



Advance Care Directive DIY Kit

Make your future health
and life choices known

This
revised
version is
effective as of
12 May
2016



This do-it-yourself Kit contains:

- 2 x Advance Care Directive tear out Form Packages
- General Information
- Step-by-Step Guide and example statements
- Information for Witnesses, Substitute Decision-Makers and Interpreters
- Example Form



Government
of South Australia

Introduction

At some point in your life, there may come a time when you may be unable to make your own decisions.

It could be because:

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

If this happened, how would you want decisions to be made for you about your health care, living arrangements and other personal matters?

More importantly, who would you want making these decisions for you?

This Advance Care Directive makes it easy for others to know what your wishes are when you are unable to make these decisions yourself. It also gives you peace of mind to know that your wishes will be known and can be respected, if others need to make decisions for you.

What is the Advance Care Directive?

An Advance Care Directive empowers you to make clear legal arrangements for your future health care, end of life, preferred living arrangements and other personal matters.

It replaces Enduring Powers of Guardianship, Medical Powers of Attorney and Anticipatory Directions with a single Advance Care Directive Form.

An Advance Care Directive allows you to:

- write down your wishes, preferences and instructions for your future health care, end of life, living arrangements, personal matters and/or
- appoint one or more Substitute Decision-Makers to make these decisions on your behalf if you are unable to do so in the future.

What the Advance Care Directive is not.

This Advance Care Directive is not a Will. It also cannot be used to make financial or legal decisions. It is recommended you think about appointing an Enduring Power of Attorney to make decisions about your future finances and legal matters. Please refer to 'Where I can get more information' at the end of this Guide.

Complete this card and keep it with you at all times.

Name

Advance Care Directive
www.advancecaredirectives.sa.gov.au



Government of South Australia

Who can write an Advance Care Directive?

You can write an Advance Care Directive at any stage of life – whether you are young, older, healthy or unwell.

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

- be 18 years old or over
- know what an Advance Care Directive is
- know what it will be used for and
- know when it will be used.

How can I complete my Advance Care Directive?

There are three ways you can complete your own Advance Care Directive Form. You may choose to:

1. complete the Form in this Guide in handwriting,
2. visit the Advance Care Directives website, and download and save the Form to a computer so that you can type in your information (this Form on the website has expandable sections which provide more space for you to write about your wishes, and instructions),

Complete this card and keep it with you at all times.

My Substitute Decision-Makers
My Advance Care Directive can be found here:

3. complete your Advance Care Directive online, using the interactive Form on the website (which also provides more room to write in each section).

What if I have other documents in place?

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

Can I change my Advance Care Directive?

If you want to update your existing document(s), or make a new Advance Care Directive, you must use the Advance Care Directive Form within this Guide or you can complete it using the online form on the website www.advancecaredirectives.sa.gov.au.

Some key words explained.

Advance Care Directive: is a legal form for people aged over 18 years.

It can record your wishes and instructions for your future health care, end of life, preferred living arrangements and other personal matters. It can also be used to appoint one or more adults to make these decisions for you. Your Advance Care Directive takes effect (can only be used) when you are unable to make your own decisions. To be legal, you must only use the official Advance Care Directive Form in this guide (or it can be found online at www.advancecaredirectives.sa.gov.au)

Some key words explained.

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.

Residential and accommodation decisions (called living arrangements in this guide): can include where you wish to live, whether to go into supported care, whether you prefer to have a view of the garden, live by the sea, live with others or on your own.

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

You can make your own decision if you can:

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

If, in the future you are unable to do these four (4) things, it means you are unable to make the decision and someone else will need to make the decision for you.

Substitute Decision-Maker: is an adult you choose and appoint in your Advance Care Directive to make

decisions about your future health care, end of life, living arrangements and other personal matters when you are unable to make these decisions for yourself, whether for a short time only, or permanently.

Person Responsible: is an adult able to make health care decisions for you if you have not appointed a Substitute Decision-Maker in your Advance Care Directive. It will usually be someone who is close to you and is available and wants to make the decision. It could be several people in your family, or someone contacted by your health practitioner.

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

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

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

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



What is in this Guide

How do I use this Guide? v

Tear out sections (two copies)

- Advance Care Directive Form
- Information Statement
- Substitute Decision-Maker Guidelines
- Information for Witnesses
- Information for Interpreters

Step-by-step guide and example statements

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Part 2a: Appointing Substitute Decision-Makers pg 1

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Example of completed Advance Care Directive Form

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How do I use this Guide?

Completing an Advance Care Directive starts with five simple steps.

Step 1

Fill in your personal details.

Step 2 (optional)

Appoint Substitute Decision-Maker(s). Decide and discuss with your Substitute Decision-Makers what decisions you want them to make. Ask them to sign the Form and accept their role.

Step 3 (optional)

Write down what is important to you about your life and health. Discuss with your Substitute Decision-Makers.

Step 4

Sign the Form. Ask an authorised person to witness the Form. If using an interpreter, ask them to sign the Form. Make **certified copies** of the Form.

Step 5

Make sure this Form or a **certified copy**:

- is easily accessible by you and your family
- is given to any appointed Substitute Decision-Makers
- is given to your doctor, specialist, health service or aged care facility.

If you prefer to fill in your Advance Care Directive online please visit

www.advancecaredirectives.sa.gov.au

Points to remember

- You will find the Advance Care Directive Form in the tear out section.
- Remove the Advance Care Directive Form and the four information sheets. Keep the Form next to you as you read through this information.
- You can fill in your Advance Care Directive on your own or you may wish to get help from someone close to you or visit a lawyer or a doctor for advice.
- Fill in the Advance Care Directive Form using the tips on the side; look at the suggested example statements in this guide (starts on page 2).
- Write clearly so it will be easy for others to read.
- If you have appointed one or more Substitute Decision-Makers, they must sign the Form and accept their role before you sign it in front of a witness.
- Before it can be used, your Form must be witnessed (see witnesses list attached to the Form).
- You have to sign your Advance Care Directive in front of an **independent** witness.
- The Legal Services Commission can give advice and witness your Advance Care Directive. Other organisations that can help are listed on page 27.

Is English your second language?

If English is not your first language you can use an interpreter to help you complete the Form. The Information for Interpreters is attached to the Form.



Advance Care Directive Form



By completing this Advance Care Directive you can choose to:

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

Part 1

You must fill in this Part.

Part 1: Personal details

Name: _____

(Full name of person giving Advance Care Directive)

Address: _____

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

Only fill in Part 2a if you want to appoint one or more Substitute Decision-Makers.

Part 2a: Appointing Substitute Decision-Makers

I appoint: _____

(Name of appointed Substitute Decision-Maker)

Address: _____

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

I, _____

(Name of appointed Substitute Decision-Maker)

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

Signed: _____ Date: ____/____/____

(Signature of appointed Substitute Decision-Maker)

Part 2a
(continued over page)

Your initial: _____

Witness initial: _____

Date: ____/____/____

Certification statement or JP stamp

See page 15 for suggested certification statement

Part 2a

Your Substitute Decision-Maker fills in this section and must sign before you do.

You must provide the Substitute Decision-Maker with the Substitute Decision-Maker Guidelines prior to completing this section.

Your Substitute Decision-Maker fills in this section. →

If you did not fill in any of this Part please draw a large "Z" across the blank section.



Part 2a

(cont.)

Your second Substitute Decision-Maker fills in this section and must sign before you do.

If you did not appoint a second or third Substitute Decision-Maker please draw a large "Z" across any blank sections.

AND

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

Address: _____

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

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

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

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

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

Address: _____

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

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

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

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

Part 2b: Conditions of Appointment

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

Please specify below:

Your initial: _____

Witness initial: _____ Date: ___ / ___ / ___

Part 2b

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

For more information see page 1 of the Guide.



Part 3

In this part you can write:

a) What is important to you

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

b) Outcomes of care you wish to avoid

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

c) Health care you prefer

For more information and suggested statements see page 4 of the Guide.

Please draw a large "Z" across any blank sections.

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

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

b) Outcomes of care I wish to avoid (what I don't want to happen to me):

(See Part 4 for binding refusals of health care)

c) Health care I prefer:

Part 3 continued on next page

Your initial: _____

Witness initial: _____

Date: ____/____/____



Part 3

(cont.)

In this part you can write:

d) Where you wish to live

For more information and suggested statements see page 5 of the Guide.

e) Other personal arrangements

For more information and suggested statements see page 5 of the Guide.

f) Dying wishes

For more information and suggested statements see page 6 of the Guide.

Please draw a large “Z” across any blank sections.

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

d) Where I wish to live:

e) Other personal arrangements:

f) Dying wishes:

Your initial: _____

Witness initial: _____

Date: ____/____/____



Part 4

For more information about writing down your refusal(s) of health care and some suggested statements see page 7 of the Guide.

If you did not fill in this Part please draw a large "Z" across the blank section.

