

Unit:.....

REFUSAL OF TREATMENT CERTIFICATE AGENT OR GUARDIAN OF INCOMPETENT PERSON

Schedule 3 Sections 3, 5B
Medical Treatment Act 1988

I
(Name)

.....
(Address)

certify that I am empowered to act in relation to decisions about medical treatment of
.....("the patient")
(Name of Patient)

I have been appointment to act by

- An enduring power of attorney (medical treatment) issued under the *Medical Treatment Act 1988*
- An appropriate guardianship order of the Victorian Civil & Administrative Tribunal under the *Guardianship and Administration Act 1986* that provide for decision about medical treatment

I certify that

- The patient has attained the age of 18 years
- I have been informed about the nature of his/her current condition to an extent that would be reasonably sufficient to enable the patient, if he/she was competent, to make a decision about whether or not to refuse medical treatment generally or of a particular kind for that condition. I believe that the patient would request that no medical treatment, or no medical treatment of the particular kind mentioned below, be administered to him/her

On behalf of the patient, in relation to his/her current condition, I refuse

- Medical treatment generally:
 - Medical treatment, being
- (Specify particular kind of treatment)

Date//

Signed Agent/Guardian for*
*Delete whichever is not applicable Name of patient

Verification

We each certify as follows:

- I am satisfied that
(Name of Agent or Guardian)
has been informed about the nature of the patient's current condition to an extent that would be reasonably sufficient to enable the patient, if he/she was competent, to make a decision about whether or not to refuse medical treatment generally or of a particular kind for that condition, and that the agent/guardian understands that information
- I was not a witness to the enduring power of attorney (medical treatment) under which was appointed

Date//

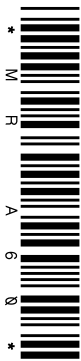
Name Signature
(Medical Practitioner)

Name Signature
(Another Person)

UR:

Surname

Given Names



Unit:.....

UR:

Surname

Given Names

REFUSAL OF TREATMENT CERTIFICATE AGENT OR GUARDIAN OF INCOMPETENT PERSON

Patient's current condition

The Patient's current condition is

.....
(Describe condition)

The patient is incompetent

Date / /

Name Signature

(To be signed by the same Medical Practitioner)

NOTICE OF CANCELLATION (*for completion where agent or guardian cancels the certificate under Section 7 of the Medical Treatment Act 1988*)

I cancel this certificate

Date / /

Name Signature

(Agent or Guardian)

OR

The agent or guardian clearly expressed or indicated a decision to cancel this certificate on

Date / /

Name Signature

(Person witnessing Agent or Guardian's signature)

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 – (including PEG)
- 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 or water.

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

A medical practitioner who has doubts about the circumstances of the issue of this certificate, the competence of the patient or the competency, good faith or motives of the agent or guardian in giving a direction about medical treatment under the certificate is advised to make an application to the Victorian Civil and Administrative Tribunal to review the case.

Additional information:

Section 5E of the Act provides that a copy of this document and any cancellation of it must be"

- placed with the patient's medical record kept by you
- given to your chief executive officer
- given to the Victorian Administrative Tribunal, Principal Registrar – Guardianship List, 55 King Street, Melbourne, Vic, 3000, within 7 days after completion of notification of cancellation