

MY LIFE MY WISHES

A form for people who want to write down their will and preferences to guide their future supported decision making.

1. This form is for people in South Australia who are unable to complete a legal **Advance Care Directive** and/or require support for decision making.
2. This document **does not** replace an **existing legally binding Advance Care Directive** which should be completed by people who have legal capacity.
3. The form **does not provide consent** for medical treatment, or any other decision needed from or on behalf of the person.
4. This document does not replace the need to support the person in their decision making and **consult the person directly** where substitute decisions are required as a last resort.

MY NAME:

(click or tap here to enter text)

This document was developed by the Office of the Public Advocate (SA) in 2022 as part of the 'Living My Life' project funded by the NDIA Information Linkages and Capacity building grant program.

The form is a revised version of the *My Life Decisions* (2019) document developed by the Office of the Public Advocate (SA) in collaboration with Margaret Brown.

It is based on the principles of the;
South Australian Advance Care Directives Act 2013,
Equality, Capacity and Disability in Commonwealth Laws (ALRC Inquiry 2014) and aligns with;
National Guardianship Standards and
United Nations Convention on the Rights of Persons with Disabilities 2006

Purpose

This form provides a tool to help people and their supporters to understand and record the will and preference of people who may need support to make decisions. It also allows for recording of important information about the person and their decision support needs. Information in this form is intended to assist the person and their supporters in future supported decision making. It does not replace the need for continued support of the person in their decision making or consultation with them in the event a substitute decision is needed.

Principles

This document incorporates National Decision-Making Principles drawn from the Australian Law Reform Commission's (ALRC) 2014 inquiry into Commonwealth laws following Australia's ratification of the United Nations Convention on the Rights of Persons (UNCRPD). It also reflects principles within current South Australian legislation.

Advance Care Directives Act 2013

Consent to Medical Treatment and Palliative Care Act 1995

Guardianship and Administration Act 1993

It is acknowledged that conceptual difficulties in relation to 'capacity' exist between current legislation and the tenets of the UNCRPD.

The ALRC recommend that capacity it is best considered when incorporating support that is required for the person to make their own decisions rather than in isolation (ALRC 2014).

National Decision-Making Principles (ALRC 2014):

- 1. Every adult has the right to make decision that affect their life and to have those decisions respected.*
- 2. Persons who may require support in decision-making must be provided with the support necessary for them to make, communicative and participate in decision that affect their lives.*
- 3. The will, preferences and rights of persons who may require decision-making support must direct decisions that affect their lives.*
- 4. Decisions, arrangements, and interventions for persons who may require decision-making support must respect their human rights.*

How to complete this form?

This form is to be completed by the person with the support of their chosen supporters or legally appointed decision makers. The person can include as much or as little detail as they wish. Completion of this form could happen at or after a meeting with the person and their supporters and added to over time. It is a good idea to keep it under review and update as needed.

Part A. **My Decision Making Profile** is intended to collect information the person would want their decision supports to know in order to provide their decision support. This is particularly helpful for supporters who do not know the person well or future supporters.

Part B. **My Life, My Wishes** component records the will and preference (wishes) of the person in relation to their health, accommodation and other areas of their life in the right column. There is also space in the left column to record relevant contextual information alongside which can assist supporters to understand how best to support and implement decision making in each area.

Who should be involved?

It is important the person is provided appropriate support to complete this form. This will be different for each person but should include communication support in an environment that allows the person to communicate freely. It should also include those who know the person best, such as a family member or friend. Where required it may involve a treating doctor or care provider, the **substitute decision maker** (see definition), and the **person responsible** (see definition).

For safeguarding purposes, it is considered best practice to involve more than one supporter and/or have a neutral or formal party check your process.

The **My Life My Wishes** form should be signed by:

- 1) **the person** concerned if possible
- 2) the **substitute decision maker** or **person responsible**; and/or
- 3) other **supporter/s**

How to use a completed My Life My Wishes form?

The *My Life, My Wishes* document does not give legal consent to medical treatment, or any other decision needed from the person or on their behalf. It provides guidance for future decision-making support. A medical professional can only provide medical treatment to a person if the person consents (if they have capacity to do so), they have previously given consent through an Advance Care Directive, a parent or guardian consents (if the person is a child), a substitute decision maker or person responsible consents, or if it is a medical emergency.

