



Government of Western Australia
Department of Health
WA Cancer and Palliative Care Network

Preparing an Advance Health Directive





Advance Health Directives

This booklet contains general information to help you decide whether you wish to make an Advance Health Directive (AHD).

If you would like to make an AHD this booklet can further assist you by providing the AHD form and some exercises to help you decide which treatments you may want to include in your AHD. This is known as a treatment decision.

This booklet was prepared by the Department of Health. Further information about Advance Health Directives is available from:

Department of Health

PO Box 8172

Perth Business Centre, Perth WA 6849

Telephone: (08) 9222 2300

Email: acp@health.wa.gov.au

www.health.wa.gov.au/advancecareplanning

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About Advance Health Directives

What is an Advance Health Directive?

An Advance Health Directive (AHD) is a document that contains your decisions about future treatment.

Treatment includes medical, surgical and dental treatment and other health care.

You can make an AHD in which you either provide consent, or refuse consent, to future treatment. For example, you may say you want or do not want a certain treatment.

An AHD comes into effect only if you are unable to make reasonable judgments about a treatment decision at the time that the treatment is required. In these circumstances, the AHD acts as your 'voice'.

Why prepare an Advance Health Directive?

Some people, perhaps because of a personal experience, religious beliefs or advice from loved ones, feel it is important to specify the treatments they want, or do not want, to receive in the future. However, you don't have to prepare an AHD. Each person should decide whether completing an AHD is right for them or not.

Who can make an Advance Health Directive?

You may make an AHD if you are at least 18 years of age and have full legal capacity.

You will have full legal capacity if you are capable of understanding the nature and effect of your AHD. You may lack full legal capacity if your decision making is impaired by illness, disease or injury, or the effects of medication, drugs or alcohol.

If you have any doubts about your capacity to make an effective AHD, you should ask your doctor for an assessment.

You must make your own AHD. You cannot make an AHD for someone else, and another person cannot make one for you.

How do I make an Advance Health Directive?

You can make an AHD by completing the form in this booklet.

If you are incapable of writing and signing the AHD, you can direct someone to sign the AHD for you. If you are incapable of writing and signing the AHD or if you have impaired vision or a disability, you may wish to seek legal advice/assistance to complete the AHD.

Will my Advance Health Directive be followed?

If you are unable to make a reasonable judgement about a treatment decision, the treatment decisions contained in your AHD will come into effect. Subject to some limited exceptions, health professionals are required to comply with your treatment decisions.

Are there any times when my treatment decision will be invalid?

A treatment decision contained in an AHD will be invalid (void) if:

- It was not made voluntarily. For example, if you were pressured by another person to make the treatment decision and you felt that you had no choice but to do so.
- It was made as a result of inducement. For example, if you were told that you or another person close to you would receive some financial benefit if you agreed to make the treatment decision, and you made the treatment decision for this reason.
- It was made as a result of coercion. For example, if you were told that your family would only continue to care for you if you agreed to make a treatment decision, and you made the treatment decision for this reason.
- At the time that you made it, you did not understand the treatment decision. For example, if you made a treatment decision which provided consent to receive a particular type of treatment, and you did not know what this treatment was, what it involved or what the risks of the treatment were.
- At the time that you made it, you did not understand the consequences of making the treatment decision. For example, if you did not understand that the treatment you refused consent for was necessary to save your life.

If there is any doubt about the validity of your Advance Health Directive, an application can be made to the [State Administrative Tribunal \(SAT\)](#) for clarification.

Are there any times when my treatment decision will be inoperative?

A treatment decision contained in an Advance Health Directive will be inoperative (not followed or of no effect) if:

- Circumstances relevant to your treatment decision have changed since you made the treatment decision.
- You could not have reasonably anticipated those changes at the time that you made the treatment decision.
- A reasonable person with knowledge of the change of circumstances would now change their mind about the treatment decision.

For example, if you made a treatment decision thinking your illness would get severely worse, and a new treatment or cure became available after the time you made the treatment decision then the treatment decision contained in the Advance Health Directive may become inoperative.

What if I don't make an Advance Health Directive?

