Government of **Western Australia**
Department of **Health**

A Guide to Making an Advance Health Directive in Western Australia



healthywa.wa.gov.au

Readers are warned that this document may contain images of people who have deceased since the time of publication.

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Important disclaimer

This guide is intended to provide an overview to making an Advance Health Directive in Western Australia. It provides links to further information and resources. It should not be relied on as a substitute for legal or other professional advice. Independent advice should be sought for specific cases requiring legal or other professional input.

Further information about Advance Health Directives is available from:

Department of Health
Phone: 9222 2300
Email: acp@health.wa.gov.au
Website: healthywa.wa.gov.au/AdvanceCarePlanning



Interpreting service

Please ask for an interpreter if you need help to speak to a health service in your language.

Aboriginal Interpreting WA

Phone: 0439 943 612
Website: aiwaac.org.au

National Accreditation Authority for Translators and Interpreters (NAATI)

Phone: 1300 557 470
Website: naati.com.au

TIS National

Phone: 131 450
Ask for an interpreter and ask them to telephone any of the agencies from the Where to go for further information list.

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How to use this guide

This guide provides information to help you prepare and complete your Advance Health Directive.

It may take time to complete your Advance Health Directive – you do not have to complete it in one go. You can complete it in parts.

You will need to think deeply about future situations in which you are unwell and unable to make decisions about your health care. If this feels overwhelming, ask a trusted family member, friend or health professional for support.

Section 1: About Advance Health Directives

This section describes what an Advance Health Directive is and explains why it is helpful. It outlines how your Advance Health Directive will be used and who can make decisions for you if you lose capacity to make or communicate your decisions. It has a checklist for preparing, completing and storing your Advance Health Directive.

Section 2: Step-by-step guide

A step-by-step guide to making an Advance Health Directive, including examples to help you.

Section 3: Helpful information

This section explains words used in Advance Health Directives and provides answers to frequently asked questions. It also provides links for where to go for further information and help to complete your Advance Health Directive.

At the end of this guide is an example of a completed Advance Health Directive. A blank Advance Health Directive is provided as an insert with this guide.

You can refer to the example completed form as you complete your Advance Health Directive.



Section 1:
About Advance Health Directives

This section describes what an Advance Health Directive is and explains why it is helpful. It outlines how your Advance Health Directive will be used and who can make decisions for you if you lose capacity to make or communicate your decisions.

What is an Advance Health Directive?

An Advance Health Directive is a **legal** document that enables you to make decisions now about the treatment and care you do or do not want to receive in future.

An Advance Health Directive will **only** be used if you become seriously unwell or injured and you are unable to make decisions or communicate your wishes. If this happens, your Advance Health Directive becomes your voice. If you need to change your Advance Health Directive, you should revoke (or cancel) your current Advance Health Directive and make a new one.



An Advance Health Directive is one of the documents available in Western Australia (WA) that may be completed as part of the advance care planning process.

Having an Advance Health Directive helps your loved ones and health professionals understand what is important to you about your health and health care.

It is recommended that you talk with your family, carer, a close friend, general practitioner, or other health professionals to help gather your thoughts.

Other resources that you may find helpful include:

- MyValues website – myvalues.org.au
- WA Department of Health advance care planning website – healthywa.wa.gov.au/AdvanceCarePlanning

See the frequently asked questions in Section 3: Helpful information for more information on Advance Health Directives and advance care planning.



Thinking and talking about your future health and end-of-life wishes can be hard. Ask for help if you need support with this.

Who can make an Advance Health Directive?

To make an Advance Health Directive, you must be **18 years or older** and have **full legal capacity** at the time of making the Advance Health Directive.

This means you:

- understand any information or advice given to you to help make decisions in your Advance Health Directive
- understand the likely effect(s) of the decisions you make in your Advance Health Directive on your future treatment and care
- are able to weigh up the possible pros and cons of your decisions about your future treatment and care
- are able to communicate your decisions about your future treatment and health care in some way.

Adults are considered to have capacity unless shown not to. If you have doubts about your current capacity to make a valid Advance Health Directive, ask your doctor for an assessment. You can also ask your doctor if you are worried that your capacity to make decisions may come into question in the future.

Remember, the decisions in your Advance Health Directive will apply when you no longer have decision-making capacity. This could occur in different circumstances (e.g. whilst under anesthetic for a minor procedure or as a result of serious illness or injury). Be sure to specify the circumstances that you want your decisions to apply.

Who will make decisions about your treatment and care if you lose capacity to make or communicate decisions yourself?

If you become unable to make or communicate decisions about your treatment and care, health professionals must follow the hierarchy of treatment decision-makers when making treatment decisions for you.

The hierarchy of treatment decision-makers, shown on the next page, explains the order of decision-makers that health professionals must follow when seeking a treatment decision for you. An Advance Health Directive is the first place a health professional will go to help make decisions about your future care.

What if I do not make an Advance Health Directive?

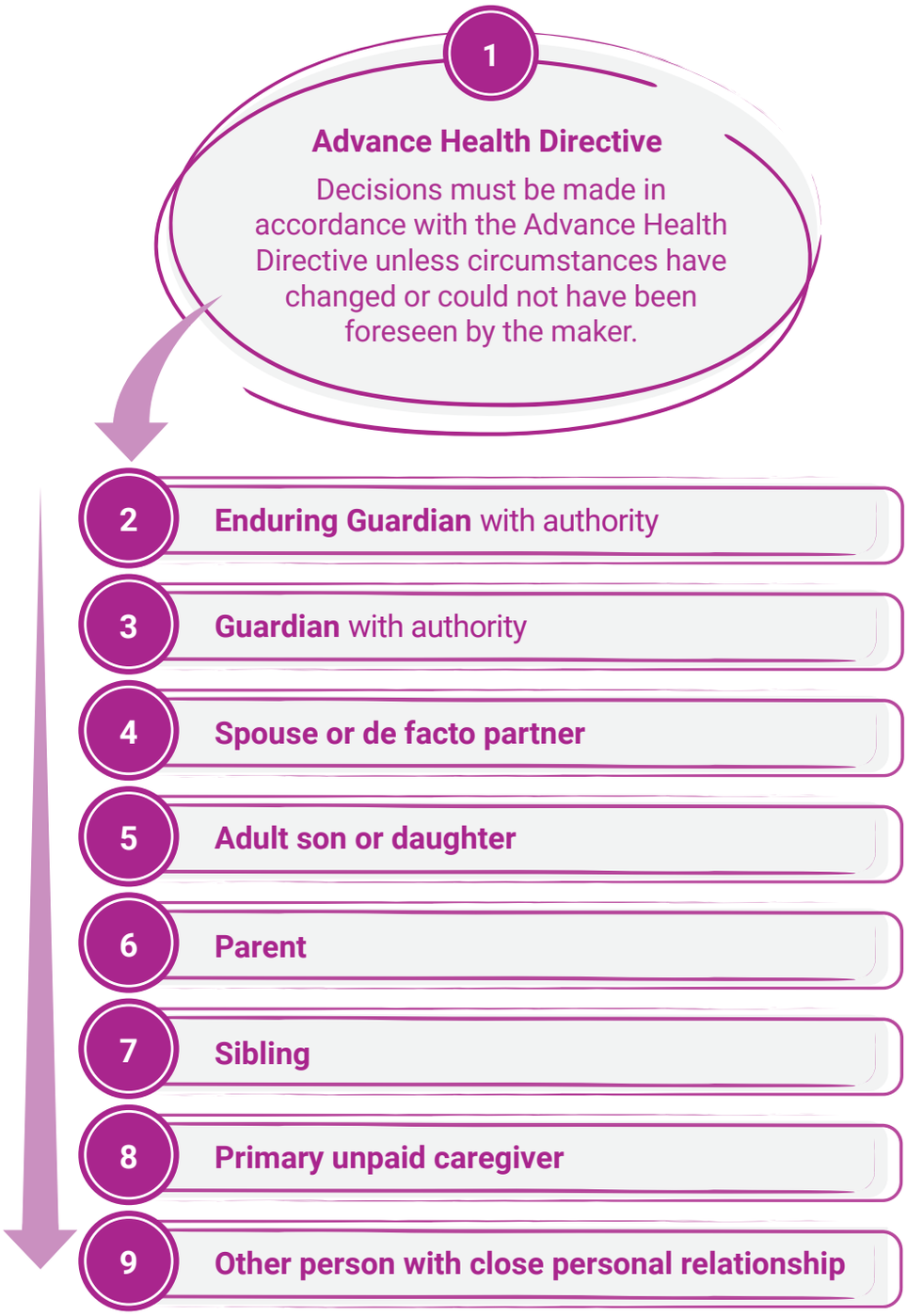
If you do not make an Advance Health Directive, a health professional must go to the first person listed on the hierarchy, who is 18 years or older, has full legal capacity, and is available and willing to make the treatment decision.

If the first person is not available and willing to make the decision, the health professional can go to the next person in the hierarchy, and so on.

What is the hierarchy of treatment decision-makers?

The hierarchy of treatment decision-makers is only used by health professionals when you lose capacity to make and/or communicate decisions about your health care.

Hierarchy of treatment decision-makers



Where an Advance Health Directive does not exist or does not cover the treatment decision required, the health professional must obtain a decision for non-urgent treatment from the first person in the hierarchy who is 18 years or older, has full legal capacity and is willing and available to make a decision.

Even if you have appointed an enduring guardian, you may still choose to make an Advance Health Directive to communicate your preferences about particular treatments you feel strongly about.

See the **frequently asked questions** in Section 3: Helpful information for more information about enduring guardians.

Checklist for making an Advance Health Directive

The actions in bold are required to ensure your Advance Health Directive is valid.

- ☐ Read the Advance Health Directive and use this guide to help you prepare and understand what to consider when completing your Advance Health Directive.
- ☐ Think about what matters most to you – your values, health and health care – and what will be most important if you become seriously unwell or injured in the future.
- ☐ Talk to close family and friends about what is important to you and your values and preferences for health care, including end-of-life care.
- ☐ Ask your doctor to explain the life-sustaining treatment options listed in the Advance Health Directive.
- ☐ Think about whether you want to appoint an enduring guardian(s) to take responsibility for decisions about your health and lifestyle matters. If you do, consider who you want to appoint and talk to them about your wishes.
- ☐ Consider how making an Advance Health Directive may affect any other advance care planning documents you have completed.
- ☐ Complete the details in your Advance Health Directive by hand or type into the electronic PDF form.
- ☐ **Complete Part 1 – My personal details.**
- ☐ **Make at least one treatment decision in Part 4 – My Advance Health Directive treatment decisions.**
- ☐ If you engaged the services of an interpreter and/or translator to make your Advance Health Directive, complete Part 5.1 and complete the interpreter/translator statement and attach it to Part 5.1 of your Advance Health Directive.
- ☐ **Complete Part 6 by signing your Advance Health Directive in the presence of 2 witnesses aged 18 years or older, including one person who is authorised to witness statutory declarations in WA.**
- ☐ **If you used a mark other than a signature to sign the Advance Health Directive, complete the marksman clause and attach it to Part 6 of your Advance Health Directive.**
- ☐ Scan and upload a copy of your Advance Health Directive to My Health Record (myhealthrecord.gov.au) to ensure your Advance Health Directive is available to your treating health professionals if needed.
- ☐ Make certified copies of your Advance Health Directive and share with those involved in your care.
- ☐ Keep the original Advance Health Directive in a safe place.
- ☐ Give certified copies of your Advance Health Directive to close family and friends and people who are involved in your care.
- ☐ Plan a time (in 2 to 5 years) to review your Advance Health Directive or do it immediately if your health circumstances change.

