



Advance Health Directive

This form is for people who want to make an Advance Health Directive in Western Australia.

To make an Advance Health Directive, you **must** be 18 years or older and have full legal capacity. Your Advance Health Directive is about your future treatment. It will only come into effect if you are unable to make reasonable judgements or decisions at a time when you require treatment.



Part 4 marked with this symbol, contains your treatment decisions. If you choose not to make any treatment decisions in Part 4, then the document is not considered a valid Advance Health Directive under the *Guardianship and Administration Act 1990*.

Please tick the box below to indicate that by making this Advance Health Directive you revoke all prior Advance Health Directives completed by you.



In making this Advance Health Directive, I revoke all prior Advance Health Directives made by me.

This form includes instructions to help you complete your Advance Health Directive. You must complete Parts 1, 4 and 6. You need not complete the other sections but it will help your health professionals to understand your wishes if you do so.

Before you make your Advance Health Directive, you are encouraged to seek medical and/or legal advice, and to discuss your decisions with family and close friends. It is important that people close to you know that you have made an Advance Health Directive and where to find it. Once you complete your Advance Health Directive, it is recommended that you:

- store the original in a safe and accessible place
- tell your close family and friends that you have made an Advance Health Directive and where to find it
- upload a copy of your Advance Health Directive to My Health Record – this will ensure that your Advance Health Directive is available to your treating doctors if it is needed. You may need to scan your document in black and white rather than colour to reduce the PDF file size
- give a copy of your Advance Health Directive to health professionals regularly involved in your healthcare (for example, your General Practitioner (GP), a hospital you attend regularly, and/or other health professionals involved in your care).

If English is not your first language, you may choose to engage a translator. Western Australian Institute of Translators and Interpreters (WAITI) and National Accreditation Authority for Translators and Interpreters (NAATI) have online directories which list qualified and credentialed translators able to assist you.

Part 1: My personal details

You must complete this section

You **must** complete this section.

You **must** include the date, your full name, date of birth and address.

This Advance Health Directive is made under the *Guardianship and Administration Act 1990 Part 9B* on the:

of:	13th	(day)
	March	(month)
	2023	(year)
by:	Jamie Bloggs	preferred name

Full name	James Phillip Bloggs		
Date of birth	14/8/1944		
Address	185 Somewhere St		
	Elsewhere	WA	6001
	Suburb	State	Postcode
Phone number	0401 234 567		
Email	jamie.bloggs@bloggs.com		

Part 2: My health

2.1 My major health conditions

Use Part 2.1 to list details about your major health conditions (physical and/or mental).

Cross out Part 2.1 if you do not want to complete it.

If your major health conditions change, it is advisable to update your AHD.

Please list any major health conditions below:

Sample

2.2 When talking with me about my health, these things are important to me

Use Part 2.2 to provide information about what is important to you when talking about your treatment.

This might include:

- How much do you like to know about your health conditions?
- What do you need to help you make decisions about treatment?
- Who would you like (or not like) with you when receiving information from health professionals?

Cross out Part 2.2. if you do not want to complete it.

Please describe what is important to you when talking to health professionals about your treatment:

Sample

Part 3: My values and preferences

This part encourages you to think about your values and preferences relating to your health and care now and into the future. This may help you to decide what future treatment decisions you want to make in Part 4: My Advance Health Directive Treatment Decisions.

In this part, you are not making decisions about your future treatment. Use Part 4 to make decisions about your future treatments.

Cross out any parts that you do not want to complete.

3.1 These things are important to me

Use Part 3.1 to provide information about what 'living well' means to you now and into the future.

This might include:

- What are the most important things in your life?
- What does 'living well' mean to you?

Cross out Part 3.1 if you do not want to complete it.

Please describe what 'living well' means to you now and into the future. Use the space below and/or tick which boxes are important for you.

Please describe:

Living well means being able to function at a high level. This includes living independently, looking after myself and staying active; and the ability to read, think and communicate effectively.

The ability to recognise the people I know and to communicate with them effectively is fundamental to living well.

