



Chinese Cancer & Chronic Illness Society of Victoria

維省新生會

A Volunteer-based Charity

简体中文  
Simplified Chinese



我的晚晴意愿

*My Farewell Wishes*

Advance Care Planning:  
A Values Directive

# 特别鸣谢

## Acknowledgements

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We would like to express our special appreciation to Associate Professor Barbara Hayes for her time in contributing her valuable advice to this review.

*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.*

### 免责声明 Disclaimer

本小册子中所包含的信息仅作社区教育之用且仅涉及澳大利亚维多利亚州的管辖范围。本小册子的内容不构成任何法律建议，亦不能替代法律建议。读者应就任何特定的事项寻求法律意见或其他相关专业意见。

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.



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以下是我的晚晴意愿声明。

The following is a statement of my farewell wishes.

我恳切要求我的亲人和朋友尊重我的意愿，即使他们未必同意我的想法。

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

我也请他们把我的离世视为人生必经的阶段，希望他们在我离世后能尽快恢复平静的生活。

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.



若您需要协助完成这本小册子，欢迎您与维省新生会的社工联络。

联络方式请参考本书封底（最后页）

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.

世事万物皆有尽头，我们的生命亦有完结的一天。虽然我们无法决定生命的长短，但却能在自己仍有能力时，预先向至亲表达自己的晚晴意愿（如在死亡临近时，希望得到怎样的照顾）。我们了解到，受中华传统文化的影响，华人对待死亡的态度与西方文化有所不同。例如出于孝道的考虑，华人子女常认为应不顾一切、积极抢救生命垂危的长辈直至最后一口气、才算是“尽了孝”。然而，随着人类平均寿命的不断延长，若能在生命末段时过着有尊严和高质量的生活，是一个人的福气、也值得我们去重视和考虑。

在维多利亚州（澳大利亚），自2018年3月起，按照医疗计划及决定法案2016（Medical Treatment Planning and Decisions Act 2016）的规定，个人可以订立具有法律效力的“预设医疗（护理）指示”（以下统称为“预设医疗指示”），来记录自己的晚晴意愿以及在生命垂危时医疗照顾方面的指示。而只有当个人失去做决定的能力时，其预设医疗指示才开始起作用。具法律约束力的预设医疗指示文件必须以英文书写，并在一位注册医生及另一位独立成年见证人面前签署，方为有效。您还可以委任一名（您的）医疗决策者，来确保您的预设医疗指示得以遵循。您的医疗决策者也必须在相关文件上签署，来接受您的委任。若您没有订立任何预设医疗指示文件或尚未委任一位医疗决策者，在您无法做医疗决定时，您的医生（或医疗团队）将依照以下顺序、征求您最亲近的亲属或保有密切关系的人来为您做医疗决定，包括您的：

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。**

如果您没有家人，当您失去为自己做决定的能力时，维多利亚公众代言人（Public Advocate）就可能会被要求代您做医疗决定。（可访问公众代言处（OPA）相关网站 <https://publicadvocate.vic.gov.au>，查询更多信息）

在维多利亚州的预设医疗指示文件中，您可以制定两种类型的指示：(1) 指令性指示（Instructional Directive），具有约束力的声明，您可以写下您愿意及不愿意接受的治疗方法及手段。您的医护人员将必须遵守您的指示。由於指令性指示规范了医疗人员在治疗您可以采用的治疗方法，因此您必须非常小心且清楚明白所写内容的含义及其后果。

# 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) 价值观取向性指示(Values Directive)，您可以写下总体上您对医药治疗的价值取向与喜好。此指示所提供的信息可帮助您的医疗决策者(Medical Treatment Decision Maker)尽可能做出符合您意愿的决定。他们应当同意他们认为您会想要的治疗，并拒绝他们认为您不想要的治疗。特别是在紧急情况下，若无法联络到您的医疗决策者，价值观取向性指示将指导医务人员提供与您的价值观取向一致的治疗。在订立预设医疗指示文件时，您可以选择订立其中一种或同时订立两种指示。