Definitions

Legal capacity is currently determined by a health professional according to definitions in the *Advance Care Directives Act 2013 (SA)* and/or the South Australian Civil and Administrative Tribunal (SACAT) according to the *Guardianship and Administration Act 1993 (SA)*. The Advanced Care Directives Act has modernised its definition of 'capacity' to presume all adults have legal capacity to make decisions about their health care, residential and accommodation arrangements, and personal affairs unless there is clear evidence to the contrary.

People can still have decision-making capacity if they do not understand some technical information, or if they do not retain information for long, or if they fluctuate between impaired and full capacity, or even if they make decisions that others may believe are not in their own best interests (ACD Act s 7(2)).

A substitute decision maker is a person who has been legally appointed as a substitute decision maker in an Advance Care Directive (ACD), under a previous legal document (ACD Act s 21) or a Guardianship Order.

A person responsible is a Guardian or substitute decision maker under an ACD (if one has been legally appointed).

If there are no legally appointed decision makers, then a spouse, domestic partner or adult relative who continues to have a close and continuing relationship with the person (including someone related by adoption or by Aboriginal or Torres Strait Islander kinship rules)

If no guardian, spouse, domestic partner or relative is available, an adult friend who has a close and continuing relationship with the person

If none of the above are available, an adult who oversees the day-to-day supervision, care and wellbeing of the person (*Consent to Medical Treatment and Palliative Care Act s 14(1)*). Note: excludes authority to consent to chemical restraint.

Supported decision making involves the person always retaining their legal capacity by providing the support necessary for them to make their own decisions. Support for decision making in practice could be defined as the process undertaken by supporters when assisting a person in a decision-making process. This can also entail 'informal' arrangements (such as family) and more formalised arrangements (such as a Guardian). (p.6 UNSW Social Policy Centre 2021).

Supporters are those chosen by the person to support them in their decision-making process. Supporters are often people who know the person best such as family members, carers or long-term friends. They may also be 'persons responsible' or legally appointed 'substitute decision makers'.

Matter & Full Name

Author

Version date

DOB

Age

Gender

Cultural Identity

<p>Guardianship Orders</p> <p><input type="checkbox"/> Full Guardianship Order</p> <p><input type="checkbox"/> Limited Guardianship Order</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accommodation <input type="checkbox"/> Health <input type="checkbox"/> Services <input type="checkbox"/> Access <input type="checkbox"/> Decision-specific <p>Joint appointment</p> <p>Joint Guardian/s</p>	<p>Special Powers S32 1.</p> <p><input type="checkbox"/> (a) direction</p> <p><input type="checkbox"/> (b) detention</p> <p><input type="checkbox"/> (c) force</p> <p><input type="checkbox"/> (c) force (ECT)</p>	<p>Other legal docs/Orders</p> <p><input type="checkbox"/> Administration Order</p> <p><input type="checkbox"/> Advanced Care Directive</p> <p><input type="checkbox"/> Enduring Power of Guardianship</p> <p><input type="checkbox"/> Power of Attorney</p> <p><input type="checkbox"/> Inpatient Treatment Order exp</p> <p><input type="checkbox"/> Community Treatment Order exp</p> <p><input type="checkbox"/> Criminal Court Order Administrator/s</p> <p>Administrator/s</p>
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Client phase	Safety risks/alerts/behaviours of concern
Complexity rating	
NDIS#	
Initial PA appointment	
Protected Persons views on SACAT Orders	

Reason for initial PA appointment

S57 review recommendations

ACCOMMODATION

MY LIFE

MY WISHES

Admission

Housing type
Support model
Staffing:Participant (funded)

