Directive by completing the 'Cancelling my Advance Care Directive Form'. You can change your Advance Care Directive by completing a new Advance Care Directive.

You may like to keep a list of the people you give a certified copy to so you can ask them to destroy their copy, if you cancel or make a new Advance Care Directive.

Reviewing your Advance Care Directive

Your preferences for medical treatment, health care, accommodation and personal decisions may change over time. For this reason, it is recommended that you **review** your Advance Care Directive **every two years**, or whenever your medical or personal circumstances changes.

This is the short instructions guide. For more in-depth information, including suggested statements and other important information, please read the **Do-It-Yourself Guide** included in the **Advance Care Directives Kit** or view or download it online at advancecaredirectives.sa.gov.au



**ADVANCE
CARE
DIRECTIVE.**



**Government
of South Australia**