Advance Care Planning Australia

BE OPEN | BE READY | BE HEARD

Thank you for providing Advance Care Planning Australia (ACPA) the opportunity to provide comment on the Guardianship and Administration Amendment (Advance Care Directives) Bill 2020 (the Bill). ACPA is a national program funded by the Australian Government. Our program is focused on improving advance care planning policy and systems, community awareness, understanding and uptake, workforce capability, quality monitoring and evidence. We promote a national collaborative approach to achieving excellence in advance care planning. ACPA delivers national advance care planning leadership, advocacy, communications, advisory services, and education and information resources for consumers, the health and aged care workforce, and/or service providers.

We commend the Tasmanian Government's decision to introduce legislative provisions pertaining advance care directives, as we view this as important mechanism for increasing advance care planning uptake in Tasmania. Given we are national program, we offer a number of amendments and suggestions for the Bill, by drawing on aspects of the various legal and policy frameworks that exist across Australian states and territories. The proposed amendments and the justifications for these amendments are contained in Table 1. All markings in red indicate ACPA's recommended changes to the current Bill.

Table 1: Summary of amendments

Summary of Amendment	Relevant sections	Proposed amendment	Justification
Revision of language	**A number of sections including:** • 35B • 35H • 35O • 35P • 35X • 35ZD	It is advised that "wishes," when being used in its noun form is replaced throughout Part 5A with "preferences and values." For example, the following amendments should be made: **35B Principles to be observed (pages 12-15)**	Such an amendment will reflect the principles set out in s 35A(b) which mentions "preferences and values." It is advised that wishes are avoided when being used as a noun to refer to a person's wishes, because the term is vague and "preferences and values" provides a better alternative.

		The following principles must be taken into account in connection with the administration, operation and enforcement of this Part: (a) an advance care directive enables a person with decision making ability to make decisions about his or her future health care by stating his or her own ~~wishes and instructions~~ preferences and values; (…) (h) in the event of a dispute arising in relation to an advance care directive, the ~~wishes~~ preferences and values (whether express or implied) of the person who gave the advance care directive are of paramount importance and should, insofar as practicable, be given effect; (i) subject to this Part, in determining the preferences and values ~~wishes~~ of a person who gave an advance care directive in relation to a particular matter, consideration may be given to- (i) any past ~~wishes~~ preferences and values expressed by the person in relation to the matter; and	Such terminology is used in Victoria see (*Medical Treatment Planning and Decisions Act 2016* (Vic) s 12(1)) When wishes is being used as a verb (eg. s 35J: The following provisions apply where a person for whom English is not his or her first language **wishes** to give an advance care directive), the use of wishes should be preserved.

		(ii) the person's preferences and values as expressed during the whole or any part of his or her life; and (iii) any other matter that is relevant in determining the ~~wishes~~ preferences and values of the person in relation to the matter. It is advised that similar amendments replacing the word wishes with preferences and values should be made to the following sections: • 35H(3)(d) • 35H(3)(f) • 35O(3) • 35P(b)(iii) • 35X(7) • 35ZD	
Principles of the Principal Act	**Section 6 of the Principal Act**	We recommend the following amendment: (c) the wishes, preferences and values of a person with a disability or impaired decision making ability or in respect of whom an application is made under this Act, are, if possible, carried into effect.	Preferences and values have already been mentioned in section 35A(b) as proposed by the Bill. Accordingly, they should be represented in the overarching principles of the Principal Act, given that the section was already amended by the Bill to include impaired decision making ability (see amendment 7 of the Bill). The term wishes should only be retained if it is deemed to be appropriate to other principles

			guiding guardians that extend beyond health care. If this is not necessary, wishes should be removed.
Explicit mention of withdrawal of treatment	**Section 35L(1)** **Binding and non binding provisions** Page 33	(1) Subject to this section, a provision of an advance care directive comprising a refusal or withdrawal of particular health care (whether express or implied) is, for the purposes of this Act, to be taken to be a binding provision	It is acknowledged that the Bill includes references to the withdrawal, or withholding of health care, even when it is life sustaining as per the proposed s 35C(4). However, it should be made explicit that withdrawal and withholding a medical treatment is a binding provision rather than a non-binding provision. This position has been adopted in Victoria (see definition of instructional directive in section 6 of the *Medical Treatment Planning and Decisions Act 2016* (Vic)). Similarly, the position on withdrawal of treatment being binding is already implied in s 35S(2)(b) of the Bill which indicates that the health practitioner should not refuse to comply with such provisions.
Misplacement of comma	**8. Section 7A amended (Role of President)** Page 7	Please revise so this section reads as follows: Section 7A(b) of the Principal Act is amended by inserting ",giving an advance care directive" after "application~~(,)~~"	The current section asks to insert the relevant text after "application," The Principal Act does not include a comma after the word application, so a comma should be inserted before "giving."

