

# 如何確定誰是您的醫療決策者

## How to determine who your medical treatment decision maker is

如果您在2018年3月12日之前完成了「醫療持久授權書」、「個人事務持久授權書」和「持久監護權(包含醫療保健權)」，則這些委託仍然有效，且被委派/任命的人將是您的醫療決策者。

如果您從未指定任何醫療決策者，但維州民事和行政審裁處(VCAT)指定了一名監護人來對您的醫療做出決策，則該監護人將成為您的醫療決策者。

如果上述任命均不存在且您因病無法委派或做出醫療決定時，醫療計劃及決定法案2016 (Medical Treatment Planning and Decisions Act 2016)規定了，將依照以下順序、征求第一個可聯絡到的人來為您做醫療決定：

1. 配偶或同居伴侶
2. 主要照顧者（照顧您的人且不能是您付薪雇用的人）
3. 成年子女
4. 父或母
5. 成年的手足（兄弟姐妹）

**\*\* 同一順序有多位成員時，以年長者為先。**

If you had completed a medical enduring power of attorney, an enduring power of attorney for personal matters, and/or an enduring power of guardianship (with healthcare power) prior to 12 March 2018, these appointments remain valid, and the person appointed will be your medical treatment decision maker.

If you have never appointed any medical treatment decision maker but a Guardian has been appointed by the Victorian Civil and Administrative Tribunal (VCAT) to make decisions about your medical treatment, this Guardian will be your medical treatment decision maker.

If none of the above appointments exist and you are unable to make the appointment due to illness, the *Medical Treatment Planning and Decisions Act of 2016* specifies who can make medical decisions on your behalf. The **first available adult** in the list below will be your medical treatment decision maker:

1. your spouse or domestic partner
2. your primary carer (who looks after you but cannot be paid to care for you as a job)
3. your adult child
4. your parent
5. your adult sibling (sister or brother)

\* If more than one person are in the same position, the eldest person will be dedicated.

# 選擇您的「醫療決策者」

## Choosing your medical treatment decision maker(s)

您可以任命一位醫療決策者 —— 一位您信任的人。此人會仔細聆聽您對未來醫療保健的計劃和目標、了解和尊重您的價值觀和偏好，並將忠實地代表您。此人可以是您的家庭成員，也可以不是。您可以指定多位決策者，但任何時候只有一位可以為您做決定。若您決定指定一個或多個具有法律權力為您做出醫療決定的人，請考慮哪些品質對您很重要。例如，您可能希望您的醫療決策者是一位：

- 願意傾聽並按照您的意願而不是他們自己的意願行事，
- 值得信賴，
- 具備所需的技能和時間，
- 願意承擔所有職責，
- 能有效溝通並願意與他人協商，
- 理解並尊重您的文化以及與您所在社區的聯繫。

Whoever you choose should be someone you trust to understand your care plans and goals as well as to respect your values and preferences. This person does not need to be your family member. You can appoint more than one person, but only one person acts at any one time. If you decide to appoint a person, or people, who will have legal authority to make medical decisions for you, think about what qualities are important to you. For example, you may want someone who:

- is willing to listen to, and act on, your wishes rather than their own
- is trustworthy
- has the skill and time required
- is willing to take on the role with all its responsibilities
- can communicate effectively and is willing to consult with others
- understands and respects your culture and connections with your community.

若要使用此表格來完成委託您的「醫療決策者」，您需要  
You could make the appointment of your Medical Treatment Decision Maker(s) by completing this form

**1** 填寫——「我的醫療決策者」的資料（本表第3頁）  
Fill in the details of your preferred Medical Treatment Decision Maker(s) on Page 3 of this form.

**2** 找到兩位獨立成年見證人，並在兩位見證人面前簽署確認委託  
Find two independent adult witnesses and sign the confirmation in front of both witnesses,



其中一名見證人必須是註冊  
醫生或有權見證與簽署法定  
聲明的人士（例如藥劑師）

one of which must be a registered  
medical practitioner or able to  
witness affidavits (e.g. a  
pharmacist),

另一名為獨  
立的成年人

the other being  
an independent  
adult.

**3** 兩位獨立成年見證人需要簽署——第4頁的「見證委託」  
Two independent adult witnesses need to sign on Page 4 of this form to confirm their  
witnessing.