Part 4: Binding refusals of health care

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

(If you are indicating health care you do not want, you must state when and in what circumstances it will apply as your refusal(s) must be followed, pursuant to section 19 of the Act, if relevant and applicable).

Part 5

If you did not use an Interpreter please draw a large "Z" across the blank section.

Do not complete Part 5 unless an Interpreter was used.

Part 5: Interpreter statement

I _____ certify the following:

(Full name of Interpreter)

- The Advance Care Directive Information Statement was given and translated by me to:

(name of person giving Advance Care Directive)

- In my opinion he/she appeared to understand the information given.
- The information recorded in this Advance Care Directive Form was translated by me and accurately reproduces in English the original information and instructions of the person.

Ph: _____ ☎

Address: _____

Signed: _____ Date: ___ / ___ / ___

(Signature of Interpreter)

Your initial: _____

Witness initial: _____

Date: ___ / ___ / ___



Part 6

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

Only an independent authorised witness can sign your Advance Care Directive

The Information for Witnesses guide should be included with this Form. The witness must read it before signing the Form.

Your independent authorised witness signs and completes this part of the Form.

Space is provided if a person, due to an injury, illness or disability, needs to execute the document in another way such as by placing a "mark" on the document, or if a representative needs to sign on their behalf.

Part 6: Witnessing my Advance Care Directive

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

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

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

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

Witness statement

I, _____ have
(Full name of Witness)

read and understood the Information for Witnesses guide and

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

the Advance Care Directive Information Statement.

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

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

(Authorised witness category)

Ph: _____ 

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

Space for extra execution statement: _____

Your initial: _____

Witness initial: _____ Date: ___ / ___ / ___



Information Statement



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

What is an Advance Care Directive?

An Advance Care Directive is a legal form that allows people over the age of 18 years to:

- write down their wishes, preferences and instructions for future health care, end of life, living arrangements and personal matters and/or
- appoint one or more Substitute Decision-Makers to make these decisions on their behalf when they are unable to do so themselves.

It cannot be used to make financial decisions.

If you have written a refusal of health care, it must be followed if relevant to the circumstances at the time. All other information written in your Advance Care Directive is advisory and should be used as a guide to decision-making by your Substitute Decision-Maker(s), your health practitioners or anyone else making decisions on your behalf, e.g. persons responsible (close family/friends).

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

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

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

When will it be used?

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

Your decision-making is impaired if you cannot:

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

This means you are unable to make the decision and someone else will need to make the decision for you.

Who will make decisions for you if you cannot?

It is your choice whether you appoint one or more Substitute Decision-Makers. If you have appointed one or more Substitute Decision-Makers, they will be legally able to make decisions for you about your health care, living arrangements and other personal matters when you are unable to. You can specify the types of decisions you want them to make in Part 2b: Conditions of Appointment of your Advance Care Directive.



If you do not appoint any Substitute Decision-Makers others close to you may be asked to make decisions for you if you are unable to (Person Responsible). They must follow any relevant wishes or instructions you have written in your Advance Care Directive.

Anyone making a decision for you will need to make a decision they think you would have made in the same circumstances. A Substitute Decision-Maker needs to “stand in your shoes”.

Refusals of health care

You may have written in your Advance Care Directive that you do not want certain types of health care, also known as a refusal of health care. It is important to make sure you have written down when or under what circumstances any refusals of health care apply.

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

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

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

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

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

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

How will others know I have an Advance Care Directive?

It is recommended that you:

1. Complete the Wallet Card included in this Kit, or download it from www.advancecaredirectives.sa.gov.au
2. Give a **certified copy** to any appointed Substitute Decision-Makers, your doctor, your health service where you regularly attend, and others close to you.
3. Keep a **certified copy** with you and where you can easily find it.
4. Fill out the Emergency Medical Information Booklet (EMIB) and display it with your Form on your fridge (www.emib.org.au).
5. Add it to your Electronic Health Record if you have one (www.ehealth.gov.au).

More information

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

This information statement has been translated into 15 different languages and can be found on the Advance Care Directive website.



Substitute Decision-Maker Guidelines

Read these guidelines before you agree to be appointed as a Substitute Decision-Maker, and keep it for future reference

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

Before you sign, make sure you understand what types of decisions you will be able to make, how the person wants you to make those decisions for them, and that you are able to be a Substitute Decision-Maker.

Persons who **cannot be** appointed as a Substitute Decision-Maker include the person's doctor, nurse, or paid professional carer.

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

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

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

What is the role of a Substitute Decision-Maker?

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

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

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

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

- Only make a decision during periods when the person who appointed you cannot make their own decision. This may be temporary or permanent.
- Support that person to make their own decision if they are able to.
- Produce an original or **certified copy** of the person's Advance Care Directive Form or advise if it can be accessed in an electronic record.
- Only make decisions which you have been appointed to make under Part 2b Conditions of Appointment.

(continued over page)



- Try to contact any other Substitute Decision-Maker who has been appointed to make the same types of decisions as you.
- Only make a decision on your own if no other Substitute Decision-Maker with the same decision-making responsibility as you cannot be contacted, or the decision is urgent.
- Inform any other Substitute Decision-Maker(s) of the decisions you make.
- Try to make a decision you believe the person would have made in the same circumstance. For guidance when making decisions, look at the Decision-Making Pathway over the page or for more detail visit www.advancecaredirectives.sa.gov.au.

Where to get help, advice and more information

- Advance Care Directives website www.advancecaredirectives.sa.gov.au:
 - [How to assess decision making capacity fact sheet](#)
 - [Supporting a person to make a decision fact sheet](#)
 - [How to make a decision – standing in the person’s shoes fact sheet](#)
- Legal Services Commission help line: 1300 366 424
- Office for the Public Advocate
 - Website: www.opa.sa.gov.au
 - Advice line: 8342 8200
 - Dispute Resolution Service website: http://www.opa.sa.gov.au/what_we_do/dispute_resolution_service

3 things to remember as a Substitute Decision-Maker

1. You can only make decisions when the person who appointed you cannot make their own decision/s.
2. You must stand in the person’s shoes and try to make decisions you believe the person would have made for themselves.
3. Keep a certified copy of the completed and signed Advance Care Directive where you can easily find it.



A guide to decision-making for Substitute Decision-Makers: how to stand in the person's shoes

STEPS

- 1** The Substitute Decision-Maker may assess the person's capacity to make this decision (see [How to assess decision making capacity fact sheet](#)).
 - if substitute decision is required, then appointed substitute decision-maker proceeds to step 2.
- 2** Establish whether preferences relevant to the decision have been previously expressed in an Advance Care Directive or in previous discussions.
- 3** For health-related decisions, consider the advice of health professionals about treatment or health care options and likely outcomes in light of the person's wishes:
 - interventions considered overly burdensome or intrusive
 - outcomes of care to avoid. (Part 3 and 4 of Form)
- 4** Comply with specific refusals of medical treatments or health care and interventions if intended to apply to the current circumstances. (Part 4 of Form)
- 5** Consider other preferences and directions in the Advance Care Directive relevant to the current decision. (eg Part 3 of Form)
- 6** If no specific relevant preferences and directions, consult with others close to the person to determine any relevant previously expressed views and social or relationship factors he or she would consider in decision-making.
- 7** Consider the person's known values, life goals and cultural, linguistic and religious preferences and make the decision that the person would make if he or she had access to current information and advice.
- 8** Where several options meet these decision-making criteria, choose the least restrictive option that best ensures the person's overall care and well-being.
- 9** For residential decisions, consider the adequacy of existing informal arrangements for the person's care and the desirability of not disturbing those arrangements.
- 10** If there is no evidence of what the person would have decided, make the decision that best upholds the person's health, well-being and values.

This page has been left blank on purpose.



Information for Witnesses



Key points to know before you witness an Advance Care Directive.

Check that you fit one of the authorised witness categories. The full list is available on page 3 of 3.

- You must be **independent** of the person you are witnessing for, and **cannot** be:
 - a beneficiary in their Will – for example a family member
 - appointed as their Substitute Decision-Maker or
 - their health practitioner or paid professional carer.

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

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

- To be valid, an Advance Care Directive must be completed on the official Advance Care Directive Form. It may be completed in handwriting or electronic text.
- Do not witness the Advance Care Directive until it has been finalised, including signed by any Substitute Decision-Makers (you do not need to witness the acceptance).
- It is not your role to check the content of the person's Advance Care Directive.

- If you think the person is not competent to complete an Advance Care Directive, you can request they provide medical documentation which states that they are.

To fulfil your witness obligations you must:

1. Follow the correct witnessing process (see next page).
2. Make sure the person has a copy and has read the Advance Care Directive Information Statement. You may need to read it to the person if they are visually impaired. Translated versions in 15 languages are also available on the website.
3. Verify that the person appeared to understand the Advance Care Directive Information Statement and that they did not appear to be acting under any form of duress or coercion.
4. If you also have to interpret the document, please read the Information for Interpreters document.

