



Chinese Cancer & Chronic Illness Society of Victoria

維省新生會

A Volunteer-based Charity

繁體中文
Traditional Chinese



我的晚晴意願

My Farewell Wishes

Advance Care Planning:
A Values Directive



特別鳴謝

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The Chinese Cancer and Chronic Illness Society of Victoria acknowledges and pays respects to the traditional custodians of our lands on which we work, the Wurundjeri people of the Kulin Nations and their rich culture. We pay our respects to Aboriginal and Torres Strait Islander people, their ancestors and elders, both past and present.

免責聲明 Disclaimer

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The information contained in this booklet is of a general nature and relates to the jurisdiction of Victoria (Australia) only. The contents of this booklet do not constitute legal advice and are not intended to be a substitute for legal advice. Readers should seek legal advice or other professional advice in relation to any particular matters.



內容

Contents

02

引言

Introduction

06

如何填寫《我的晚晴意願》小冊子

How to complete the Farewell Wishes Booklet

07

身體照顧上

Physical Care

09

情緒照顧上

Emotional Care

10

社交照顧上

Social Care

11

心靈需要上

Spiritual Care

12

喪禮安排上

Funeral Arrangements

14

確認

Confirmation

17

其他有幫助的資訊/網站

More helpful information and resources

Appendix

選擇您的「醫療決策者」

Choosing your Medical Treatment Decision Maker(s)



以下是我的晚晴意願聲明。

The following is a statement of my farewell wishes.

我懇切要求我的親人和朋友尊重我的意願，即使他們未必同意我的想法。

I kindly ask my family and friends to respect my wishes even though they may not agree with me.

我亦請他們把我的離世視為人生必經的階段，希望他們在我離世後能盡快恢復平靜的生活。

I also ask that they see my death as a rite of passage, and I wish for them to live at peace after my death.



如果您需要協助完成這本小冊子，歡迎您與維省新生會的社工聯絡
聯絡方式請參看本書封底(最尾頁)

If you require assistance with completing this booklet, you could contact social workers from the
Chinese Cancer and Chronic Illness Society of Victoria.
For contact details, please refer to the back cover.

世事萬物皆有盡頭，我們的生命亦有完結的一天。雖然我們無法決定生命的長短，但卻可以在自己仍有能力時，預先向至親表達自己的晚晴意願（如在死亡臨近時，希望得到怎樣的照顧）。我們了解到，受中華傳統文化的影響，華人對待死亡的態度與西方文化有所不同。例如出於孝道的考慮，華人子女常認為應不顧一切、積極搶救生命垂危的長輩直至最後一口氣、才算是「盡了孝」。然而，隨著人類平均壽命的不斷延長，若能在生命末段時過著有尊嚴和高質量的生活，是一個人的福氣、亦值得我們去重視和考慮。

在維多利亞州（澳大利亞），自2018年3月起，按照醫療計劃及決定法案2016（Medical Treatment Planning and Decisions Act 2016）的規定，個人可以訂立具有法律效力的「預設醫療（護理）指示」（以下統稱為「預設醫療指示」），來記錄自己的晚晴意願以及在生命垂危時醫療照顧方面的指示。而只有當個人失去做決定的能力時，其預設醫療指示才開始起作用。具法律約束力的預設醫療指示文件必須以英文書寫，並在一位註冊醫生及另一位獨立成年見證人面前簽署，方為有效。您還可以委任一名（您的）醫療決策者，來確保您的預設醫療指示得以遵循。您的醫療決策者也必須在相關文件上簽署，來接受您的委任。若您沒有訂立任何預設醫療指示文件或尚未委任一位醫療決策者，在您無法做醫療決定時，您的醫生（或醫療團隊）將依照以下順序、征求您最親近的親屬或保有密切關係的人來為您做醫療決定，包括您的：

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（兄弟姊妹）

**** 同一順序有多位成員時，以年長者為先。**

如果您沒有家人，當您失去為自己做決定的能力時，維多利亞之公眾代言人（Public Advocate）便可能會被要求代您做醫療決定。（請訪問公眾代言署（OPA）相關網站 <https://publicadvocate.vic.gov.au>, 查詢更多相關信息）

在維多利亞州的預設醫療指示文件中，您可以製定兩種類型的指示：(1) 指令性指示（Instructional Directive），具有約束力的聲明，您可以寫下您願意及不願意接受的治療方法及手段。您的醫護人員將必須遵守您的指示。由於指令性指示規範了醫療人員在治療您時可以採用的治療方法，因此您必須非常小心且清楚明白所寫內容的含義及其後果。

