ADVANCE CARE DIRECTIVE FOR CARE AT THE END OF LIFE (TASMANIA)

INTRODUCTION

Advance care planning is a process of planning for future medical and other health care decisions in case you ever had an accident or were too ill to make or communicate these decisions yourself. You can do this either by making written instructions or by appointing a person to speak for you, or you can do both. The written instruction document is often referred to as an Advance Care Directive (ACD).

The attached ACD form can also be used by a "Person Responsible" to write down instructions for the care of someone who already lacks the ability to do this for themselves. The Person Responsible should know the person well enough to understand what treatment would be best for them.

You can include in your ACD any aspects of care that you identify as important, and in particular, nominate any specific treatments or outcomes that you wish to avoid. This ACD is mainly focused on End of Life care, as many people are concerned about being subjected to life-prolonging medical treatment, including life support measures and resuscitation that they would not want when death is thought to be imminent and inevitable. You can specify that you wish instead to receive appropriate palliative care that primarily addresses comfort and dignity.

You can also make plans for where and how you wish to be cared for, and to help those close to you at this time.

There is also a section where you can make specific directions about medical treatment at any time, regardless of whether you are thought to be dying or not, and a specific one for dementia.

It is important that you discuss your values and beliefs and the content of this Advance Care Directive with significant persons such as your proposed Enduring Guardian, your family and close friends, as one of them will need to be designated as your Person Responsible if you lack capacity to make or communicate decisions for yourself. Under Tasmanian law only an adult, (over the age of 18), can complete a written advance care directive, appoint or be, an Enduring Guardian, or Person Responsible

This form is designed so that you can keep your own copy of your ACD with the information, and the ACD form itself can be copied separately so you can give a copy to those people you wish to have one.

If you need assistance in completing this document or would like more information please contact the person who gave you this form, your GP or community health nurse, or another health care professional.

APPOINTING A PERSON TO SPEAK FOR YOU

Explaining "Person Responsible" and "Enduring Guardian"

Person Responsible

If you lack capacity (have impaired decision making ability), any medical decisions that need to be made will be made by a *Person Responsible* as determined by the Guardianship and Administration Act 1995. This Act lists those who can make decisions on your behalf in the following order:

- 1. A guardian (including an Enduring Guardian) who has the power to consent to health care, which includes the power to refuse or withdraw consent to treatment;
- 2. A spouse including a de-facto spouse;
- 3. An unpaid carer who is now providing domestic services or support to you, or who provided these services and support before you entered a residential facility; or
- 4. A relative or friend who has both a close personal relationship and a personal interest in your welfare.

It is the responsibility of the medical practitioner recommending treatment to determine whether a person qualifies as the patient's *Person Responsible*. If the medical practitioner cannot decide between competing persons, the matter should be referred to the Guardianship and Administration Board. You can assist by giving a list of possible persons responsible for you by preparing an Advance Care Directive. This Advance Care Directive will help the *Person Responsible* available at the time to carry out your wishes.

Enduring Guardian

To appoint an Enduring Guardian you require a specific form from the Guardianship and Administration Board, (see back page for details) An Enduring Guardian can make decisions on your behalf ONLY if you are not able to make or communicate decisions yourself. Your Enduring Guardian must be at least 18 years of age and mentally competent to make these decisions. You may choose to appoint one Enduring Guardian, Joint Enduring Guardians and/or an alternate Enduring Guardian. Your alternate Enduring Guardian will only make decisions for you if your primary Enduring Guardian/s is unavailable, or incapable of making decisions.

Your Enduring Guardian is not authorized to make financial decisions for you, as this is the role of an Enduring Power of Attorney. When selecting someone to be your Enduring Guardian, it is important to choose someone who:

- You trust and who knows you well;
- Is willing to respect your views and values; and
- Is able to make decisions under circumstances that may be difficult or stressful.

Often a family member is a good choice as an Enduring Guardian, but not always. Make sure that you choose someone who will closely follow what you want and will be a good advocate for you. Two witnesses must sign the Enduring Guardianship form. By law your nominated Enduring Guardian cannot also be a witness to your Enduring Guardianship form.

