

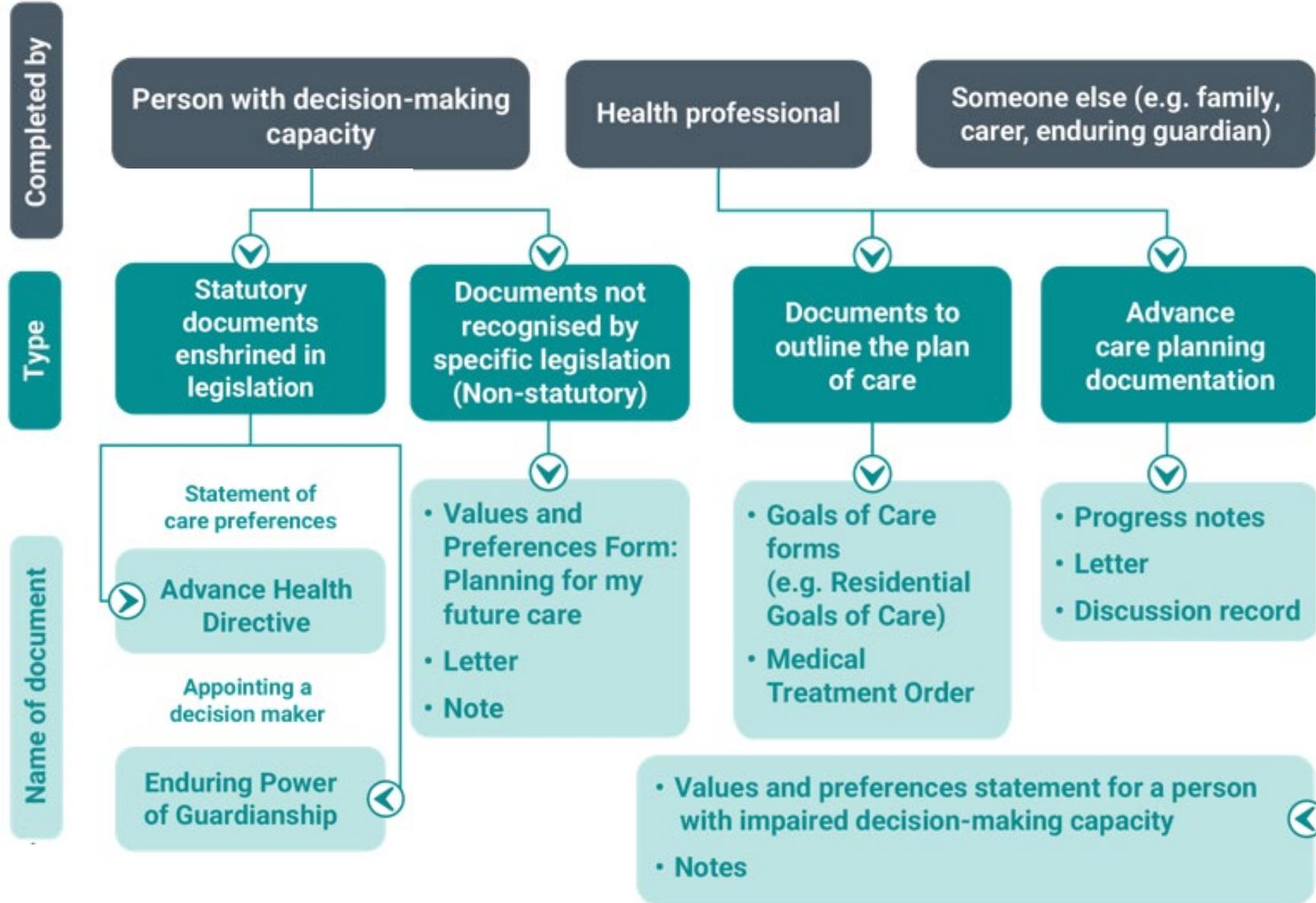
Recognising advance care planning (ACP) documents

- A range of ACP documents are available for individuals in WA to record their values, preferences and treatment decisions.
- They are used to inform care at a time when that individual is no longer able to make or communicate their own decisions.

! Your important role:

- Understand the legal status of different ACP documents
- Check their validity – raise any concerns with the individual, their family or the State Administrative Tribunal
- Provide care in accordance with a patient's ACP document if they can no longer communicate their decisions themselves.