Section 2: Step-by-step guide

This section provides a step-by-step guide to making an Advance Health Directive, including examples to help you.

Parts of the Advance Health Directive

For an Advance Health Directive to be valid, you must complete Parts 1, 4 and 6.

Part 1 is where you fill in your personal details. You **must** complete Part 1.

Part 2 is where you fill in any major health conditions you have.

Part 3 is where you fill in what is important to you – your values and wishes about your future care.

Part 4 is where you fill in which treatments and care (including medical research activities) you do or do not want in future. You **must** include at least one treatment decision in Part 4 to make a valid Advance Health Directive.

Part 5 is where you fill in details of people who have helped you complete your Advance Health Directive.

Part 6 is where you sign your Advance Health Directive. You **must** complete Part 6 and your signature **must** be witnessed (details are provided in Part 6 about witnessing requirements).

Part 1: My personal details

You must complete this part of the Advance Health Directive.

You **must** fill in:

- the date the Advance Health Directive is made
- your full name, date of birth and address so you can be identified.

It is **optional** for you to include your phone number and email address. It is recommended that you include at least one of these so that you can be contacted if required.

If your address, phone number or email change, your Advance Health Directive will still be valid.

See the frequently asked questions in Section 3: Helpful information for further information on changing your contact details.



Part 2: My health

You can choose to complete some, all, or none of the questions in Part 2. Cross out any questions you do not want to complete.

You can use Part 2 to list any major health conditions and worries you have. You can also use Part 2 to write down things that are important to you when talking about your health.

2.1 My major health conditions

In Part 2.1 you can write down details of any current major health conditions you have. You can include physical and/or mental health conditions. You can also include any significant health issues that you have had in the past.

Examples

- I was diagnosed with bowel cancer 6 years ago. I had surgery and chemotherapy. I am now in remission but have been told there is a chance the bowel cancer may come back.
- I was in a car accident 5 years ago. I still have chronic back pain. I have been told my back pain is unlikely to get any better.
- I have recently been diagnosed with motor neurone disease. I have been told my health is likely to deteriorate quickly. I will soon need a lot of help with day-to-day tasks like having a shower and getting dressed.

2.2 When talking with me about my health, these things are important to me

In Part 2.2 you can write down what is important to you when talking to health professionals about your health. This includes the amount of information you like to be given before making decisions. It also includes details of any family members or friends you like to have with you when talking with health professionals about your treatment options and care.

Trish's Story

Trish (65 years) has just been diagnosed with stage 4 breast cancer. In her Advance Health Directive, Trish has noted that her close friend Kay (a nurse), attends all her medical appointments as she knows how best to explain information in a way Trish can understand.

Examples

- I like to have lots of detail about my health conditions and treatment options, so I can fully understand my choices and what might happen to me.
- English is my second language. I like to have my son or daughter with me during appointments with my GP and specialists.

Note: You may also want to make an Enduring Power of Guardianship if there is someone you know well and trust to make decisions for you.

See the frequently asked questions in Section 3: Helpful information for more information on appointing an enduring guardian.

Part 3: My values and preferences

You can choose to complete some, all, or none of the questions in Part 3. Cross out any questions you do not want to complete.

You can use Part 3 to write down things that are most important to you about your health and health care. You can include things that worry you about your future health. This will let people close to you and health professionals involved in your health care know what is important to you if you become unable to make or communicate decisions.

Thinking and talking about what is important to your future health and your wishes for the end of your life can be hard. Ask for help if you need support as you complete this part of the form.

3.1 These things are important to me

Part 3.1 asks you to describe what 'living well' means to you. For example, what you would miss most if you became ill and could not live as you do now.

This part of the form includes a list of things that may be important to you. You can tick all the boxes that apply to you. You can also write down activities, interests or hobbies that are important to you.

Examples

- Spending time with family and friends is important to me.
- Having my daughter visit me often is very important to me.
- Having my pets near me or at least being able to see them regularly is important to me.
- I have been a part of the lesbian community all my life and would like this connection to continue.
- I am Chinese and enjoy spending time with people who can speak Cantonese.

Rita's Story

Rita (87 years) regularly visits her Croatian Club to see her friends, speak in her first language of Hrvatska and play traditional games from her home country. Rita has written in her Advance Health Directive that she does not want to visit the Club if she becomes unable to speak or move easily.



3.2 These are things that worry me when I think about my future health

Part 3.2 asks you to describe what worries you about your future health and health care. For example, any permanent outcomes of illness or injury that would not be acceptable to you.

If you become unwell or injured in future, treatment and care may help you get better and your health may return to how it was before you became ill. However, it is possible that, depending on your illness or injury, treatment and care will only help a little and you may not be able to live in the same way as you did before.

Examples

- I worry about being in constant pain.
- I worry that I may not be able communicate or be understood by my family and friends.
- I would be unhappy if I become unable to live independently.
- I would find it unacceptable if I become unable to feed myself.
- I find it very difficult if I could not recognise my family and friends.

Nicole's Story

Nicole (43 years) has recently been diagnosed with Parkinson's disease. In her Advance Health Directive, she has written that she would find it unacceptable if she was permanently unable to feed herself. Nicole wants her family to know what is important to her as they will care for her if the disease causes her to lose control over her hands and other body parts.

3.3 When I am nearing death, this is where I would like to be

Part 3.3 asks you to describe where you would like to spend your last days or weeks when you are nearing death.

There are 4 options provided in this part of the form. You can choose one option only. You can include more detail about the option you choose in the box provided.

Examples:

- Being in nature is important to me. I would like to be somewhere that has a garden with flowers or near the beach.
- Family and friends are such a big part of my life. I would prefer to be near them for as long as possible so they can visit me easily and regularly.
- I identify as gay and it is important for me to be in a place where my sexuality is accepted and respected.

Raymond's Story

Raymond (95 years) lived in residential aged care for the last 5 years of his life. The facility became home to him. Raymond had an Advance Health Directive. He wrote that he wanted to die where he lived, with his family around him. Raymond's health deteriorated quickly. His health professionals used his Advance Health Directive to guide his care in the last weeks of his life. He died peacefully in the aged care facility surrounded by his family.



3.4 When I am nearing death, these things are important to me

Part 3.4 asks you to write down what brings you comfort and who you would like to have around you when you are nearing death. Thinking about your wishes for the end of your life can be hard to do. Think about what would be most important to you at this time. You may want to think about what spiritual, religious or cultural traditions are important to you or about what is likely to bring you a sense of comfort or peace.

You can tick all the boxes that apply to you. You can include more detail in the boxes provided.

Examples:

- I am an Aboriginal Elder. It is important that my family and community can carry out sacred and customary practices of my culture, before, during, and after my death.
- When I am dying, I would like my room to have soft lighting and meditative music playing. This is an environment I find soothing.
- When I am dying, I do not want to go to a hospital unless my comfort and dignity cannot be maintained at home.
- I am Hindu and I would like to have my extended family around me so that they can carry out a number of traditional rituals.

Aunty's Story

Aunty (64 years) has had health issues such as diabetes for many years. Her mob live in Turkey Creek. If she gets very sick, she would like her daughter, Carol, to take her back to country if she is able to travel and if it is not too much of a burden on her family. Writing this in her Advance Health Directive gives her peace of mind that her wishes are clear.



Part 4: My Advance Health Directive treatment decisions

You must make at least one treatment decision in Part 4 to make a valid Advance Health Directive. Cross out any parts you do not wish to complete.

You can use Part 4 to make decisions about future treatments you do or do not want. This includes treatments or interventions that may be used to keep you alive. These are called 'life-sustaining treatments'. You can also make decisions about whether you would like to take part in medical research in future. Health professionals must follow the decisions you list in Part 4.

A treatment is any medical or surgical treatment, including palliative care and life-sustaining measures, dental treatment, or other health care.

A treatment decision in an Advance Health Directive is a decision to consent or refuse consent to the commencement or continuation of any treatment.

It is strongly recommended that you discuss your treatment decisions with your doctor before you complete your Advance Health Directive.

Your doctor and other health professionals can provide advice about treatment options and how they might affect you.

4.1 Life-sustaining treatment decisions

Cross out this question if you do not want to complete it. Note: You must make at least one treatment decision within Part 4 to make a valid Advance Health Directive.

Part 4.1 asks you to make decisions about treatments or interventions you do or do not want to keep you alive in future. This information will only be used if you become unable to make or communicate decisions for yourself.



When making decisions about which life-sustaining treatments you do or do not want, think about the things you listed as important to you in Part 3: My values and preferences.

To help you complete this part of the form, talk to your doctor and/or other health professionals about:

- what different life-sustaining treatments you may need in future
- risks and side-effects of possible life-sustaining treatments
- how your long-term health and quality of life may be affected by different life-sustaining treatments.

Subject to some limited exceptions, health professionals must follow your directions for life-sustaining treatments. However, just because you complete Part 4.1, this does not mean you will definitely need or receive the treatments you chose. If a treatment will not benefit you, your doctor does not have to provide it.

See the frequently asked questions in Section 3: Helpful information for more information about life-sustaining treatments.

Your decisions in Part 4.1 refer to life-sustaining treatments only. Health professionals will still provide care to minimise pain and make you comfortable (i.e. palliative care), even if you choose to refuse all life-sustaining treatment.

If you do not want to receive palliative care treatments, you need to specify this in Part 4.2.

There are 5 options in Part 4.1. You can choose one option only.

- **Option 1:** I consent to all treatments aimed at sustaining or prolonging my life.
- **Option 2:** I consent to all treatments aimed at sustaining or prolonging my life unless it is apparent that I am so unwell from injury or illness that there is no reasonable prospect that I will recover to the extent that I can survive without continuous life-sustaining treatments. In such a situation, I withdraw consent to life-sustaining treatments.
- **Option 3:** I refuse consent to any treatments aimed at sustaining or prolonging my life.
- **Option 4:** I make the following decisions about specific life-sustaining treatments as listed in the table below.