Revise ordering of sentence	**12. Section 25 amended (Authority of full guardian)** Page 9	Section 25(2)(e) of the Principal Act is amended by inserting ~~"or Part 5A" after Part 6~~ "Part 5A or" before Part 6.	Text should be rearranged to reflect the order of the Parts.
Reference made to impaired decision making ability		Remove 'decision making ability' and 'impaired decision making ability' from section 35C and include both of them in the interpretation section (ie. section 3) of the Principal Act. Propose to insert in section 3 below "court" "**Decision making ability** see section 35E" Propose to insert in section 3 before "information" **Impaired decision making ability** see section 35E	Given the Bill proposes to use the use term throughout the Principal Act and not just within Part 5A (eg. sections 6(b), 6(c) and 15(1)(j)) it is advised that the definition should be included in section 3 of the Principal Act rather than be contained within Part 5A
Decision making ability definition specificity	**Section 35E** **Decision making ability** Pages 19-23	The following additions are recommended: Addition of the following Note under 6(a) Note- Examples of practicable and appropriate support include- (a) using information or formats tailored to the particular needs of a person. (b) communicating or assisting a person to communicate the person's decision;	ACPA advises that there should not be any assumptions about someone's decision making ability unless there is reason to. Hence the proposed amendments provide some guidance as to what factors should/should not be influencing the assessment of one's decision making ability. These suggestions are based upon the legislation found amongst other

		(c) giving a person additional time and discussing the matter with the person; (d) using technology that alleviates the effect of a person's disability.[1] We also recommend the addition of the following under (6) (i) the adult or child has decision making ability to make some decisions and not others;[2] or (j) the adult or child's appearance;[3] or (k) the adult or child is perceived to be eccentric;[4] or (l) the adult or child has engaged in illegal or immoral conduct;[5] or (m) the adult or child has a particular sexual orientation or expresses a particular sexual preference;[6] or	Australian jurisdictions that govern statutory forms of advance care directives.[10]

[1] See for example *Medical Treatment Planning and Decisions Act 2016* (Vic).s 4 (4)
[2] See for example *Medical Treatment Planning and Decisions Act 2016* (Vic), s 4(a)
[3] See for example *Medical Treatment Planning and Decisions Act 2016* (Vic), s 4(c)(i)
[4] See for example *Powers of Attorney Act 2006* (ACT), s 91(1)(a)
[5] See for example *Powers of Attorney Act 2006* (ACT), s 91(1)(e)
[6] See for example *Powers of Attorney Act 2006* (ACT), s 91(1)(d)

[10] For a summary of factors that are taken into account to assess decision making ability across the various jurisdictions see Haining C, Nolte L, Detering KM. 2019. Australian advance care planning laws: can we improve consistency? Austin Health, Melbourne: Advance Care Planning Australia, pages 12-16. Available at: https://www.advancecareplanning.org.au/docs/default-source/acpa-resource-library/acpa-publications/report-australian-acp-laws-270520.pdf

		(n) has a disability, illness or other medical condition (whether physical or mental);[7] or (o) the adult or child takes or has taken drugs, including alcohol.[8] Note: Any effect of the drug-taking on the person may be taken into account.[9]	
Assessment of decision making ability	**Section 35E** **Decision making ability** Pages 19-23	Insertion of the following obligation: (8) A person who is assessing whether a person has decision making ability must take reasonable steps to conduct the assessment at a time and in an environment in which the person's decision making ability can most accurately be assessed.	It is recommended that there is an obligation on health professionals when assessing decision making ability so that they do so in a manner that is reasonable and that would provide the most accurate assessment of the person's decision making ability. Such an obligation is included in section 4(5) of the *Medical Treatment Planning and Decisions Act 2016* (Vic)
Consent to Medical treatment	**Section 36 of the Principal Act** **Application of Part 6**	We propose the following amendment: (1) This Part applies to a person with a disability or impaired decision making ability, who is incapable of giving consent to carrying out of medical or dental treatment -	It is acknowledged that consent defined in Part 6 does not apply to advance care directives as the proposed amendment 16 states that a person is incapable of giving consent for medical and dental treatment, if they do not have an advance care directive (see amendment 16(2)(b)).