Types of ACP documents in WA



Statutory documents

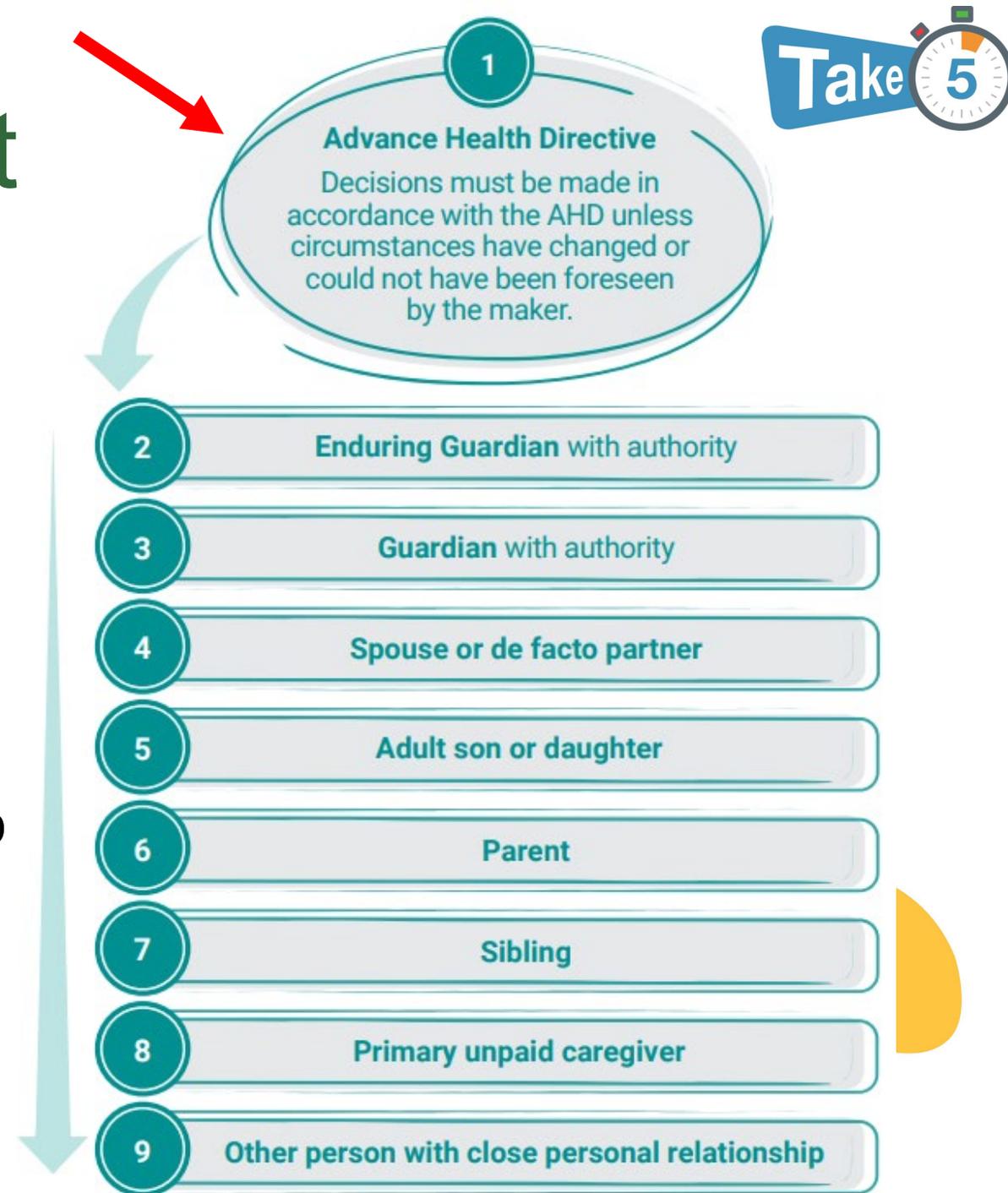
- Strongest, most formal way to record future care decisions
- Must be signed and witnessed according to formal requirements
- Must be followed in most situations

Non-statutory documents

- Do not have the same legal status

Hierarchy of treatment decision-makers

- This hierarchy sets out the order you must follow when seeking a treatment decision for a person who lacks the capacity to make their own judgements or communicate their decisions.
- Advance Health Directives are at the top of the hierarchy.



WA's statutory ACP documents

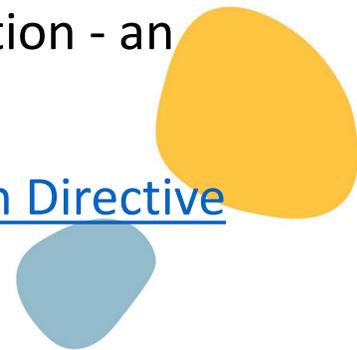


The image shows a page from the 'Advance Health Directive' form. At the top left is the Government of Western Australia Department of Health logo. The title 'Advance Health Directive' is in a blue header. The text explains that the form is for people who want to make an Advance Health Directive in Western Australia. It states that to make an AHD, one must be 18 years or older and have full legal capacity. It also mentions that Part 4, which contains treatment decisions, is optional. A note indicates that if Part 4 is not completed, the document is not considered a valid AHD under the Guardianship and Administration Act 1990. There is a checkbox for revoking all prior AHDs. The form includes instructions on how to complete it, such as seeking medical or legal advice, discussing decisions with family, and storing the original in a safe place. It also lists steps like telling close family and friends, uploading a copy to My Health Record, and giving a copy to health professionals. A vertical barcode on the left side has the number 'XY310580'. On the right side, there is a vertical label 'MR00H Advance Health Directive'. At the bottom, it says 'Advance Health Directive | 1'.

