

如何确定谁是您的“医疗决策者”

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“医疗持久授权书”、“个人事务持久授权书”和“持久监护权（包含医疗保健权）”，则这些委托仍然有效，且被委派/任命的人将是您的医疗决策者。

如果您从未指定任何医疗决策者，但维州民事和行政审裁处 (VCAT) 指定了一名监护人来对您的医疗做出决策，则该监护人将成为您的医疗决策者。

如果上述任命均不存在且您因病无法委派或做出医疗决定时，医疗计划及决定法案2016 (Medical Treatment Planning and Decisions Act 2016) 规定了，将依照以下顺序、征求第一个可联络到的人来为您做医疗决定：

1. 配偶或同居伴侣
2. 主要照顾者（照顾您的人且不能是您付薪雇佣的人）
3. 成年子女
4. 父或母
5. 成年的手足（兄弟姐妹）

**** 同一顺序有多位成员时，以年长者为先。**

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.

选择您的“医疗决策者”

Choosing your medical treatment decision maker(s)

您可以任命一位医疗决策者——一位您信任的人。此人会仔细聆听您对未来医疗保健的计划和目标、了解和尊重您的价值观和偏好，并将忠实地代表您。此人可以是您的家庭成员，也可以不是。您可以指定多位决策者，但任何时候只有一位可以为您做决定。若您决定指定一个或多个具有法律权力为您做出医疗决定的人，请考虑哪些品质对您很重要。例如，您可能希望您的医疗决策者是一位：

- 愿意倾听并按照您的意愿而不是他们自己的意愿行事，
- 值得信赖，
- 具备所需的技能和时间，
- 愿意承担所有职责，
- 能有效沟通并愿意与他人协商，
- 理解并尊重您的文化以及与您所在社区的联系。

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.

若使用此表格来完成委托您的“医疗决策者”，您需要
You could make the appointment of your Medical Treatment Decision Maker(s) by completing this form

1 填写——“我的医疗决策者”的资料（本表第3页）
Fill in the details of your preferred Medical Treatment Decision Maker(s) on Page 3 of this form.

2 找到两位独立成年见证人，并在两位见证人面前签署确认委托
Find two independent adult witnesses and sign the confirmation in front of both witnesses,



其中一名见证人必须是注册
医生或有权见证与签署法定
声明的人士（例如药剂师）

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

另名为独
立的成年人

the other being
an independent
adult.

3 两位独立成年见证人需要签署——第4页的“见证委托”
Two independent adult witnesses need to sign on Page 4 of this form to confirm their
witnessing.

4 您委托的“医疗决策者”需要在一位独立成年见证人的面前，签署
本表第5页以确认“接受您的委托，成为您的医疗决策者”。
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.

表格须用英文填写
The form needs to be completed in English

我的医疗决策者

My Medical Treatment Decision Maker



我确认我希望委派下述人士作为我的医疗决策者

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

医疗决策者 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

联络方式 Contact Details

医疗决策者 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

联络方式 Contact Details

请在两位见证人的见证下签署以确认您的委托:

Please sign in front of two witnesses to confirm your appointment

委托人姓名

Full name of person making this appointment

委托人签署

Signature of person making this appointment

(见证人请在下一页签署 Witnesses please sign on the next page)

见证委托 Witnessing



见证人请注意:

- 在签署此文件时, 委托人表现出具有决策的能力, 并且了解本次委托的性质和后果, 且
- 在签署此文件时, 委托人表现出其是在自由且自愿的情况下签署, 且
- 委托人是两位见证人同时在场的情况下签署了此文件, 且
- 在本次委托下, 见证人不是委托人指定的医疗决策者。

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.

见证人 1: 注册医生/有权见证与签署法定声明的人士

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

姓名 Full Name

签署 Signature

见证人资历 Qualification of authorised witness

签署日期(日/月/年) Date (dd/mm/yyyy)

见证人 2: 成年人

Witness 2: An adult witness

姓名 Full Name

签署 Signature

签署日期(日/月/年) Date (dd/mm/yyyy)

口译员

Interpreter

姓名 Full Name

签署 Signature

NAATI 认证编号 NAATI Number

签署日期(日/月/年) Date (dd/mm/yyyy)

如若在见证文件时有口译员在场协助, 请口译员在文件见证完成后在右边签署确认
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.

接受委托声明

Statement of Acceptance



通过签署此“接受委托声明”，您的“医疗决策者”确认接受您的委托。
By signing this Statement of Acceptance, your Medical Treatment Decision Maker(s) confirms the acceptance as being your Medical Treatment Decision Maker(s)

我接受我被任命为医疗决策者并声明：

- 我了解被委任成为一位“医疗决策者”的义务，且
- 我承诺将按照已知委托人的任何偏好和价值观行事，且
- 我承诺将促进委托人的个人和社会福祉，同时考虑到尊重其独立个性的需要，且
- 我已阅读并理解委托人在本次预约之前或当下拟定的任何“预设医疗指示”。

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.

医疗决策者 1 接受委托

Acceptance by Medical Treatment Decision Maker 1

姓名 Full Name

签署 Signature

签署日期(日/月/年)

Date (dd/mm/yyyy)

医疗决策者 2 接受委托 (如有)

Acceptance by Medical Treatment Decision Maker 2

姓名 Full Name

签署 Signature

签署日期(日/月/年)

Date (dd/mm/yyyy)

见证人：成年人

Witness: An adult witness

姓名 Full Name

签署 Signature

签署日期(日/月/年) Date (dd/mm/yyyy)