

South Australia

Consent to Medical Treatment and Palliative Care Regulations 2004

under the *Consent to Medical Treatment and Palliative Care Act 1995*

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1—Short title

These regulations may be cited as the *Consent to Medical Treatment and Palliative Care Regulations 2004*.

2—Commencement

These regulations will come into operation on 1 July 2004.

3—Interpretation

In these regulations, unless the contrary intention appears—

Act means the *Consent to Medical Treatment and Palliative Care Act 1995*.

4—Anticipatory direction and medical power of attorney—prescribed forms

For the purposes of sections 7(2) and 8(2) of the Act, the forms set out in Schedule 1 are prescribed.

5—Application to register anticipatory direction or medical power of attorney—prescribed fee

The fee that must accompany an application under section 14(3) of the Act is \$55.

Schedule 1—Forms

Consent to Medical Treatment and Palliative Care Act 1995
(section 7)

Anticipatory direction

Part 1—Anticipatory direction

1 I,

.....

.....

[insert full name, address and occupation]

direct that if, at some future time, I am—

- (a) in the terminal phase of a terminal illness, or in a persistent vegetative state;
and
- (b) incapable of making decisions about my own medical treatment,

effect is to be given to the following expression of my wishes:

.....

.....

[The person by whom the direction is given must include here a statement of his or her wishes. The statement should clearly set out the kinds of medical treatment that the person wants, or the kinds of medical treatment that the person does not want, or both. If the consent, or refusal of consent, is to operate only in certain circumstances, or on certain conditions, the statement should define those circumstances or conditions.]

2 This direction is given under the *Consent to Medical Treatment and Palliative Care Act 1995*.

.....
[signature of person giving direction]

Dated the day of 20

Part 2—Witness's certificate

I,

.....

.....

*[insert full name and address of the witness and the qualification by virtue of which the witness is an
authorised witness under the Consent to Medical Treatment and Palliative Care Act 1995]

certify that the person whose signature appears above—

- (a) signed this direction in my presence; and
- (b) appears to understand the nature and effect of the direction.

.....
[signature of witness]

Dated the day of 20

Note—***Authorised witness** means a justice of the peace, a commissioner for taking affidavits in the Supreme Court, a member of the clergy, a registered pharmacist, or a manager of an authorised deposit-taking institution or police officer appointed under the *Oaths Act 1936* to take statutory declarations.

Consent to Medical Treatment and Palliative Care Act 1995
(section 8)

Medical power of attorney

Part 1—Appointment of medical agent

1 I,

.....
[insert full name, address and occupation]

appoint the following person(s) to be my medical agent(s):

.....
[Insert full name, address and occupation of the agent. If two or more agents are appointed, the order of appointment must be indicated by placing the numbers 1, 2, 3... beside each name. This indicates that, if the first is not available, the second is to be consulted, if the first and second are not available, the third is to be consulted and so on. It should be noted that a medical power of attorney cannot provide for the joint exercise of the power (see section 8(6) of the Consent to Medical Treatment and Palliative Care Act 1995).]

2 I authorise my medical agent to make decisions about my medical treatment if I should become unable to do so for myself.

3 I require my medical agent to observe the following conditions and directions in exercising, or in relation to the exercise of, the powers conferred by this medical power of attorney:

.....
[Here set out any conditions to which the power is subject and any directions to the agent]

4 This is an enduring power of attorney under the *Consent to Medical Treatment and Palliative Care Act 1995*.

.....
[signature of person appointing medical agent]

Dated the day of 20

Part 2—Witness’s certificate

I,

.....
[insert full name and address of the witness and the qualification by virtue of which the witness is an *authorised witness under the Consent to Medical Treatment and Palliative Care Act 1995]

certify that—

- (a) the grantor of this medical power of attorney signed it freely and voluntarily in my presence; and
- (b) appeared to understand the effect of the power.

.....
[signature of witness]

Dated the day of 20

Part 3—Acceptance of medical power of attorney

I,

.....

.....

[insert full name, address and occupation]

accept appointment as a medical agent under this medical power of attorney and undertake to exercise the powers conferred honestly, in accordance with the conditions and directions set out above, and, subject to that, in what I genuinely believe to be my principal's best interests.

.....

[signature of medical agent]

Part 4—Witness's certificate

I,

.....

.....

*[insert full name and address of the witness and the qualification by virtue of which the witness is an
 authorised witness under the Consent to Medical Treatment and Palliative Care Act 1995]

certify that—

- (a) the grantee of this medical power of attorney signed it freely and voluntarily in my presence; and
- (b) appeared to understand the effect of the power.

.....

[signature of witness]

Dated the day of 20

Note—***Authorised witness** means a justice of the peace, a commissioner for taking affidavits in the Supreme Court, a member of the clergy, a registered pharmacist, or a manager of an authorised deposit-taking institution or police officer appointed under the *Oaths Act 1936* to take statutory declarations.

An Acceptance of medical power of attorney (Part 3) and Witness's certificate (Part 4) must be completed for each medical agent appointed.

**Schedule 2—Revocation of Consent to Medical Treatment and
 Palliative Care Regulations 1996**

1—Revocation

The *Consent to Medical Treatment and Palliative Care Regulations 1996* are revoked.

Note—

As required by section 10AA(2) of the *Subordinate Legislation Act 1978*, the Minister has certified that, in the Minister's opinion, it is necessary or appropriate that these regulations come into operation as set out in these regulations.

Made by the Governor

with the advice and consent of the Executive Council
on 3 June 2004

No 122 of 2004

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