What I think about where I live now

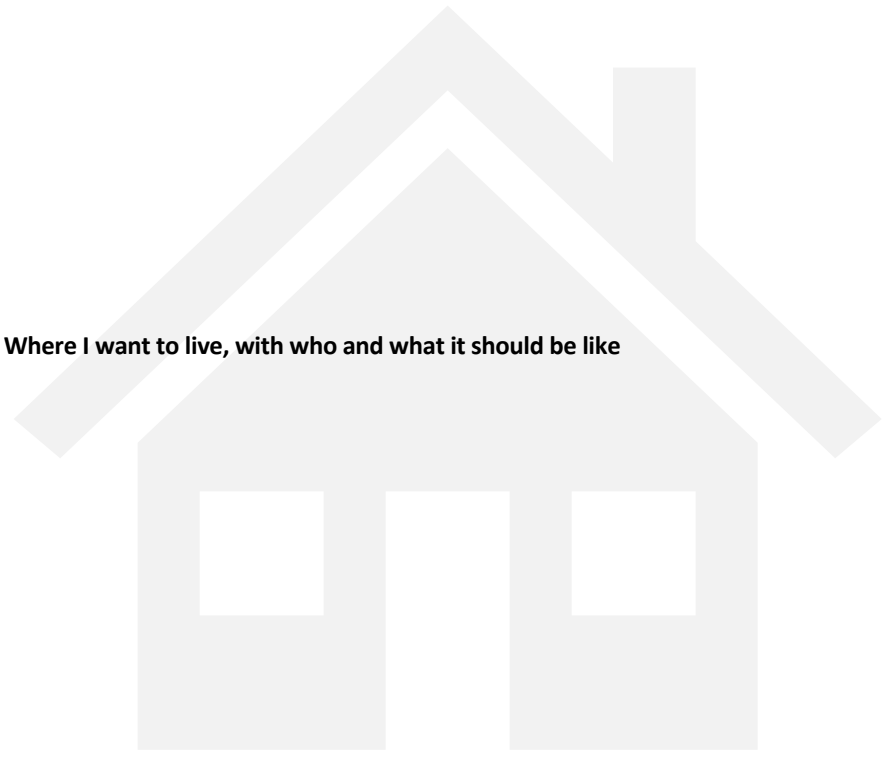
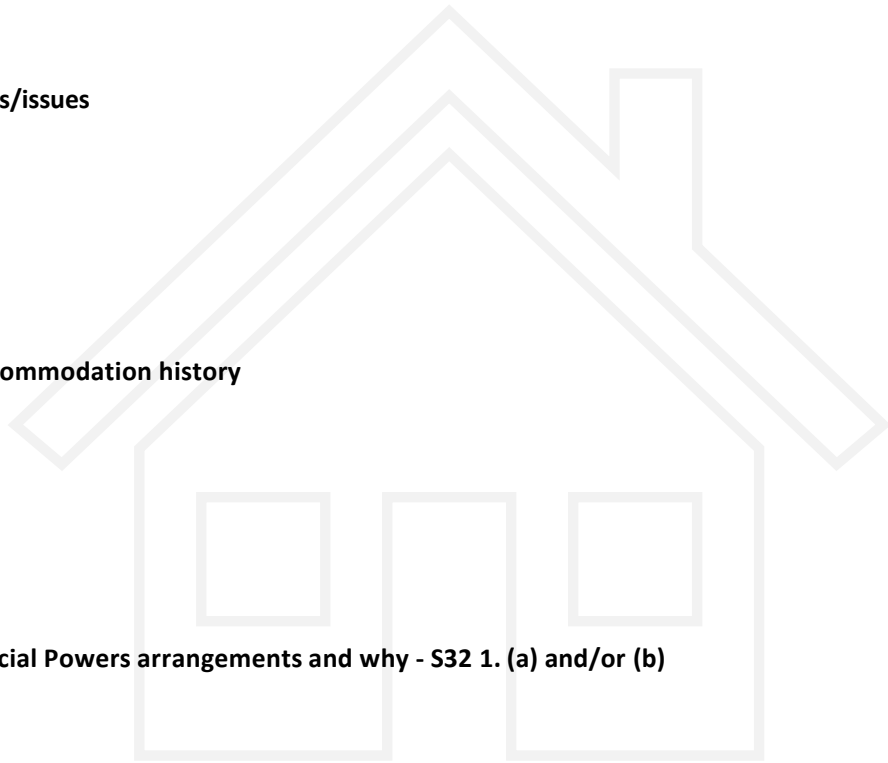
Risks/issues

Accommodation history

Special Powers arrangements and why - S32 1. (a) and/or (b)