A more informal way to nominate someone to speak on your behalf is to simply name them in your Advance Care Directive, though you should discuss your wishes with them beforehand.

ADVANCE CARE DIRECTIVE

FOR CARE AT THE END OF LIFE (TASMANIA)

This ADVANCE CARE DIRECTIVE will be used to guide future medical decisions ONLY when you lose the ability to make or communicate your medical treatment decisions yourself. In this event, your PERSON RESPONSIBLE will make medical treatment decisions on your behalf, in consultation with the treating doctors responsible for your care at the time. Medical treatment decisions will be made taking into account your expressed wishes, and where these are not known, in your best interests.

If a person lacks the capacity to understand and complete this form for themselves it may be completed by their legally appointed Enduring Guardian or by a "Person Responsible". Where possible the Person Responsible does so in of knowledge of the expressed wishes of the Person Concerned before they lost capacity, or in what are believed to be the best interests of the Person Concerned.

Where "I/my" is shown in this document, it means the Person Concerned

THIS IS THE ADVANCE CARE DIRECTIVE FOR
of (address)
AND IS BEING COMPLETED BY
I request that the stated wishes for End of Life Care and medical care generally, recorded below, are respected by my PERSON RESPONSIBLE, and by any doctors involved in my care.
MY VALUES AND BELIEFS (you may wish to make general comments about your values here, or state any specific religious or spiritual practices to be observed):

PLANS FOR LIMITATION OF MEDICAL TREATMENT AT THE END OF MY LIFE!

I request that treatment aimed at prolonging life be withheld or stopped, and appropriate palliative care (for comfort and dignity) be provided, if, at some future time, it is the opinion of the treating team responsible for my medical care that:

- significant recovery is highly unlikely, and I am therefore dying (death may be expected within the next few days); or
- the outcome of such treatment would be a permanent coma (or 'vegetative' state) or continuing progressive severe dementia; or
- any other state that is unacceptable to me (list below).

State any other results of treatment or types of treatment that would be particularly unacceptable to you: (e.g. I never want another operation, OR I fear being unable to speak and move myself, OR I do not ever want to be put on a breathing machine, OR I do not want to be fed through a tube.)
PLANS FOR MEDICAL TREATMENT GENERALLY WHEN I AM NOT DYING
Other requests with regard to my medical care generally, such as circumstances in which I do or do not want a particular treatment (for example, an operation for a fractured hip).
Any Specific directions should I develop DEMENTIA/ALZHEIMERS DISEASE

Other wishes:		
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.		
Name of Person Completing this Advance Care Directive		
Address		
Signature: Date:		
Relationship to the person whose Advance Care Directive this is:		
Witness		
It is assumed that a witness acts in good faith, and must:		
Be over 18;		
 Be unrelated to the PERSON CONCERNED, and must not be a known beneficiary in that person's will; 		
Confirm the identity of the PERSON CONCERNED and/or PERSON RESPONSIBLE		
Believe that the person understands that this document is about medical treatment decisions and		
Be confident that the person is under no duress or pressure		
The witness can be a registered health care professional, but cannot be a paid personal carer.		
Witness signature: Date:		
Witness name, address and contact details		
If you are registered as an organ or body donor, you may wish to attach your documentation to this		

If you are registered as an organ or body donor, you may wish to attach your documentation to this plan.

I(write name here) have talked to, and given a copy of this Advance Care Directive and End of Life wishes to the following people and wish them to speak on my behalf should I not be able to understand or		
speak for myself: Enduring Guardian	Joint Enduring Guardian	
Name:	Name:	
Telephone: (Home)	Telephone:(Home)	
(Mobile)	(Mobile)	
(Work)	(Work)	
Relationship:	Relationship:	
Date appointed:	Date appointed:	
I. Alternate Enduring Guardian	2. Person Responsible	
Name:	I have not appointed an Enduring	
Telephone: (Home)	Guardian, but I would like the following persons, if available, to be my Person	
(Mobile)	Responsible (in order of preference).	
(Work)	Name:	
Relationship:	Telephone: (Home)	
Date appointed:	(Mobile)	
	(Work)	
	Relationship:	
	Date appointed:	
3. Person Responsible	I have given a copy of this ACD to:	
Name:	GP	
Telephone: (Home)	Solicitor	
(Mobile)	Enduring Power of Attorney	
(Work)		
Relationship:	Other	
Date appointed:		