这本《我的晚晴意愿》小册子旨在帮助您与您的家人和其他医护人员开启关于您在生命垂危时想要得到的照顾方面的对话。若您的亲人需要为您做出医疗决定，这也是一份他们可以遵循的指南。这本小册子同时还将帮助您的医生或其他医护人员进一步了解对您来说重要的事情，特别是在无法联系到您的医疗决策者和家人的情况下。您可以用英文填写本小册子并由两个独立成年人见证您的签名（其中一名须为澳洲注册医生，且两位均不可以为您的医疗决策者），这将有助于明确小册子中所提及的内容是您真实的意愿。若您在用英语填写表格时遇到困难，建议您寻求适当的语言支持。

本小册子并不能够向您的医生或护理人员提供具有约束力的指示。若您确实希望提前授意或拒绝某些治疗手段或方法，您应该填写由维多利亚州政府为成年人提供的“预设医疗指示表格”(a Victorian advance care directive form (for adults))。这必须用英语完成并由两位成年人见证您的签名，且其中一位见证人必须是注册医生。。

我们也鼓励您完成以下法律文件，使您各方面的晚晴意愿都能得以遵循：

1. 填写“委任持续代理权”(Enduring Power of Attorney Appointment)表格来委任一位持续代理人，为您作出重要的财务及个人决定。。
2. 订立遗嘱：遗嘱是一份法律文件，详细说明个人在身故后如何分配自己的财产。我们建议您委托律师来起草您的遗嘱。

\*\* 若您希望对《医疗计划及决定法案2016》(Medical Treatment Planning and Decisions Act 2016)或上述相关法律文件有更深入的了解，请咨询有关法律人士。



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.



## 如何填写《我的晚晴意愿》小册子使您安心释然：

1. 反思您的信仰和价值观，并与您挚爱的亲人讨论。
2. 勾选适合您的选项，及/或直接写下您在身体、情感、社交和精神方面的意愿。
3. 如果您希望把这本小册子用作您有效的价值观取向性指示，您必须用英文填写并在一位医生和另一位独立的成年见证人面前签字。
4. 若您尚未指定一位您的医疗决策者，您可参考并使用附录表格。
5. 自己保留原稿并把副本交给
  - 您已委任的医疗决策者（如有），及/或
  - 您的至亲及相关医护人员（例如治疗您的专科医生），及/或
  - 相关治疗医院，及/或
  - 上传一份到您的“我的健康记录”（My Health Record）
6. 一旦您的情况有变，请及时更新本小册子。

## 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.



# 身体照顾上

## Physical Care

当我病重并失去表达能力时（或在我生命垂危时），在身体照顾上我有以下意愿。（可勾选以下符合您意愿的项目）

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)

- ☐ 我希望家人能告诉我有关我病情的真相。  
I hope that my family tells me the true prognosis about my illness.
- ☐ 只要不让我感到不适，我希望有人能提供帮助、照顾我的个人卫生及仪容。  
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，我希望我的医生及照顾我的医护人员给我足够的药物来减轻我的痛苦与不适，即使这会让我的更加困倦。我知道在生命末期时，症状缓释治疗通常不会加速死亡，所以相比起遭受病痛折磨，我宁可接受末期的症状缓释治疗。  
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.
- ☐ 若主诊医生认为医疗措施对改善我的病情没有帮助、反而会徒增痛苦，那么我不同意接受维持生命的治疗方法来拖延生命。但我明白我仍会得到基本的护理、药物及纾缓治疗。（若您对本环节有疑问，我们鼓励您向您的家庭医生或专科医生查询。）  
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后阶段，如果可以的话，我希望在以下地方得到照顾：  
If possible, when I am approaching the end stage of my life, I wish to be cared for and die in the comfort of:

☐ 宁养院\*\*  
a hospice\*\*

☐ 安老院  
an aged care facility

☐ 至亲 \_\_\_\_\_ 的家  
Living with my loved one/s

☐ 自己的家  
My own home

☐ 其他，请注明： \_\_\_\_\_  
Other places, please specify

\*\* 宁养院舍为临终病人提供一个具医院设备温馨如家的舒适环境，并由专业照顾团队为病者提供照顾服务。  
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.



