

Revoking an Agent: Form *Enduring Power of Attorney (Medical Treatment)*

If you have appointed an Agent—Enduring Power of Attorney (Medical Treatment) and you wish to cancel or revoke the appointment for any reason, you use this form to do so.

You do not need to use this document if you are appointing another Agent (see DWDV form 2b) because the new appointment will itself revoke any existing or previous appointment. Use this form only if you are revoking the appointment of Agent, *and* you currently do not plan to appoint another Agent.

You should be aware that by revoking your Agent and not appointing another to replace him or her, that you then have no person who has clear legal status to make decisions about your medical treatment—or refusal thereof—on your behalf should you become unable to participate in your own medical care decisions (that is, you become mentally incompetent). You may for example become mentally incompetent suddenly through a stroke, a motor vehicle accident, or other trauma, or less suddenly by a degenerative brain disease such as dementia.

This may leave your family and medical carers with different opinions about your treatment and care options, with no clear path for decision making. This may cause considerable conflict. Consider carefully whether or not you want to have an Agent.

How You Can Help

Dying With Dignity Victoria is a self-funded, non-profit organisation, relying on membership fees, donations and volunteers to continue its work.

Ways you can help us help you.
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(or tel. 03-9877 7677)

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Revocation of Enduring Power of Attorney (Medical Treatment)

To , (your agent's full name)

I (your own full name)

revoke the power of attorney (medical treatment) dated the

day of (month) (year) that I gave you.
(date you signed the power of attorney document that you are revoking)

Signed by (you sign in the presence of the witness)

Witnessed by (full witness name)

Signature (witness signature) Date