On this form you are only telling us who your Enduring Guardian is. To appoint an Enduring Guardian and to lodge notice of that appointment with the Guardianship Administration Board of Tasmania, you will need to complete a specific form.

http://www.publicguardian.tas.gov.au/enduring_guardianship

What to do with your completed Advance Care Directive

After completing this Advance Care Directive the original remains with you and copies can be given or sent to:

- Your Person/s Responsible, or Enduring Guardian, Joint Enduring Guardians, and alternate Enduring Guardian if you have appointed one and
- It is also highly recommended that you show it to relevant health professionals such as your general practitioner, community nurse, and medical specialists, and where appropriate discuss it with them and give them a copy.

You may wish to share extra copies with others e.g. family members, close friend, next of kin, your minister of religion, or your solicitor.

If you are a resident in an aged care or other residential facility, it is advisable that staff are aware of this ACD and that a copy should be kept in your file.

Note: if you are the 'Person Responsible' and have completed this ACD on behalf of a person who already lacks capacity, you should keep a copy of the ACD, and give a copy to the person's GP, and any other people who have responsibility or care of the person, (including residential care facilities).

You may wish to send a copy of this ACD to the Medical Records Department of the local hospital for entry into your medical record.

How to change or revoke an Advance Care Directive

You can change or revoke your ACD, or the people nominated to speak on your behalf, by writing, signing and dating a new document which clearly states that the previous arrangements have been changed or revoked. The new document should be witnessed by someone independent, and it should be clearly dated. The most recently dated document overrides any older one.

There are a number of reasons why you might want to change or revoke your Enduring guardianship or ACD. Maybe your relationship with your Enduring Guardian or Person Responsible has changed or the person you appointed is no longer appropriate for the role. Your medical and other circumstances or wishes may have changed.

If you have registered your Enduring Guardianship documents with the Guardianship Administration Board, Tasmanian law is specific about how to revoke that document. You must complete a Revocation of Enduring Guardianship form. It is also important to inform your Enduring guardian of the changes and provide them (or the new Enduring Guardian) with the new documents.

Whether your ACD is lodged with the Guardianship Administration Board or not, it is important to review it from time to time, even if you are not making any changes. You should sign and date the form again so that it remains as current as possible.

MORE INFORMATION ABOUT ADVANCE CARE DIRECTIVES, ENDURING GUARDIANSHIP and END OF LIFE DECISION MAKING

If you would like more information about Enduring Guardianship in Tasmania, go to the web-site of the Guardianship Administration Board:

www.guardianship.tas.gov.au/enduring guardian/publications, where you can download a fact sheet and forms for appointing an Enduring Guardian (phone 6233 3085)

Or contact the Office of the Public Guardian at public.guardian@info.tas.gov.au or phone 62337608

You can also access information sheets and forms from Service Tasmania Centres For legal advice you can phone 1300 366 611

[NB. *This document* has been approved for pilot use, and further evaluation, by a Working Party of the Tasmanian Palliative Care Clinical Network, and the Clinical Ethics Committee of the Southern Tasmania Area Health Service. It is based on the instruments developed and experience gained as part of the Respecting Patients Choices program at RHH, Austin Health and nationally.

As Advance Directives are common law documents in Tasmania, it is not a statutory document. It can be used by any citizen or institution, but no changes should be made to it. It does NOT replace the statutory Enduring Guardianship form.

For more information, or to make comments about this particular form of Advance Care Directive and End of Life Decision Making, go to the Palliative Care Clinical Network: www.pallcareclinicalnetworks.dhhs.tas.gov.au, or or michael.ashby@dhhs.tas.gov.au