



## **IMPORTANT**

**This is a sample Advance Health Directive (AHD) completed by a fictional person.**

It provides **examples** of the instructions **you may wish to include in your AHD**. It is not intended in any way to prescribe what should be in your own AHD.

**Your AHD should set out your wishes in your own words.**

It is a good idea to discuss your completed AHD with your doctor before signing it to make sure that he or she understands your instructions. It is also important to discuss it with your family to avoid difficulties among family members who may have differing views about your care.

# Advance Health Directive

## Notes:

- To make an advance health directive, you must be 18 years of age or older and have full legal capacity.<sup>1</sup>
- A person who makes an advance health directive is called “the maker”.

This advance health directive is made under the *Guardianship and Administration Act 1990* Part 9B on

the 2nd day of July 2020

by JANE SMITH  
(maker's full name)

of 21 Smith Street, Smithfield, WA 2999  
(maker's residential address)

born on 1 April 1967  
(maker's date of birth)

This advance health directive contains treatment decisions in respect of my future treatment.

A treatment decision in this advance health directive operates in respect of the treatment to which it applies at any time I am unable to make reasonable judgments in respect of that treatment.

## Notes about treatment decisions:

- Treatment is any medical, surgical or dental treatment or other health care (including palliative care and life sustaining measures such as assisted ventilation and cardiopulmonary resuscitation).<sup>2</sup>
- A treatment decision is a decision to consent or refuse consent to the commencement or continuation of any treatment.<sup>3</sup>
- A treatment decision operates only in the circumstances that you specify.<sup>4</sup>
- Treatment to which you consent in this advance health directive can be provided to you.
- Treatment to which you refuse consent in this advance health directive cannot be provided to you.
- Your enduring guardian or guardian or another person cannot consent or refuse consent on your behalf to any treatment to which this advance health directive applies.<sup>5</sup>

<sup>1</sup> Guardianship and Administration Act 1990 s. 110P

<sup>2</sup> Guardianship and Administration Act 1990 s. 3(1), definitions of “life sustaining measure”, “palliative care” and “treatment”

<sup>3</sup> Guardianship and Administration Act 1990 s. 3(1), definition of “treatment decision”

<sup>4</sup> Guardianship and Administration Act 1990 s. 110S(2)

<sup>5</sup> Guardianship and Administration Act 1990 s. 110ZJ

## **1. Treatment decisions**

1. If, at any time:

- (a) I should have an incurable or irreversible condition caused by injury, disease or illness certified to be a terminal condition by a physician; and
- (b) the application of life-sustaining treatment and/or procedures would serve only to artificially postpone the moment of my death; and
- (c) my attending physician determines that my death is imminent or will result within a relatively short time without the application of such life-sustaining treatment and/or procedures;

or

2. If at any time I am in a coma for any reason and my health professionals are of the view that I will not recover sufficiently to live independently;

or

3. If

- (a) I have a stroke or am suffering from dementia so that I do not recognize my family and am unable to live independently; or
- (b) I am suffering from an incurable (but not necessarily terminal) disease and have lost the capacity to make decisions,

### **THEN IN ANY OF THE ABOVE CIRCUMSTANCES:**

I consent/~~refuse~~ consent to pain relief and palliative care designed to make me comfortable.

I consent/~~refuse~~ consent to all life-sustaining treatment and/or procedures likely to prolong my life; and  
Without limiting the above directives, I do not wish to be kept alive with assisted feeding, hydration, breathing or blood transfusion, nor do I wish to have any invasive life support intervention measures, including resuscitation or cardiopulmonary resuscitation. I do not wish to be given antibiotics or other medicines that may prolong my life; and

I request that the directives in this document be followed irrespective of any medical advances or improvements in technology or treatment that may have occurred since the date of its signing, even if, in the opinion of my health professionals, such changes may have caused me to change my mind about a particular treatment decision in this document; and

I do not want to be in a facility that allows religious or other opinions from administrators that may override any part of the directive given in this document; and

I also request, if I meet the criteria specified in Western Australian law to qualify me for assisted dying, other than having the mental capacity to make a request for voluntary assisted dying, that this directive be read as my clear and unambiguous wish for terminal palliative sedation to assist me to die peacefully, as soon as my attending doctor forms the view that terminal sedation is clinically justified.

Notes for maker about signing and witnessing:

- If you are physically incapable of signing this advance health directive, you can ask another person to sign for you. You must be present when the person signs for you.<sup>6</sup>
- Two (2) witnesses must be present when you sign this advance health directive or when another person signs for you.<sup>7</sup>
- Each of the witnesses must be 18 years of age or older and cannot be you or the person signing for you (if applicable).
- At least one of the witnesses must be authorised to witness statutory declarations. For a list of people who are authorised to witness statutory declarations, see the Oaths, Affidavits and Statutory Declarations Act 2005.<sup>8</sup>
- The witnesses must also sign this advance health directive. Both witnesses must be present when each of them signs. You and the person signing for you (if applicable) must also be present when the witnesses sign.<sup>7</sup>

Signed by:

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(maker's signature)

Witnessed by a person authorised to witness statutory declarations:

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(authorised witness's signature)

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(authorised witness's full name)

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(authorised witness's address)

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(occupation of authorised witness)

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(date)

and by another person:

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(other witness's signature)

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(other witness's full name)

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(other witness's address)

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(date)

<sup>6</sup> Guardianship and Administration Act 1990 s. 110Q(1)(c)

<sup>7</sup> Guardianship and Administration Act 1990 s. 110Q(1)(d) and (e) and(3)

<sup>8</sup> Oaths, Affidavits and Statutory Declarations Act 2005 s.12(6) and Sch. 2

## Optional statement about legal or medical advice

Notes about statement:

- You are encouraged (but are not required) to seek legal or medical advice before making this advance health directive.<sup>9</sup>
- If you wish to indicate that you have obtained legal or medical advice and wish to identify the person who gave you the advice, complete the relevant part of the statement.
- If you wish to indicate that you have obtained legal or medical advice but do not wish to identify the person who gave you the advice, cross out and initial the relevant part of the statement.
- If you do not wish to indicate whether or not you have obtained legal or medical advice, you may (but do not have to) cross out and initial the statement.
- If you do not wish to obtain legal or medical advice, you may (but do not have to) cross out and initial the statement.
- You do not have to say anything in this advance health directive about whether or not you have sought or obtained legal or medical advice. You can leave the statement blank and do not have to cross out or initial any part of it.

Before making this advance health directive, I obtained legal advice about making it.

I obtained that legal advice from \_\_\_\_\_

(Details of person who provided legal advice)

Before making this advance health directive, I obtained medical advice about making it.

I obtained that medical advice from \_\_\_\_\_

(Details of person who provided medical advice)

## Optional statement about enduring power of guardianship

Notes about statement:

- If you wish to indicate that you have made an enduring power of guardianship, put a tick (✓) or cross (✗) in the box next to the statement.
- You do not have to say anything in this advance health directive about whether or not you have made an enduring power of guardianship. You can leave the box next to the statement blank.

I have made an enduring power of guardianship

<sup>9</sup> Guardianship and Administration Act 1990 s. 110Q(1)(b) and (2) and 110QA