Restrictive Practices

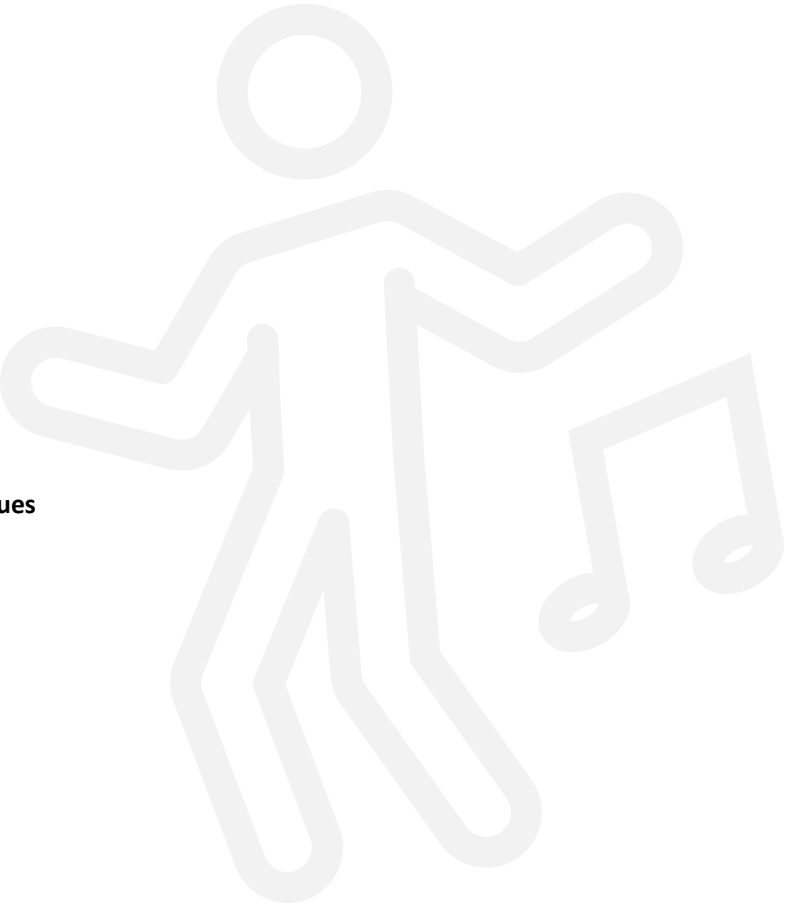
Where I want to live, with who and what it should be like



SERVICES

MY LIFE

Formal supports the person receives (outside of accommodation supports)



Risks/issues

MY WISHES

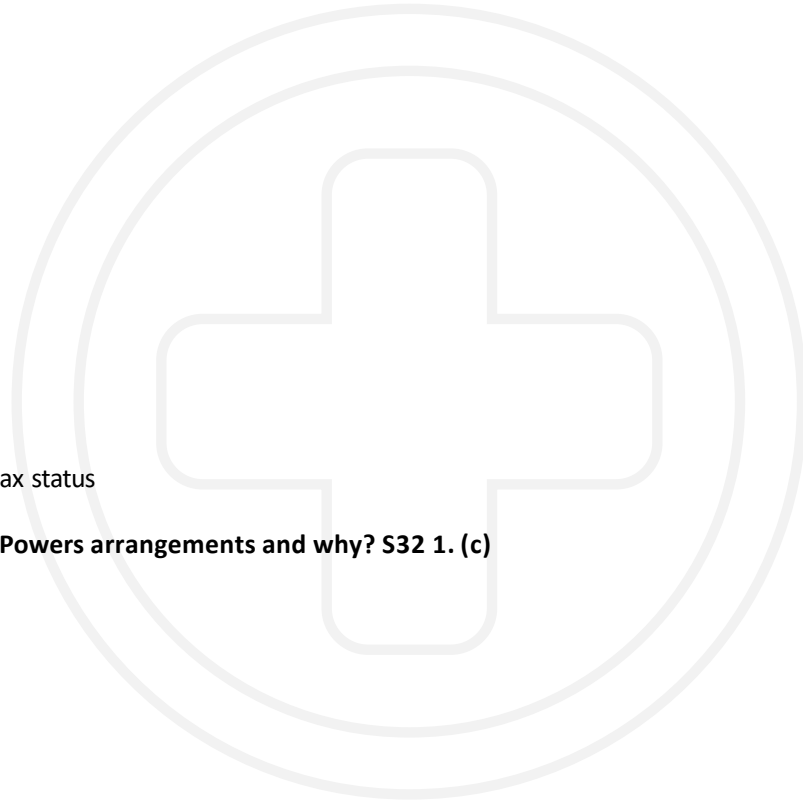
Supports I want and activities I want to do (including employment)



HEALTH

MY LIFE

My current health issues and how they are managed?



