

DO YOU NEED AN ADVANCE HEALTH DIRECTIVE?

An Advance Health Directive (“AHD”) is a legal document in which adults can set out in writing their decisions about future medical treatment.

An AHD comes into effect only if you are unable to make reasonable judgments about the treatment decision at the time that the treatment is required (this ability is referred to as “capacity”).

If you do not have an AHD and you lose capacity you have no legal way of making your wishes known about when to withdraw or withhold life-sustaining measures.

By making an AHD you can specify what treatment you would like to have or would like to refuse if you become seriously ill, unconscious, or are no longer able to make your own decisions, and are unable to communicate your health care wishes.

Treatment refers to any medical, surgical or dental treatment or other health care (including palliative care and life sustaining measures such as assisted ventilation and cardiopulmonary resuscitation).

Health professionals will refer to the AHD if you can no longer make decisions for yourself.

Please note that they may disregard a direction if it is uncertain or inconsistent with good medical practice.

You can express your wishes in a general way. For example, you can state:

- Particular treatment you do not want;
- Special medical conditions that your doctor or other medical staff should know about (such as diabetes or allergy to certain medications);
- Religious, spiritual or cultural beliefs that could affect your treatment (such as if you have particular views about receiving a blood transfusion).

If you become so ill that your directive is in force but doesn't cover all the health conditions you suffer, then an Enduring Guardian appointed pursuant to an Enduring Power of Guardianship can make lifestyle and medical treatment decisions on your behalf and in your best interests. See **“DO YOU NEED AN ENDURING POWER OF GUARDIANSHIP?”**

Please note that neither an AHD nor an Enduring Power of Guardianship will cover your financial affairs so you may also need an Enduring Power of Attorney. See **“DO YOU NEED AN ENDURING POWER OF ATTORNEY?”**

HOW DO YOU MAKE AN ADVANCE HEALTH DIRECTIVE?

Making an AHD

To make an AHD you must:

- be 18 years of age or older;
- have full legal capacity.

Information to include in an AHD

- Life-sustaining measures;
- Palliative care.

Life-sustaining Measures

You can give specific instructions about the withholding or withdrawing of life-sustaining measures if you are:

- terminally ill for which there is no known cure or there is no possibility that you will recover; and doctors believe you have only 12 months or less to live;
- in a persistent vegetative state from severe and irreversible brain damage;
- permanently unconscious from severe brain damage;
- ill or injured so severely that there is no reasonable prospect that you will recover and be able to live without continuing life sustaining measures.

Palliative Care

You can also specify your wishes about palliative care which offers comfort, support and adequate pain relief to people who are dying. An AHD improves the likelihood that the end of life preference will be upheld. It also assists health professionals to make decisions to:

- cease futile treatments hence preventing unwarranted distress to dying people; or
- provide emergency treatment to a person without capacity.

Euthanasia

Please note that euthanasia is illegal and, therefore, nobody, including your doctor, may give you anything to cause your death. Your doctor can only:

- give treatment that aims to maintain or improve your health and wellbeing; or
- withdraw or withhold treatment provided this is not inconsistent with good medical practice.

Your AHD cannot direct euthanasia. An AHD may, however, hasten death by directing the circumstances when treatment should be withheld or withdrawn.

INSTRUCTIONS FOR AN ADVANCE HEALTH DIRECTIVE

PLEASE NOTE THAT an Advance Health Directive only comes into effect if you are unable to make reasonable judgments about the treatment decision at the time that the treatment is required.

YOUR DETAILS

Full Name:

Address:

Date of Birth:

TREATMENT DECISIONS

1. In the following circumstances:

I **consent** to the following treatment:

a)

b)

c)

d)

2. In the following circumstances:

I **refuse consent** to the following treatment:

a)

b)

c)

d)

OPTIONAL STATEMENT ABOUT MEDICAL OR LEGAL ADVICE

- We advise that you should (but are not required to) seek both medical and legal advice before making your advance health directive.
- You do not have to say anything in your advance health directive about whether or not you have sought or obtained medical or legal advice.

1. Did you obtain medical advice about making this advance health directive before making it? Yes No

If YES who did you obtain medical advice from and when?

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2. Would you like an acknowledgment in your Advance Health Directive that you obtain medical advice about making this advance health directive before making it? Yes No

3. Did you obtain Legal advice about making this advance health directive before making it? Yes No

If YES who did you obtain medical advice from and when?

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4. Would you like an acknowledgment in your Advance Health Directive that you obtain legal advice about making this advance health directive before making it? Yes No

ENDURING POWER OF GUARDIANSHIP

5. Do you have an Enduring Power of Guardianship? Yes No

6. Would you like an acknowledgment in your Advance Health Directive that you have an Enduring Power of Guardianship?
Yes No

7. Would you like us to prepare an Enduring Power of Guardianship for you?
Yes No

How can we help you?



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