Spending time with family and friends

Living independently

Being able to visit my home town, country of origin, or spending time on country

Being able to care for myself (e.g. showering, going to the toilet, feeding myself)

Keeping active (e.g. playing sport, walking, swimming, gardening)

Enjoying recreational activities, hobbies and interests (e.g. music, travel, volunteering)

Practising religious, cultural, spiritual and/or community activities (e.g. prayer, attending religious services)

Living according to my cultural and religious values (e.g. eating halal, kosher foods only)

Working in a paid or unpaid job

Part 3: My values and preferences

3.2 These are things that worry me when I think about my future health

Use Part 3.2 to provide information about things that worry you about your future health.

This might include:

- Being in constant pain.
- Not being able to make your own decisions.
- Not being able to care for yourself.

Cross out Part 3.2 if you do not want to complete it.

Please describe any worries you have about the outcomes of future illness or injury:

3.3 When I am nearing death, this is where I would like to be

Use Part 3.3 to indicate where you would like to be when you are nearing death.

When you are nearing death, do you have a preference of where you would like to spend your last days or weeks?

Cross out Part 3.3. if you do not want to complete it.

Please indicate where you would like to be when you are nearing death. Tick the option that applies you. You can provide more detail about the option you choose in the space below.

I want to be at home – where I am living at the time

I do not want to be at home – provide more details below

I do not have a preference – I would like to be wherever I can receive the best care for my needs at the time

Other – please specify:

Please provide more detail about your choice:

If I qualify for VAD and it is practical, I would like to have a party at home to say goodbye to the people I love the day before a practitioner administered death, also at home if possible. If this is not possible I will decide at the time.

I am happy to 'participate' in any research provided I am fully unconscious and certain to die without regaining consciousness. I am also happy for my body to be used for parts or any research once I am dead, provided my enduring guardian agrees.

Part 3: My values and preferences

3.4 When I am nearing death, these things are important to me

Use Part 3.4 to provide information about what is important to you when you are nearing death.

This might include:

- What would comfort you when you are dying?
- Who would you like around you?

Cross out Part 3.4 if you do not want to complete it.

Please describe what is important to you and what would comfort you when you are nearing death. Use the space below and/or tick which boxes are important for you.

Please describe:

If I am eligible for VAD, I would like every attempt to be made to facilitate this happening.

- I do not want to be in pain, I want my symptoms managed, and I want to be as comfortable as possible. (Please provide details of what being comfortable means to you)

Being comfortable includes (1) being able to breathe and swallow if I am conscious, and (2) strong analgesic and sedative medication to alleviate pain and distress as necessary.

I want to have my loved ones and/or pets around me
(Please provide details of who you would like with you)

It is important to me that cultural or religious traditions are followed
(Please provide details of any specific traditions that are important for you)

I want to have access to pastoral/spiritual care
(Please provide details of what is important for you)

My surroundings are important to me (e.g. quiet, music, photographs)
(Please provide details of what is important for you.)



Part 4: My Advance Health Directive treatment decisions

This part of your Advance Health Directive contains treatment decisions in respect of your future treatment. A **treatment** is any medical or surgical treatment including palliative care and life-sustaining measures (such as assisted ventilation and cardiopulmonary resuscitation), dental treatment, or other healthcare.

A **treatment decision** in an Advance Health Directive is a decision to consent or refuse consent to the commencement or continuation of any treatment and includes a decision to consent or refuse consent to the commencement or continuation of the person's participation in medical research. This decision applies at any time you are unable to make reasonable judgements in respect of that treatment.

Treatment to which you consent in this Advance Health Directive can be provided to you. Treatment to which you refuse consent to in this Advance Health Directive cannot be provided to you. If your description of a treatment decision or circumstance is not clear, your health professionals will do their best to interpret your wishes. For example, they may refer to Parts 2 and 3 in this form, or speak to your enduring guardian.

It is recommended that you discuss your treatment decisions with your doctor before completing this part.

Cross out any parts if you do not want to complete them.

Note: You MUST make at least one treatment decision within Part 4 to make a valid Advance Health Directive.

Part 4: My Advance Health Directive treatment decisions



4.1 Life-sustaining treatment decisions

Use Part 4.1 to indicate your instructions for future life-sustaining treatments.

You can give an overall instruction or list individual treatments that you consent or refuse consent to receiving in future. You can also list circumstances in which you consent or refuse consent to a particular treatment.

Life-sustaining treatments are treatments used to keep you alive or to delay your death.

Read all options before making a decision. The options are over 2 pages.

Cross out Part 4.1 if you do not want to complete it.