Advance Health Directive (AHD)

- A legal document that specifies the treatment(s) for which consent is provided, refused or withdrawn under specific circumstances.
- Only comes into effect if:
 - the person becomes incapable of making or communicating their decisions.
 - it applies to the treatment the person requires.
- An AHD cannot be used to:
 - request voluntary assisted dying
 - request active steps to unnaturally end life
 - request interventions that are not clinically indicated
 - request treatment that is medically futile
 - record wishes about organ and tissue donation - an AHD is ineffective after the person's death.
- Refer to the [Guide to Making an Advance Health Directive in WA](#) for step-by-step instructions.

Note – a person can have both an AHD and an EPG



WA's statutory ACP documents



Enduring Power of Guardianship (EPG)

- A legal document in which a person nominates an enduring guardian to make personal, lifestyle and treatment decisions on their behalf in the event that they are unable to make reasonable judgments about these matters in future.
- A person can appoint more than one enduring guardian
 - but the guardians must reach agreement on any decisions they make on the person's behalf.

Enduring Power of Guardianship

This Enduring Power of Guardianship is made under the *Guardianship and Administration Act 1990* Part 9A on the _____ day of _____ 20 ____
by (appointor's full name) _____
of (appointor's residential address) _____
born on (appointor's date of birth) _____

This Enduring Power of Guardianship has effect, subject to its terms, at any time I am unable to make reasonable judgments in respect of matters relating to my person.

1 Appointment of enduring guardian(s)

1A Sole enduring guardian
I appoint (appointee's full name) _____
of (appointee's residential address) _____
_____ to be my enduring guardian.

OR 1B Joint enduring guardians
I appoint (appointee's full name) _____
of (appointee's residential address) _____
and (appointee's full name) _____
of (appointee's residential address) _____
_____ to be my joint enduring guardians.

2 Appointment of substitute enduring guardian(s)

I appoint (appointee's full name) _____
of (appointee's residential address) _____
_____ to be my substitute enduring guardian in substitution of
(enduring guardian's name) _____

I appoint (appointee's full name) _____
of (appointee's residential address) _____
_____ to be my substitute enduring guardian in substitution of
(enduring guardian's name) _____

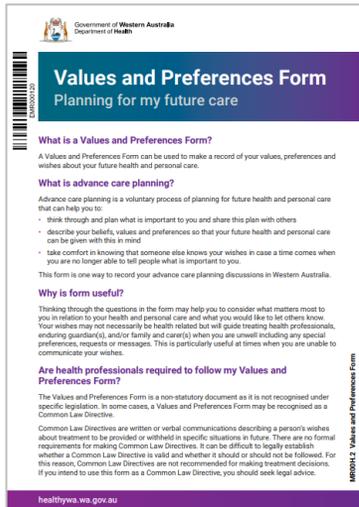
My substitute enduring guardian(s) is (are) to be my enduring guardian(s) in the following circumstances:

Signing each page is not compulsory but may provide a safeguard against pages being substituted. Signature of
(appointor) _____ (witness 1) _____ (witness 2) _____

1

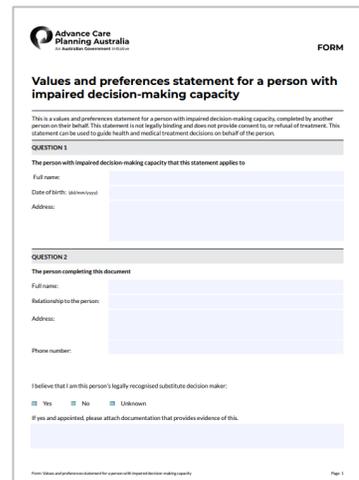
Note – An EPG is different from an Enduring Power of Attorney (EPA), which relates to financial and property matters.

WA's non-statutory ACP documents (used to guide decision-makers and health professionals)



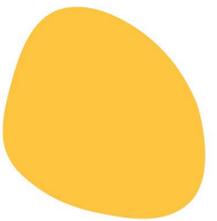
Values and Preferences Form: Planning for my future care

- Record of a person's values and preferences (not necessarily health related) about future health and care.
- Not for recording treatment decisions.
- The questions are the same as Part 3 of the AHD.
- In some cases, may be considered a valid Common Law Directive – although this is not the recommended format to make treatment decisions.



Values & preferences statement for a person with impaired decision-making capacity

- Completed by a person's recognised decision-maker(s) with whom they have a close relationship.
- Cannot be used to give legal consent to, or refusal of treatment.
- Should only be used if person does not have an AHD or Values and Preferences Form.



To order free documents and resources, or for more information: health.wa.gov.au/AdvanceCarePlanning

Department of Health WA Advance Care Planning Line: 9222 2300 ACP@health.wa.gov.au