[7] See for example *Advance Personal Planning Act 2013* (NT), s 6(5)(a)
[8] See for example *Powers of Attorney Act 2006* (ACT), s 91(1)(f)
[9] See for example *Powers of Attorney Act 2006* (ACT), s 91(2)

			However, ACPA advises that for the purposes of Part 6, that the person responsible (as defined under section 39 of the Principal Act) should not just be able to consent to medical and dental treatment if the person has a disability, but also if the person has impaired decision making ability as per the definition proposed in the Bill.
Numbering error in the bill	**14. Section 32 amended (Appointment of enduring guardian)** Page 10	The following amendment is proposed: Section 32(2) of the Principal Act is amended by omitting paragraph (b) and substituting the following paragraph: (b) there is endorsed on it- ~~(iii)~~(i) an acceptance in the form or to the effect of the acceptance specified in Form 1 signed by each person appointed as an enduring guardian; and ~~(iv)~~(ii) a declaration in the form or to the effect of the declaration specified in Form 1 signed by each person appointed as an enduring guardian that the person has read and understood any advance care directive given by the appointer; and	There appears to be an error in the Bill, currently section 32(b) has no subsections so roman numbering should begin at (i) not (iii)

Including medical research within the scope of the health care definition	**Section 35D Meaning of health care** Page 18	Propose to expand the definition of health care to include medical research and make the following amendments: (1) In this Part, ***health care*** means health care of any kind of the following: … (c) medical research; ~~(c)~~(d) any other kind of health care prescribed to be health care for the purposes of this part.	Currently the definition of health care is narrow and does not extend to medical research. Having this narrow definition ignores the continuum between treatment and research, that exists in many cases. It also overlooks the fact that medical research which has been consented to by the person in the advance care directive may be in his/her best interests, or at least, not adverse to their interests and medical research serves a community benefit. Inclusion of medical research in advance care directives exists in Victoria (see s 9 of the *Medical Treatment Planning and Decisions Act 2016* (Vic)) and, most recently, Western Australia (see s 3 'treatment' subsection (b) in the *Guardianship and Administration Act 1990* (WA)).
	Section 35C Interpretation of this part Pages 15-17	If medical research is included it is proposed that the definition is included in section 35C under *life sustaining measures.* See s 3AA of the *Guardianship and Administration Act 1990* (WA) and *Medical Treatment Planning and Decisions Act 2016* s 3 'medical research' for definitions adopted in other jurisdictions.	
Prohibition on requiring individuals to complete an	**Section 35G** **Giving an advance care directive**	We propose the following amendment is made: (5) A person must not require another person to give an advance care directive, or include a	Whilst ACPA encourages the use of advance care directives, we acknowledge that a person should never be required to give an advance care directive and should only ever be encouraged.

advance care directive	Page 24	provision in an advance care directive. ~~, as a precondition in providing a service.~~	For the avoidance of doubt, we propose the removal of "as a precondition in providing a service" because a person should never be required to complete an advance care directive, whether or not the requirement is being used as a precondition or not.
Distinguishing between individuals and body corporates in prescribed penalties	**Section 35G Giving an advance care directive** Page 24	(4) A person must not by dishonesty or undue influence induce another person to give an advance care directive or induce a provision in an advance care directive. Penalty: Fine not exceeding 100 penalty units~~(.)~~ in the case of an individual and fine not exceeding [stronger penalty unit] in the case of a body corporate.	We propose that there is a distinction drawn between penalties given for individuals and body corporates. Specifically, we encourage that body corporates are given a higher prescribed penalty than individuals. Such an approach has already been used elsewhere in the Bill see for example: 35G(5). With respect to this particular provision regarding dishonesty, Victoria has adopted this approach (see s 15(2) of the *Medical Treatment Planning and Decisions Act* 2016 (Vic)). The Tasmanian Government could also consider introducing imprisonment as penalty option rather than merely penalty units to further discourage such culpable behaviour. This is the case in Victoria in s 15(2) of the *Medical Treatment Planning and Decisions Act* 2016 (Vic).
Clarification on requirements	**Section 35H Requirements for advance care directive**	We propose the following two amendments: (3) An advance care directive, or a provision of an advance care directive, is not invalid merely because-	In relation to 35H(3)(a) we believe that it should be explicitly clarified that sections which are required to be filled out in the form (as per the form's instructions) must be filled out,