Note: You must make at least one treatment decision within Part 4 to make a valid Advance Health Directive.

~~If I do not have the capacity to make or communicate treatment decisions about my healthcare in the future, I make the following decisions about life-sustaining treatment:~~

~~Tick only one of the following options. If you choose Option 4, complete the table overleaf.~~

Option 1

~~I consent to all treatments aimed at sustaining or prolonging my life.~~

Or

Option 2

~~I consent to all treatments aimed at sustaining or prolonging my life unless it is apparent that I am so unwell from injury or illness that there is no reasonable prospect that I will recover to the extent that I can survive without continuous life-sustaining treatments. In such a situation, I withdraw consent to life-sustaining treatments.~~

Or

Option 3

~~I refuse consent to all treatments aimed at sustaining or prolonging my life.~~

Or

Option 4

~~I make the following decisions about specific life-sustaining treatments as listed in the table below. (Tick a box in each row of the table):~~

Or

Option 5

~~I cannot decide at this time.~~

Part 4: My Advance Health Directive treatment decisions



4.1 Life-sustaining treatment decisions

If I do not have the capacity to make or communicate treatment decision about healthcare in the future, I make the decisions set out in the table below about life sustaining treatment.

This table lists some common life-sustaining treatments. Use the boxes to indicate which treatments you consent to or refuse consent to receiving. You can also list circumstances in which you consent to treatment. There is also space for you to add any life-sustaining treatments not listed here.

You might wish to tick just one box, or you might tick both B and C if you want to be explicit about when you would consent or refuse consent to a treatment.

If you choose Option B and/or Option C for any treatments, please specify the circumstances in which you consent or refuse consent to the treatment. If you selection options A or D please do not complete this box.

Life-sustaining treatment	A. I consent to this treatment in all circumstances	B. I consent to this treatment in the following circumstances	C. I refuse consent to this treatment in the following circumstances	D. I cannot decide at this time
CPR Cardiopulmonary resuscitation		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	In which circumstances do you consent/refuse consent to this treatment? I consent to CPR for short-term reversible conditions where a return to normal (living independently etc) is expected. I refuse consent to CPR to sustain or artificially prolong my life.			
Assisted ventilation A machine that helps you breathe using a face mask or tube		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	In which circumstances do you consent/refuse consent to this treatment? I consent to artificial ventilation for short-term reversible conditions where a return to normal is expected, or to keep me comfortable (I am claustrophobic and fear suffocation), but not to sustain or prolong my life.			
Artificial hydration Fluids given via a tube into a vein, tissues or the stomach		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	In which circumstances do you consent/refuse consent to this treatment? I consent to artificial hydration for short-term, reversible conditions where a return to normal is expected, and to hydration via mouth if necessary to keep me comfortable while I die, but not to sustain or prolong my life.			

Part 4: My Advance Health Directive treatment decisions



4.1 Life-sustaining treatment decisions *continued*

Life-sustaining treatment	A. I consent to this treatment in all circumstances	B. I consent to this treatment in the following circumstances	C. I refuse consent to this treatment in the following circumstances	D. I cannot decide at this time
Artificial nutrition A feeding tube through the nose or stomach		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
In which circumstances do you consent/refuse consent to this treatment? I consent to artificial nutrition for short-term, reversible conditions where a return to normal is expected. I do not consent to a PEG or force feeding in any circumstances to sustain or prolong my life.				
Receiving blood products such as a blood transfusion		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
In which circumstances do you consent/refuse consent to this treatment? I consent to this treatment for short-term, reversible conditions where a return to normal is expected. I do not consent in any other circumstances.				
Antibiotics Drugs given to help fight infection, given by mouth, injection or by drip tube		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
In which circumstances do you consent/refuse consent to this treatment? I consent to this treatment for short-term, reversible conditions where a return to normal is expected. I do not consent in any other circumstances.				
Other life-sustaining treatment (1)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
State the treatment: Dialysis	In which circumstances do you consent/refuse consent to this treatment? I consent to this treatment for short-term, reversible conditions where a return to normal is expected. I do not consent in any other circumstances.			
<input checked="" type="checkbox"/> Please tick the box if you wish to specify more treatment decisions (life-sustaining or non-life-sustaining) and use the space provided in Part 4.2				



Part 4: My Advance Health Directive treatment decisions

4.2 Other treatment decisions

Use Part 4.2 to indicate your decisions for other (non-life-sustaining) treatments.

