

George Knowles is filling out the General Advance Healthcare Directive for himself.

## Advance Healthcare Directive – General

TO MY FAMILY, MY PHYSICIAN AND ALL OTHER PERSONS CONCERNED,  
THIS DIRECTIVE is made after careful consideration by me:

(Name) George H. Knowles

of 123 Cunningham Road

Port Melbourne, Victoria 3207 (Address)

at a time when I am rational and of sound mind.

### STIPULATION/S:

This Advance Healthcare Directive applies only if the following stipulation/s are met:

- If at any time I have become unable to participate effectively in decisions about my medical care
- If two independent medical practitioners, one of whom is a specialist in the relevant field, are of the opinion that I am unlikely to recover from an illness or injury, or that such recovery would be of such a nature as to result in permanent psychological suffering or dementia. *GK*
- (If you want the second stipulation above to apply, tick and initial it. If you *don't* want it to apply, tick and initial it. See the next paragraph.)

In the table below, George wants to emphasise that he *doesn't* want *any* of the treatments listed should he become unable to participate effectively in decisions about his medical care. However, if **you** want to accept one or more of the treatments listed, you would instead initial the "I want" column and place a strikethrough in the "I DON'T want" column.

ONCES I DECLARE  
aimed at prolonging

Treatment	I <u>DON'T</u> want	I want	Treatment	I <u>DON'T</u> want	I want
Artificial feeding (nutrition and/or hydration)	<i>GK</i>	/	Corrections of abnormal levels of any toxic substance	<i>GK</i>	/
Antibiotics	<i>GK</i>	/	Blood transfusion	<i>GK</i>	/
Artificial respiration	<i>GK</i>	/	Drug treatment of hi/lo blood sugar	<i>GK</i>	/
Any surgical procedures	<i>GK</i>	/	Drug treatment of hi/lo blood pressure	<i>GK</i>	/
Circulatory support including CPR	<i>GK</i>	/	Renal dialysis	<i>GK</i>	/

(Once you have initialled one of the choices for each treatment, draw a simple diagonal stroke, / through each of the unsigned choice boxes so that none is left unmarked.)

AND, again where the stipulation/s apply, any persistent Distressing Symptoms are to be *maximally palliated* by appropriate analgesic, sedative or other palliative treatment, even though that palliative treatment may also have the additional consequence of shortening my life, AND QUITE SPECIFICALLY:

(For each Distressing Symptom, *Initial* the column choice *that reflects your wishes*):

Distressing Symptom	Maximum Palliation	Not Maximum Palliation	Distressing Symptom	Maximum Palliation	Not Maximum Palliation
	Pain	<i>GK</i>		/	Those caused by lack of food & fluid
Breathlessness	<i>GK</i>	/	Psychological suffering such as fear, panic, terror, extreme anxiety or delirium.	<i>GK</i>	/
Extreme weakness or paralysis leading to total dependence	<i>GK</i>	/	Loss of appetite, nausea, vomiting, diarrhoea or incontinence.	<i>GK</i>	/

(Once you have initialled one of the choices for each distressing symptom, draw a simple diagonal stroke, / through *each of the unsigned choice boxes* so that none is left unmarked.)

AND, again where the stipulation/s apply, any persistent Distressing Symptoms are to be *maximally palliated* by appropriate analgesic, sedative or other palliative treatment, even though that palliative treatment may also have the additional consequence of shortening my life, AND QUITE SPECIFICALLY:

I wish it to be understood that I am unable to communicate at this time and I am making this statement in my own free will and in full understanding of the nature and consequences of this statement in this situation. I hereby absolve my medical attendants from any civil liability arising from compliance with this Advance Healthcare Directive.

In the table above, George wants to emphasise that should he become unable to participate effectively in decisions about his medical care, he *does* want *maximum* palliation of each of the distressing symptoms listed, even if this has the side-effect of shortening his life. However, if **you** don't want the side-effect of your life being shortened for one or more of the distressing symptoms listed, you would instead initial the "Not Maximum Palliation" column and place a strikethrough in the "Maximum Palliation" column.

I wish it to be understood that I am unable to communicate at this time and I am making this statement in my own free will and in full understanding of the nature and consequences of this statement in this situation. I hereby absolve my medical attendants from any civil liability arising from compliance with this Advance Healthcare Directive.

I **RESERVE** the right to revoke this Advance Healthcare Directive at any time, but unless I do so it should be taken to represent my continuing directions.

SIGNED BY ME: *George H. Knowles*..... (Signature)

this *Sixteenth*..... day of *August*.... 200*9*.

in the presence of *Julia Hill*..... (Signature of Witness)

(Name & address *Julia B. Hill, 16 Grey Street, Brunswick, Victoria 3056*

of witness) *16 Grey Street*.....

*Brunswick, Victoria 3056*.....

Any person over 18 and of sound mind may witness the document. Your doctor may witness it.

### Attachment A: Your Health Status at Time of Signing

At the time of signing this document,  
(Tick and initial the one that applies.)

I am in good health

George ensures that current medical conditions are acknowledged in making this Advance Directive.

I have been advised that I am suffering from:

*Diabetes (dietary control) High blood pressure (medicated)*

*High cholesterol (medicated)* ..... (Write in the diagnosis.)

**GK**

### Attachment B: Your Medical Practitioner to Sign Here

I, *Dr. Patricia Bourke*.....

of *65 City Road Port Melbourne, 3207* (address)

George ensures that his sound mind is acknowledged in making this Advance Directive.

attest that *George Knowles*.....(patient's name), is of sound mind.

Medical Practitioner's Signature: *Patricia Bourke*.... Date: *6/ Aug /09*.....

### Attachment C: Your Chosen Appointed Agent

(Tick and initial the one that applies.)

I have completed an Enduring Power of Attorney (Medical Treatment) form and appointed the following person as my agent.

George has wisely appointed a trusted agent (one of his sons) to make medical decisions on his behalf (including protecting George's wishes in this document) should he become unable to participate effectively himself.

*Peter J. Knowles*.....(name of agent)

of *249 Gardiner Avenue, Box Hill*.....

*Victoria 3128*..... (address of agent)

**GK**

I have *not* completed an Enduring Power of Attorney (Medical Treatment) form and have not appointed anyone as my agent.

### Attachment D: Organ Donation

In the event of my death,  
(Tick and initial the one that applies.)

I want to donate my organs for transplantation

I do *not* want to donate my organs for transplantation

George has decided not to donate his organs for transplantation (though many people do).

**GK**

George, his doctor and his medical agent (son) keep copies of this complete document.