Introduction

Our lives will come to an end one day. While we cannot control our lifespan, we can advise our loved ones well in advance on our farewell wishes (such as how we would like to be cared for when our last days are approaching). We are aware that, influenced by traditional Chinese culture, the attitude of Chinese towards death is different from that of Western culture. For example, out of filial piety, Chinese often believe that we should insist on providing life-prolonging treatments to our parents who might be dying, to be regarded as being filial. However, as the average life expectancy of human beings continues to increase, living with dignity and quality at the end of life is also important for one's wellbeing and also worthy of our attention and consideration.

In Victoria (Australia), as of March 2018, the *Medical Treatment Planning and Decisions Act 2016* allows you to give legally binding farewell wishes and instructions in relation to your end-stage medical decisions. They are called advance care directives. Your directives are only utilised when you lose your capacity to communicate your wishes. To make the directives legally binding, you need to complete them in English, and sign them in front of two (2) independent adult witnesses, one of whom is a registered medical practitioner. You can also appoint a medical treatment decision maker who will ensure your advance care directives are followed. Your medical treatment decision maker will need to sign to accept the appointment. If you do not have any advance care directives in place nor any appointed medical treatment decision maker, your medical decisions will be made by your closest relative or the first of the following persons who is in a close and continuing relationship:

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 is in the same position, the eldest person will be dedicated.

If you don't have any family, Victoria's Public Advocate might be asked to make the medical treatment decision for you if you lose your capacity to make your own decisions. (For more information, please visit the website of the Office of the Public Advocate, <https://publicadvocate.vic.gov.au>)

There are two types of directives you can make within the Victorian advance care directive: (1) An Instructional Directive, a legally binding statement in which you consent to, or refuse, specific future medical treatment. Your health practitioners must follow your directive as this is a legally binding statement which restricts the medical treatment that can be offered by your health professionals, you must make sure you understand the meaning and implications of your statement made. (2) A Values Directive, a statement of

(2) 價值觀取向性指示(Values Directive)，您可以寫下總體上您對醫藥治療的價值取向與喜好。此指示所提供的信息可幫助您的醫療決策者(Medical Treatment Decision Maker)盡可能做出符合您意願的決定。他們應當同意他們認為您會想要的治療，並拒絕他們認為您不想要的治療。特別是在緊急情況下，若無法聯繫到您的醫療決策者，價值觀取向性指示將指導醫務人員提供與您的價值觀取向一致的治療。在訂立預設醫療指示文件時，您可以選擇訂立其中一種或同時訂立兩種指示。


這本《我的晚晴意願》小冊子旨在幫助您與您的家人和其他醫護人員開啟關於您在臨終時想要得到的照顧方面的對話。若您的親人需要為您做出醫療決定，這也是一份他們可以遵循的指南。這本小冊子同時還將幫助您的醫生或其他醫護人員進一步了解對您來說重要的事情，特別是在無法聯繫到您的醫療決策者和家人的情況下。您可以用英文填寫本小冊子並由兩個獨立成年人見證您的簽名（其中一名須為澳洲註冊醫生，且兩位均不可以為您的醫療決策者），這將有助於明確小冊子中所提及的內容是您真實的意願。若您在用英語填寫表格時遇到困難，建議您尋求適當的語言支持。

本小冊子並不能夠向您的醫生或護理人員提供具有約束力的指示。若您確實希望提前授意或拒絕某些治療手段或方法，您應該填寫由維多利亞州政府為成年人提供的「預設醫療指示表格」(a Victorian advance care directive form (for adults))。這必須用英語完成並由兩位成年人見證您的簽名，且其中一位見證人必須是註冊醫生。

我們也鼓勵您完成以下法律文件，使您各方面的晚晴意願都能得以遵循：

1. 填寫「委任持續代理權」(Enduring Power of Attorney Appointment) 表格來委任一位持續代理人，為您作出重要的財務及個人決定。
2. 訂立遺囑：遺囑是一份法律文件，詳細說明個人在身故後如何分配自己的財產。我們建議您委託律師來起草您的遺囑。

** 若您希望對「醫療計劃及決定法案2016」(Medical Treatment Planning and Decisions Act 2016) 或上述相關法律文件有更深入的了解，請諮詢有關法律人士。



your overall values and preferences as to treatment options for your end-of-life care. It provides information to help the medical treatment decision maker make, as closely as possible, the same decision that you would make for your yourself, if you were able to. They should consent to treatment(s) they believe you would want, and refuse treatment(s) they believe you would not want. If your Medical Treatment Decision Maker cannot be contacted, particularly in an emergency, the Values Directive will guide treating medical staff in providing the treatment(s) consistent with what you would want. In preparing your advance care directive, you can choose to complete either or both directives.

