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For Further Information Contact:

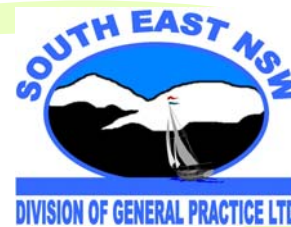
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What is an Advance Care Directive?

An Advance Care Directive (ACD) contains instructions that consent to, or refuse, specified medical treatments in the future. They become effective in situations where the person is no longer able to make decisions. For this reason ACDs are also, though less frequently, referred to as 'living wills'.

Is it Legally Binding?

In Queensland, South Australia and the Northern Territory, ACDs are legally binding. In NSW, however, they are not a legal document but are seen as strongly persuasive to health care providers and the Guardianship Board, particularly if they are consistent and up-to-date. Although NSW, Tasmania and Western Australia do not have legislation, ACDs may still be valid under common (judge-made) law in these States.

What is the format of an ACD?

There is no standard format in NSW but the information that can be included are things like who to contact for advice, who not to contact, and the types of medical treatment to be refused/consented to e.g. parenteral feeding, artificial ventilation, cardiopulmonary resuscitation, etc. The patient cannot refuse basic care nor can they endorse assisted suicide which, of course, is illegal.

What are the legal implications of acting contrary to an ACD?

A failure to comply with an advance care directive that meets the standards discussed in the NSW Health *Using Advance Care Directives* document and refuses treatment may be considered an assault and battery under common law. Civil liability may also ensue.

What should a person do with an ACD after they have completed it?

In order for an ACD to be acted upon, it must be available and its contents known at the time decisions need to be made, including time-pressured situations such as resuscitation decisions. A simple approach is for the likely 'person responsible' to be given a copy of the directive and any revisions it receives, along with the GP, any other doctors involved, and other key family members. An ACD should be brought to the attention of new treating clinicians as soon as possible. The ACD should be included in a prominent position in the medical history.

What are the Advantages of an ACD?

- Encourage communication about end-of-life decisions
- Give directions to treatment decisions when the patient is no longer able to decide for themselves
- Ensure that the will of the patient is being met, ie. patient autonomy is respected.

What are the Disadvantages of an ACD?

- Patients may change their mind about what they want when they are unwell, ie. the healthy do not make the same choices as the sick
- They can be difficult to interpret in the real world, e.g. the advanced directive scenario may not match the current medical scenario
- Discussion about ACD can provoke anxiety particularly if not sensitively handled
- Where to store them, ie. how do we know that a patient admitted to an emergency department in a coma has an ACD?

Case Study from UK

Mike was a 45 year old with advanced AIDS. He had written an advance directive stating that he did not wish to have intravenous antibiotics as a life-prolonging treatment should he become too unwell to make his own clinical decisions.

Unfortunately, Mike became quite unwell with pneumonia, which had led him to become quite confused. Despite his confusion, however, he was adamant he wanted to receive treatment for his pneumonia, which was a direct contradiction to his advance directive. The dilemma was further compounded by his next of kin, a solicitor, who was adamant that Mike should not receive antibiotics despite his requests when he became unwell and confused.

Mike did receive intravenous antibiotics and lived a few more weeks. His next of kin had little more to do with his care.