	Page 26	(a) a person giving the advance care directive did not complete a particular section of the advance care directive form, or did not cause it to be so completed ~~(;)~~ (other than a section specified in an instruction on the form as being a section that must be completed, if applicable) (…) (d) the advance care directive contains a minor error (…) Note- The type of error contemplated by this paragraph includes a misspelling or obsolete reference.	otherwise the advance care directive should not be considered valid. This is important because a minimal level of specificity is required to make sure that the person receives health care and treatment that is representative of their values and preferences. Such level of specificity exists in the equivalent provision in the South Australian Act (see s 11(5)(a) of the *Advance Care Directives Act 2013* (SA)). We have qualified this addition with "if applicable" to acknowledge that previous common law advance care directives would not have been completed using a prescribed form. In relation to s 35H(3)(d) it is recommended that the legislation includes a note to clarify what may be considered a minor error to provide some guidance. The proposed note is modelled off the current note that is included in the South Australian Act (see s 11(5)(e) of the *Advance Care Directives Act 2013* (SA))
Status of Common Law Advance Care Directives in Tasmania	**Section 35ZH Other Rights not affected** Page 58	The following note should be inserted under the current text of 35ZH (1) Note This includes the recognition of Tasmanian Common Law Advance Care Directives, which will be considered to be legally valid insofar as	This amendment recognises that Tasmanian Common Law advance care directives may have been created prior to this amendment. It is important that a valid advance care directive that documents the individual's values and preferences are recognised and taken into

		they were validly made according to common law principles and are compatible with sections 35K or 35ZJ.	account upon losing decision-making capacity, even if they are not in a statutory form.
Safeguarding the witnessing process	**Section 35I** **Witnessing of advance care directive** Pages 27-29	The following amendment is proposed: (b) each witness ~~confirms on the advance care directive form~~ must sign and date the advance care directive form, in the presence of each other and the person giving the advance care directive, certifying the following:	We encourage that witnessing occurs in the 'presence of' the person to whom the advance care directive applies and the other witness. Witnessing in the 'presence of' is already utilised elsewhere in the Principal Act see for example section 32(2)(c). The 'presence of' requirement already exists in legislation[11] for each jurisdiction which has statutory forms of advance care directives, with the exception of South Australia that includes the 'presence of' requirement its Regulations.[12] This is an important safeguard, as the person can only appropriately assess the identity of the person, whether or not they understand the advance care directive and that they have not been coerced, as required by section 35I(1)(b), if the witnessing occurs in the presence of the person and the other witness.

[11] *Medical Treatment (Health Directions)* Act 2006 (ACT) s 8(c); *Advance Personal Planning Act* 2013 (NT) s 10(2); *Powers of Attorney Act* 1998 (Qld) s 44(4)-(5); *Medical Treatment Planning and Decisions Act* 2016 (Vic) s 17(1)(b); *Guardianship and Administration Act* 1990 (WA) s 110Q(1)(e).

[12] *Advance Care Directives Regulations 2014* (SA) s 7(1)(b);

			Note that 'in presence of' could extend to audio-visual presence if the Tasmanian Government decides to adopt our recommendation regarding audio-visual witnessing (see below).
Witnessing by Audio-Visual means	**Section 3 Interpretation (having effect on section 35I)**	It is encouraged that witnessing includes both in person and audio-visual witnessing, and the following definitions are included in the Act's interpretation section (ie. section 3) to permit audio-visual witnessing: **Audio-visual link** means facilities (including closed-circuit television) that enable audio visual communication between persons at different places. This definition is provided by *Evidence (Audio and Audio Visual Links)* Act 1999, Section 3. **Witnessing** includes witnessing in person or via an **audio-visual link.** In the alternative, the definition could be included in section 35C to just apply to Part 5A	As a result of the Covid-19 pandemic the Tasmanian government introduced the *COVID-19 Disease Emergency (Miscellaneous Provisions) Act* 2020, which authorised actions to be taken electronically (see s 17). We suggest that electronic witnessing is permitted for advance care directives and that such permission is granted even in absence of a pandemic. For avoidance of doubt, the same safeguards that are required for witnessing in person should also exist to audio-visual witnessing. Whilst it is acknowledged that access to technology is disproportionate, where access does exist it can connect communities and make it easier for people to witness advance care directives. For those who cannot access technology, in person witness would still be available. [13]