  If you choose Option 4 you will need to make decisions about different types of life-sustaining treatment you do or do not wish to receive. You can do this by completing the table provided within the Advance Health Directive. Use the boxes to indicate which treatments you consent to or refuse consent to receiving.
  You can also list circumstances in which you consent to treatment. Circumstances should be written clearly and concisely so they can be easily understood and interpreted.

  To add further life-sustaining treatments that are not listed in the table, use the additional page for Part 4.1 – Other life-sustaining treatments and attach it to Part 4.1 of your Advance Health Directive.

  Download the additional pages at pages at healthywa.wa.gov.au/AdvanceHealthDirectives or order a hard copy from the Department of Health Advance Care Planning Information Line (9222 2300 or acp@health.wa.gov.au).



- **Option 5:** I cannot decide at this time.

  If you choose Option 5 you will need to make at least one treatment decision in Part 4.2 or 4.3 to make a valid Advance Health Directive. Option 5 is not considered a treatment decision.

Everyone has their own view of what treatments they do or do not want to have. The examples below may help you as you consider your options. You may also wish to give more detail. You can choose Option 5 if you are not yet ready to make a decision about life-sustaining treatments you do or do not want in future.

Examples

Example: Option 1 – Nathan's story

- Nathan had a heart attack 5 weeks ago. His GP has told him that it is highly likely he may require heart surgery. Nathan would like all treatments that could sustain or prolong his life.
- **Nathan chooses: Option 1 – I consent to all treatments aimed at sustaining or prolonging my life.**

Example: Option 2 – Linda's story

- Linda has been diagnosed with kidney disease. Her mother died of kidney failure. Linda remembers that her mother experienced a lot of nausea towards the end of her life. She remembers that the nausea was made worse by treatments for the underlying disease given, even though there was no reasonable prospect she would recover from it. Linda does not want this for herself.
- **Linda chooses: Option 2 – I consent to all treatments aimed at sustaining or prolonging my life unless it is apparent that I am so unwell from injury or illness that there is no reasonable prospect that I will recover to the extent that I can survive without continuous life-sustaining treatments. In such a situation, I withdraw consent to life-sustaining treatments.**

Example: Option 3 – Mia's story

- Mia has previously been treated for breast cancer. She has just been told that her cancer has returned, and that treatment is very unlikely to prolong her life beyond the next few months.
- Mia's friend had breast cancer and Mia has very strong feelings about the chemotherapy that she received that prolonged her life and her suffering. Mia has decided that this time she does not want any more treatment that would delay her death and wants her health professionals to focus on keeping her as comfortable and as free of pain as possible.
- **Mia chooses: Option 3 – I refuse consent to any treatments aimed at sustaining or prolonging my life.**

Example: Option 4 – Peter's story

- Peter has been diagnosed with chronic obstructive pulmonary disease (a chronic disease of the lungs). He is 70 years old and knows his condition will only worsen. While he feels he could still have a good quality of life living at home, even if this means using oxygen, he does not want to be **permanently** on a breathing machine in a nursing home or hospital.
- **Peter chooses: Option 4 – I make the following decisions about specific life-sustaining treatments as listed in the table below.**
  - **He ticks box (B) for assisted ventilation and provides the following details:** Only if temporary and if I could then return home, even with oxygen. I do not want to be permanently on a breathing machine in hospital or at a nursing home.
  - **He ticks box (C) for all the other treatments:** I refuse all other life-sustaining treatments.

Example: Option 5 – William's story

- William is 25 years old and has never experienced the death of a close family member or experienced anyone close to him needing life-sustaining treatment.
- **William chooses: Option 5 – I cannot decide at this time.**
  - **He will need to make at least one treatment decision in Part 4.2 or 4.3 to make a valid Advance Health Directive. Option 5 is not considered a treatment decision.**

4.2 Other treatment decisions

Cross out this question if you do not want to complete it. Note: You must make at least one treatment decision within Part 4 to make a valid Advance Health Directive.

Part 4.2 asks you to make decisions about other treatments (apart from the life-sustaining treatments in Part 4.1) you do or do not want to receive in future. This information will only be used if you become unable to make or communicate decisions for yourself.

Other treatments can include drugs used to prevent certain health conditions (e.g. aspirin, cholesterol treatments), vaccination or blood transfusions.

If you list a decision about a particular treatment, you should describe the circumstances(s) in which you would or would not want that treatment.

For example, if you do not want to receive aspirin, is that in all circumstances or only in specific circumstances?

You can give detail in the boxes provided. If you need more space, complete the additional pages for Part 4.2 – Other treatment decisions and attach them to Part 4.2 of your Advance Health Directive. Download the additional pages at healthywa.wa.gov.au/AdvanceHealthDirectives or order a hard copy from the Department of Health Advance Care Planning Information Line (9222 2300 or acp@health.wa.gov.au).

See the frequently asked questions in Section 3: Helpful information for more information about how to add pages to your Advance Health Directive.

Examples

Health circumstances	My treatment decisions
I have very high cholesterol	Do not give me cholesterol absorption inhibitors. I cannot tolerate the side effects.
All circumstances	Do not give me a blood transfusion or any blood products. It is against my faith.
I get regular migraines	Do not give me aspirin. It causes me stomach pain.

4.3 Medical research

Cross out this question if you do not want to complete it. Note: You must make at least one treatment decision within Part 4 to make a valid Advance Health Directive.

Part 4.3 asks you to make decisions about taking part in medical research. This information will only be used if you become unable to make or communicate decisions for yourself.

Taking part in medical research can help advance medical and scientific knowledge to prevent, detect and/or treat disease. Part 4.3 lists different types of medical research activities. You can tick the circumstances(s) in which you do or do not consent to take part in the medical research activities listed. The table below gives examples of each medical research activity listed in Part 4.3.

Medical research has to be conducted under strict guidelines and with approval from a committee of experts in research involving humans (the Human Research Ethics Committee that complies with the *National Statement on Ethical Conduct in Human Research)*.

If you consent to take part in future medical research, this only applies to research that has been approved by a Human Research Committee and that follows national research guidelines. For more information about medical research, visit the website of the Office of the Public Advocate at publicadvocate.wa.gov.au. The Common terms in Section 3: Helpful information also provide more information.



Research activities	Example of this type of research
The use of equipment or a device	Testing the efficiency of a new type of oxygen mask or pacemaker.
Providing health care that has not yet gained the support of a substantial number of practitioners in that field of health care	Trying a new drug or type of equipment that has so far only been shown to work in a study with a small number of patients.
Providing health care to carry out a comparative assessment	A study that compares the effects on a disease of 2 different drugs or treatments. In this type of research, one group of patients receive one treatment and a second group of patients receives a different treatment.
Taking blood samples	Research that involves having blood taken so that it can be examined in a laboratory to look for changes, e.g. changes in number or type of blood cells.
Taking sample/s of tissue or fluid from the body, including the mouth, throat, nasal cavity, eyes or ears	Having a biopsy of a mole or freckle (in which part of the mole or freckle is cut out under a local anaesthetic) to look for signs of skin cancer. Having a swab taken from the inside of the nose to check for the presence of a virus or bacteria.
Any non-intrusive examination of the mouth, throat, nasal cavity, eyes or ears	Having a light shone in the ears, eyes or mouth to look for any changes or signs of disease.
A non-intrusive examination of height, weight or vision	Using scales to weigh a person. Having an eye test to check a person's vision.
Being observed	Tests in which a person's rate of breathing or ease of movement is assessed while doing different types of activity.
Undertaking a survey, interview or focus group	Answering a paper-based or web-based survey with questions about treatment or care. Attending an interview or small group meeting to share ideas about what might make the experience of care better.
Collecting, using or disclosing information, including personal information	Research in which information from a patient's medical records is shared (with the patient's permission) with researchers, alongside information from other patient records to understand differences and similarities between groups of patients, for example, how often people with a particular condition are admitted to hospital over a 10-year period.
Considering or evaluating samples or information taken under an activity listed above	Comparing results of blood tests from different patients to look for similarities and differences as part of research to understand a disease and its treatment.

Part 5: People who helped me complete my Advance Health Directive

You can choose to complete some, all, or none of the questions in Part 5. Cross out any questions you do not want to complete.

You may need to include additional information in your Advance Health Directive for some questions (e.g. Interpreter/translator statement).

You can use Part 5 to list the people who helped you complete your Advance Health Directive.

5.1 Did you use the services of an interpreter and/or translator when completing this form?

Part 5.1 asks you whether you engaged an interpreter and/or translator when making your Advance Health Directive.

There are 3 options for this question:

- **Option 1: English is my first language – I did not need to engage an interpreter and/or translator.**
  Choose this option if you are confident with the English language and did not engage an interpreter and/or translator when completing the form.
- **Option 2: English is not my first language – I engaged an interpreter and/or translator when making this Advance Health Directive and I have attached an interpreter/translator statement.**
  Choose this option if you accessed an interpreter/translator when discussing and completing the form. You and your interpreter/translator should complete the interpreter/translator statement and attach it to Part 5.1 of your Advance Health Directive. Download the statement at healthywa.wa.gov.au/AdvanceHealthDirectives or order a hard copy from the Department of Health Advance Care Planning Information Line (9222 2300 or acp@health.wa.gov.au).
- **Option 3: English is not my first language – I did not engage an interpreter and/or translator when making this Advance Health Directive.**
  Choose this option if English is not your first language but you completed the form without help from an interpreter and/or translator.

If you choose Option 2 – you and your interpreter/translator should complete the interpreter/translator statement and attach it to your Advance Health Directive.



You can tick one box only or you can cross out this question if you do not want to complete it.

If you choose Option 2, it is recommended that you and your interpreter/translator refer to the frequently asked questions in Section 3: Helpful information for more information on accessing a translator. Note: It is recommended that your interpreter/translator be qualified and/or credentialed in interpreting/translating.

5.2 Have you made an Enduring Power of Guardianship (EPG)?

Part 5.2 asks you to list information about whether you have made an Enduring Power of Guardianship.

An Enduring Power of Guardianship is a legal document that allows you to name and legally appoint one or more people to make lifestyle and healthcare decisions for you if you are no longer able to make or communicate such decisions. If you make an Enduring Power of Guardianship, it is strongly recommended that you include the details in your Advance Health Directive.

A person you appoint to make decisions on your behalf is called an enduring guardian.

An enduring guardian cannot override decisions made in your Advance Health Directive, except in special circumstances (e.g. if new treatment options become available that did not exist when you completed your Advance Health Directive).

You can tick one box only or you can cross out this question if you do not want to complete it. If you choose Option 2, you should include details about your Enduring Power of Guardianship and enduring guardian.