This 'My Farewell Wishes' booklet is designed to help you start a conversation with your family members and other healthcare providers about how you would like to be cared for at the end of your life. It is also a guide for your loved ones to follow, should they need to make medical treatment decisions for you. It will also help your doctor or other health practitioner understand what is important to you, particularly if your Medical Treatment Decision Maker and family cannot be contacted. Completing the form in English and having it witnessed by two people, one of whom is a medical practitioner, will help make it clear that the information in the document is what you want (neither witness can be your appointed medical treatment decision maker). You are recommended to seek appropriate language support if you have difficulties completing the form in English.

This *My Farewell Wishes* booklet does not give binding instructions to your doctor or health practitioner. If you do wish to give binding consent or refusal to certain treatments, you should complete a Victorian advance care directive form (for adults) provided by the Victorian State Government in advance. This form must be completed in English and witnessed by two adults, one of whom must be a medical practitioner.

We also encourage you to complete the following legal documents to make clear every aspect of your farewell wishes:

- Appoint an enduring power of attorney to make important financial and personal decisions for you by filling in the Enduring Power of Attorney Appointment form.
- Complete a will: A will is a written legal testament with detailed descriptions on how an individual wants his property to be distributed after he passes away. We recommend you have your Will drafted by a solicitor.

****** If you would like further information about the *Medical Treatment Planning and Decisions Act 2016* and the legal documents mentioned above, you should seek independent legal advice.

如何填寫《我的晚晴意願》小冊子使您安心釋然：

1. 反思您的信仰和價值觀，並與您摯愛的親人討論。
2. 別選適合您的選項，及/或直接寫下您在身體、情感、社交和精神方面的意願。
3. 如果您希望將這本小冊子用作您有效的價值觀取向性指示，您必須用英文填寫並在一位醫生和另一位獨立的成年見證人面前簽字。
4. 若您尚未指定一位您的醫療決策者，您可參考並使用附錄表格。
5. 自己保留原稿並把副本交給
 - 您已委任的醫療決策者（如有），及/或
 - 您的至親及相關醫護人員（例如治療您的專科醫生），及/或
 - 相關治療醫院，及/或
 - 上傳一份到您的「我的健康記錄」(My Health Record)
6. 一旦您的情況有變，請及時更新本小冊子。

How to complete this booklet and have peace of mind:

- a. Think about your beliefs and values, and discuss them with your loved ones.
- b. Tick any of the options that apply to you, and/or write down your own wishes for your physical, emotional, social and spiritual care.
- c. If you wish to use this booklet as your valid values directive, you have to **complete it in English** and sign in front of a medical practitioner and another independent adult witness.
- d. If you have not appointed your medical treatment decision maker(s), you could refer to and/or use the forms in the appendix.
- e. Keep the original copy and pass a certified copy to your medical treatment decision maker(s) (if there is one), your loved ones and other care providers such as your treating medical practitioner (or specialists in the hospital if relevant), and/or upload a copy of your advance care directive to My Health Record.
- f. Renew it whenever there is a change in your personal situation.



身體照顧上

Physical Care

當我病重並失去表達能力時(或在我生命垂危時)，在身體照顧上我有以下意願。(可剔選以下符合您意願的項目)

When I am very sick and unable to speak for myself (or I am at the end stage of my life), I wish to have the following physical care. (You can tick the following items that meet your wishes)



我希望家人能告訴我有關我病情的真相。

I hope that my family tells me the true prognosis about my illness.



只要不令我感到不適，我希望有人能提供幫助、照顧我的個人衛生及儀容。

I wish to have proper personal care and have others take care of my appearance as long as it does not cause me discomfort.