[13] For more information on advance care planning and audio-visual witnessing, please see 'Sheridan J, Cairns W, Moy C, and Nolte L. 2020. Advance Care Directives: legislative reform is needed to support audio-visual witnessing and uptake during COVID-19 and beyond. Advance Care Planning Australia, Austin Health, Melbourne' Available at: https://www.advancecareplanning.org.au/docs/default-source/acpa-resource-library/acpa-publications/report-acd-and-audio-visual-witnessing.pdf

There should no requirement for a person to have an advance care directive	**Section 35I(1)(b)** Page 24	We propose the following addition: (iii) that the person giving the advance care directive appears to understand the nature and effect of each statement contained within the advance care directive. If the amendment is supported the current (iii) under s 35I(1)(b) should be changed to (iv).	It is encouraged that the witness must confirm that the person understands the nature and effect of each statement contained within their advance care directive. A requirement to understand the content of each directive exists in Victoria. See s 17(3) of the *Medical Treatment Planning and Decisions Act 2016* (Vic). Such a stringent requirement ensures that each statement included in the advance care directive is truly representative of the person's values and preferences, and that the person will receive the appropriate healthcare and/or treatment upon losing decision making ability.
Restrictions on guardians witnessing advance care directives	**Section 35I(2) Witnessing of advance care directive** Pages 28-29	We recommend the following addition to s 35I(2) (g) if he or she has been appointed as the person's guardian under this Act. Section 35I(2)(g) should now become s 35I(2)() as a result of the amendment.	We recommend that a person's appointed guardian should not be allowed to witness the person's advance care directive. This is to avoid any potential issues regarding fraud and undue influence that may occur. It is recommended that suitable witnesses are those who are independent from the individual. Such a prohibition already exists in some jurisdictions.[14]
Permission of a health	**Section 35I Witnessing of**	We propose the following provision is removed	We do not support the position that a health practitioner, who is responsible for the health

[14] Eg. *Powers of Attorney Act 1998* (Qld) s 31(1)(c); *Advance Care Directives Act 2013* (SA) s 15(2)(a);*Medical Treatment Planning and Decisions Act 2016* (Vic) s 17(1)(d).

professional who is responsible for the patient's care to witness an advance care directive	**advance care directive** Page 29	(2) However, a person may not witness an advance care directive- ~~(e) if he or she is a health practitioner who is responsible (whether solely or with others) for the health care of the person giving the advance care directive.~~ If the proposed amendment is endorsed, please ensure the subsequent numbering is changed	care of the individual, should not be able to witness an advance care directive. In fact, we encourage (as per our recommendation below) that one witness should be a health practitioner. The emphasis on precluding a health practitioner, who is responsible for the person's care, from witnessing a person's advance care directive, is presumably for concerns about the health practitioner not being independent. Such a safeguard is not supported as this disrupts continuity of care and places an unnecessary burden on the individual to find a suitable witness. Such a burden does not exist in many of the other jurisdictions.[15]
Requirement for a health professional to witness	**Section 35I Witnessing of advance care directive** Page 27	The following amendment is recommended Insertion of (b) in Section 35I(1) (b) at least 1 of the attesting witnesses is a health practitioner, who is not a prohibited person for the purposes of subsection (2); and. If the following amendment is endorsed the current 35(1)(b) will need to be changed to 35(1)(c)	Including a requirement for health practitioner to witness the advance care directive, will ensure that the person can make an informed decision about each provision included in their advance care directive. Similarly, a health practitioner will be best placed to assess whether or not the person understands the content of their included provisions due to their medical expertise.

[15] See for example *Medical Treatment Planning and Decisions Act 2016* (Vic), s 17; *Medical Treatment (Health Directions) Act* (ACT), s 8; *Advance Personal Planning Regulations 2014* (NT), s 3; *Guardianship and Administration Act 1990*, 110Q (3)(b)

