

Refusal of Medical Treatment – Competent Person

Your Right To Refuse Treatment: If you are currently mentally competent you have the right in the State of Victoria to refuse at any time any medical treatment that you do not want. *Medical treatment* means the carrying out of an operation; or the administration of a drug or other like substance; or any other medical procedure; but does not include palliative care.

Palliative care includes the provision of reasonable medical procedures for the relief of pain, suffering or discomfort; or the reasonable provision of food and water. Artificial hydration and nutrition (through tubes) is considered medical treatment, not palliative care, and can be refused. In Victoria you do not have the right to refuse palliative care and the Refusal of Treatment Certificate does not give you that right.

Formalising Your Refusal of Treatment: *If you have a current medical condition* you can formalise your wishes by completing this *Refusal of Treatment Certificate*. The Certificate is only valid for *existing specific* medical conditions and applies only in respect of those conditions. It is illegal for a doctor to treat you against your wishes if they know a valid *Refusal of Treatment Certificate* exists. A doctor who continues to treat in contravention of your Certificate is guilty of the offence of *medical trespass* and may be subject to prosecution.

You can sign a Certificate if you are over 18 years of age and have the capacity to understand the decision you are making. You must have been given sufficient information about your condition and have understood it, and what you are doing by signing the Certificate. You must not be coerced and the Certificate must be voluntary. You specify the type of treatment you wish to refuse.

Changing Your Mind: If you are mentally competent you can cancel the Certificate at any time by completing and signing the last Certificate section, *Notice of Cancellation*.

Not a Living Will: The Certificate does *not* apply to potential future medical conditions and therefore does *not* operate as a 'living will' or Advance Directive. To express your treatment wishes for possible *future* conditions when you may be unable to participate in your own medical care decisions, you should also complete a general [Advance Directive](#) form—DWDV form ⑤.

A doctor and one other person must witness your signature and be satisfied that the requirements have been met. The doctor or hospital/institution manager must give a copy of the Certificate to VCAT within seven days. (Send to: The Victorian Civil and Administrative Tribunal, Guardianship List, 55 King Street, Melbourne, Victoria 3000.)

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.
At our website www.dwdv.org.au:
(or tel. 03-9877 7677)

- [Become a member](#)
- [Donate](#)
- [Make a bequest](#)
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(we make it so easy!)
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SCHEDULE I

REFUSAL OF TREATMENT CERTIFICATE: COMPETENT PERSON

We certify that we are satisfied-

- (a) that ... (name of patient) has clearly expressed or indicated a decision, in relation to a current condition, to refuse-
*medical treatment generally;
or
*medical treatment, being ... (specify particular kind of medical treatment);
(b) that the patient's decision is made voluntarily and without inducement or compulsion;
(c) that the patient has been informed about the nature of his/her current condition to an extent which is reasonably sufficient to enable him/her to make a decision about whether or not to refuse medical treatment generally or of a particular kind (as the case requires) and that he/she has appeared to understand that information; and
(d) that the patient is of sound mind and has attained the age of 18 years.

Dated:

Signed(Medical Practitioner)

Signed(Another Person)

Patient's current condition

The patient's current condition is(describe condition)

Dated:

Signed
(To be signed by the same medical practitioner)

Verification to be completed by patient, if physically able to do so.

In relation to my current condition, I refuse-

- *medical treatment generally
or
*medical treatment, being ... (specify particular kind of medical treatment).

I give the following instructions as to palliative care:

Dated:

Signed(Patient)

NOTICE OF CANCELLATION (for completion where patient cancels the certificate under section 7 of the Medical Treatment Act 1988)

I cancel this certificate

Dated:

Signed(Patient)

or

The patient clearly expressed or indicated a decision to cancel this certificate on(Date).

Signed(Person witnessing patient's decision)

* Delete whichever is not applicable

NOTE: "Medical treatment" means the carrying out of-

- (a) an operation; or
(b) the administration of a drug or other like substance; or
(c) any other medical procedure- but does not include palliative care.

"Palliative care" includes-

- (a) the provision of reasonable medical procedures for the relief of pain, suffering and discomfort; or
(b) the reasonable provision of food and water.

The refusal of palliative care is not covered by the Medical Treatment Act 1988