There are a range of other treatments that may be options for you in future.

Examples include treatments for mental health (e.g. electroconvulsive therapy) and drugs used to prevent certain health conditions (e.g. aspirin, cholesterol treatments).

When making the treatment decision, list the circumstances in which you want your decision to apply (e.g. in all circumstances, or specify particular circumstances).

A treatment decision only applies in the circumstances you specify.

Please ensure you indicate in the 'My treatment decisions' column whether you consent or refuse consent to any treatment you refer to.

If you need more space, photocopy this page as required and attach it to this form.

Cross out Part 4.2 if you do not want to complete it.

Note: You must make at least one treatment decision within Part 4 to make a valid Advance Health Directive.

Health circumstances	My treatment decisions
If I am terminally ill or have a condition where a return to normal is not expected, or if I have refused artificial hydration and nutrition in Part 4.1, then	I consent to and request strong analgesia and sedation and any other palliative treatment designed to make me comfortable, but not to sustain or prolong my life.
If I have a stroke or am suffering from dementia or am unable to recognise my family or friends for any reason or am unable to live independently, then	As above.
If as a result of medical or other advances, treatments have arisen that I would not have anticipated when I signed this AHD, then	I do not consent to any such treatments and affirm that the existence of such treatments would not have caused me to change any of the decisions in this AHD.
(i) If it becomes lawful to choose VAD using a valid AHD, then (ii) If I am eligible for VAD but lose capacity during the process, then	(i) I choose VAD if I am eligible (apart from having the required capacity). (ii) I request terminal palliative sedation to bring about a peaceful death.
I have made more treatment decisions on the attached (specify number of pages) additional pages.	

Part 4: My Advance Health Directive treatment decisions



4.3 Medical research

Use Part 4.3 to provide treatment decisions about the types of medical research you consent or refuse consent to take part in, and any circumstances in which these decisions apply.

Taking part in medical research may be an option for you even if you are unable to make or communicate decisions.

A treatment decision may include deciding whether to start or continue to take part in medical research. Your involvement in medical research, and any treatments you receive as part of the medical research, must be consistent with what you have agreed in your Advance Health Directive. The decisions you make in your Advance Health Directive about participating in medical research only operate while you are alive.

If you do not make a decision about participation in medical research, Part 9E of the *Guardianship and Administration Act 1990* will operate as to how decisions will be made about participation in medical research.

Cross out Part 4.3 if you do not want to complete it.

Note: You must make at least one treatment decision within Part 4 to make a valid Advance Health Directive.

Please tick a box showing whether you consent to taking part in the listed medical research activities and the circumstances in which you would consent. You may tick more than one circumstance for each research activity.



Part 4: My Advance Health Directive treatment decisions

4.3 Medical research *continued*

Research Activities	I consent to taking part in the following circumstance(s):				I do not consent
	Where I require urgent treatment to save my life, or to prevent serious damage to my health, or to prevent me suffering or continuing to suffer significant pain and distress.	Where the medical research may improve my condition or illness.	Where the medical research may not improve my condition or illness but may lead to a better understanding of my condition or illness in the future.	Where there are no other treatment options.	
The administration of pharmaceuticals or placebos (inactive drug)					
The use of equipment or a device					
Providing health care that has not yet gained the support of a substantial number of practitioners in that field of health care					
Providing health care to carry out a comparative assessment					

Part 4: My Advance Health Directive treatment decisions



4.3 Medical research *continued*

Research Activities	I consent to taking part in the following circumstance(s):				I do not consent
	Where I require urgent treatment to save my life, or to prevent serious damage to my health, or to prevent me suffering or continuing to suffer significant pain and distress.	Where the medical research may improve my condition or illness.	Where the medical research may not improve my condition or illness but may lead to a better understanding of my condition or illness in the future.	Where there are no other treatment options.	
Taking blood samples					
Taking samples of tissue or fluid from the body, including the mouth, throat, nasal cavity, eyes or ears					
Any non-intrusive examination of the mouth, throat, nasal cavity, eyes or ears					
A non-intrusive examination of height, weight or vision					
Being observed					
Undertaking a survey, interview or focus group					