See the frequently asked questions in Section 3: Helpful information for more information about Enduring Power of Guardianship and how to appoint an enduring guardian.

5.3 Did you seek medical and/or legal advice about making this Advance Health Directive?

Part 5.3 asks you to provide details about any medical and/or legal advice you received when making your Advance Health Directive.

You may find it useful to seek medical and/or legal advice to reassure yourself and those close to you that the decisions you are making in your Advance Health Directive are in your best interests and appropriate to your health circumstances.

You can tick one box only in relation to medical advice, and you can tick one box only in relation to legal advice. Cross out the question if you do not want to complete it.



Part 6: Signature and witnessing

You must complete this part of the Advance Health Directive and you must meet specific witnessing requirements.

To ensure your Advance Health Directive is valid, you must comply with the following requirements for signing and witnessing your Advance Health Directive.

- You must sign the Advance Health Directive in the presence of 2 witnesses. Both witnesses must watch you sign the Advance Health Directive.
- The witnesses must also sign the Advance Health Directive. You must watch both witnesses sign the Advance Health Directive. Each witness must watch the other witness sign the Advance Health Directive.
- The 2 witnesses must both be at least 18 years of age and have full legal capacity.
- One of the witnesses must be a person who is authorised to witness statutory declarations.

For a detailed list of people authorised to witness statutory declarations in WA, you may refer to the *Oaths, Affidavits and Statutory Declarations Act 2005*, Schedule 2 at wa.gov.au/government/publications/authorised-witnesses-statutory-declarations.

A simplified list of authorised people includes:

- Academic (post-secondary institution)
- Accountant
- Architect
- Australian Consular Officer
- Australian Diplomatic Officer
- Bailiff
- Bank Manager
- Chartered Secretary
- Chemist
- Chiropractor
- Company Auditor or Liquidator
- Court Officer
- Defence Force Officer
- Dentist
- Doctor
- Electorate Officer of a Member of State Parliament
- Engineer
- Industrial Organisation Secretary
- Insurance Broker
- Justice of the Peace
- Landgate Officer
- Lawyer
- Local Government CEO or Deputy CEO
- Local Government Councillor
- Loss Adjuster
- Marriage Celebrant
- Member of Parliament
- Midwife
- Minister of Religion
- Nurse
- Optometrist
- Paramedic
- Enduring Attorney
- Physiotherapist
- Podiatrist
- Police Officer
- Post Office Manager
- Psychologist
- Public Notary
- Public Servant (Commonwealth or State)
- Real Estate Agent
- Settlement Agent
- Sheriff or Deputy Sheriff
- Surveyor
- Teacher
- Tribunal Officer
- Veterinary Surgeon.

When providing the address details of your witnesses, use a street address not a Post Office (PO) Box. The street address can be the business address, place of employment or home address of the witness.

See the **frequently asked questions** in Section 3: Helpful information for more information about the role and responsibilities of witnesses.

What if I am unable to sign my Advance Health Directive?

If you are unable to sign your completed Advance Health Directive, you can make a mark of any kind, including an initial, cross or thumb print.

If you use a mark other than a signature, you will need to complete the marksman clause and attach it to Part 6 of your Advance Health Directive. You can download the clause at **healthywa.wa.gov.au/AdvanceHealthDirectives** or order a hard copy from the Department of Health Advance Care Planning Information Line (9222 2300 or acp@health.wa.gov.au). If you include a marksman clause it is recommended that you seek legal advice (solicitor or community legal service).

See the **frequently asked questions** in Section 3: Helpful information for more information about completing an Advance Health Directive if you are vision impaired or cannot read or write.



Section 3: Helpful information

This section provides frequently asked questions, common terms and where to go for more information.

Frequently asked questions

This section provides answers to some common questions about making an Advance Health Directive. More frequently asked questions are available at healthywa.wa.gov.au/AdvanceCarePlanning

General

When will my Advance Health Directive be used?

Your Advance Health Directive will only be used at times when you are unable to make and/or communicate decisions about your treatment and health care and if it applies to the treatment that you require.

How long is my Advance Health Directive valid?

Decisions you make in your Advance Health Directive are valid:

- until you die or
- until you revoke (cancel) your Advance Health Directive or
- while the treatment options listed in your Advance Health Directive remain relevant. Your Advance Health Directive will not apply to new treatment options that may become available after you complete the Advance Health Directive.

If I used an old version of the form for my Advance Health Directive is it still valid?

Yes. If you made an Advance Health Directive using an old version of the form prior to 4 February 2023 and you followed all legal requirements to complete the form, it will continue to be valid.

If you are making a new Advance Health Directive, you should use the current form prescribed under the *Guardianship and Administration Act 1990*. A template of the new Advance Health Directive form is provided with this Guide and available at **healthywa.wa.gov.au/AdvanceCarePlanning**.

If you use the old form past 4 February 2023 it may not be considered a valid Advance Health Directive in accordance with the legal requirements of the *Guardianship and Administration Act 1990*.

Do I have to register my Advance Health Directive?

No. You are not legally required to register your Advance Health Directive. It is recommended that you tell people close to you and those who are involved in your care that you have made an Advance Health Directive and share a copy with them. For more information see **What should I do with my completed Advance Health Directive?**

The new Advance Health Directive form is longer – is it harder to complete?

Although it has more pages, the changes in the new Advance Health Directive help make the document easier to complete and understand. The new Advance Health Directive includes:

- more guidance and examples to help you to complete each question and be as specific as possible with each response
- both tick box and free text questions to record your treatment decisions in different ways and include as much detail as possible to inform those who may make decisions on your behalf in the future
- a section on consent to medical research
- a section to capture your values and preferences.

It can be hard to think of all the specific treatments you may need in the future. By recording your values and preferences you are giving those close to you and your health professionals a better understanding of what types of things are important to you. This will help inform decisions they may need to make on your behalf if you require a treatment in the future that you were unable to specify in the treatment decisions part of the Advance Health Directive.

Things to remember:

- Each page provides large blank spaces to allow you to record your responses which also adds to the length of the form.
- Some sections can be crossed out if you do not want to complete them – these are clearly marked on the Advance Health Directive.

Do I need to speak to a medical professional when completing an Advance Health Directive?

You do not have to speak to a medical professional when completing an Advance Health Directive but it is strongly recommended.

The more complex and specific your wishes in your Advance Health Directive are, the more value there is in seeking professional help in preparing your Advance Health Directive. Talking with a medical professional lets you check your understanding of the consequences of the decisions you have recorded or intend to record.

In particular, if you are thinking about refusing all life-sustaining treatment in your Advance Health Directive, it is recommended you speak with your GP or specialist so you understand the implications of that decision, particularly if you don't currently have a diagnosis of a life-limiting illness.

Why has a medical research section been added to the revised Advance Health Directive?

In 2020, the *Guardianship and Administration Act 1990* was amended to provide pathways for the participation of adults who do not have the capacity to consent in health and medical research under Part 9E of the Act. A person's involvement in medical research, and any treatments received as part of the medical research, must be consistent with decisions they have made in an Advance Health Directive. The revised Advance Health Directive includes the research activities and circumstances in which someone does or does not consent to as listed in the Act.

Will my health professional always need to follow my decisions in my Advance Health Directive?

Yes. In most situations, if you become unable to make or communicate decisions about your treatment and care, health professionals must follow the decisions in your Advance Health Directive, except in some limited exceptions. A limited exception may occur if:

- circumstances relevant to your treatment decision have changed since you made the treatment decision, and
- you could not have reasonably anticipated those changes when you made your Advance Health Directive, and
- it is likely that a reasonable person with knowledge of the change of circumstances would change their mind about the treatment decision.

How often and when should I review my Advance Health Directive?

It is recommended you review your Advance Health Directive every 2 to 5 years, or if your circumstances change. If you are diagnosed with a new ongoing or life-limiting illness you may need to review your Advance Health Directive earlier.

What is the difference between advance care planning, a Values and Preferences Form, a Values and preferences statement and an Advance Health Directive?

Advance care planning is the voluntary process of planning for future health and personal care whereby your values, beliefs and preferences are made known, to guide decision-making at a future time when you cannot make or communicate your decisions.

As a part of this process, you may choose to complete an advance care planning document to record your values, beliefs, preferences and treatment decisions. In WA, advance care planning documents include the following:

- A **Values and Preferences Form: Planning for my future care**, is a document in which you can record what you value and what you want for your care in the future including where you want to live, and other things that are important to you. This form may be considered a Common Law Directive (for more information, see below **What is the difference between a Common Law Directive and an Advance Health Directive?**).
- A **Values and preferences statement for a person with impaired decision-making capacity** is a document written on your behalf by a recognised decision-maker(s) who has a close and continuing relationship with you (i.e. the person highest on the hierarchy of treatment decision-makers who is available and willing to make decisions). This document can be used to guide decision-makers and health professionals when making medical treatment decisions on your behalf, if you do not have a valid Advance Health Directive or Values and Preferences Form. It should only be used when a person no longer has decision-making capacity to complete a Values and Preferences Form or an Advance Health Directive. This document is a non-statutory document and is not a document in which a person is able to give legal consent to or refuse treatment. Non-statutory documents are not recognised under specific legislation.
- An **Advance Health Directive** is a legal record of your decisions about treatment(s) you do or do not want to receive if you become unwell or injured in future. It can only be made by a person over 18 who is able to make and communicate their own decisions. The Advance Health Directive is a statutory document as it is recognised under legislation. Statutory documents are the strongest and most formal way to record your wishes.

What is the difference between a Common Law Directive and an Advance Health Directive?

Common Law Directives are written or verbal communications which convey a person's wishes regarding future health and personal care to be provided or withheld in specific future circumstances. There are no formal requirements in relation to Common Law Directives. There can be significant difficulties in establishing that a particular Common Law Directive is valid at law and can be followed. For this reason they are not recommended for making treatment decisions.

An Advance Health Directive is a legal record of your decisions about treatment(s) you do or do not want to receive if you become unwell or injured in future. It can only be made by a person over 18 who is able to make and communicate their own decisions. The Advance Health Directive is a statutory document as it is recognised under legislation. Statutory documents are the strongest and most formal way to record your wishes.

Witnessing, signatures and sharing

Can I be forced to sign an Advance Health Directive against my will?

No. All treatment decisions made in an Advance Health Directive must be made voluntarily. A treatment decision that was forced or made against your will under inducement or coercion is not valid.

If a family member or health professional suspects that an Advance Health Directive was not made voluntarily or was influenced by inducement or coercion, an application should be made to the State Administrative Tribunal under the *Guardianship and Administration Act 1990* for a determination of (in)validity.

Can I ask my doctor to witness my Advance Health Directive?