Penalties

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



Process for correct witnessing

1. Confirm that the identity of the person matches the details on the Form.
2. Give the person the Advance Care Directive Information Statement.
3. Speak with the person alone so you can assess if they are voluntarily giving the Advance Care Directive and to limit the possibility of coercion by others.
4. Once the person has read the Advance Care Directive Information Statement ask the questions below to make sure you are satisfied the person appears to understand the Information Statement and that they do not appear to be acting under duress or coercion.
 - What is an Advance Care Directive?
 - When will your Advance Care Directive be used?
 - What types of decisions will it cover?
 - Who will have to follow your Advance Care Directive?
 - Why have you decided to complete an Advance Care Directive?
 - Have you appointed any Substitute Decision-Makers? Why did you choose them? What decisions will they be able to make? When will they be able to make decisions for you?
5. If the person has appointed any Substitute Decision-Makers, make sure they have signed the Form and accepted their appointment. This must be done before you witness the document. You do not need to witness the acceptance.
6. Check whether there are any alterations to the Form (including white-out). You and the person completing the Form should initial and date any alterations. Make sure any blank sections have a large "Z" drawn across them.

7. If you are satisfied that the person appears to understand the Advance Care Directive Information Statement and that they do not appear to be acting under duress or coercion, ask the person to sign the Form in front of you.

If they are physically unable to sign due to an injury, illness or disability, another person can sign this on their behalf.

This person should not be the appointed Substitute Decision-Maker. You must make a note of this in the signing section by adding "*He/She, due to an illness, injury or disability was unable to personally sign this Form, but instructed (name of person) to sign on their behalf in my presence.*"

8. Fill in the Witness Statement in Part 6 of the Advance Care Directive Form. Record your name, occupation and contact details and then sign the Form. Both you and the person must initial and date each page of the Advance Care Directive in the boxes provided.
9. Make multiple **certified copies** of the document after it has been signed by all parties, and witnessed. Please see page 15 of the Guide or visit the website for information about certifying copies of the original Advance Care Directive Form.

Training

Online training for all witnesses is available from:

- Justices of Peace Training Organisation
Go to: <http://sa.jpto.org.au/>
- TAFE – email:
advancecare.online@tafesa.edu.au



List of authorised witnesses



(Please note that an authorised witness can also certify copies of the original Advance Care Directive).

The following persons, or classes of persons, are authorised witnesses:

- Registered professionals such as teachers, nurses, doctors or pharmacists
- Lawyers or Justices of the Peace (JP)
- Local, State or Commonwealth Government employees with more than 5 years continuous service
- Bank managers or police officers with more than 5 years continuous service
- Ministers of religion or marriage celebrants
- Agents of Australian Post with 5 or more years continuous service
- Australian Consular Officers or Diplomatic Officers
- Bailiffs; sheriffs; sheriff's officers
- Chief executive officers of Commonwealth Courts
- Commissioners for taking affidavits and/or declarations
- Employees of the Australian Trade Commission, or of the Commonwealth who are outside Australia
- Fellows of the National Tax and Accountants' Association
- Statutory Office Holders
- Clerks, Judges, Magistrates or Masters of Court or Court Registrars or Deputy Registrars
- Members of: Governance Institute of Australia; Engineers Australia; Association of Taxation and Management Accountants; Australasian Institute of Mining and Metallurgy
- Australian Defence Force Officer, non-commissioned officer or a warrant officer with 5 or more years of continuous service
- Members of the Institute of Chartered Accountants in Australia; the CPA Australia (Certified Public Accountants) or the Institute of Public Accountants
- Members of Parliaments; or local, State or Territory government authorities
- Notary public
- Patent attorneys or trade mark attorneys
- Veterinary surgeons.

Remember, you must be independent of the person who has asked you to witness their Advance Care Directive. This means that as a witness you cannot be:

- a beneficiary in their Will – for example a family member
- appointed as their Substitute Decision-Maker or
- their health practitioner or paid professional carer.

This page has been left blank on purpose.



Information for Interpreters



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

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

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

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

Important

By signing your name you are certifying that:

1. You gave the person the Advance Care Directive Information Statement (you may have to read it to them) and in your opinion, they appeared to understand the information given.

The Information Statement is available in 15 different languages on the Advance Care Directive website.

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

There are penalties for writing false or misleading statements on an Advance Care Directive or forcing someone to write information in an Advance Care Directive that they do not want to write.

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

An **independent** witness means the person is not:

- a beneficiary in their Will
- appointed as their Substitute Decision-Maker or
- the person's health practitioner or paid professional carer

You may also be able to witness their Advance Care Directive, provided that you are also an authorised witness as specified in this Guide (or on Advance Care Directive website www.advancecaredirectives.sa.gov.au) and are **independent** of the person. See Information for Witnesses.

This page has been left blank on purpose.



By completing this Advance Care Directive you can choose to:

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

Part 1

You must fill in this Part.

Part 1: Personal details

Name: _____

(Full name of person giving Advance Care Directive)

Address: _____

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

Only fill in Part 2a if you want to appoint one or more Substitute Decision-Makers.

Part 2a: Appointing Substitute Decision-Makers

I appoint: _____

(Name of appointed Substitute Decision-Maker)

Address: _____

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

I, _____

(Name of appointed Substitute Decision-Maker)

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

Signed: _____ Date: ____/____/____

(Signature of appointed Substitute Decision-Maker)

Part 2a
(continued over page)

Your initial: _____

Witness initial: _____

Date: ____/____/____

Certification statement or JP stamp

See page 15 for suggested certification statement

Part 2a

Your Substitute Decision-Maker fills in this section and must sign before you do.

You must provide the Substitute Decision-Maker with the Substitute Decision-Maker Guidelines prior to completing this section.

Your Substitute Decision-Maker fills in this section. →

If you did not fill in any of this Part please draw a large "Z" across the blank section.



Part 2a

(cont.)

Your second Substitute Decision-Maker fills in this section and must sign before you do.

If you did not appoint a second or third Substitute Decision-Maker please draw a large "Z" across any blank sections.

AND

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

Address: _____

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

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

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

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

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

Address: _____

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

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

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

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

Part 2b: Conditions of Appointment

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

Please specify below:

Your initial: _____

Witness initial: _____ Date: ___ / ___ / ___

Part 2b

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

For more information see page 1 of the Guide.



Part 3

In this part you can write:

a) What is important to you

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

b) Outcomes of care you wish to avoid

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

c) Health care you prefer

For more information and suggested statements see page 4 of the Guide.

Please draw a large "Z" across any blank sections.

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

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

b) Outcomes of care I wish to avoid (what I don't want to happen to me):

(See Part 4 for binding refusals of health care)

c) Health care I prefer:

Part 3 continued on next page

Your initial: _____

Witness initial: _____

Date: ____/____/____



Part 3

(cont.)

In this part you can write:

d) Where you wish to live

For more information and suggested statements see page 5 of the Guide.

e) Other personal arrangements

For more information and suggested statements see page 5 of the Guide.

f) Dying wishes

For more information and suggested statements see page 6 of the Guide.

Please draw a large “Z” across any blank sections.

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

d) Where I wish to live:

e) Other personal arrangements:

f) Dying wishes:

Your initial: _____

Witness initial: _____

Date: ____/____/____



Part 4

For more information about writing down your refusal(s) of health care and some suggested statements see page 7 of the Guide.

If you did not fill in this Part please draw a large "Z" across the blank section.

Part 4: Binding refusals of health care

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

(If you are indicating health care you do not want, you must state when and in what circumstances it will apply as your refusal(s) must be followed, pursuant to section 19 of the Act, if relevant and applicable).

Part 5

If you did not use an Interpreter please draw a large "Z" across the blank section.

Do not complete Part 5 unless an Interpreter was used.

Part 5: Interpreter statement


I _____ certify the following:

(Full name of Interpreter)

- The Advance Care Directive Information Statement was given and translated by me to:

(name of person giving Advance Care Directive)

- In my opinion he/she appeared to understand the information given.
- The information recorded in this Advance Care Directive Form was translated by me and accurately reproduces in English the original information and instructions of the person.

Ph: _____ 

Address: _____

Signed: _____ Date: ___ / ___ / ___

(Signature of Interpreter)

Your initial: _____

Witness initial: _____

Date: ___ / ___ / ___



Part 6

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

Only an independent authorised witness can sign your Advance Care Directive

The Information for Witnesses guide should be included with this Form. The witness must read it before signing the Form.

Your independent authorised witness signs and completes this part of the Form.

Space is provided if a person, due to an injury, illness or disability, needs to execute the document in another way such as by placing a "mark" on the document, or if a representative needs to sign on their behalf.

Part 6: Witnessing my Advance Care Directive

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

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

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

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

Witness statement

I, _____ have
(Full name of Witness)

read and understood the Information for Witnesses guide and

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

the Advance Care Directive Information Statement.

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

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

(Authorised witness category)

Ph: _____ ☎

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

Space for extra execution statement: _____

Your initial: _____

Witness initial: _____

Date: ___ / ___ / ___



Information Statement



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

What is an Advance Care Directive?