Part 4: My Advance Health Directive treatment decisions



4.3 Medical research *continued*

Research Activities	I consent to taking part in the following circumstance(s):				I do not consent
	Where I require urgent treatment to save my life, or to prevent serious damage to my health, or to prevent me suffering or continuing to suffer significant pain and distress.	Where the medical research may improve my condition or illness.	Where the medical research may not improve my condition or illness but may lead to a better understanding of my condition or illness in the future.	Where there are no other treatment options.	
Collecting, using or disclosing information, including personal information					
Considering or evaluating samples or information taken under an activity listed above					
Any other medical research not listed above					

Part 5: People who helped me complete this form

5.1 Did you use the services of a translator when completing this form?

Use Part 5.1 to show whether you engaged a translator in completing this form.

If English is not your first language, you can engage a translator when completing this form.

If you engaged a translator when making this Advance Health Directive, you and your translator should complete the translator statement provided in the *A Guide to Making an Advance Health Directive in Western Australia* and attach it to your Advance Health Directive.

Cross out Part 5.1 if you do not want to complete it.

Tick the option that applies to you:

Option 1	English is my first language – I did not need to engage a translator.
Option 2	English is not my first language – I engaged a translator when making this Advance Health Directive and I have attached a translator statement.
Option 3	English is not my first language – I did not engage a translator when making this Advance Health Directive.

Part 5: People who helped me complete this form

5.2 Have you made an Enduring Power of Guardianship (EPG)?

Use Part 5.2 to indicate whether you have made an Enduring Power of Guardianship (EPG) and provide details if relevant.

An Enduring Power of Guardianship (EPG) allows you to name and legally appoint one or more people to make decisions about your lifestyle and healthcare if you lose capacity.

A person you appoint to make decisions on your behalf is called an enduring guardian.

An enduring guardian cannot override decisions made in your Advance Health Directive.

Cross out Part 5.2 if you do not want to complete it.

Tick the option that applies to you:

Option 1	I have not made an Enduring Power of Guardianship.
Option 2	I have made an Enduring Power of Guardianship.

My EPG was made on:

	(day)
of:	(month)
	(year)

My EPG is kept in the following place (be as specific as possible):

I appointed the following person/s as my enduring guardian:

Name: Phone:

Joint Enduring Guardian (if appointed):

Name: Phone:

Substitute enduring guardian/s (if any):

Name: Phone:

Other substitute enduring guardian (if more than one):

Name: Phone:

Part 5: People who helped me complete this form

5.3 Did you seek medical and/or legal advice about making this Advance Health Directive?

Use Part 5.3 to indicate whether you obtained medical and/or legal advice before making this Advance Health Directive and provide details if relevant.

You are encouraged (but not required) to seek medical and/or legal advice to make an Advance Health Directive.

Cross out Part 5.3 if you do not want to complete it.

Medical advice

Option 1	I did not obtain medical advice about the making of this Advance Health Directive.
Option 2	I did obtain medical advice about the making of this Advance Health Directive.

I obtained medical advice from:

Name:	
Phone:	
Practice:	

Legal advice

Option 1	I did not obtain legal advice about the making of this Advance Health Directive.
Option 2	I did obtain legal advice about the making of this Advance Health Directive.

I obtained legal advice from:

Name:	
Phone:	
Practice:	

Part 6: Signature and witnessing

You must complete this section

- You **must** sign this Advance Health Directive in the presence of 2 witnesses. 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.
- 2 witnesses must be present when you sign this Advance Health Directive or when another person signs for you.
- 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 by law to take statutory declarations.
- 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.

You must sign this form in the presence of 2 witnesses. Both witnesses must be present when you sign this form. The witnesses must sign in each other's presence.

Signed by: (signature of person making this Advance Health Directive)

Date: (dd/mm/year)

Or

Signed by: (name of person who the maker of Advance Health Directive has directed to sign)

Date: (dd/mm/year)

In the presence of, and at the direction of: (insert name of maker of Advance Health Directive)

Date: (dd/mm/year)

Witnessed by a person authorised by law to take statutory declarations:

Authorised witness's signature:

Authorised witness's full name:

Address:

Occupation of authorised witness:

Date: (dd/mm/year)

And witnessed by another person:

Witness's signature:

Witness's full name:

Address:

Date: (dd/mm/year)

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Sample

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