Yes. You can ask your doctor to witness your Advance Health Directive. Your doctor must sign as a witness, in the presence of another witness (who also needs to be over 18 years of age).

Can I ask a family member to witness my Advance Health Directive?

Yes. However, it is recommended that independent witnesses are chosen rather than family members.

Can I ask my interpreter/translator to witness my Advance Health Directive?

No. If you used the services of an interpreter and/or translator when preparing your Advance Health Directive, your interpreter/translator cannot witness your signature on the Advance Health Directive.

Do I need to tell people that I have made an Advance Health Directive?

It is highly recommended that you tell people close to you, and people involved in your care, that you have made an Advance Health Directive and share a copy with them. Tell them where you have stored your Advance Health Directive, so they can easily access it if needed in future.

Additions, changes, inclusions and revoking (cancelling)

Can I include additional pages to my Advance Health Directive?

Yes. You can add more information to your Advance Health Directive as long as you do this before it is signed and witnessed. You cannot add additional pages once your Advance Health Directive is witnessed and signed.

How do I add pages to my Advance Health Directive?

To add pages to your Advance Health Directive, make sure you:

- use a format that is consistent with the relevant section of the Advance Health Directive to which you are adding pages
  - if you are adding pages to Part 4.1, you can use the **additional pages for Part 4.1 – Other life-sustaining treatment decisions**
  - if you are adding pages to Part 4.2, you can use the **additional pages for Part 4.2 – Other treatment decisions**
  - if you are adding an interpreter/translator statement, **use the interpreter/translator statement and attach it to Part 5.1**
  - if you are adding a marksman clause, use the **marksman clause** and attach it to Part 6
- physically attach (e.g. staple) the additional pages to the relevant section of the Advance Health Directive
- sign and date the bottom of the additional pages when you sign the Advance Health Directive (Part 6) in front of your witnesses.

Make sure your witnesses:

- sign the bottom of any additional pages attached to the Advance Health Directive at the same time as they sign Part 6.

You can download the additional pages, statements and clauses at **healthywa.wa.gov.au/AdvanceHealthDirectives** or order hard copies from the Department of Health Advance Care Planning Information Line (9222 2300 or acp@health.wa.gov.au).



Can I make additions or changes to the decisions in my Advance Health Directive once it has been signed and witnessed?

No. You cannot add to or change the decisions in your Advance Health Directive after it has been signed and witnessed.

If you need to change your Advance Health Directive, you should revoke (or cancel) your current Advance Health Directive and make a new one.

What happens if I change my address or contact details after my Advance Health Directive has been signed and witnesssed?

Your Advance Health Directive remains valid if you change your address and/or contact details. You do not need to revoke (cancel) your Advance Health Directive if only your personal details change. Do not cross out your previous address and/or add your new address on your completed Advance Health Directive. You can simply let the people who have a copy of your Advance Health Directive know your updated personal details.

How do I revoke (or cancel) my Advance Health Directive?

To revoke an Advance Health Directive, you must have full legal capacity. The law provides safeguards to ensure that Advance Health Directives cannot be made, amended or revoked if a person does not have capacity.

There is a statement in the Advance Health Directive that allows you to indicate that you are revoking a previous version.

The WA Department of Health recommends that you write to everyone (people and organisations) to tell them you have revoked (cancelled) your Advance Health Directive. This may include your GP, other health professionals, healthcare providers, family members and/or friends who currently hold a copy of your Advance Health Directive.

Everyone who has an old copy of your Advance Health Directive should return it to you, and you should destroy the old copies.

Can an Advance Health Directive include permission for organ and tissue donation?

No. An Advance Health Directive cannot be used to formally register your interest in organ and tissue donation. Organ and tissue donation should be formally registered at donatelife.gov.au. It is also important to talk to family members about your decisions about organ and tissue donation, as relatives will be asked to agree to this if you die.

Can I consent to voluntary assisted dying in my Advance Health Directive?

No. Voluntary assisted dying (health.wa.gov.au/voluntaryassisteddying) is a legal option for Western Australians who meet the required eligibility criteria. You can not request access to voluntary assisted dying in an Advance Health Directive because you must have decision-making capacity thoughout the entire voluntary assisted dying process. If you would like to know more about whether voluntary assisted dying might be an option for you, you can speak with your GP, specialist or other healthcare practitioner or contact the WA VAD Statewide Care Navigator Service. The care navigators who staff the service are qualified health professionals with a wealth of knowledge regarding voluntary assisted dying as an end-of-life choice.

Accessibility

Is the Advance Health Directive available in a language other than English?

No. The Advance Health Directive is only available in English and your responses **must** be written in English to be valid. This guide and other advance care planning information is available in multiple languages. See healthywa.wa.gov.au/AdvanceHealthDirectives for more information.

What is a translator or interpreter?

Translators deal with the written word. They translate written documents from one language to another.

Interpreters deal with the spoken word or signed languages (such as Auslan). They interpret what each speaker is saying or signing into the other person's language.

Can I access an interpreter or translator to help me with my Advance Health Directive?

Yes you can use the services of an interpreter and/or translator when making the Advance Health Directive. It is recommended that your interpreter/translator be qualified and/or credentialed in interpreting or translating. See Part 5.1 in Section 2: Step-by-Step Guide.
The Where to go for further information section of this guide includes details of where to find interpreter and translator services.

Can I request my doctor engages an interpreter so we can discuss my Advance Health Directive?

Yes. If you would like to discuss your Advance Health Directive with your doctor (or any other health professional involved in your care) you can request the use of an interpreter service. The interpreter may be in the room with you or they may interpret your discussion over the phone.

What should my interpreter/translator and I do to complete the Advance Health Directive?

You and your interpreter/translator should complete the interpreter/translator statement and attach this to Part 5.1 of your completed Advance Health Directive. Download the statement at healthywa.wa.gov.au/AdvanceHealthDirectives or order a hard copy from the Department of Health Advance Care Planning Information Line (9222 2300 or acp@health.wa.gov.au).

How do I make an Advance Health Directive if I am vision impaired, or if I am unable to read and/or write?

Being unable to read and/or write, and/or sign your name does not prevent you from making an Advance Health Directive. You can ask someone to read the Advance Health Directive (and this guide) to you, and you can ask for help to complete the Advance Health Directive.

If you are unable to sign your completed Advance Health Directive, you can ask someone else to sign it on your behalf. The person who signs on your behalf will have to complete the second option on the signing page in Part 6.

If you wish to 'sign' the Advance Health Directive yourself by making a mark of any kind, other than a signature, you must complete the marksman clause and attach it to Part 6 of your Advance Health Directive. The same witnessing requirements apply even if you use a marksman clause. You can download the marksman clause at healthywa.wa.gov.au/AdvanceHealthDirectives or order a hard copy from the Department of Health Advance Care Planning Information Line (9222 2300 or acp@health.wa.gov.au).

If you include a marksman clause, it is recommended that you seek legal advice from a solicitor or community legal service. The Where to go for further information section in this guide provides details about where go for legal advice.

Life-sustaining treatments

What is a life-sustaining treatment?

Life-sustaining treatment is health care that aims to keep a person alive and/or stay alive if they are at risk of dying. Examples of life-sustaining treatment include:

- CPR (cardiopulmonary resuscitation) (e.g. treatment to keep your heart pumping when it has stopped beating)
- assisted ventilation (e.g. a machine that helps with breathing through a face mask or a breathing tube)
- artificial hydration (e.g. fluids given via a tube into a vein, tissues or the stomach)
- artificial nutrition (e.g. a feeding tube through the nose or stomach)
- receiving blood products (e.g. a blood transfusion)
- antibiotics (e.g. drugs given to help fight infection, given by mouth injection or by drip tube).

Enduring Power of Guardianship

What is an Enduring Power of Guardianship?

An Enduring Power of Guardianship (EPG) is a legal document that authorises a person of your choice, to make important personal, lifestyle and treatment decisions on your behalf should you ever become incapable of making or communicating decisions yourself.

This person(s) is known as an enduring guardian. You can authorise an enduring guardian to make decisions about where you live, the support services you have access to, and the treatment you receive. You cannot authorise an enduring guardian to make decisions about your property or financial matters. You can have more than one enduring guardian but they must act jointly which means they must reach agreement on any decisions they make on the person's behalf.

For more information on Enduring Power of Guardianship and enduring guardians, see the website of the Office of the Public Advocate at justice.wa.gov.au/epg.



If I make an Advance Health Directive, do I need to make an Enduring Power of Guardianship too?

No. You are under no obligation to make an Enduring Power of Guardianship just because you have made an Advance Health Directive.

However, by appointing an enduring guardian, you will increase the likelihood that decisions made on your behalf will reflect your values, beliefs and preferences if you become unable to make or communicate these decisions yourself.

Certified copies and storing

How do I make a certified copy of my Advance Health Directive?

A certified copy is a photocopy of a document that has been certified as a direct copy of the original document by an authorised witness. There is no legislation in WA that states either how to certify a copy of a document and/or who can do it.

However, it is usual for documents to be certified by a person who is authorised as a witness for statutory declarations under Schedule 2 of the *Oaths, Affidavits and Statutory Declarations Act 2005*. For more information on certifying copies of your Advance Health Directive, see the website of the Office of the Public Advocate at **publicadvocate.wa.gov.au** or Department of Justice Information Fact Sheet – Certifying copies of documents – **justice.wa.gov.au**.

What should I do with my completed Advance Health Directive?

You should keep your original Advance Health Directive in a safe place.

You can store a copy of your Advance Health Directive online using My Health Record. To upload your Advance Health Directive to My Health Record go to **digitalhealth.gov.au**. Tip – You may need to scan and save your Advance Health Directive in black and white to reduce the PDF file size. Documents larger than 20MB can not be uploaded to My Health Record.

It is recommended that you tell people close to you and those who are involved in your care that you have made an Advance Health Directive. You can share a copy of your completed Advance Health Directive with as many people that are close to you as you would like. This may include:

- your family, friends and carers
- enduring guardian(s)
- GP/local doctor
- other specialist(s) and/or other health professionals
- residential aged care home
- local hospital
- legal professionals.

Make a list of the people who have a copy of your Advance Health Directive and other advance care planning documents. This will be a good reminder of who to contact if you decide to revoke (cancel) your document(s) in future.

You can also use the following, to let people know that you have an Advance Health Directive:

- carry an Advance Health Directive alert card in your purse or wallet – you can order an alert card by contacting the Department of Health Advance Care Planning Information Line on 9222 2300 or email **acp@health.wa.gov.au**.
- wear a MedicAlert (**medicalert.org.au**) bracelet.

Where to go for further information

This section provides a list of organisations that can help you understand and make an Advance Health Directive.

