



Government of South Australia

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:

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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)*

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c) Health care I prefer:

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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:

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e) Other personal arrangements:

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f) Dying wishes:

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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).*

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## 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](http://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](http://www.emib.org.au)).
5. Add it to your Electronic Health Record if you have one ([www.ehealth.gov.au](http://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](http://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](http://www.advancecaredirectives.sa.gov.au).

## Where to get help, advice and more information

- Advance Care Directives website [www.advancecaredirectives.sa.gov.au](http://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](http://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](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.



# 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](mailto: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.



# 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](http://www.advancecaredirectives.sa.gov.au)) and are **independent** of the person. See Information for Witnesses.