An Advance Care Directive is a legal form that allows people over the age of 18 years to:

- write down their wishes, preferences and instructions for future health care, end of life, living arrangements and personal matters and/or
- appoint one or more Substitute Decision-Makers to make these decisions on their behalf when they are unable to do so themselves.

It cannot be used to make financial decisions.

If you have written a refusal of health care, it must be followed if relevant to the circumstances at the time. All other information written in your Advance Care Directive is advisory and should be used as a guide to decision-making by your Substitute Decision-Maker(s), your health practitioners or anyone else making decisions on your behalf, e.g. persons responsible (close family/friends).

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

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

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

When will it be used?

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

Your decision-making is impaired if you cannot:

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

This means you are unable to make the decision and someone else will need to make the decision for you.

Who will make decisions for you if you cannot?

It is your choice whether you appoint one or more Substitute Decision-Makers. If you have appointed one or more Substitute Decision-Makers, they will be legally able to make decisions for you about your health care, living arrangements and other personal matters when you are unable to. You can specify the types of decisions you want them to make in Part 2b: Conditions of Appointment of your Advance Care Directive.



If you do not appoint any Substitute Decision-Makers others close to you may be asked to make decisions for you if you are unable to (Person Responsible). They must follow any relevant wishes or instructions you have written in your Advance Care Directive.

Anyone making a decision for you will need to make a decision they think you would have made in the same circumstances. A Substitute Decision-Maker needs to “stand in your shoes”.

Refusals of health care

You may have written in your Advance Care Directive that you do not want certain types of health care, also known as a refusal of health care. It is important to make sure you have written down when or under what circumstances any refusals of health care apply.

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

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

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

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

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

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

How will others know I have an Advance Care Directive?

It is recommended that you:

1. Complete the Wallet Card included in this Kit, or download it from www.advancecaredirectives.sa.gov.au
2. Give a **certified copy** to any appointed Substitute Decision-Makers, your doctor, your health service where you regularly attend, and others close to you.
3. Keep a **certified copy** with you and where you can easily find it.
4. Fill out the Emergency Medical Information Booklet (EMIB) and display it with your Form on your fridge (www.emib.org.au).
5. Add it to your Electronic Health Record if you have one (www.ehealth.gov.au).

More information

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

This information statement has been translated into 15 different languages and can be found on the Advance Care Directive website.



Substitute Decision-Maker Guidelines

Read these guidelines before you agree to be appointed as a Substitute Decision-Maker, and keep it for future reference

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

Before you sign, make sure you understand what types of decisions you will be able to make, how the person wants you to make those decisions for them, and that you are able to be a Substitute Decision-Maker.

Persons who **cannot be** appointed as a Substitute Decision-Maker include the person's doctor, nurse, or paid professional carer.

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

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

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

What is the role of a Substitute Decision-Maker?

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

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

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

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

- Only make a decision during periods when the person who appointed you cannot make their own decision. This may be temporary or permanent.
- Support that person to make their own decision if they are able to.
- Produce an original or **certified copy** of the person's Advance Care Directive Form or advise if it can be accessed in an electronic record.
- Only make decisions which you have been appointed to make under Part 2b Conditions of Appointment.

(continued over page)



- Try to contact any other Substitute Decision-Maker who has been appointed to make the same types of decisions as you.
- Only make a decision on your own if no other Substitute Decision-Maker with the same decision-making responsibility as you cannot be contacted, or the decision is urgent.
- Inform any other Substitute Decision-Maker(s) of the decisions you make.
- Try to make a decision you believe the person would have made in the same circumstance. For guidance when making decisions, look at the Decision-Making Pathway over the page or for more detail visit www.advancecaredirectives.sa.gov.au.

Where to get help, advice and more information

- Advance Care Directives website www.advancecaredirectives.sa.gov.au:
 - [How to assess decision making capacity fact sheet](#)
 - [Supporting a person to make a decision fact sheet](#)
 - [How to make a decision – standing in the person’s shoes fact sheet](#)
- Legal Services Commission help line: 1300 366 424
- Office for the Public Advocate
 - Website: www.opa.sa.gov.au
 - Advice line: 8342 8200
 - Dispute Resolution Service website: http://www.opa.sa.gov.au/what_we_do/dispute_resolution_service

3 things to remember as a Substitute Decision-Maker

1. You can only make decisions when the person who appointed you cannot make their own decision/s.
2. You must stand in the person’s shoes and try to make decisions you believe the person would have made for themselves.
3. Keep a certified copy of the completed and signed Advance Care Directive where you can easily find it.



A guide to decision-making for Substitute Decision-Makers: how to stand in the person's shoes

STEPS

- 1** The Substitute Decision-Maker may assess the person's capacity to make this decision (see [How to assess decision making capacity fact sheet](#)).
 - if substitute decision is required, then appointed substitute decision-maker proceeds to step 2.
- 2** Establish whether preferences relevant to the decision have been previously expressed in an Advance Care Directive or in previous discussions.
- 3** For health-related decisions, consider the advice of health professionals about treatment or health care options and likely outcomes in light of the person's wishes:
 - interventions considered overly burdensome or intrusive
 - outcomes of care to avoid. (Part 3 and 4 of Form)
- 4** Comply with specific refusals of medical treatments or health care and interventions if intended to apply to the current circumstances. (Part 4 of Form)
- 5** Consider other preferences and directions in the Advance Care Directive relevant to the current decision. (eg Part 3 of Form)
- 6** If no specific relevant preferences and directions, consult with others close to the person to determine any relevant previously expressed views and social or relationship factors he or she would consider in decision-making.
- 7** Consider the person's known values, life goals and cultural, linguistic and religious preferences and make the decision that the person would make if he or she had access to current information and advice.
- 8** Where several options meet these decision-making criteria, choose the least restrictive option that best ensures the person's overall care and well-being.
- 9** For residential decisions, consider the adequacy of existing informal arrangements for the person's care and the desirability of not disturbing those arrangements.
- 10** If there is no evidence of what the person would have decided, make the decision that best upholds the person's health, well-being and values.

This page has been left blank on purpose.



Information for Witnesses



Key points to know before you witness an Advance Care Directive.

Check that you fit one of the authorised witness categories. The full list is available on page 3 of 3.

- You must be **independent** of the person you are witnessing for, and **cannot** be:
 - a beneficiary in their Will – for example a family member
 - appointed as their Substitute Decision-Maker or
 - their health practitioner or paid professional carer.

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

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

- To be valid, an Advance Care Directive must be completed on the official Advance Care Directive Form. It may be completed in handwriting or electronic text.
- Do not witness the Advance Care Directive until it has been finalised, including signed by any Substitute Decision-Makers (you do not need to witness the acceptance).
- It is not your role to check the content of the person's Advance Care Directive.

- If you think the person is not competent to complete an Advance Care Directive, you can request they provide medical documentation which states that they are.

To fulfil your witness obligations you must:

1. Follow the correct witnessing process (see next page).
2. Make sure the person has a copy and has read the Advance Care Directive Information Statement. You may need to read it to the person if they are visually impaired. Translated versions in 15 languages are also available on the website.
3. Verify that the person appeared to understand the Advance Care Directive Information Statement and that they did not appear to be acting under any form of duress or coercion.
4. If you also have to interpret the document, please read the Information for Interpreters document.

Penalties

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



Process for correct witnessing

1. Confirm that the identity of the person matches the details on the Form.
2. Give the person the Advance Care Directive Information Statement.
3. Speak with the person alone so you can assess if they are voluntarily giving the Advance Care Directive and to limit the possibility of coercion by others.
4. Once the person has read the Advance Care Directive Information Statement ask the questions below to make sure you are satisfied the person appears to understand the Information Statement and that they do not appear to be acting under duress or coercion.
 - What is an Advance Care Directive?
 - When will your Advance Care Directive be used?
 - What types of decisions will it cover?
 - Who will have to follow your Advance Care Directive?
 - Why have you decided to complete an Advance Care Directive?
 - Have you appointed any Substitute Decision-Makers? Why did you choose them? What decisions will they be able to make? When will they be able to make decisions for you?
5. If the person has appointed any Substitute Decision-Makers, make sure they have signed the Form and accepted their appointment. This must be done before you witness the document. You do not need to witness the acceptance.
6. Check whether there are any alterations to the Form (including white-out). You and the person completing the Form should initial and date any alterations. Make sure any blank sections have a large "Z" drawn across them.

7. If you are satisfied that the person appears to understand the Advance Care Directive Information Statement and that they do not appear to be acting under duress or coercion, ask the person to sign the Form in front of you.

If they are physically unable to sign due to an injury, illness or disability, another person can sign this on their behalf.

This person should not be the appointed Substitute Decision-Maker. You must make a note of this in the signing section by adding "*He/She, due to an illness, injury or disability was unable to personally sign this Form, but instructed (name of person) to sign on their behalf in my presence.*"

8. Fill in the Witness Statement in Part 6 of the Advance Care Directive Form. Record your name, occupation and contact details and then sign the Form. Both you and the person must initial and date each page of the Advance Care Directive in the boxes provided.
9. Make multiple **certified copies** of the document after it has been signed by all parties, and witnessed. Please see page 15 of the Guide or visit the website for information about certifying copies of the original Advance Care Directive Form.