Advance Health Directive information and resources

Western Australian Department of Health Advance Care Planning Information Line

General queries and to order free advance care planning resources
e.g. Advance Health Directives

Phone: 9222 2300

Email: acp@health.wa.gov.au

Website: healthywa.wa.gov.au/AdvanceCarePlanning

National Advance Care Planning Free Advisory Line

General information and advice about advance care planning across Australia. Advice is free of charge (call charges may apply)

Phone: 1300 208 582 (Monday to Friday 9 am to 5 pm AEST)

Email: acpa@advancecareplanning.org.au

Website: advancecareplanning.org.au

Workshops and help with completing documents

Palliative Care WA

Provides free advance care planning community workshops and the Advance Care Planning Support Service for help with completing documents.

Phone: 1300 551 704 (Monday to Friday 9 am to 5 pm)

Website: palliativecarewa.asn.au

Enduring Power of Guardianship

Office of the Public Advocate

Information about Enduring Power of Guardianship, enduring guardians and assessing capacity

Phone: 1300 858 455

Email: opa@justice.wa.gov.au

Website: publicadvocate.wa.gov.au

Medical advice

See your GP, specialist or local doctor for advice

1800MEDICARE

Free, 24/7 service that connects you with registered nurses, who can provide fast, reliable health advice, and if required refer you to a virtual ED.
Phone: 1800 633 422 Website: 1800medicare.gov.au

Legal advice

See your lawyer or solicitor for advice

Law Society of Western Australia

Phone: 9324 8600
Find a Lawyer directory: lawsocietywa.asn.au/find-a-lawyer

Citizens Advice Bureau

Phone: 9221 5711
Website: cabwa.com.au

Community Legal Centres

Phone: 9221 9322
Website: communitylegalwa.org.au

Legal Aid WA

Phone: 1300 650 579
Website: legalaid.wa.gov.au

Applications about the operation of Enduring Power of Guardianship and Advance Health Directives

State Administrative Tribunal (SAT)

Phone: 1300 306 017
Website: sat.justice.wa.gov.au

If you need a translator or interpreter

If you have difficulty understanding this guide, it is available in multiple languages at healthywa.wa.gov.au/AdvanceCarePlanning. If you need language assistance:

- call TIS National on 131 450, ask for an interpreter and ask them to telephone any of the agencies from this Where to go for further information list.
- view the National Accreditation Authority for Translators and Interpreters (NAATI) online directory which lists qualified and credentialed translators and interpreters at naati.com.au
- contact Aboriginal Interpreting WA on 0439 943 612 or visit aiwaac.org.au

If you are deaf or have a hearing or speech impairment

Use the National Relay Service to phone any of the agencies in this section.
For more information visit: accesshub.gov.au

Common terms

This section provides definitions for common terms used in an Advance Health Directive.

Advance care planning

A voluntary process of planning for future health and personal care whereby the person's values, beliefs and preferences are made known to guide decision-making at a future time when that person cannot make or communicate their decisions.

Advance care planning documents

A catch-all term to include documents (including statutory and non-statutory) that result from advance care planning. In WA, this includes Advance Health Directives, the Values and Preferences Form: Planning for my future care, Enduring Powers of Guardianship, and the Values and preferences statement for a person with impaired decision-making capacity.

Advance Health Directive

A voluntary, person-led legal document completed by an adult with full legal capacity that focuses on an individual's values and preferences for future care decisions, including their preferred outcomes and care.

It specifies the treatment(s) for which consent is provided or refused under specific circumstances and only comes into effect if the person becomes incapable of communicating their wishes.

Capacity

A person has capacity when they:

- understand any information or advice given to them to help make decisions in their Advance Health Directive
- understand the likely effect(s) of the decisions they make in their Advance Health Directive on their future treatment and care
- are able to weigh up the possible pros and cons of their decisions about their future treatment and care
- are able to communicate their decisions about their future treatment and health care in some way.

Certified copy

A photocopy of a properly witnessed Advance Health Directive which has been certified as a direct copy of the original document by an authorised witness.

End-of-life

The timeframe during which a person lives with a life-limiting or potentially fatal condition. People are considered to be approaching end-of-life if it is likely they will die during the next 12 months.

Enduring Power of Attorney

A document in which a person nominates someone (known as an attorney) to manage their financial affairs.

Enduring Power of Guardianship (EPG)

An Enduring Power of Guardianship is a legal document in which a person nominates an enduring guardian to make personal, lifestyle and treatment decisions on their behalf in the event that they are unable to make reasonable judgements about these matters in the future.

Enduring guardian

A person appointed under an Enduring Power of Guardianship to make personal, lifestyle, treatment and medical research decisions on behalf of the appointor.

Health care

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 professional

Any registered professional who practises a discipline or profession in the health area that involves the application of a body of learning, including a person belonging to a profession specifically defined by legislation.

LGBTQIA+

People who identify themselves as lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and/or other diverse sexual orientations and gender identities.

Life-sustaining measures or treatment

Medical, surgical or nursing procedures that replaces a vital bodily function that is incapable of working independently. Includes assisted ventilation and cardiopulmonary resuscitation.

Medical research

Research conducted with or about individuals, or their data or tissue, in the field of medicine or health, and includes an activity undertaken for the purposes of that research.

Palliative care

Health care focused on improving the quality of life of people with a life-threatening illness or condition, including their families and carers.

Palliative care recognises the person and the importance and uniqueness of their family/carer. It considers physical, social, financial, emotional, and spiritual distress, all of which can influences the person's experience and their treatment outcomes.

Public Advocate

A statutory officer appointed under the *Guardianship and Administration Act 1990* to protect and promote the rights of adults with a decision-making disability.

State Administrative Tribunal (SAT)

The judicial body which, under the *Guardianship and Administration Act 1990*, hears matters about the operation of Enduring Power of Guardianship and Advance Health Directives.

Treatment decision

A decision to consent or refuse consent to starting or continuing any treatment.

Urgent treatment

Treatment urgently needed by a patient to save a person's life, to prevent serious damage to the person's health or to prevent the person from suffering or continuing to suffer significant pain or distress.

Below are medical terms used in the Advance Health Directive.

Antibiotics

A type of medicine used to treat infections.

Artificial hydration

Fluids given via a tube into a vein, tissue or the stomach.

Artificial nutrition

Food given via a feeding tube through the nose or stomach.

Blood products

Blood contains red cells, white cells, platelets, antibodies and life-sustaining proteins e.g. those which help us stop bleeding. The term 'blood products' includes any products derived from a component of blood.

Blood transfusion

Blood or blood products given via a tube into a patient's blood vessel.

Cardiopulmonary resuscitation (CPR)

Emergency measures to keep the heart pumping (by chest compression and/or use of a defibrillator) and assisted ventilation when the heart and/or breathing have stopped.

Chemotherapy

Medicines used to treat cancer. Chemotherapy involves the use of drugs to kill or stop the spread of cancerous cells in the body.

Dialysis

A procedure usually performed in patients with kidney failure to remove waste products from the blood and correct fluid and electrolyte imbalances.

Disease

An illness or sickness with specific, well-defined symptoms.

Intensive care

A branch of medicine concerned with providing life support or organ support for people who are critically ill and who require intensive monitoring. Also known as critical care medicine.

Intubation and ventilation

Medical processes used when a person is unable to breathe for themselves. Intubation is the passage of a tube (usually through a person's mouth) into their lungs. Ventilation is the act of passing air through the tube.

Intravenous

A word that means 'into a vein'. For example, intravenous fluids are fluids that are given by an injection or drip into a person's veins.

Life-limiting illness/condition

A disease, condition or injury that is likely to result in death, but not restricted to the terminal stage when death is imminent.

Pain relief medication

Any medicine given with the purpose of reducing pain. Pain medication may be given via a variety of means including by mouth, injection or through a patch applied to the skin.

Patient

Any person who needs treatment.

Paralysis

The loss of the ability to use or control certain muscles in the body. Paralysis is often caused by nerve damage.

Sepsis

A life-threatening condition that occurs when the body damages its own tissues and organs in response to an infection. Sepsis can lead to septic shock, organ failure and even death if sepsis is not diagnosed and treated early.

Stroke

A sudden loss of brain function caused by a blockage or rupture of a blood vessel to the brain, characterised by loss of muscular control, diminution or loss of sensation or consciousness, dizziness, slurred speech, or other symptoms that vary with the extent and severity of the damage to the brain.

Example of a completed Advance Health Directive

The following pages provide an example of a completed Advance Health Directive. You can refer to this to help you prepare and complete your own Advance Health Directive.

Remember, it takes time to complete your Advance Health Directive. You do not have to complete it in one go. You can complete it in parts.

Additional forms that may be needed when making an Advance Health Directive

A blank Advance Health Directive is provided as an insert with this guide.

Additional pages are available for use if:

- you require additional space to complete Part 4.1 – Other life-sustaining treatment decisions
- you require additional space to complete Part 4.2 – Other treatment decisions
- you engaged the services of an interpreter and/or translator to make your Advance Health Directive - Interpreter/translator statement.
- you use a mark of any kind other than a signature to sign your Advance Health Directive - Marksman clause.

These documents can be downloaded at **healthywa.wa.gov.au/AdvanceHealthDirectives** or hard copies are available to order from the Department of Health Advance Care Planning Information Line on 9222 2300 or email acp@health.wa.gov.au.

Scan the QR code to access the online form to order free advance care planning and Advance Health Directive resources.

Government of **Western Australia**
Department of **Health**

XY310580

Advance Health Directive

This form is for people who want to make an Advance Health Directive in Western Australia.

To make an Advance Health Directive, you must be 18 years or older and have full legal capacity. Your Advance Health Directive is about your future treatment. It will only come into effect if you are unable to make reasonable judgements or decisions at a time when you require treatment.

Part 4 marked with this symbol, contains your treatment decisions. If you choose not to make any treatment decisions in Part 4, then the document is not considered a valid Advance Health Directive under the *Guardianship and Administration Act 1990*.

Please tick the box below to indicate that by making this Advance Health Directive you revoke all prior Advance Health Directives completed by you.

☐ In making this Advance Health Directive, I revoke all prior Advance Health Directives made by me.

This form includes instructions to help you complete your Advance Health Directive. For more information on how to complete the form and to see examples, please read the *A Guide to Making an Advance Health Directive in Western Australia*.

Before you make your Advance Health Directive, you are encouraged to seek medical and/or legal advice, and to discuss your decisions with family and close friends. It is important that people close to you know that you have made an Advance Health Directive and where to find it. Once you complete your Advance Health Directive, it is recommended that you:

- store the original in a safe and accessible place
- tell your close family and friends that you have made an Advance Health Directive and where to find it
- upload a copy of your Advance Health Directive to My Health Record – this will ensure that your Advance Health Directive is available to your treating doctors if it is needed. You may need to scan your document in black and white rather than colour to reduce the PDF file size
- give a copy of your Advance Health Directive to health professionals regularly involved in your health care (for example, your General Practitioner (GP), a hospital you attend regularly, and/or other health professionals involved in your care).

