

Advance Care Directive Form



Government
of South Australia

By completing this Advance Care Directive you can choose to:

1. Appoint one or more Substitute Decision-Makers and/or
2. Write down your values and wishes to guide decisions about your future health care, end of life, living arrangements and other personal matters and/or
3. Write down health care you do not want in particular circumstances.

Part 1

You must fill in this Part.

Part 2a

Only fill in this Part if you want to appoint one or more Substitute Decision-Makers.

Your Substitute Decision-Maker fills in this section. →

Your Substitute Decision-Maker fills in this section. →

If you did not fill in any of this Part please draw a line diagonally across it.

Part 1: Personal details

Name: _____
(Full name of person giving Advance Care Directive)

Date of birth: ____/____/____

Part 2a: Appointing Substitute Decision-Makers

I appoint: _____
(Name of appointed Substitute Decision-Maker)

Ph: _____ ☎ Date of birth: ____/____/____

I, _____
(Name of appointed Substitute Decision-Maker)

am over 18 years old, and I understand and accept my role and the responsibilities of being a Substitute Decision-Maker as set out in the Substitute Decision-Maker Guidelines.

Signed: _____ Date: ____/____/____
(Signature of appointed Substitute Decision-Maker)

AND

I appoint: _____
(Name of appointed Substitute Decision-Maker)

Ph: _____ ☎ Date of birth: ____/____/____

I, _____
(Name of appointed Substitute Decision-Maker)

am over 18 years old, and I understand and accept my role and the responsibilities of being a Substitute Decision-Maker as set out in the Substitute Decision-Maker Guidelines.

Signed: _____ Date: ____/____/____
(Signature of appointed Substitute Decision-Maker)

Part 2a
(continued over page)

Your initial

Witness initial



Part 2a (cont.)

Your Substitute Decision-Maker fills in this section. →

If you did not appoint a third Substitute Decision-Maker please draw a line diagonally across this Part.

AND

I appoint: _____

(Name of appointed Substitute Decision-Maker)

Ph: _____ ☎ Date of birth: ___ / ___ / ___

I, _____

(Name of appointed Substitute Decision-Maker)

am over 18 years old, and I understand and accept my role and the responsibilities of being a Substitute Decision-Maker as set out in the Substitute Decision-Maker Guidelines.

Signed: _____ Date: ___ / ___ / ___

(Signature of appointed Substitute Decision-Maker)

Part 2b

If you do not specify, your Substitute Decision-Makers will be able to make decisions either together or separately.

You can also write down here what type of decisions (health care, residential or personal) your Substitute Decision-Makers can make.

For more information and suggested statements see page 2 of the Guide.

If you did not fill in Part 2b please draw a line diagonally across it.

Part 2b: Conditions of Appointment

If you have appointed one or more Substitute Decision-Makers would you want them to make decisions together or separately?

Please specify below:

Your initial

Witness initial



Part 3

In this part you can write:

- **What is important to you**
- **Outcomes that you would want to avoid**
- **Health care you prefer**
- **Where you wish to live**
- **Other personal arrangements**
- **Dying wishes**

For more information and suggested statements see page 3 of the Guide.

If you did not fill in this Part please draw a line diagonally across this Part.

For more information about writing down your refusal(s) of health care and some suggested statements see page 8 of the Guide.

If you did not fill in this Part please draw a line diagonally across this Part.

Part 3: What is important to me – my values and wishes:

When decisions are being made for me, I want people to consider the following:

I make the following binding refusal/s of particular health care:

(If you are indicating refusal of health care, you must state when and in what circumstances it will apply as your refusal(s) must be followed, pursuant to section 19 of the Act, if relevant and applicable).

Your initial

Witness initial



Part 4

You must sign this form in front of an **independent witness**.

Only an independent authorised witness can sign your Advance Care Directive

Information for witnesses is included with this Form.

Part 4: Giving my Advance Care Directive

I, _____
(Full name of person giving this Advance Care Directive)

do hereby give this Advance Care Directive of my own free will.

I certify that I was given the Advance Care Directive Information Statement and that I understand the information contained in the Statement.

Signed: _____ Date: ___ / ___ / ___
(Signature of the person giving this Advance Care Directive)

Witness statement

I, _____ certify that:
(Full name of Witness)

I gave: _____
(Full name of person giving this Advance Care Directive)

the Advance Care Directive Information Statement.

In my opinion he/she appeared to understand the information and explanation given and did not appear to be acting under any form of duress or coercion.

He/She signed this Advance Care Directive in my presence.

Ph: _____  _____
(Occupation of Witness)

Signed: _____ Date: ___ / ___ / ___
(Signature of Witness)

Part 5

Do not complete this Part unless an Interpreter was used.

If you did not use an Interpreter please draw a line diagonally across this Part.

Part 5: Interpreter statement

I, _____ certify that:
(Full name of Interpreter)

The Advance Care Directive Information Statement was given through me to _____ (name of person giving Advance Care Directive)

In my opinion he/she appeared to understand the information given.

The information recorded in this Advance Care Directive Form accurately reproduces in English the original information and instructions of the person.

Ph: _____ 

Signed: _____ Date: ___ / ___ / ___
(Signature of Interpreter)

Form approved by the Minister for Health pursuant to the Advance Care Directives Act 2013 (SA)

Your initial

Witness initial



Information Statement

Your witness will ask you to read this Information Statement, and will then ask you a number of questions to make sure that you understand what you are doing by making an Advance Care Directive.

What is an Advance Care Directive?

An Advance Care Directive is a legal form that allows people over the age of 18 years 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 unable to do so themselves.

It cannot be used to make financial decisions.