COVID vax status

Special Powers arrangements and why? S32 1. (c)

MY WISHES

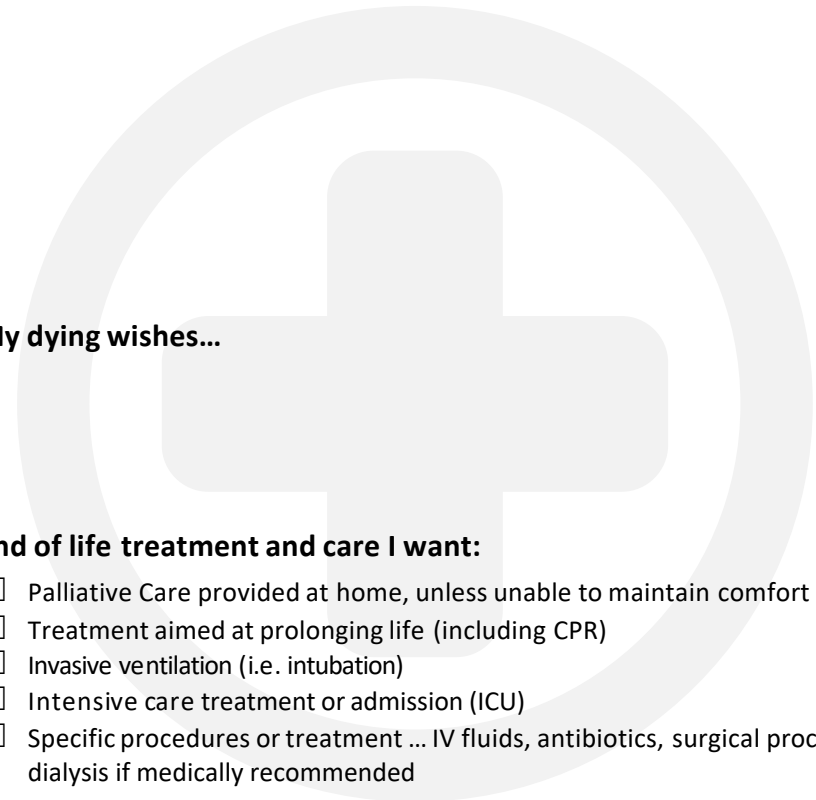
Views of the person on relevant health issues

My dying wishes...

End of life treatment and care I want:

- Palliative Care provided at home, unless unable to maintain comfort and dignity
- Treatment aimed at prolonging life (including CPR)
- Invasive ventilation (i.e. intubation)
- Intensive care treatment or admission (ICU)
- Specific procedures or treatment ... IV fluids, antibiotics, surgical procedures, dialysis if medically recommended

Outcomes of care/treatment I wish to avoid:



ACCESS

MY LIFE

Who sees the person (informally) – where, when, frequency, supervision/support?



Risks/issues

MY WISHES

People I want/don't want to see and why



Access arrangement preferences - where, when, frequency

OTHER

MY LIFE

MY WISHES

Other e.g. legal/financial considerations/issues where relevant

Risks/issues



These are the people who agreed that the wishes recorded in this 'My Life, My Wishes' form were sought directly from [insert person's name] and the information included is true and to the best of their knowledge at the time of signing

Signed by

a) The person (with support if necessary) may sign here:

Signature: _____ Date: / /

b) Person responsible or substitute decision maker

Name: _____ Relationship: _____

Signature: _____ Date: / /

c) Other supporter

Name: _____ Relationship: _____

Signature: _____ Date: / /

Others involved in the completion of this form:

Name	Relationship	Signature	Date
<i>(click or tap here to enter text)</i>	<i>(click or tap here to enter text)</i>		
<i>(click or tap here to enter text)</i>	<i>(click or tap here to enter text)</i>		
<i>(click or tap here to enter text)</i>	<i>(click or tap here to enter text)</i>		
<i>(click or tap here to enter text)</i>	<i>(click or tap here to enter text)</i>		