Training

Online training for all witnesses is available from:

- Justices of Peace Training Organisation
Go to: <http://sa.jpto.org.au/>
- TAFE – email:
advancecare.online@tafesa.edu.au



List of authorised witnesses



(Please note that an authorised witness can also certify copies of the original Advance Care Directive).

The following persons, or classes of persons, are authorised witnesses:

- Registered professionals such as teachers, nurses, doctors or pharmacists
- Lawyers or Justices of the Peace (JP)
- Local, State or Commonwealth Government employees with more than 5 years continuous service
- Bank managers or police officers with more than 5 years continuous service
- Ministers of religion or marriage celebrants
- Agents of Australian Post with 5 or more years continuous service
- Australian Consular Officers or Diplomatic Officers
- Bailiffs; sheriffs; sheriff's officers
- Chief executive officers of Commonwealth Courts
- Commissioners for taking affidavits and/or declarations
- Employees of the Australian Trade Commission, or of the Commonwealth who are outside Australia
- Fellows of the National Tax and Accountants' Association
- Statutory Office Holders
- Clerks, Judges, Magistrates or Masters of Court or Court Registrars or Deputy Registrars
- Members of: Governance Institute of Australia; Engineers Australia; Association of Taxation and Management Accountants; Australasian Institute of Mining and Metallurgy
- Australian Defence Force Officer, non-commissioned officer or a warrant officer with 5 or more years of continuous service
- Members of the Institute of Chartered Accountants in Australia; the CPA Australia (Certified Public Accountants) or the Institute of Public Accountants
- Members of Parliaments; or local, State or Territory government authorities
- Notary public
- Patent attorneys or trade mark attorneys
- Veterinary surgeons.

Remember, you must be independent of the person who has asked you to witness their Advance Care Directive. This means that as a witness you cannot be:

- a beneficiary in their Will – for example a family member
- appointed as their Substitute Decision-Maker or
- their health practitioner or paid professional carer.

This page has been left blank on purpose.



Information for Interpreters



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

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

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

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

Important

By signing your name you are certifying that:

1. You gave the person the Advance Care Directive Information Statement (you may have to read it to them) and in your opinion, they appeared to understand the information given.

The Information Statement is available in 15 different languages on the Advance Care Directive website.

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

There are penalties for writing false or misleading statements on an Advance Care Directive or forcing someone to write information in an Advance Care Directive that they do not want to write.

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

An **independent** witness means the person is not:

- a beneficiary in their Will
- appointed as their Substitute Decision-Maker or
- the person's health practitioner or paid professional carer

You may also be able to witness their Advance Care Directive, provided that you are also an authorised witness as specified in this Guide (or on Advance Care Directive website www.advancecaredirectives.sa.gov.au) and are **independent** of the person. See Information for Witnesses.

This page has been left blank on purpose.

Part 1: My personal details

Fill in your **personal details** on the Advance Care Directive Form.

Part 2a: Appointing Substitute Decision-Makers

If you have decided to appoint one or more Substitute Decision-Makers, fill in Part 2a using the tips on the side of the Form, or ask your Substitute Decision-Makers to fill in this section.

Before your Substitute Decision-Maker(s) sign the Form, make sure they have:

- read the Guidelines for Substitute Decision-Makers; and
- agree to be appointed as your Substitute Decision-Maker.

Refer to further information on appointing Substitute Decision-Makers on page 11.

Any appointed Substitute Decision-Makers must sign and accept their appointment prior to the document being signed by you and witnessed.

If you decide not to appoint any Substitute Decision-Makers, please draw a large “Z” across the blank sections.

Part 2b: Conditions of Appointment

In Part 2b of the Advance Care Directive Form you can write down how you want your Substitute Decision-Makers to make decisions for you and what types of decisions they can make regarding your health care, living arrangements or personal matters. This is called putting conditions on their appointment.

If you appoint one or more Substitute Decision-Makers you can decide whether you want them to make decisions either together or separately.

If you do not specify, they will be able to make decisions either together or separately.

You can also decide what types of decisions you want them to make (health care, residential or personal).

You can ask that they consult with particular family members, friends and/or your Enduring Power of Attorney, if decisions will have financial implications.

If you do not wish to put conditions on their appointment, please draw a large “Z” across the blank sections

Refer to further information on Conditions of Appointment on page 13.

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

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

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

- a) What is important to me.
- b) Outcomes of care that I wish to avoid.
- c) Health care I prefer.
- d) Where I wish to live.
- e) Other personal arrangements.
- f) My dying wishes.

a) What is important to me?

Writing down **what is important to you** about your life and health will help your Substitute Decision-Makers, those close to you, health practitioners and others to make decisions for you about your care and life if you are unable to make them yourself.

What would you want others to think about when making decisions for you?

Consider the following suggested statements – you may want to write one or more of these on your Form, or you may have words of your own you want to use or give more detail.

Some suggested statements:

- Relationships with my family and my friends are very important to me. I would like my family and friends to be involved in my life.
- I prefer my pets to be near me or continue to be able to see them.
- Being independent is important to me and I would prefer not to have to rely on others daily.
- My cultural practices are important to me, and I would like them to be followed where possible and practical, and be respected at all times. These cultural practices are many and varied, some secret, some not.
- My family and Substitute Decision-Maker (if appointed) will inform carers/health professionals of what is important to me, and at what times. Please follow their instructions and advice regarding specific cultural practices wherever this is possible
- My religion is central to my life. My decisions are guided by my religious faith which is...
- I value my cultural identity and enjoy the company of those who speak my first language.
- I have spent my life in the gay and lesbian community and wish to continue such contact.

b) What I don't want to happen to me.

(outcomes of care I wish to avoid).

It is very hard to know what health care you may want in the future – especially if you are well and don't know what health problems you might have later.

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

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

How you feel and what your life is like after health care is given to you is called **an outcome of health care**.

Remember this part is about any time when you are unable to make your own decisions, not only at the end of your life (e.g. you may have a known mental illness).

You may want to write down outcomes of care you wish to avoid. Consider these suggested statements or you may wish to use your own words.

Some suggested statements.

- If I am unable to recognise family and friends (for example, having dementia) and unable to communicate, I do not want any health care which prolongs my life.
- If I have a serious car accident or illness and I am not likely to recover, I would prefer comfort care to maintain my dignity.
- If I am in a permanent coma, and I am not likely to communicate meaningfully again, I do not want health care that keeps me alive and would prefer to be comfortable and allowed to die with dignity. I would like to donate my organs/tissues if possible.
- If I have a mental health episode I would prefer to be given my usual treatment at home and not be put into institutional care.
- Being permanently unable to make my own decisions would not be acceptable to me. If this happened and I needed life sustaining treatment, I would want nature to take its course and be kept comfortable.

It is not helpful to write vague statements like I don't want to be a vegetable or I don't want to be a burden on my family. These won't make it easier for others to make decisions for you.

c) Health care I prefer.

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

If you have a diagnosed condition and you want to write specific health care instructions, ask your doctor or specialist if what you want to write will be meaningful and achieve the result you want.

When you need health care, health practitioners think about what is wrong with you and tell you what health care they consider will help you or your illness.

There may be one choice of health care or many. Your health practitioner should clearly explain your health care options to you, your Substitute Decision-Maker or Person Responsible and what those options will mean for your health and life.

If you want to write health care instructions, consider these suggested statements.

Some suggested statements.

- If I am permanently unable to communicate, or recognise my family and friends, I only want medical treatment which keeps me comfortable.
- I want to live as well as possible for as long as possible and I am willing to accept medical treatment that my doctors and family think is appropriate.
- If I have a mental illness and I am temporarily unable to make my own decisions, I prefer to be given my usual medications even if I refuse them at the time.
- If I have a serious brain injury I am happy to be alive and would accept all health care which is offered to me – even if such care leaves me with physical or mental disabilities.
- I will accept all health care and medical treatment which will improve my health and give me more time with my family, if considered appropriate.
- If I have dementia and I fall and break my hip, I agree to surgery if it is considered appropriate.
- I have a mental illness and when I am unwell I want my caregivers to follow my Ulysses Agreement which can be found...(give details)

KATERINA'S STORY: Katerina (30) had a recurring mental illness. Sometimes she was well and sometimes she went off her medicine and became unwell. She knew that medicine X had terrible side-effects, but medicine Y did not. She wrote in her Advance Care Directive that she wanted medicine Y, but not medicine X if she ever became unwell. Katerina was glad she could make her wishes clear in her Advance Care Directive in case she couldn't tell her doctor at the time.

d) Where I wish to live.

In the future, you might not be as independent as you are now and you might need:

- to be supported to live independently with in-home care and support
- care by family, friends or professionals
- to be looked after in a disability or aged care facility
- temporary care or support or a permanent or long term arrangement.