If you have written a refusal of health care, it must be followed if relevant to the circumstances at the time. All other information written in your Advance Care Directive is advisory and should be used as a guide to decision-making by your Substitute Decision-Maker(s), your health practitioners or anyone else making 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. These are offences under the law.

You can change your Advance Care Directive at any time while you are still able by completing a new Advance Care Directive Form.

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

When will it be used?

Your Advance Care Directive only takes effect (can only be used) if you are unable to make your own decisions, whether temporarily or permanently.

If you cannot:

- understand information about the decision
- understand and appreciate 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.

It means you are unable to make the decision (sometimes called impaired decision-making capacity) and someone else will need to make the decision for you.



Information Statement

Who will make decisions for you when 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 unable to. You can specify the types of decisions you want them to make in the Conditions of Appointment Part 2b of your Advance Care Directive.

If you do not appoint any Substitute Decision-Makers others close to you may be asked to make decisions for you if you are unable to (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.

Refusals 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 health care treatment you have refused.

If you refuse health care but do not write down when the refusal applies, it will apply at all times.

A health practitioner can only override a refusal of health care if there is 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 as listed in a community or involuntary treatment order if you have one.

More information

If you would like further information please read the Advance Care Directives Guide provided with this Form or online at www.advancecaredirectives.sa.gov.au



Substitute Decision-Maker Guidelines

Read these guidelines before you agree to be appointed as a Substitute Decision-Maker.

By signing the Advance Care Directive Form you are stating that you agree to be the person's Substitute Decision-Maker and that you understand your role and responsibilities.

Before you sign, make sure you understand what types of decisions you will be able to make and how the person wants you to make those decisions for them.

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

You should try to have regular discussions with the person in case circumstances change for them.

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 voluntary euthanasia.
- 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:

- Support that person to make their own decision 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.
- Only make decisions which you have been appointed to make under Part 2b Conditions of Appointment.
- Try to contact any other Substitute Decision-Maker 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 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 circumstance. For guidance when making decisions, consult the Decision-Making Pathway at www.advancecaredirectives.sa.gov.au

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Information for Witnesses

Authorised witnesses include Justices of the Peace, lawyers, doctors, nurses, pharmacists, teachers and public servants (more than five years). A full list is available in the Advance Care Directives Guide and on the Advance Care Directives website.

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

Check that you fit one of the authorised witness categories. The full list is available at the end of this Guide.

- You must be **independent** of the person you are witnessing for, and cannot be:
 - a beneficiary in their Will – for example a family member
 - 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.

- To be valid, an Advance Care Directive must be completed on the official Advance Care Directive Form. It may be completed in handwriting or electronic text.
- 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 this).

- 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.

To fulfil your witness obligations you must:

- Make sure the person has a copy of the Advance Care Directive Information Statement. You may need to read it to the person if they are visually impaired.
- Certify that the person appeared to understand the Advance Care Directive Information Statement and that they did not appear to be acting under any form of duress or coercion.
- If you are an interpreter, see the Information for Interpreters.

Penalties

The *Advance Care Directives Act 2013* (SA) contains penalties for making false or misleading statements, as well as penalties for dishonesty, undue influence, or inducing another to give an Advance Care Directive. Maximum penalties are \$20 000 or imprisonment for two years.



Information for Witnesses

Process for correct witnessing

- Confirm that the identity of the person giving the Advance Care Directive matches the details on the Form.
- 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.
- Give the person the Advance Care Directive Information Statement.
- Once the person has read the Advance Care Directive Information Statement you can ask questions to make sure that you are satisfied that the person appears to understand the Advance Care Directive Information Statement and that they do not appear to be acting under duress or coercion.
 - What is an Advance Care Directive?
 - When will your Advance Care Directive be used?
 - What types of decisions will it cover?
 - Who will have to follow your Advance Care Directive?
 - Why have you decided to complete an Advance Care Directive?
 - 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?
- If you haven't appointed any Substitute Decision-Makers, who will make decisions for you when you cannot?
- Check whether there are any alterations to the Advance Care Directive (including white-out). You and the person completing the Advance Care Directive should initial and date any alterations. Make sure any blank sections have a diagonal line across them.
- If you are satisfied that the person appears to understand the Advance Care Directive Information Statement and that they do not appear to be acting under duress or coercion, ask the person to sign the Advance Care Directive in front of you. If they are physically unable to sign, representative can sign this on their behalf.
- Fill in the Witness Statement in Part 4 of the Advance Care Directive Form. Record your name, occupation and contact details and then sign the form.
- Both you and the person **must initial each page of the Advance Care Directive in the boxes provided.**

Please see page 16 of the Guide or visit the website for certifying copies of the original Advance Care Directive Form.

Training

Training is available from the Royal Association of Justices of South Australia (RAJSA) for any witnesses – www.rajsa.asn.au/



Information for Interpreters

You are reading this because you have been asked to help someone complete an Advance Care Directive and English is their second language.

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) and to translate their words into English on the new Form.

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

As the interpreter, you must fill in Part 5 of the Advance Care Directive Form.

Important

By signing your name you are certifying that:

- You gave them the Advance Care Directive Information Statement (you may have to read it to them) and in your opinion, they appeared to understand the information given. The Information Statement is available in a number of different languages on the Advance Care Directives website.

- Your translation, what you have written on the Advance Care Directive Form, accurately reproduces in English the information and instructions of the person.

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.

You must explain to the person that they need to sign their Advance Care Directive in front of an authorised independent witness.

An **independent** witness means you are:

- not a beneficiary in their Will
- not appointed as their Substitute Decision-Maker and
- not the person's health practitioner or paid professional carer.

You may also be able to witness their Advance Care Directive, provided that you are also an authorised witness as specified in this Guide or on the Advance Care Directives website.

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