**4** 您委託的「醫療決策者」需要在一位獨立成年見證人的面前，簽署  
本表第5頁以確認「接受您的委託，成為您的醫療決策者」。  
Your appointed Medical Treatment Decision Maker(s) need(s) to sign on Page 5 to confirm  
and accept your appointments in the presence of an independent adult witness.

表格須用英文填寫  
The form needs to be completed in English

# 我的醫療決策者

## My Medical Treatment Decision Maker



我確認我希望委派下述人士作為我的醫療決策者

I confirm that I wish to appoint the following person(s) as my Medical Treatment Decision Maker(s):

### 醫療決策者 1

Medical Treatment Decision Maker 1

姓名 Full Name

出生日期(日/月/年) Date of Birth (dd/mm/yyyy)

地址 Address

聯絡方式 Contact Details

### 醫療決策者 2 (如有)

Medical Treatment Decision Maker 2 (if any)

姓名 Full Name

出生日期(日/月/年) Date of Birth (dd/mm/yyyy)

地址 Address

聯絡方式 Contact Details

請在兩位見證人的見證下簽署以確認您的委託：

Please sign in front of two witnesses to confirm your appointment

委託人姓名

Full name of person making this appointment

委託人簽署

Signature of person making this appointment

(見證人請在下一頁簽署 Witnesses please sign on the next page)

# 見證委託 Witnessing



見證人請注意：

- 在簽署此文件時，委託人表現出具有決策的能力，並且了解本次委託的性質和後果，且
- 在簽署此文件時，委託人表現出其是在自由且自願的情況下簽署，且
- 委託人是在兩位見證人同時在場的情況下簽署了此文件，且
- 在本次委託下，見證人不是委託人指定的醫療決策者。

Each witness certifies that:

- at the time of signing the document, the person making this appointment appears to have decision-making capacity and appears to understand the nature and consequences of making the appointment and revoking any previous appointment; and
- at the time of signing the document, the person making this appointment appeared to freely and voluntarily sign the document; and
- the person signed the document in my presence and in the presence of a second witness; and
- I am not the person's medical treatment decision maker under this appointment.

見證人1：註冊醫生/有權見證與簽署法定聲明的人士

Witness 1: Registered medical practitioner/someone who is able to witness affidavits

姓名 Full Name

簽署 Signature

見證人資歷 Qualification of authorised witness

簽署日期(日/月/年) Date (dd/mm/yyyy)

見證人2：成年人

Witness 2: An adult witness

姓名 Full Name

簽署 Signature

簽署日期(日/月/年) Date (dd/mm/yyyy)

口譯員

Interpreter

姓名 Full Name

簽署 Signature

NAATI 認證編號 NAATI Number

簽署日期(日/月/年) Date (dd/mm/yyyy)

如若在見證文件時有口譯員在場協助，請口譯員在文件見證完成後在右邊簽署確認  
If an interpreter is present at the time the document is witnessed, they must sign and date the section on the right side immediately after the document is witnessed.



# 接受委託聲明

## Statement of Acceptance



通過簽署此「接受委託聲明」，您的「醫療決策者」確認接受您的委託。  
By signing this Statement of Acceptance, your Medical Treatment Decision Maker(s) confirms the acceptance as being your Medical Treatment Decision Maker(s)

我接受我被任命為醫療決策者並聲明：

- 我了解被委任成為一位「醫療決策者」的義務，且
- 我承諾將按照已知委託人的任何偏好和價值觀行事，且
- 我承諾將促進委託人的個人和社會福祉，同時考慮到尊重其獨立個性的需要，且
- 我已閱讀並理解委託人在本次預約之前或當下擬定的任何「預設醫療指示」。

I accept my appointment as the medical treatment decision maker and state that:

- I understand the obligations of an appointed medical treatment decision maker; and
- I undertake to act in accordance with any known preferences and values of the person making the appointment; and
- I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person's individuality; and
- I have read and understand any advance care directive that the person has given before, or at the same time as, this appointment.

### 「醫療決策者 1」接受委託

Acceptance by Medical Treatment Decision Maker 1

姓名 Full Name

簽署 Signature

簽署日期(日/月/年)

Date (dd/mm/yyyy)

### 「醫療決策者 2」接受委託 (如有)

Acceptance by Medical Treatment Decision Maker 2

姓名 Full Name

簽署 Signature

簽署日期(日/月/年)

Date (dd/mm/yyyy)

● 見證人：成年人

Witness: An adult witness

姓名 Full Name

簽署 Signature

簽署日期(日/月/年) Date (dd/mm/yyyy)