You may wish to consider these suggested statements.

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

e) Other personal arrangements

There may be some activities, interests or hobbies which are important to your life.

Write these down on your Advance Care Directive Form so that others know your likes and dislikes.

Other things to consider

- Activities you enjoy and prefer to keep doing if you are able to, such as walking, gardening or singing in a choir.
- Things you do not like to do, such as playing bingo or long car drives.
- Organisations or groups that you belong to and want to continue with.
- Relationships that are important to you.
- Your favourite music.
- Grooming requirements such as haircuts and removal of facial hair.
- Who you prefer to spend holidays with.
- People who you do or do not want to visit you.
- Personal dress standards, for example I do not want to wear tracksuits at any time of the day or night.
- Who you would prefer to look after your children or pets if you need supported care.

These will help others who may be making decisions for you or caring for you, **to know your likes and dislikes.** Remember you may not be able to tell them yourself at the time.

f) My dying wishes.

Thinking about your wishes for the end of your life is hard to do. Think about what would be most important to you at this time, such as:

- Situations you want to avoid or that would be unacceptable when you are dying.
- Where you would prefer to die (at home, in your aged care facility or hospital).
- Who you would want to be there.
- What or who is important to you at the end of your life.
- Spiritual, religious or cultural traditions that are important to you.
- Aboriginal and Torres Strait Islander practices that you want followed (e.g. Return to Country).
- Your organ and tissue donation wishes in case you die in circumstances where this is possible. www.donatelife.gov.au
- Your burial or cremation wishes or funeral arrangements.

Some suggested statements.

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

EDWARD'S STORY: Edward (87) had been in his nursing home for the past four years and it had become home to him. Edward had an Advance Care Directive and he had written that he wanted to die where he lived, have his children present and his favourite music playing. Edward deteriorated over the next three weeks. Because his wishes were known he died peacefully in the nursing home surrounded by his large family.

Part 4: My binding refusals of health care.

If you do not want certain types of health care you can write this down in your Advance Care Directive. This is called a **refusal of health care**.

If you do this, it is important to make sure you write down when, or under what circumstance, the refusal applies (e.g. if I have a condition or illness from which I will not recover).

If you have refused specific health care in your Advance Care Directive, it is a binding refusal, and your health practitioner cannot give you that health care. If your Substitute Decision-Maker or Person Responsible says no to health care (because they believe it is the decision you would have made) your health practitioner cannot give you that health care.

If you want to write specific refusals of health care, medical treatment or life-sustaining treatment, consider these statements.

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

Some suggested statements.

- I do not want to be fed by a tube, even if this means I may die. I only want to be offered foods and fluids by mouth.
- If I am permanently unable to communicate and make my own decisions (e.g. because of dementia or a serious stroke), I do not want any treatment that would leave me with worse symptoms – even if it means I will live longer. I only want treatment that improves my physical and mental health, and to be kept comfortable.
- If I have a terminal illness and I am dying, I do not want any life-sustaining treatments. Please keep me comfortable.
- If I have a serious condition for which I am not going to recover, I am incontinent, cannot eat without assistance and I am dependent on others to wash and move me, I do not want any treatment which prolongs my life. Please keep me comfortable where I live if possible.
- If I am permanently unable to communicate, I do not wish to have any medical treatments that will prolong my life. Please give me palliative care.
- I do not want to have my heart started if it stops at any stage of my life. I would prefer to die quickly.
- I do not want my limbs amputated, even if I might die.
- If I am permanently living in institutional care or requiring 24 hours a day care, I only want health care to make me comfortable and which doesn't prolong my life.

You cannot refuse compulsory mental health treatment (e.g. listed in a community treatment order if you have one).

A health practitioner can only override a refusal of health care if:

- there is evidence to suggest you have changed your mind, but did not update your Advance Care Directive or
- the health practitioner believes you did not mean it to apply to the current circumstance.

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

If you did not fill in this part, please draw a large “Z” across the blank section.

Part 5: Interpreter statement

If English is your second language, and you have used an interpreter to help you write your Advance Care Directive in English, your interpreter must complete this section of the Form.

Your interpreter should read the **Information for Interpreters**.

If you have not used an interpreter please draw a large “Z” across the blank section.

The Advance Care Directives website contains information translated into 15 different languages.

Part 6: Witnessing my Advance Care Directive

Do not sign it yet.

Make sure any Substitute Decision-Makers you have appointed sign the Form first before you have it witnessed.

Write down your name here but do not sign it until you have an **independent authorised witness** with you.

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

Your Advance Care Directive is not legal until you have signed it in front of an independent authorised witness and your witness has signed it. Both you and the witness will need to initial and date each page of the Form in the space provided.

Your witness must fill in and sign Part 6 of the Advance Care Directive Form.

Your witness must be independent of you and cannot be:

- a beneficiary in your Will, (e.g. a family member or someone who you will leave money or personal items to)
- a person appointed as your Substitute Decision-Maker
- your health practitioner or a paid professional carer.

There are many professional groups who can witness your Advance Care Directive. See list attached to the Form.

By having your Advance Care Directive witnessed, it means that health practitioners and others can rely on your Advance Care Directive.

The witness has to make sure that:

- You know what an Advance Care Directive is, what it will be used for and when it will apply.
- You want to have an Advance Care Directive and you are not being pressured by others.
- Any appointed Substitute Decision-Makers have signed the Form first.

The witness will want to speak with you on your own (or with an interpreter) to check these things. They will ask you some questions.

Your witness will also want to know if you have read and understood the Advance Care Directive Information Statement included with the Form.

If you are physically unable to sign, someone can sign this on your behalf. This person should not be the appointed Substitute Decision-Maker or the witness.

For information on making **certified copies**, see page 15 of this Guide.

A full list of witness categories is attached to the Form.

Next Steps.

Once the Form is signed by all parties, make multiple certified copies of it and give them to:

- 1. any appointed Substitute Decision-Makers**
- 2. your doctor, health service, aged care facility**
- 3. friends, family and those close to you**
- 4. display on your fridge with your Emergency Medical Information Booklet (www.emib.org.au)**

See page 15 for information on how to make certified copies of an Advance Care Directive

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Appointing Substitute Decision-Makers

Should I appoint Substitute Decision-Makers?

Read the information below and then decide if you want to appoint one or more Substitute Decision-Makers.

- If you appoint one or more Substitute Decision-Makers in your Advance Care Directive, you will have someone you trust with the legal authority to make decisions for you.
- Having a Substitute Decision-Maker can help to avoid family conflict by making it clear who you want to make decisions for you and how.
- You can make sure the culturally appropriate person(s) have legal authority to make decisions by appointing them in your Advance Care Directive.
- You can tell your Substitute Decision-Makers how you want them to make decisions for you (e.g. if you have more than one, if you want them to make decisions together or separately). See Part 2b Conditions of Appointment, pages 1 and 13.

If you do not appoint a Substitute Decision-Maker others close to you may be asked to make decisions for you if you are unable. They must follow any relevant wishes or instructions you have written in your Advance Care Directive.

For your peace of mind, it is a good idea to appoint one or more Substitute Decision-Makers, tell them what is important to you, and write down your wishes on the Advance Care Directive Form so they, and others, know what you want or do not want.

If you do not want to appoint anyone in your Advance Care Directive, you can just write down what is important to you, such as: your culture, beliefs, wishes and instructions for your future health care, your dying wishes, where you wish to live and other personal wishes.

Whatever you decide, make sure you give **certified copies** to any appointed Substitute Decision-Makers, close family or friends, your doctor and specialist, health service, aged care facility. See page 15 for the [How to make certified copies](#) fact sheet.

AUNTY'S STORY: Aunty (59) had a few things wrong with her health – diabetes and heart problems. She came from a big mob, lived in a small community and was worried there might be big family arguments and worry if she got really sick and family couldn't sort out what was right for her. If she was to get very sick, Aunty decided to appoint her daughter, Josie, in her Advance Care Directive to make decisions for her if she couldn't make decisions herself. Aunty talked to her daughter about what she wanted and also made sure her family and community knew her wishes. Doing this on a legal form gave her peace of mind because she knew her wishes would be clear and could be acted upon, and she could continue to be respected as an Elder.

How many Substitute Decision-Makers should I have?

It may be helpful to have more than one Substitute Decision-Maker. Doing this means that:

- More than one person is prepared and able to make decisions for you if needed in the future.
- Another person is available should one unexpectedly become unwell, change their mind or die.
- It is not possible to appoint more than three because this may cause problems when making decisions (i.e. if they do not agree).

How should I choose my Substitute Decision-Maker(s)?

Choose a person who:

- Is 18 years or over.
- Is able to make decisions.
- Knows you well, and whom you trust.
- Respects what is important to you.
- Can work out what decision you would make – stand in your shoes.
- Can make serious decisions for you during emotionally difficult times.
- Wants and agrees to be your Substitute Decision-Maker and understands what this means.