This form must be completed in English. If English is not your first language, you may choose to engage an interpreter and/or translator. The National Accreditation Authority for Translators and Interpreters (NAATI) have an online directory which lists qualified and credentialed interpreters and translators able to assist you.

MR00H Advance Health Directive

EXAMPLE

Part 1: My personal details

You must complete this section

You **must** complete this section.

You **must** include the date, your full name, date of birth and address.

This Advance Health Directive is made under the *Guardianship and Administration Act 1990* Part 9B on the:

	15th	(day)
of:	*October*	(month)
	2021	(year)
by:	*Marie Catherine Richards*	(name)

Full name	*Marie Catherine Richards*		
Date of birth	*3rd October 1951*		
Address	*5 Richmond Street*		
	Canning Vale (Suburb)	*WA* (State)	*6155* (Postcode)
Phone number	*9000 0000*		
Email	*marierichards@gmail.com.au*		

EXAMPLE

Part 2: My health

2.1 My major health conditions

Use Part 2.1 to list details about your major health conditions (physical and/or mental).

Cross out Part 2.1 if you do not want to complete it.

Please list any major health conditions below:

I was diagnosed with bowel cancer 7 years ago. I had surgery and chemotherapy.

I am in remission but have been told there is a chance the cancer may come back.

I also have high blood pressure and cholesterol. I am on medication for the blood pressure.

2.2 When talking with me about my health, these things are important to me

Use Part 2.2 to provide information about what is important to you when talking about your treatment.

This might include:

- How much do you like to know about your health conditions?
- What do you need to help you make decisions about treatment?
- Would you like to have certain family members with you when receiving information from your health professionals?

Cross out Part 2.2. if you do not want to complete it.

Please describe what is important to you when talking to health professionals about your treatment:

I like to know as much as I can about all my health conditions.

It takes me a long time to understand what my GP and health professionals tell me in appointments. I like to take my son with me to appointments – he knows how best to explain everything to me.

EXAMPLE

Part 3: My values and preferences

This part encourages you to think about your values and preferences relating to your health and care now and into the future. This may help you to decide what future treatment decisions you want to make in Part 4: My Advance Health Directive Treatment Decisions.

In this part, you are not making decisions about your future treatment. Use Part 4 to make decisions about your future treatments.

Cross out any parts that you do not want to complete.

3.1 These things are important to me

Use Part 3.1 to provide information about what 'living well' means to you now and into the future.

This might include:

- What are the most important things in your life?
- What does 'living well' mean to you?

Cross out Part 3.1 if you do not want to complete it.

Please describe what 'living well' means to you now and into the future. Use the space below and/or tick which boxes are important for you.

Please describe:

My family and friends are the most important thing in my life. I also like to go to my local lawn bowls at the community centre where I have a regular group of friends that I bowl with every week. I would like to keep visiting them and bowling for as long as I can.

- [x] Spending time with family and friends
- [x] Living independently
- [ ] Being able to visit my home town, country of origin, or spending time on country
- [x] Being able to care for myself (e.g. showering, going to the toilet, feeding myself)
- [ ] Keeping active (e.g. playing sport, walking, swimming, gardening)
- [ ] Enjoying recreational activities, hobbies and interests (e.g. music, travel, volunteering)
- [x] Practising religious, cultural, spiritual and/or community activities (e.g. prayer, attending religious services)
- [ ] Living according to my cultural and religious values (e.g. eating halal, kosher foods only)
- [ ] Working in a paid or unpaid job

EXAMPLE

Part 3: My values and preferences

3.2 These are things that worry me when I think about my future health

Use Part 3.2 to provide information about things that worry you about your future health.

This might include:

- Being in constant pain.
- Not being able to make your own decisions.
- Not being able to care for yourself.

Cross out Part 3.2 if you do not want to complete it.

Please describe any worries you have about the outcomes of future illness or injury:

I have occasional aches and pains that come with being 70 years old but I really worry about constant pain. I don't think I could cope if I was always in pain.

I also worry about my family and friends not being able to understand me and about not being able to communicate as I have always done.

3.3 When I am nearing death, this is where I would like to be

Use Part 3.3 to indicate where you would like to be when you are nearing death.

When you are nearing death, do you have a preference of where you would like to spend your last days or weeks?

Cross out Part 3.3. if you do not want to complete it.

Please indicate where you would like to be when you are nearing death. Tick the option that applies you. You can provide more detail about the option you choose in the space below.

- [x] I want to be at home – where I am living at the time
- [ ] I do not want to be at home – provide more details below
- [ ] I do not have a preference – I would like to be wherever I can receive the best care for my needs at the time
- [ ] Other – please specify:

Please provide more detail about your choice:

I would really like to stay at home for as long as possible. If my family find it too hard to look after me at home, then I understand it will be best if I move into a nursing home. I trust them to choose a home that is right for me.

EXAMPLE

Part 3: My values and preferences

3.4 When I am nearing death, these things are important to me

Use Part 3.4 to provide information about what is important to you when you are nearing death.

This might include:

- What would comfort you when you are dying?
- Who would you like around you?

Cross out Part 3.4 if you do not want to complete it.

Please describe what is important to you and what would comfort you when you are nearing death. Use the space below and/or tick which boxes are important for you.

Please describe: *I grew up on a farm in the country so I would really like to visit the countryside and be near open spaces as I am nearing death.*

☑ I do not want to be in pain, I want my symptoms managed, and I want to be as comfortable as possible. (Please provide details of what being comfortable means to you)

☑ I want to have my loved ones and/or pets around me
(Please provide details of who you would like with you)

I would like my sister, my children, grandchildren and my dog, Abbey, to be with me.

☐ It is important to me that cultural or religious traditions are followed
(Please provide details of any specific traditions that are important for you)

☐ I want to have access to pastoral/spiritual care
(Please provide details of what is important for you)

☐ My surroundings are important to me (e.g. quiet, music, photographs)
(Please provide details of what is important for you.)

EXAMPLE

Part 4: My Advance Health Directive treatment decisions

This part of your Advance Health Directive contains treatment decisions in respect of your future treatment. A **treatment** is any medical or surgical treatment (including palliative care and life-sustaining measures such as assisted ventilation and cardiopulmonary resuscitation), dental treatment, or other health care.

A **treatment decision** in an Advance Health Directive is a decision to consent or refuse consent to the commencement or continuation of any treatment and includes a decision to consent or refuse consent to the commencement or continuation of the person's participation in medical research. This decision applies at any time you are unable to make reasonable judgements in respect of that treatment.

Treatment to which you consent in this Advance Health Directive can be provided to you. Treatment to which you refuse consent to in this Advance Health Directive cannot be provided to you. Your enduring guardian or guardian or another person cannot consent or refuse consent on your behalf to any treatment to which this Advance Health Directive applies.

It is recommended that you discuss your treatment decisions with your doctor before completing this part.

Cross out any parts if you do not want to complete them.

Note: You MUST make at least one treatment decision within Part 4 to make a valid Advance Health Directive.

EXAMPLE

Part 4: My Advance Health Directive treatment decisions

4.1 Life-sustaining treatment decisions

Use Part 4.1 to indicate your instructions for future life-sustaining treatments.

You can give an overall instruction or list individual treatments that you consent or refuse consent to receiving in future. You can also list circumstances in which you consent or refuse consent to a particular treatment.

Life-sustaining treatments are treatments used to keep you alive or to delay your death.

If you refuse all life-sustaining treatments, health professionals will still provide care to minimise pain and make you comfortable. If you do not want palliative care treatments, specify this in Part 4.2.

Read all options before making a decision. The options are over 2 pages.

Cross out Part 4.1 if you do not want to complete it.

Note: You must make at least one treatment decision within Part 4 to make a valid Advance Health Directive.

If you select Option 5, it is not considered a treatment decision and you will need to make at least one treatment decision in Part 4.2 or Part 4.3.

If I do not have the capacity to make or communicate treatment decisions about my health care in the future, I make the following decisions about life-sustaining treatment:

Tick only one of the following options. If you choose Option 4, complete the table overleaf.

Option 1	☐	**I consent to all** treatments aimed at sustaining or prolonging my life.
Or		
Option 2	☐	**I consent to all** treatments aimed at sustaining or prolonging my life unless it is apparent that I am so unwell from injury or illness that there is no reasonable prospect that I will recover to the extent that I can survive without continuous life-sustaining treatments. In such a situation, I withdraw consent to life-sustaining treatments.
Or		
Option 3	☐	**I refuse consent to all** treatments aimed at sustaining or prolonging my life.
Or		
Option 4	☑	**I make the following decisions about specific life-sustaining treatments as listed in the table below**. (Tick a box in each row of the table).
Or		
Option 5	☐	**I cannot decide at this time**.

EXAMPLE

Part 4: My Advance Health Directive treatment decisions

4.1 Life-sustaining treatment decisions *continued*

Please complete this table if you have ticked Option 4 above.
If you have ticked Option 1, 2, 3 or 5, do not complete this table.

This table lists some common life-sustaining treatments. Use the boxes to indicate which treatments you consent to or refuse consent to receiving. You can also list circumstances in which you consent to treatment. There is also space for you to add any life-sustaining treatments not listed here. To add any other life-sustaining treatments you do/do not consent to receiving, use the additional pages for Part 4.1 Other life-sustaining treatment decisions.

Please see the *Guide to Making an Advance Health Directive in WA* for how to access and complete the additional pages for Part 4.1.

Tick one box per row in the table below.

If you choose Option B for any treatments, please specify the circumstances in which you consent to the treatment.

Life-sustaining treatment	**A.** I consent to this treatment in all circumstances	**B.** I consent to this treatment in the following circumstances	**C.** I refuse consent to this treatment in all circumstances	**D.** I cannot decide at this time
CPR Cardiopulmonary resuscitation	☐	☐	☑	☐
	Option B only: In which circumstances do you consent to this treatment?			
Assisted ventilation A machine that helps you breathe using a face mask or tube	☐	☑	☐	☐
	Option B only: In which circumstances do you consent to this treatment? *Only if this treatment was temporary and if I could then return home, even with oxygen. I do not want to be permanently on a breathing machine in hospital or in a nursing home.*			
Artificial hydration Fluids given via a tube into a vein, tissues or the stomach	☑	☐	☐	☐
	Option B only: In which circumstances do you consent to this treatment?			

