Tasmanian Government

ADVANCE CARE DIRECTIVE (TASMANIA)

Making an Advance Care Directive (ACD) allows you to set out, or guide, what health care and treatment you wish to receive in the future if you lose the ability to make and communicate such preferences and decisions yourself.

You can include in your ACD:

1. Information about your values or preferences, which can guide a person making a decision about your health care; and
2. Specific treatments you refuse and in what circumstances.

To make an ACD you must have the ability to make decisions about your future health care and understand the consequences of making the ACD.

It is recommended that you discuss your future health concerns and treatments with your doctor or a health professional and discuss your wishes with significant people in your life such as your family, your enduring guardian and anyone else who is close to you.

Please also read the accompanying ACD Information Sheet before completing this form.

This form is compliant with the provisions of the *Guardianship and Administration Act 1995* (the Act). The Act provides for penalties for those who by dishonesty, or undue influence, induce another person to give an ACD or include a provision in an ACD that you do not want.

This is the ACD for YOU - the person making the directive

Print Name ____ Date of Birth ____/____/____

Address ____

____

Section 1. My Values, and Preferences

The values, and preferences you express here can guide a person making a decision about your health care. For example, you can include information about the following:

- What is important to me for my health care
- What gives me quality of life and makes my life worth living
- What is important to me if I am nearing death, including my preferred places of care and place to die
- What health outcomes I regard as acceptable
- Any reasons for refusing certain treatment (for example, cultural or religious beliefs)

Tasmanian Government

ADVANCE CARE DIRECTIVE (TASMANIA)

Section 2. Medical Treatment I Refuse

List the medical treatment you refuse and under what specific circumstances. It is important that you are clear as these directions may be binding on health professionals and can be used in the future if you are unable to make and communicate your own decisions.

Medical Treatment I Refuse	Under what circumstances

If there is not enough room to write all your requests and wishes, please attach further pages as necessary. All additional pages need to be signed, dated and witnessed.

Your Signature – you must sign and date the form in the presence of all witnesses

I ____ (full name of person giving this ACD)

do hereby give this ACD of my own free will.

Signature____ Date ____/____/____

If you are unable to complete or sign this form yourself you may ask someone else to fill in the form on your behalf. However the contents must be fully directed by **you** and the form must be completed in **your** presence. If you have asked someone to complete the form on your behalf they must fill in the box below.

I ____ (full name of person completing this form)

completed this form at the request of ____________________________ (full name of person giving this ACD) and hereby attest that the contents are those I have been asked to include.

Relationship to you: ___________________________________

Signature____ Date ____/____/____

Tasmanian Government

ADVANCE CARE DIRECTIVE (TASMANIA)

Witnessing Requirements

Your ACD must be witnessed by two persons in the presence of each other and the person giving the ACD. If a written ACD is given by a child or young person one of the two witnesses must be a registered health practitioner. Witnesses must:

- Be over 18
- Not be a close relative
- Not be your carer (whether those services are provided in a paid or voluntary capacity)
- Not be the person who has assisted you to complete this form or signed the ACD on your behalf
- Not be a person who as a result of their position in a hospital, hospice, nursing home or other facility where you reside has a direct or indirect ability to control or influence your care and management at that facility,
- Not be your guardian under the *Guardianship and Administration Act 1995*
- Not be beneficiaries in your will or have a known monetary interest in your estate

Witnessing Statements

As a witness to this ACD I certify that:

- I am satisfied as to the identity of the person giving the ACD; and
- the person giving the ACD appears to understand that the ACD is about their future health care; and
- the person giving the ACD appears to understand the nature and effect of each statement contained in the ACD; and
- the person giving the ACD appears to have signed the form freely and voluntarily in my presence; and
- the provisions contained in the ACD in my opinion reflect the directions, preferences and values of the person making the ACD

Print Name ______________________

Tick ☐ if registered health practitionter

Signature ______________________

Address ______________________

____

Date ____/____/____

Print Name ______________________

Tick ☐ if registered health practitionter

Signature______________________

Address______________________

____

Date ____/____/____

Interpreter/Translator Statement – A person who assists with interpretation or translation must be qualified and meet the witnessing requirements outlined above.

If an interpreter/translator is used when this document is completed or witnessed, they must certify as follows:

Print name of interpreter/translator ____

I assisted with the interpretation/translation of this document from ____________________ a language I am qualified to translate.

Signature ______________________________ Date ____/____/____

NATTI Number (If applicable)[1] __________________

[1] Abbreviation Key: NAATI stands for National Accreditation Authority for Translators and Interpreters

Tasmanian Government

ADVANCE CARE DIRECTIVE (TASMANIA)

Expiry date of ACD – It is not essential for your ACD to have an expiry.

In some circumstances you may wish to make an ACD that only applies for a limited period of time. If this is the case you may include a date on which you wish the ACD to expire.
Please note that if you do include an expiry date any instructions you give will not be valid after this time.

This ACD expires on Date ____/____/____

Revoking your ACD

You cannot vary or amend an ACD after it has been completed. If you wish to make any changes you will need to revoke (legally cancel) the ACD and make a new one.

You may revoke your ACD at any time if you have decision making ability to do so.

To revoke this ACD, complete the box below and strike through and initial each page to indicate that the ACD is no longer valid.

As soon as possible after you revoke the ACD you must advise each person you have given a copy of the ACD to that it has been revoked.

In the case of an ACD that has been registered with the Tasmanian Civil and Administrative Tribunal, you must also notify the Tribunal and have the ACD removed from the Register.

Tick here if this ACD has been revoked ☐

You will also need to sign here to confirm that you have revoked the ACD voluntarily.

Signature ____ Date ____/____/____

Organ and Tissue Donation – This is to let health practitioners know if you have registered as an organ or tissue donor or have elected to participate in the University of Tasmania's Body Bequest Program. You cannot use this form to elect to donate your body or organs. You must apply to be included in the Australian Organ Donor Register or Body Bequest Program separately.

I am registered on the Australian Organ Donor register ☐Yes ☐No

I am a donor under the University of Tasmania's Body Bequest Program ☐Yes ☐No

What to do with this form

- Keep the original with you in an easily accessible place in your home
- Give a copy to important people such as your family, your Guardian, your General Practitioner, your local hospital and others involved in your health care
- If an ambulance is called show them this form
- Upload to My Health Record through MyGov (if available)
- Register the ACD with the Tasmanian Civil and Administrative Tribunal