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

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

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

Talk to the person(s) you want to be your Substitute Decision-Maker. You need to be clear about:

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

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

What it means to be your Substitute Decision-Maker is explained in the Substitute Decision-Maker Guidelines attached to the Form. Make sure your Substitute Decision-Maker(s) reads and understands this information before they sign your Form.

Your Substitute Decision-Makers should follow and respect what you write in your Advance Care Directive. It is recommended that you talk to your Substitute Decision-Makers and others close to you about your Advance Care Directive.

Before you sign your Advance Care Directive in front of a witness, any Substitute Decision-Makers you appoint must accept and agree to being appointed and must sign Part 2 of the Form.

What are the Conditions of Appointment?

Conditions of appointment mean you can specify what types of decisions your Substitute Decision-Maker(s) can make and how you would like them to make decisions.

You can:

- Appoint one Substitute Decision-Maker to make all your decisions.
- Appoint two or more Substitute Decision-Makers and write down what types of decisions they can make (e.g. health care decisions).
- Appoint two or more Substitute Decision-Makers and request that they make all decisions together.

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

This will mean that if only one Substitute Decision-Maker can be contacted a decision can still be made, but if two or more are available they can make a decision together.

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

But remember:

- This may make the decision-making process slower as all Substitute Decision-Makers will need to agree.
- There is also the chance your Substitute Decision-Makers may not agree.

In this section you might also wish to:

- Write down the names of people your Substitute Decision-Maker must talk to when making decisions for you – for example family members, close friends, religious adviser or Aboriginal Elders.
- Write down the name of your Enduring Power of Attorney (someone you have appointed to make financial and legal decisions) if you have one. Your Substitute Decision-Maker will need to speak to your Financial Attorney if decisions they make on your behalf might affect your finances.

A health practitioner is only responsible for contacting one Substitute Decision-Maker (whoever they can reach). Your Substitute Decision-Maker is responsible for contacting other Substitute Decision-Makers if you have appointed more than one.

MING'S STORY: Ming (37) decided he wanted to appoint one Substitute Decision-Maker in his Advance Care Directive as he thought his mum would be too upset to make decisions for him if he was sick or injured. He appointed his best mate Sam who he had many conversations with about his life and what was important to him. He told his mum why he had appointed Sam rather than her, and she understood. He wrote that Sam must seek his Mum's views about decisions.

How will others know I have an Advance Care Directive?

What should I do now I have filled out my Advance Care Directive?

You have finished writing your Advance Care Directive and it is all signed and witnessed. It is important that others know you have an Advance Care Directive and where to find it, especially in an emergency.

You should:

- Have multiple **certified copies** made (see page 15 for more information).
- Give a **certified copy** to any appointed Substitute Decision-Makers.
- Give **certified copies** to those who care about you and care for you, such as your family, close friends, doctor and any other health practitioner, hospital or health service you regularly visit.
- Take a **certified copy** with you if you go to a hospital, hospice or aged care facility, or if you travel interstate or overseas.

- Complete the card at the front of this Guide and put it in your wallet or purse. Additional wallet cards can be downloaded from the website.
- Put a note on your fridge about the location of your Advance Care Directive and the name and contact details of your Substitute Decision-Makers (if you have any).
- Order and fill out an Emergency Medical Information Booklet and put it on your fridge with your Advance Care Directive (www.emib.org.au).
- Keep your original Advance Care Directive in a place where you and others can find it easily.
- Write down where you have kept it so you do not forget.
- Do not keep your Advance Care Directive with your Will – people will only look at your Will after you die. You want people to know your wishes before you die.

Review your Advance Care Directive often. Life is full of changes and if you become sick or your circumstances or those of your Substitute Decision-Maker(s) change, you may want to review and make a new Advance Care Directive if you are still able to do so.

Your wishes should be followed by your Substitute Decision-Maker, Person Responsible, health practitioner and others if it is possible to do so. It may not be possible because of available services or your financial situation.

How do I make certified copies of my Advance Care Directive?

The witness can help you make multiple **certified copies** of your Advance Care Directive at the same time as they witness your original Advance Care Directive Form.

This will be important so that you can give your Substitute Decision-Makers, others close to you, your doctor or other health practitioners, a **certified copy**.

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

When your Advance Care Directive is completed and signed by you, your Substitute Decision-Maker (if you have any), and your witness (and interpreter if you have used one), you can make many photocopies of your Advance Care Directive. The witness can certify all copies as a true copy of the original.

To make decisions for you, your Substitute Decision-Maker must show your doctors, health practitioners or aged care staff an original or certified copy of your Advance Care Directive. This will prove that they have the authority to make these decisions for you when you are unable to make your own.

A certification statement will need to be written or stamped on the front of the Advance Care Directive form.

Suggested certification statement:

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

Signed _____

Date __/__/__

Certification and JP Stamp

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

What happens if there are problems with my Advance Care Directive?

Problems may arise in the future about what you have written in your Advance Care Directive, or who you have appointed as your Substitute Decision-Maker(s). Your family may disagree about your care or your wishes.

To avoid problems, talk to your family and friends about your Advance Care Directive so that everyone is clear about the decisions you would want made for you and/or who you want to make them, when you are unable to make them yourself.

If problems arise with your Advance Care Directive and cannot be resolved, the Office of the Public Advocate can:

- Help work out whether you can make your own decisions or whether your Advance Care Directive should be used.

- Help you, your Substitute Decision-Maker(s), health practitioners or others close to you solve problems if there is disagreement about a decision being made for you.
- Help you and those close to you make a decision together.

Contact the Office of the Public Advocate on: (08) 8342 8200 for advice or assistance, or visit their website: www.opa.sa.gov.au

As a last resort the SA Civil and Administrative Tribunal (formerly the Guardianship Board) can resolve problems using a legal process.

When solving problems or disagreements, your wishes are the most important.

MR MAY'S STORY: Mr May's three Substitute Decision-Makers did not get along and did not want to talk with each other even though they had successfully made joint decisions in the past. Mr May could not make his own decisions due to advanced dementia but he clearly stated in his Advance Care Directive that he wanted a relationship with all three Substitute Decision-Makers. One of the Substitute Decision-Makers asked the Office of the Public Advocate to help them work out how they could work together for Mr May. The Substitute Decision-Makers agreed to a visiting schedule that avoided contact with each other on a day to day basis. They also discussed how they would come together to consider any future decisions that arose for Mr May, and agreed a plan to do so, ensuring that Mr May would be included to the full extent of his abilities.

How do I cancel my Advance Care Directive?

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

If you want to change any Substitute Decision-Makers, or parts of your Advance Care Directive you can cancel (revoke) your original Advance Care Directive by filling in a new Advance Care Directive Form.

To cancel or revoke your Advance Care Directive, you need to be able to understand what it will mean for you if you cancel your Advance Care Directive.

If you do not complete a new Advance Care Directive there are 2 options for cancelling or revoking your Advance Care Directive:

1. Write “*cancelled/revoked*” and draw a line diagonally across each page, and sign and date each page.
2. Fill out the Cancelling my Advance Care Directive Form on page 1 of 1 of revocation form, and attach this to your original Advance Care Directive.

Remember, if you:

- **Write a new Advance Care Directive** – give **certified copies** of your new Advance Care Directive to appointed Substitute Decision-Maker(s), family, health practitioners, hospital and anyone else who has a copy of the old one.
- **Cancel your Advance Care Directive but don’t write a new one** – make sure you tell anyone who has a copy of the original Advance Care Directive, (including any previously appointed Substitute Decision-Maker(s), your doctor, health service, aged care facility) that this version is cancelled or revoked, and you want it removed from your file. You must also inform any previously appointed Substitute Decision-Makers that their appointment has been revoked.

JAMES’ STORY: When James found out he had cancer he wanted to update his Advance Care Directive to reflect his specific wishes about his care. James completed the Cancelling my Advance Care Directive Form and signed it in front of an independent authorised witness. James made sure his GP, who was the only person he had ever given a copy to, received the Cancelling my Advance Care Directive Form and his new Advance Care Directive.

This page has been left blank on purpose.



This form is valid from 12 May 2016

Cancelling my Advance Care Directive

Do not complete this Form unless you wish to cancel (revoke) your Advance Care Directive.



Government of South Australia

To revoke your Advance Care Directive you must understand the consequences of not having an Advance Care Directive.

Person Statement:

I, _____
(Full name of person who gave the Advance Care Directive)

Address: _____

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

understand the consequences of revoking this Advance Care Directive and do so pursuant to section 29 of the *Advance Care Directives Act 2013 (SA)*.

Signature: _____ Date: ___/___/___
(Signature of person who gave the Advance Care Directive)

An authorised witness must fill in this section and certify that you understand the consequences of revoking your Advance Care Directive. →

Witness Statement:

I, _____
(Full name of witness)

(Occupation of Witness)

Ph: _____ ☎

certify that I am satisfied that the person who gave this Advance Care Directive is competent and understands the consequences of revoking this Advance Care Directive.