			Such a requirement exists in Victoria see *Medical Treatment Planning and Decisions Act 2016* (Vic), s 17(1)(c) This statement is qualified by not allowing a health practitioner to be an eligible witness if they are otherwise captured by the prohibitions set out in subsection (2)
Status of unclear and uncertain binding provisions	**Section 35L** **Binding and non-binding provisions** Page 33	We propose the following is inserted: (3) In the event that an otherwise binding provision is unclear or uncertain application in relation to particular circumstances, but is still indicative of a person's preferences or values in relation to those circumstances, these provisions will be considered non-binding provisions. If the amendment is endorsed the current subsection (3) should become (4)	It should be clarified that directives that are of unclear and uncertain application should be considered non-binding. This is consistent with the approach taken in Victoria (see s 12(3)(b) of the *Medical Treatment Planning and Decisions Act 2016* (Vic)). Despite their non-binding nature, these provisions should still be considered insofar as is reasonably practicable. However, due to their uncertainty and unclear application they should not be considered mandatory. This is already made possible by the current framing of s 35P(1)(b) of the Bill, and hence a specific clarification of this point is not required to be included in this section, other than the amendment proposed.
Inclusion of a referral requirement for health	**Section 35S** **Circumstance where health**	(5) Despite any other provision of this Part, a health practitioner may refuse to comply with a provision of an advance care directive ~~on~~	It is recommended that the terminology of conscientious objection is used rather than conscientious grounds. Such terminology is consistent with other Tasmanian Acts that

practitioners who have a conscientious objection to an advance care directive provision.	**practitioners may not be completed to provide health care.** Pages 40-42	~~conscientious grounds~~ due to a conscientious objection. If a health practitioner refuses to comply with a provision of an advance care directive under subsection (5), the health practitioner must: ~~notify the Board of the practitioner's decision to refuse to comply with the provision.~~ (a) refer the patient's care onto another health practitioner, who will give effect to the provision of the advance care directive; and (b) notify the Board of the practitioner's decision to refuse to comply with the provision. This amendment incorporates the current subsection (6), and hence if it is adopted it can be deleted.	recognise conscientious objection (eg. Section 6 of the *Reproductive Health (Access to Terminations) Act* 2013 (Tas). If a health practitioner refuses to comply with a provision of an advance care directive due to a conscientious objection, the health practitioner should make sure they refer the care of individual onto another health practitioner, who is willing to give effect to the person's valid directive. This is particularly important given the person would have lost decision making ability and accordingly to require them to find an alternative health practitioner to give effect to their advance care directive would be infeasible.
Clarification on variation and revocation	**35N No variation of advance care directive** Page 34	We recommend an addition of a note Subject to this Part, and advance care directive cannot be varied. Note If a person decides to vary the terms of his or her advance care directive, he or she must	We support that only revocation is permitted and not variation. However, we think it is important to clarify that whilst an individual still has decision making ability, they can vary their advance care directive by revoking their current advance care directive and creating a new one. We think a note making this explicit is beneficial. Such a note features in the

		prepare a new one in accordance with this Part.	equivalent section in the South Australian Act. See *Advance Care Directives Act 2013* (SA), s 18.
English not as a first language provision	**Section 35J Formal requirements for advance care directive if English is not first language** Pages 29-30	We encourage the inclusion of another subsection as follows: (2) For the purposes subsection (1) an interpreter must be- (a) an adult with decision making ability; and (b) be duly qualified as an interpreter of the relevant language. If the proposed amendment is accepted, (1) should be added at the beginning of the section as follows (1) The following provisions apply where …	The South Australian Act currently requires that the interpreter be fluent in the language of the person giving an advance care directive (see s 14(1)(a) of the *Advance Care Directives Act 2013* (SA)). This is not reflected the equivalent Tasmanian provision and accordingly we suggest that the Tasmanian Bill aligns with this. Furthermore, the South Australian Act has been criticised on the basis that the use of interpreters is insufficiently regulated and open to abuse. The proposed amendment provides more robust safeguards to protect the person giving an advance care directive.[16] This has been supported by the South Australian Government.[17]

[16] Lacey, W. 2019. Report on the Review of Advance Care Directives Act 2013. Recommendation 22. Available at: https://advancecaredirectives.sa.gov.au/upload/FINAL%20REPORT-REVIEW%20OF%20THE%20ACD%20ACT%202013.pdf

[17] South Australia Government. 2020. *Response to the Review of the Advance Care Directives Act 2013.* Page 9. Available at: https://www.sahealth.sa.gov.au/wps/wcm/connect/67a6af9c-5621-4388-991f-ca16b6065a1a/Government+Response+-+Review+of+the+ACD+Act+2013.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-67a6af9c-5621-4388-991f-ca16b6065a1a-ndVZM1e