# 身体照顾上

## Physical Care

您可以通过勾选以下项目来表达您对下列可能发生情况的想法：

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	勉强值得活着 Worth living but just barely	不值得活着 Not worth living	现在未能填写 Cannot answer now
我已经无法辨认我的家人和朋友 I can no longer recognise family/friends.				
我已无法说话，或别人无法理解我 I can no longer talk or be understood by others.				
我要永久依赖呼吸机来维持生命 I permanently rely on a breathing machine to keep me alive.				
我无法自己的行动、上下床，需要依赖别人移动我 I can no longer move myself around, in or out of bed, and rely on other people to shift or move me.				
我无法自己吃饭、洗澡或更衣 I can no longer feed, wash or dress myself				
我已经大小便失禁 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>



若您在身体照顾上仍有其他意愿，请在这里写下来。

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

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# 情绪照顾上

## Emotional Care

当我病重并失去表达能力时（或在我生命垂危时），在情绪照顾上我有以下意愿。（可勾选以下符合您意愿的项目并填写）

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)



我想听一些我喜欢的音乐。

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

最喜欢的歌手/作曲家：

My favourite singer/songwriter:

我最喜欢的歌曲/乐章是：

My favourite song is:



我希望在我病床附近放置一些我心爱的物品：

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

☐ 相片：

Photographs:

☐ 首饰：

Jewellery:

☐ 纪念品：

Souvenirs:

☐ 其他：

Others:



我希望来照顾我的人都是和蔼可亲的。

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



若您在情绪照顾上仍有其他意愿，请在这里写下来。

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

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当我病重并失去表达能力时（或在我生命垂危时），在社交上我有以下意愿。（可勾选以下符合您意愿的项目并填写）

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)



除至亲外，我不希望见任何人。

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



我希望朋友明白我会很疲倦，且不能与他们共聚太长时间。

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



我希望与以下人士作最后道别：（请写下他们的姓名及联络方法）

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



亲人：

Relatives



朋友：

Friends



同事：

Colleagues



所属信仰团体的成员：

Members of my religious community:



其他：

Others



若您在社交上仍有其他意愿，请在这里写下来。

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

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# 心灵需要上

## Spiritual Care



当我病重并失去表达能力时（或在我生命垂危时），在心灵需要上我有以下意愿。（可勾选以下符合您意愿的项目并填写）

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边为我祈祷/诵经。

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



在临终前，我希望有机会接触以下宗教团体的代表：

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，请注明：

Others, please specify



我不希望见任何宗教团体的代表。

I do not want to see any religious representatives.



若您在心灵需要上仍有其他意愿，请在这里写下来。

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

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# 葬礼安排上

## Funeral Arrangements

在葬礼安排上，我有以下意愿。（可勾选以下符合您意愿的项目并填写）

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.)

☐ 我希望我的葬礼是：  
I would like my funeral to be:

☐ 风光大葬  
Elaborate

☐ 一切从简  
Simple

☐ 其他，请注明：\_\_\_\_\_

Others, please specify

☐ 我希望依以下宗教仪式进行：  
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，请注明：\_\_\_\_\_

Other, please specify

☐ 我希望葬礼在以下地点举行：  
I would like my funeral venue to be at:

☐ 教堂  
Church

☐ 殡仪馆  
Funeral chapel

☐ 坟墓旁  
Graveside

☐ 其他，请注明：\_\_\_\_\_

Others, please specify

☐ 我希望在葬礼上播放以下音乐：  
I would like the following music to be played during my funeral ceremony:

☐ 我希望进行：  
I wish to have a:

☐ 土葬  
Burial

☐ 火葬  
Cremation

☐ 其他，请注明：\_\_\_\_\_

Others, please specify

我希望我的骨灰或遗体放置於：\_\_\_\_\_

With my remains to be placed at:

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

\* 帛金：致赠逝者家属的现金、财物，又称“奠仪”、“香奠”、“赕敬”、“纸敬”、“霭仪”，闽南地区又称为“白包”  
Condolence money: money given as a gift of condolence at most Chinese funerals.