我不想承受痛苦，我希望我的醫生及照顧我的醫護人員給我足夠的藥物來減輕我的痛苦與不適，即使這會讓我更加困倦。我知道在生命末期時，症狀緩解治療通常不會加速死亡，所以相比起遭受病痛折磨，我寧可接受末期的症狀緩解治療。

I do not want to be in pain. I ask that my doctor and other healthcare providers who look after me give me enough medication to relieve my pain and distress, even if this makes me more sleepy. I understand that treating symptoms at the end of life does not usually hasten dying but, if necessary, I would accept this rather than have distressing symptoms.



若主診醫生認為醫療措施對改善我的病情沒有幫助、反而會徒增痛苦，那麼我不同意接受維持生命的治療方法來拖延生命。但我明白我仍會得到基本的護理、藥物及舒緩治療。(若您對本環節有疑問，我們鼓勵您向您的家庭醫生或專科醫生查詢。)

If my doctor considers treatments/procedures that are unlikely to help improve my debilitating health condition but create suffering, I do not consent to be kept alive by receiving artificial means. However, I understand that I will still receive palliative care and medication. (We encourage you to talk to your GP or specialist if you are not sure about this matter.)



若我已接近人生的最後階段，如果可以的話，我希望在以下地方得到照顧：

If possible, when I am approaching the end stage of my life, I wish to be cared for and die in the comfort of:



寧養院舍**

a hospice**



安老院舍

an aged care facility



至親_____的家

Living with my loved one/s



自己的家

My own home



其他，請註明：_____

Other places, please specify

** 寧養院舍為臨終病人提供一個具醫院設備溫馨如家的舒適環境，並由專業照顧團隊為病者提供照顧服務。

A hospice is a place where specially trained staff care for people living with a terminal illness in a home-like environment with hospital-like facilities and resources.



身體照顧上

Physical Care

您可以通過剔選以下項目來表達您對下列可能發生情況的想法：

Tick the boxes in the following table to express your thoughts, should any of these situations arise for you.

	痛苦但可接受 Difficult but acceptable	勉強值得活著 Worth living but just barely	不值得活著 Not worth living	現在未能填寫 Cannot answer now
我已經無法辨認我的家人和朋友 I can no longer recognise family/friends.				
我已無法說話，或別人無法理解我 I can no longer talk or be understood by others.				
我要永久依賴呼吸機來維持生命 I permanently rely on a breathing machine to keep me alive.				
我無法自己行動、上落床，需要依賴別人移動我 I can no longer move myself around, in or out of bed, and rely on other people to shift or move me.				
我無法自己吃飯、洗澡或更衣 I can no longer feed, wash or dress myself				
我已經大小便失禁 I no longer have control of my bladder and bowels				

Reference: Office of the Public Advocate [OPA] (State of Victoria). (2022). Take Control Guide. Australia, p. 16, <https://www.publicadvocate.vic.gov.au/resource/212-take-control-june-2022>



若您在身體照顧上仍有其他意願，請在這裏寫下來。

If you have any other wishes regarding physical care, please write down here:



情緒照顧上

Emotional Care



當我病重並失去表達能力時（或在我生命垂危時），在情緒照顧上我有以下意願。（可剔選以下符合您意願的項目並填寫）

When I am very sick and unable to speak for myself (or I am at the end stage of my life), I wish to have the following emotional care. (You can tick the following items that meet your wishes and write down your personal preferences)



我想聽一些我喜歡的音樂。

I would like to listen to some music that I like.

最喜歡的歌手/作曲家：

My favourite singer/songwriter:

我最喜歡的歌曲/樂章是：

My favourite song is:



我希望在我病床附近放置一些我心愛的物品：

I would like some of my favourite items placed near my bed:

☐ 相片：

Photographs:

☐ 首飾：

Jewellery:

☐ 紀念品：

Souvenirs:

☐ 其他：

Others:



我希望來照顧我的人都是和藹可親的。

I would like to be cared for with passion and with cheerfulness.



若您在情緒照顧上仍有其他意願，請在這裏寫下來。

If you have any other wishes regarding emotional care, please write down here:



社交需要上

Social Care

當我病重並失去表達能力時（或在我生命垂危時），在社交上我有以下意願。（可剔選以下符合您意願的項目並填寫）

When I am very sick and unable to speak for myself (or I am at the end stage of my life), I wish to have the following social care. (You can tick the following items that meet your wishes and/or write down your personal preferences)



除至親外，我不希望見任何人。

I prefer not to see anyone except my close family members.



