South Australia

Consent to Medical Treatment and Palliative Care Regulations 2004

under the Consent to Medical Treatment and Palliative Care Act 1995

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1 Revocation

Legislative history

1—Short title

These regulations may be cited as the *Consent to Medical Treatment and Palliative Care Regulations* 2004.

2—Commencement

These regulations will come into operation on 1 July 2004.

3—Interpretation

In these regulations, unless the contrary intention appears—

Act means the Consent to Medical Treatment and Palliative Care Act 1995.

4—Anticipatory direction and medical power of attorney—prescribed forms

For the purposes of sections 7(2) and 8(2) of the Act, the forms set out in Schedule 1 are prescribed.

5—Application to register anticipatory direction or medical power of attorney—prescribed fee

The fee that must accompany an application under section 14(3) of the Act is \$55.

Schedule 1—Forms

Consent to Medical Treatment and Palliative Care Act 1995 (section 7)

Anti	cipate	ory direction						
Part 1		ticipatory direct						
1	I,							
	*********		insert full name, address and occupation]	••••••				
	direct that if, at some future time, I am—							
			inal phase of a terminal illness, or in a persistent veg	getative state;				
	1	(b) incapable o	f making decisions about my own medical treatment	,				
	effect is to be given to the following expression of my wishes:							
	[The person by whom the direction is given must include here a statement of his or her wishes. The statement should clearly set out the kinds of medical treatment that the person wants, or the kinds of medical treatment that the person does not want, or both. If the consent, or refusal of consent, is to operate only in certain circumstances, or on certain conditions, the statement should define those circumstances or conditions.]							
2	This direction is given under the Consent to Medical Treatment and Palliative Care Act 1995.							
*********		are of person giving						
Dated	the	day of	20					
Part 2	2—Wi	tness's certificate	e					
I,								
[in	ısert ful *auth	l name and address orised witness unde	of the witness and the qualification by virtue of which the wi r the Consent to Medical Treatment and Palliative Care Act	tness is an 1995]				
certify	that th	he person whose s	signature appears above—					
	(a) signed this direction in my presence; and							
	(b)	appears to unders	tand the nature and effect of the direction.					
•••••		signature of witness						
Dated	the	day of	20					

Note—*Authorised witness means a justice of the peace, a commissioner for taking affidavits in the Supreme Court, a member of the clergy, a registered pharmacist, or a manager of an authorised deposit-taking institution or police officer appointed under the *Oaths Act 1936* to take statutory declarations.

Consent to Medical Treatment and Palliative Care Act 1995 (section 8)

Medical	power of attorn	еу				
	ppointment of medi					
1 I,						
		sert full name, address and occupation]				
appo	int the following per	son(s) to be my medical agent(s):				
[Inser of ap that, the th provi Pallie	rt full name, address and pointment must be indic if the first is not availab aird is to be consulted of de for the joint exercise ative Care Act 1995).]	d occupation of the agent. If two or more agents are appointed, the order cated by placing the numbers 1, 2, 3 beside each name. This indicates le, the second is to be consulted, if the first and second are not available, and so on. It should be noted that a medical power of attorney cannot of the power (see section 8(6) of the Consent to Medical Treatment and				
beco	I authorise my medical agent to make decisions about my medical treatment if I should become unable to do so for myself.					
I require my medical agent to observe the following conditions and direct exercising, or in relation to the exercise of, the powers conferred by this medic of attorney:						
4 This	[Here set out any cond is an enduring powiative Care Act 1995.					
	of person appointing m					
Dated the	day of	20				
Part 2—V	Vitness's certificate					
I,						
[insert]	full name and address o	f the witness and the qualification by virtue of which the witness is an the Consent to Medical Treatment and Palliative Care Act 1995]				
certify that						
(a)	the grantor of this presence; and	medical power of attorney signed it freely and voluntarily in my				
(b)	appeared to unders	tand the effect of the power.				
	[signature of witnes.	s]				
Dated the	day of	20				

Part 3—Acceptance of medical power of attorney					
[insert full name, address and occupation]					
eccept appointment as a medical agent under this medical power of attorney and undertake to exercise the powers conferred honestly, in accordance with the conditions and directions so ut above, and, subject to that, in what I genuinely believe to be my principal's best interests.					
[signature of medical agent]					
'art 4—Witness's certificate					
,					
[insert full name and address of the witness and the qualification by virtue of which the witness is an *authorised witness under the Consent to Medical Treatment and Palliative Care Act 1995]					
ertify that—					
(a) the grantee of this medical power of attorney signed it freely and voluntarily in my presence; and					
(b) appeared to understand the effect of the power.					
[signature of witness]					
Dated the day of 20					

Note—*Authorised witness means a justice of the peace, a commissioner for taking affidavits in the Supreme Court, a member of the clergy, a registered pharmacist, or a manager of an authorised deposit-taking institution or police officer appointed under the *Oaths Act 1936* to take statutory declarations.

An Acceptance of medical power of attorney (Part 3) and Witness's certificate (Part 4) must be completed for each medical agent appointed.

Schedule 2—Revocation of Consent to Medical Treatment and Palliative Care Regulations 1996

1—Revocation

The Consent to Medical Treatment and Palliative Care Regulations 1996 are revoked.

Legislative history

Notes

• For further information relating to the Act and subordinate legislation made under the Act see the Index of South Australian Statutes or www.legislation.sa.gov.au.

Revocation of regulations

The Consent to Medical Treatment and Palliative Care Regulations 2004 were revoked by Sch 2 cl 1 of the Consent to Medical Treatment and Palliative Care Regulations 2014 on 1.7.2014.

Principal regulations

Year N	lo Reference	Commencement
2004 12	22 Gazette 3.6.2004	p1723 1.7.2004: r 2