Signature: _____ Date: ___/___/___
(Signature of witness)

Please note you can also cancel your Advance Car Directive by completing a new Advance Care Directive

Your initial: _____

Witness initial: _____

Date: ___/___/___

Certification statement or JP stamp

See page 15 for suggested certification statement

This page has been left blank on purpose.

Advance Care Directive Form



By completing this Advance Care Directive you can choose to:

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

Part 1

You must fill in this Part.

Part 1: Personal details

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

Address: 7 Maple Street, Adelaide 5000

Ph: 8000 8000 ☎ Date of birth: 21 / 1 / 1952

Only fill in Part 2a if you want to appoint one or more Substitute Decision-Makers.

Part 2a: Appointing Substitute Decision-Makers

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

Address: 24 Price Street, Blackwood 5052

Ph: 8000 8000 ☎ Date of birth: 2 / 7 / 1968

I, Amelia Sherlock
(Name of appointed Substitute Decision-Maker)

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

Signed: *A Sherlock* Date: 12 / 5 / 2016
(Signature of appointed Substitute Decision-Maker)

Part 2a
(continued over page)

Your initial: SP

Witness initial: JW

Date: 13 / 5 / 2016

I Julie Smith, public servant, certify that this and the following 6 pages to be a true copy of the original sighted by me.

J. Smith 15/6/2016

Certification statement or JP stamp

See page 15 for suggested certification statement

Advance Care Directive Form



Part 2a

(cont.)

Your second Substitute Decision-Maker fills in this section and must sign before you do.

If you did not appoint a second or third Substitute Decision-Maker please draw a large "Z" across any blank sections.

AND

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

Address: _____

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

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

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

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

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

Address: _____

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

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

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

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

Part 2b

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

For more information see page 1 of the Guide.

Part 2b: Conditions of Appointment

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

Please specify below:

Amelia, please speak to my sister Louise when you make any serious decisions about my health care.

Your initial: SP

Witness initial: JW

Date: 13 / 5 / 2016



Part 3

In this part you can write:

a) What is important to you

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

b) Outcomes of care you wish to avoid

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

c) Health care you prefer

For more information and suggested statements see page 4 of the Guide.

Please draw a large "Z" across any blank sections.

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

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

My family + friends are very important to me. Being independent and having my dog close to me is also very important, if possible. I also value being healthy and am not very happy or fulfilled if I am unproductive or immobile.

b) Outcomes of care I wish to avoid (what I don't want to happen to me):

(See Part 4 for binding refusals of health care)

If I have a mental health episode I would prefer to be given my usual treatment at home + not be put into care. If I am unable to recognise my family + friends + can't communicate, I do not want any health care to prolong my life. Having cognitive impairment or being physically immobile is not acceptable to me.

c) Health care I prefer:

[A large blue 'Z' is drawn across this section.]

Part 3 continued on next page

Your initial: SP

Witness initial: JW

Date: 13 / 5 / 2016



Part 3

(cont.)

In this part you can write:

d) Where you wish to live

For more information and suggested statements see page 5 of the Guide.

e) Other personal arrangements

For more information and suggested statements see page 5 of the Guide.

f) Dying wishes

For more information and suggested statements see page 6 of the Guide.

Please draw a large "Z" across any blank sections.

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

d) Where I wish to live:

I would prefer to be cared for at home for as long as possible.

I would prefer not to go to supported care but if I have to, please keep me close to my family.

e) Other personal arrangements:

Please make sure that my hair is cut and styled regularly and that my facial hair is removed.

I do not like wearing track suits or sneakers.

My daughter knows my cultural requirements so please make sure she is consulted on these matters.

f) Dying wishes:

When I am dying I want to be in a comfortable environment surrounded by my family and friends.

If I can, I would like to say goodbye to my family before I die.

Your initial: SP

Witness initial: JW

Date: 13 / 5 / 2016



Part 4

For more information about writing down your refusal(s) of health care and some suggested statements see page 7 of the Guide.

If you did not fill in this Part please draw a large "Z" across the blank section.

Part 5

If you did not use an Interpreter please draw a large "Z" across the blank section.

Part 4: Binding refusals of Health care

I make the following binding refusal/s of particular health care:
(If you are indicating health care you do not want, you must state when and in what circumstances it will apply as your refusal(s) must be followed, pursuant to section 19 of the Act, if relevant and applicable).

If I cannot permanently make my own decisions, I do not want any life sustaining treatment.

Please just keep me comfortable and pain free until I die.

Do not complete Part 5 unless an Interpreter was used.

Part 5: Interpreter statement

I _____ certify the following:
(Full name of Interpreter)

- The Advance Care Directive Information Statement was given and translated by me to:

(name of person giving Advance Care Directive)

- In my opinion he/she appeared to understand the information given.
- The information recorded in this Advance Care Directive Form was translated by me and accurately reproduces in English the original information and instructions of the person.

Ph: _____ ☎

Address: _____

Signed: _____ Date: ___ / ___ / ___

(Signature of Interpreter)

Your initial: SP

Witness initial: JW

Date: 13 / 5 / 2016



Part 6

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

Only an independent authorised witness can sign your Advance Care Directive

The Information for Witnesses guide should be included with this Form. The witness must read it before signing the Form.

Your independent authorised witness signs and completes this part of the Form.

Space is provided if a person, due to an injury, illness or disability, needs to execute the document in another way such as by placing a "mark" on the document, or if a representative needs to sign on their behalf.

Part 6: Witnessing my Advance Care Directive

I, Serena Primrose

(Full name of person giving this Advance Care Directive)

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

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

Signed: [Signature] Date: 13 / 5 / 2016

(Signature of the person giving this Advance Care Directive)

Witness statement

I, Jasper Westall have

(Full name of Witness)

read and understood the Information for Witnesses guide and certify that I gave: Serena Primrose

(Full name of person giving this Advance Care Directive)

the Advance Care Directive Information Statement.

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

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

Registered teacher

(Authorised witness category)

Ph: 8111 8111 ☎

Signed: [Signature] Date: 13 / 5 / 2016

(Signature of Witness)

Space for extra execution statement:

[Large blue scribble covering the extra execution statement area]

Your initial: SP

Witness initial: JW

Date: 13 / 5 / 2016

Where can I get more information?

Advance Care Directives website: Complete your Advance Care Directive online or download the Kit/Form from: www.advancecaredirectives.sa.gov.au

Legal Services Commission: For advice or to witness your Advance Care Directive. Contact: www.lsc.sa.gov.au; 1300 366 424

Office of the Public Advocate

For advice, help, and to resolve disputes: Contact: www.opa.sa.gov.au; 08 8342 8200; Country SA only: 1800 066 969

SA Civil and Administrative Tribunal (formerly the Guardianship Board)

To resolve disputes.

Contact: www.sacat.sa.gov.au; 08 8368 5600; Country SA only: 1800 800 501

Stop Elder Abuse: For concerns about the abuse of an older person's rights.

Contact: www.sahealth.sa.gov.au/stopelderabuse; 1800 372 310

Aged Rights Advocacy Service

Contact: www.sa.agedrights.asn.au; 08 8232 5377; Country SA only: 1800 700 600

Council on the Ageing

For assistance to complete your own Advance Care Directive.

Contact: www.cotasa.org.au; 08 8232 0422; Country SA only: 1800 182 324

Seniors Information Service

Contact: www.seniors.asn.au; 08 8168 8776; Country SA only: 1800 636 368

Palliative Care Council of South Australia

Contact: www.pallcare.asn.au; 08 8271 1643

Personally Controlled Electronic Health Record

Visit: www.ehealth.gov.au

Planning Ahead (SA): Information on Planning Ahead

Visit: www.sahealth.sa.gov.au/planningahead

Start2Talk: Information on planning ahead. Visit: www.start2talk.org.au

Law Society of South Australia

Contact: www.lawsociety.sa.asn.au; 08 8229 0200

Royal Association of Justices SA

Contact: www.rajsa.asn.au; 08 8297 4044

Feedback Form

We want to make sure this guide is easy to understand and use.

Please feel free to answer any or all of the following questions about the Advance Care Directive Form and Guide. Your feedback will help us improve in the future.

1. Did this Guide help you fill out the Advance Care Directive Form?

2. Do you think the information in this Guide is easy to understand?

3. Was the Advance Care Directive Form simple to fill out?

4. Do you have any other comments?

Would you like to be contacted in the future about your experiences?

If so, please fill out your name and contact details.

Name _____

Email _____

Phone _____

Please post this Form to:

**Advance Care Directives
c/o Level 10
PO Box 287
Rundle Mall
Adelaide SA 5000**

Or email to:

HealthPolicyLegislation@sa.gov.au









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For more information

Telephone: 1300 366 424

www.advancecaredirectives.sa.gov.au

To purchase hard copies of the guide and form visit your closest Service SA Centre.

Advance Care Directives
Department for Health and Ageing

The ACD brochure is available in 15 different languages on the ACD website.



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www.ausgoal.gov.au/creative-commons

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FIS: 15104 January 2016.