我希望朋友明白我會很疲倦，且不能與他們共聚太長時間。

I ask my friends to understand that I will be very tired and unable to spend long periods with them.



我希望與以下各人作最後道別：（請寫下各人的姓名及聯絡方法）

I wish to see the following people to say goodbye: (please put down their names and contact details)



親人：

Relatives



朋友：

Friends



同事：

Colleagues



所屬信仰團體的成員：

Members of my religious community:



其他：

Others



若您在社交上仍有其他意願，請在這裏寫下來。

If you have any other wishes regarding your social care, please write down here:



心靈需要上

Spiritual Care

當我病重並失去表達能力時（或在我生命垂危時），在心靈需要上我有以下意願。（可剔選以下符合您意願的項目並填寫）

When I am very sick and unable to speak for myself (or I am at the end stage of my life), I wish to have the following spiritual care. (You can tick the following items that meet your wishes and/or write down your personal preferences)



我希望我的家人在我身邊為我祈禱/誦經。

I would like to have my family members by my side praying for me.



在臨終前，我希望有機會接觸以下宗教團體的代表：

I wish to contact representatives of the following religious groups before I die:



佛教

Buddhist



天主教

Catholic



基督教

Christian



道教

Taoist



其他，請註明：

Others, please specify



我不希望見任何宗教團體的代表。

I do not want to see any religious representatives.



若您在心靈需要上仍有其他意願，請在這裏寫下來。

If you have any other wishes regarding your spiritual care, please write down here:



喪禮安排上

Funeral Arrangements

在喪禮安排上，我有以下意願。(可剔選以下符合您意願的項目並填寫)

I wish to have the following arrangements for my funeral. (You can tick the following items that meet your wishes and write down your personal preferences.)

☐ 我希望我的喪禮是：
I would like my funeral to be:

☐ 風光大葬
Elaborate

☐ 一切從簡
Simple

☐ 其他，請註明：_____

Others, please specify

☐ 我希望依以下宗教儀式進行：
I would like it to be performed according to the religious rituals of:

☐ 佛教
Buddhist

☐ 天主教
Catholic

☐ 基督教
Christian

☐ 道教
Taoist

☐ 其他，請註明：_____

Other, please specify

☐ 我希望喪禮在以下地點舉行：
I would like my funeral venue to be at:

☐ 教堂
Church

☐ 殯儀館
Funeral chapel

☐ 墳墓旁
Graveside

☐ 其他，請註明：_____

Others, please specify

☐ 我希望在喪禮上播放以下音樂：
I would like the following music to be played during my funeral ceremony:

☐ 我希望進行：
I wish to have a:

☐ 土葬
Burial

☐ 火葬
Cremation

☐ 其他，請註明：_____

Others, please specify

我希望我的骨灰或遺體放置於：_____

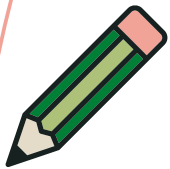
With my remains to be placed at:

☐ 我希望我的朋友和家人把帛金*捐獻到：
I would like my friends and family to donate a memorial gift/condolence money to:

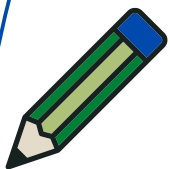
* 帛金：致贈逝者家屬的現金、財物，又稱「奠儀」、「香奠」、「楮敬」、「紙敬」、「賻儀」，閩南地區又稱為「白包」
Condolence money: money given as a gift of condolence at most Chinese funerals



若您在葬禮安排上仍有其他意願，請在這裏寫下來。
If you have any other wishes regarding your funeral arrangement, please write down here:



在接近生命的終點時，您是否對其他事宜有所顧慮和擔憂？
Do you have any concerns about other things when approaching the end of your life or dying?



您還有其他重要的事情想要寫下來嗎？
Is there any other thing that is important to you that you would like to write down?

若想簽署本小冊子作為
「價值觀取向性指示」(Values Directive)
To use this booklet as your Values Directive

您需要在 **2** 名獨立的成年見證人面前簽署本文件
You would need to sign this document in front of two independent adult witnesses,



其中一名必須是
(澳洲) 註冊醫生
one being a registered
medical practitioner,



另一名為獨
立的成年人
the other being an
independent adult.

這 2 名成年見證人**不能**是您指定的「醫療決策者」
Neither witness can be an appointed medical treatment decision maker of yours.