若您在葬礼安排上仍有其他意愿，请在这里写下来。  
If you have any other wishes regarding your funeral arrangement, please write down here:

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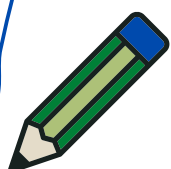
在接近生命的终点时，您是否对其他事宜有所顾虑和担忧？  
Do you have any concerns about other things when approaching the end of your life or dying?

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您还有其他重要的事情想要写下来吗？  
Is there any other thing that is important to you that you would like to write down?

---

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# 若想将本小册子作为您的 “价值观取向性指示” (Values Directive) To use this booklet as your Values Directive

您需要在 **2** 名独立的成年见证人面前签署本文件  
You would need to sign this document in front of two independent adult witnesses,



其中一名必须是  
(澳洲) 注册医生  
one being a registered  
medical practitioner,

另一名为独  
立的成年人  
the other being an  
independent adult.

这 2 名成年见证人**不能**是您指定的“医疗决策者”  
**Neither** witness can be an appointed medical treatment decision maker of yours.

**\*\* 见证人必须确认签署文件者是自愿的且有作出决定的能力。**

*\*\* 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.*

## 签署确认 Sign to confirm

请在此签署以确认您的晚晴意愿  
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

签署 Signature

签署日期(日/月/年) Date (dd/mm/yyyy)

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



### 见证人 1：注册医生

Witness 1: Registered medical practitioner (a medical doctor)

姓名 Full Name

联络方式 Contact Details

注册医生资历及其AHPRA编号：

Qualification and AHPRA number of registered medical practitioner:

签署 Signature

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

联络电话 Contact Number (optional)

签署 Signature

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立即在以下部分签名并注明日期。

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.

口译员：

Interpreter:

姓名 Full Name

NAATI 认证编号 NAATI Number

签署 Signature

签署日期(日/月/年) Date (dd/mm/yyyy)



我会把这份文件的公证副本交给：

I will leave a certified copy of this booklet to:

① \_\_\_\_\_ (姓名/Names)

联络电话或邮箱地址：

Contact number or email address \_\_\_\_\_

② \_\_\_\_\_ (姓名/Names)

联络电话或邮箱地址：

Contact number or email address \_\_\_\_\_

③ \_\_\_\_\_ (姓名/Names)

联络电话或邮箱地址：

Contact number or email address \_\_\_\_\_

如果您已经有了委任的医疗决策者，请确保他们知晓您的晚晴意愿或拥有一份这本小册子的公证副本。

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.

我已委任的医疗决策者是：

My appointed medical treatment decision maker

姓名：

Names

\_\_\_\_\_

联络方式：

Contact details

\_\_\_\_\_

所用语言：

Language(s) spoken

\_\_\_\_\_

如果您尚未委任一位医疗决策者，您可以通过填写由公众代言处 (OPA) 提供的“医疗决定者委任书”，也许您可以通过阅览并填写本册子末尾的附录表格进一步了解并进行委任。

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.

# 其他有帮助的资讯

## More helpful information and resources

### **Advance Care Planning Australia**

其网站有一系列关于“预先护理计划”的简体中文资讯。

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

### **Victorian State Government Department of Health (维省卫生部)**

其网站有一系列关于“预先护理计划”的资讯及相关表格（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, 公共代言处)**

其网站包含部分关于“预先护理计划”的简体中文资讯。

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

### **Palliative Care Victoria**

维省宁养护理协会（Palliative Care Victoria）是宁养护理和临终关怀的行业协会——一个由维州政府、组织和个人成员以及其他团体支持的联合协会和慈善机构。其网站包含宁养护理相关的简体中文资讯。

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 Simplified Chinese.

### **Palliative Care Australia**

Palliative Care Australia 是澳大利亚全国宁养护理的行业机构，代表所有致力于为有需要的澳大利亚人提供高质量宁养护理的人士。其网站包含宁养护理相关的简体中文资讯。

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 Simplified Chinese.



# 关于我们

## Who we are

维省新生会是一间澳大利亚注册的慈善机构，旨在帮助来自华裔背景、受癌症及慢性疾病影响的人士缓解痛楚、尽量保持其生活质量。

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),

另一名为独  
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)