EXAMPLE

Part 4: My Advance Health Directive treatment decisions

4.1 Life-sustaining treatment decisions *continued*

Life-sustaining treatment	**A.** I consent to this treatment in all circumstances	**B.** I consent to this treatment in the following circumstances	**C.** I refuse consent to this treatment in all circumstances	**D.** I cannot decide at this time
Artificial nutrition A feeding tube through the nose or stomach	☐	☐	☑	☐
	Option B only: In which circumstances do you consent to this treatment?			
Receiving blood products such as a blood transfusion	☐	☐	☑	☐
	Option B only: In which circumstances do you consent to this treatment?			
Antibiotics Drugs given to help fight infection, given by mouth, injection or by drip tube	☑	☐	☐	☐
	Option B only: In which circumstances do you consent to this treatment?			
Other life-sustaining treatment (1)	☐	☐	☐	☐
State the treatment:	Option B only: In which circumstances do you consent to this treatment?			

☐ I have made other life-sustaining treatment decisions using the template and attached ☐ (specify number of pages) additional pages.

EXAMPLE

Part 4: My Advance Health Directive treatment decisions

4.2 Other treatment decisions

Use Part 4.2 to indicate your decisions for other (non-life-sustaining) treatments.

There are a range of other treatments that may be options for you in future.

Examples include treatments for mental health (e.g. electroconvulsive therapy) and drugs used to prevent certain health conditions (e.g. aspirin, cholesterol treatments).

When making the treatment decision, list the circumstances in which you want your decision to apply (e.g. in all circumstances, or specify particular circumstances).

A treatment decision only applies in the circumstances you specify.

Please ensure you indicate in the 'My treatment decisions' column whether you consent or refuse consent to any treatment you refer to.

If you need more space, use the additional pages for Part 4.2 Other treatment decisions, see the *Guide to Making an Advance Health Directive in WA* for how to access and complete the additional pages for Part 4.2.

Cross out Part 4.2 if you do not want to complete it.

Note: You must make at least one treatment decision within Part 4 to make a valid Advance Health Directive.

Health circumstances	My treatment decisions
I have very high cholesterol	*Do not give me cholesterol absorption inhibitors.* *I cannot tolerate the side effects.*

☐ I have made more treatment decisions using the template and attached ____ (specify number of pages) additional pages.

SAMPLE

Part 4: My Advance Health Directive treatment decisions

4.3 Medical research

Use Part 4.3 to provide treatment decisions about the types of medical research you consent or refuse consent to take part in, and any circumstances in which these decisions apply.

Taking part in medical research may be an option for you even if you are unable to make or communicate decisions.

A treatment decision may include deciding whether to start or continue to take part in medical research. Your involvement in medical research, and any treatments you receive as part of the medical research, must be consistent with what you have agreed in your Advance Health Directive. The decisions you make in your Advance Health Directive about participating in medical research only operate while you are alive.

If you do not make a decision about participation in medical research, Part 9E of the *Guardianship and Administration Act 1990* will operate as to how decisions will be made about participation in medical research.

Cross out Part 4.3 if you do not want to complete it.

Note: You must make at least one treatment decision within Part 4 to make a valid Advance Health Directive.

Please tick a box showing whether you consent to taking part in the listed medical research activities and the circumstances in which you would consent. You may tick more than one circumstance for each research activity.

EXAMPLE

Part 4: My Advance Health Directive treatment decisions

4.3 Medical research *continued*

Research Activities	I consent to taking part in the following circumstance(s): Where I require urgent treatment to save my life, or to prevent serious damage to my health, or to prevent me suffering or continuing to suffer significant pain and distress.	Where the medical research may improve my condition or illness.	Where the medical research may not improve my condition or illness but may lead to a better understanding of my condition or illness in the future.	Where there are no other treatment options.	**I do not consent**
The administration of pharmaceuticals or placebos (inactive drug)	☐	☐	☐	☐	☑
The use of equipment or a device	☐	☐	☐	☐	☑
Providing health care that has not yet gained the support of a substantial number of practitioners in that field of health care	☐	☐	☐	☑	☐
Providing health care to carry out a comparative assessment	☐	☐	☑	☐	☐

EXAMPLE

Part 4: My Advance Health Directive treatment decisions

4.3 Medical research *continued*

Research Activities	I consent to taking part in the following circumstance(s): Where I require urgent treatment to save my life, or to prevent serious damage to my health, or to prevent me suffering or continuing to suffer significant pain and distress.	Where the medical research may improve my condition or illness.	Where the medical research may not improve my condition or illness but may lead to a better understanding of my condition or illness in the future.	Where there are no other treatment options.	**I do not consent**
Taking blood samples	☐	☐	☑	☐	☐
Taking samples of tissue or fluid from the body, including the mouth, throat, nasal cavity, eyes or ears	☐	☑	☐	☐	☐
Any non-intrusive examination of the mouth, throat, nasal cavity, eyes or ears	☐	☑	☐	☐	☐
A non-intrusive examination of height, weight or vision	☐	☐	☐	☐	☑
Being observed	☐	☐	☐	☐	☑
Undertaking a survey, interview or focus group	☑	☑	☑	☑	☐

EXAMPLE

Part 4: My Advance Health Directive treatment decisions

4.3 Medical research *continued*

Research Activities	I consent to taking part in the following circumstance(s): Where I require urgent treatment to save my life, or to prevent serious damage to my health, or to prevent me suffering or continuing to suffer significant pain and distress.	Where the medical research may improve my condition or illness.	Where the medical research may not improve my condition or illness but may lead to a better understanding of my condition or illness in the future.	Where there are no other treatment options.	**I do not consent**
Collecting, using or disclosing information, including personal information	☐	☐	☐	☑	☐
Considering or evaluating samples or information taken under an activity listed above	☐	☐	☐	☐	☑
Any other medical research not listed above	☐	☐	☐	☐	☑

EXAMPLE

Part 5: People who helped me complete this form

5.1 Did you use the services of an interpreter and/or a translator when completing this form?

Use Part 5.1 to show whether you engaged an interpreter and/or translator in completing this form.

If English is not your first language, you can engage an interpreter and/or translator when completing this form.

If you engaged an interpreter and/or translator when making this Advance Health Directive, your interpreter/translator should complete the interpreter/translator statement and attach it to your Advance Health Directive. Please see the *Guide to Making an Advance Health Directive in WA* for how to access and complete the interpreter/translator statement.

Cross out Part 5.1 if you do not want to complete it.

Tick the option that applies to you:

Option 1	☑	English is my first language – I did not need to engage an interpreter and/or translator.
Option 2	☐	English is **not** my first language – I engaged an interpreter and/or translator when making this Advance Health Directive and I have attached an interpreter/translator statement.
Option 3	☐	English is **not** my first language – I did **not** engage an interpreter and/or translator when making this Advance Health Directive.

EXAMPLE

Part 5: People who helped me complete this form

5.2 Have you made an Enduring Power of Guardianship (EPG)?

Use Part 5.2 to indicate whether you have made an Enduring Power of Guardianship (EPG) and provide details if relevant.

An Enduring Power of Guardianship (EPG) allows you to name and legally appoint one or more people to make decisions about your lifestyle and health care if you lose capacity.

A person you appoint to make decisions on your behalf is called an enduring guardian.

An enduring guardian cannot override decisions made in your Advance Health Directive.

Cross out Part 5.2 if you do not want to complete it.

Tick the option that applies to you:

Option 1	☐	I have **not** made an Enduring Power of Guardianship.
Option 2	☑	I **have** made an Enduring Power of Guardianship.

My EPG was made on:

	10th	(day)
of:	*March*	(month)
	2015	(year)

My EPG is kept in the following place (be as specific as possible):

The top drawer of my office drawers with my birth certificate.

I appointed the following person/s as my enduring guardian:

Name: *Anna Falkner* Phone: *9222 0000*

Joint Enduring Guardian (if appointed):

Name: Phone:

Substitute enduring guardian/s (if any):

Name: Phone:

Other substitute enduring guardian (if more than one):

Name: Phone:

EXAMPLE

Part 5: People who helped me complete this form

5.3 Did you seek medical and/or legal advice about making this Advance Health Directive?

Use Part 5.3 to indicate whether you obtained medical and/or legal advice before making this Advance Health Directive and provide details if relevant.

You are encouraged (but not required) to seek medical and/or legal advice to make an Advance Health Directive.

Cross out Part 5.3 if you do not want to complete it.

Medical advice

Option 1	☐	I did **not** obtain medical advice about the making of this Advance Health Directive.
Option 2	☑	I **did** obtain medical advice about the making of this Advance Health Directive.

I obtained medical advice from:

Name:	*Dr Alan Ng*
Phone:	*9000 0000*
Practice:	*Shepperton Road Family Practice*

Legal advice

Option 1	☑	I did **not** obtain legal advice about the making of this Advance Health Directive.
Option 2	☐	I **did** obtain legal advice about the making of this Advance Health Directive.

I obtained legal advice from:

Name:	
Phone:	
Practice:	

EXAMPLE

Part 6: Signature and witnessing

You must complete this part

- You **must** sign this Advance Health Directive in the presence of 2 witnesses. If you are physically incapable of signing this Advance Health Directive, you can ask another person to sign for you. You must be present when the person signs for you.
- 2 witnesses must be present when you sign this Advance Health Directive or when another person signs for you.
- Each of the witnesses must be 18 years of age or older and cannot be you or the person signing for you (if applicable).

At least one of the witnesses must be authorised by law to take statutory declarations.

The witnesses must also sign this Advance Health Directive. Both witnesses must be present when each of them signs. You and the person signing for you (if applicable) must also be present when the witnesses sign.

- If you need to use a marksman clause to sign this Advance Health Directive, you should complete the marksman clause template and attach it to your Advance Health Directive. Please see the *Guide to Making an Advance Health Directive in WA* for how to access and complete the marksman clause.

You must sign this form in the presence of 2 witnesses. Both witnesses must be present when you sign this form. The witnesses must sign in each other's presence.

Signed by: (signature of person making this Advance Health Directive)

		Date: (dd/mm/year)	04/08/2022

Or

Signed by: (name of person who the maker of Advance Health Directive has directed to sign)

		Date: (dd/mm/year)	

In the presence of, and at the direction of: (insert name of maker of Advance Health Directive)

		Date: (dd/mm/year)	

Witnessed by a person authorised by law to take statutory declarations:

Authorised witness's signature:	
Authorised witness's full name:	Georgina Tulloch
Address:	16 Wallock Street, West Leederville, WA 6007
Occupation of authorised witness:	Teacher
Date: (dd/mm/year)	04/08/2022

And witnessed by another person:

Witness's signature:	
Witness's full name:	Robert Williams
Address:	45 Fort Avenue, Wembley, WA 6014
Date: (dd/mm/year)	04/08/2022

EXAMPLE

This document can be made available in alternative formats.
(contact 9222 2300 or acp@health.wa.gov.au).

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