**** 見證人必須確認簽署文件者是自願的且有作出決定的能力。**

**** A witness must be satisfied that the person signing the document is acting freely and voluntarily and appears to have the capacity to make decisions.**

簽署確認 Sign to confirm

請在此簽署以確認您的晚晴意願
Sign here to confirm your farewell wishes



姓名 Full Name

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

地址 Address

簽署 Signature

簽署日期(日/月/年) Date (dd/mm/yyyy)

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



見證人1：註冊醫生

Witness 1: Registered medical practitioner (a medical doctor)

姓名 Full Name

聯絡方式 Contact Details

註冊醫生資歷及其AHPRA編號：

Qualification and AHPRA number of registered medical practitioner:

簽署 Signature

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

聯絡電話 Contact Number (optional)

簽署 Signature

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立即在以下部分簽名並註明日期。

If an interpreter is present at the time the document is witnessed, they must sign and date the below section immediately after the document is witnessed.

口譯員：

Interpreter:

姓名 Full Name

NAATI 認證編號 NAATI Number

簽署 Signature

簽署日期(日/月/年) Date (dd/mm/yyyy)

我會把這份文件的公證副本交給：

I will leave a certified copy of this booklet to:

① _____ (姓名/Names)

聯絡電話或電郵地址：

Contact number or email address _____

② _____ (姓名/Names)

聯絡電話或電郵地址：

Contact number or email address _____

③ _____ (姓名/Names)

聯絡電話或電郵地址：

Contact number or email address _____

如果您已經有了委任的醫療決策者，請確保他們知曉您的晚晴意願或擁有一份這本小冊子的公證副本。

If you have already appointed your medical treatment decision maker(s), please make sure they are aware of your farewell wishes or given a certified copy of this booklet.

我已委任的醫療決策者是：

My appointed medical treatment decision maker

姓名：

Names

聯絡方式：

Contact details

所用語言：

Language(s) spoken

如果您尚未委任一位醫療決策者，您可以通過填寫由公眾代言署（OPA）提供的「醫療決定者委任書」，或者您可以通過閱覽並填寫本冊子末尾的附錄表格進一步了解並進行委任。

If you haven't appointed someone to be your Medical Treatment Decision Maker, you could complete the 'Appointment of Medical Treatment Decision Maker' form provided by the Office of the Public Advocate (OPA), or you could use the forms insert in this booklet to know more and/or make the appointment.

其他有幫助的資訊

More helpful information and resources

Advance Care Planning Australia

其網站有一系列關於「預先護理計劃」的繁體中文資訊。

Its website has a range of resources about advance care planning translated in Traditional Chinese.

Victorian State Government Department of Health (維省衛生署)

其網站有一系列關於「預先護理計劃」的資訊及相关表格(英文)。

Its website lists a series of information and standard forms (in English) to assist Victorians in completing their advance care planning.

Office of the Public Advocate (OPA, 公共代言署)

其網站包含部分關於「預先護理計劃」的繁體中文資訊。

Its website contains some information about advance care planning in Traditional Chinese.

Palliative Care Victoria

維省寧養療護協會(Palliative Care Victoria)是寧養療護和臨終關懷的行業協會——一個由維州政府、組織和個人成員以及其他團體支持的聯合協會和慈善機構。其網站包含寧養療護相關的繁體中文資訊。

Palliative Care Victoria is the peak body for palliative care and end of life care - an incorporated association and charity supported by the Victorian Government, organisation and individual members, other groups. Its website contains some information about palliative care in Traditional Chinese.

Palliative Care Australia

Palliative Care Australia 是澳大利亞全國寧養療護的行業機構，代表所有致力於為有需要的澳大利亞人提供高質量寧養療護的人士。其網站包含寧養療護相關的繁體中文資訊。

Palliative Care Australia (PCA) is the national peak body for palliative care, representing all those who work towards high quality palliative care for all Australians who need it. Its website contains some information about palliative care in Traditional Chinese.

關於我們

Who we are

維省新生會是一間澳大利亞註冊的慈善機構，旨在幫助來自華裔背景、受癌症及慢性疾病影響的人士緩解痛楚、盡量保持其生活質量。

Chinese Cancer & Chronic Illness Society of Victoria (CCCIS) is an Australian registered charity that aims to alleviate distress and suffering, and sustain the quality of life of people from Chinese cultural background who are affected by cancer and or chronic illnesses.



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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僱用的人）
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)