If you are unable to make reasonable judgments about your treatment, and if you have not made an Advance Health Directive, the treatment decision will be made on your behalf by following the process outlined in the next section.

Process for making non-urgent treatment decisions

If you are 18 years of age or older and capable of making your own decisions, you can make your own treatment decisions (consent to or refuse a treatment). If you are unable to make decisions for yourself and non-urgent treatment is needed, treatment decisions will be made according to the 'Hierarchy of decision makers' also known as the 'Treatment hierarchy' below.

If you do not have an appropriate or valid AHD, the health professional will seek a treatment decision from the first person on the list who is 18 years of age or older, has full legal capacity and is willing and available to make the decision. This person is also known as the 'person responsible'.

If urgent treatment is required to save your life or prevent unnecessary pain, health professionals can provide this treatment without seeking consent; however, they will need to seek consent for ongoing treatment.

Hierarchy of decision makers



* de facto includes same [sex de facto relationships](#).



Are there any other options available?

If you do not want to make an AHD you can appoint someone else to act for you in the event that you can't make your own decisions. A person you appoint to make personal, lifestyle and treatment decisions on your behalf is called an Enduring Guardian.

You cannot use your AHD to appoint an Enduring Guardian. To appoint an Enduring Guardian you must complete an Enduring Power of Guardianship form. This form is available from the Office of the Public Advocate at www.publicadvocate.wa.gov.au

You can also discuss your wishes and values with your family and friends so that they have a better understanding of what you may or may not want in case they are ever called upon to help make treatment decisions on your behalf.

Some people choose to appoint an Enduring Attorney to act on their behalf on financial matters. Unlike an Enduring Guardian, an Enduring Attorney is not able to make personal, lifestyle and treatment decisions on your behalf. However, it is possible for the same person to be appointed as both your Enduring Guardian and Enduring Attorney at the same time.

For more information about Advance Health Directives, you can visit the following website www.health.wa.gov.au/advancecareplanning where you can obtain additional information, frequently asked questions, access to all available resources and access an online eLearning resource, to further enhance your understanding of the Advance Health Directive and Enduring Power of Guardianship.

My Advance Health Directive workbook

This section contains a workbook to help you complete the AHD form (which is available at the back of this booklet).

The following questions will help you to think about medical treatments you may or may not want in the future if you were to become unwell and unable to consent for medical treatment.

Many people will find it difficult to think about the types of treatments they may want or not want in the future. If you need help with your AHD, health professionals can provide you with advice about treatment decisions or you can contact the Department of Health, **Advance Care Planning telephone support line (08) 9222 2300**.

If you are already prepared to complete your AHD then you can go to the AHD form at the back of this booklet now.

Before completing your AHD, consider asking yourself:

- Why do I wish to complete an AHD?
- What is my aim/goal in completing an AHD?

Having an understanding as to why you wish to complete an AHD, will help you frame treatment decisions within your AHD.

It will be very difficult to consider and record every possible circumstance, treatment and treatment decision. It may be easier to group the circumstance and treatment decision into a broader statement which reflects your aim/goal in completing an AHD. The outcome could be a more personalised and appropriate AHD which reflects your wishes.

Your health

Describe your current health

Do you have any current health problems?

Do you have any concerns or worries about your future health?

Do you have a family history of any diseases? If yes, write down the name of these diseases

What do you fear the most? – Pain, losing the ability to think, losing the ability to communicate, being dependent on your loved ones, being removed from life support too soon?

List any other concerns or worries you have

Circumstances and treatments

Think about the types of treatment you may want or not want in different circumstances if you were not able to make your own decisions. Some examples of common circumstances and common treatments are listed in this booklet. If you are not sure what these words mean, refer to the glossary or speak to your doctor or health professional.

Some examples of common circumstances include:

- Coma
- Dementia
- Dialysis
- Disease
- Life-limiting condition
- Life-sustaining measures
- Paralysis
- Stroke
- Terminal illness
- Unable to feed, dress or walk by yourself
- Unable to recognise your family
- Unable to communicate.

Some examples of common treatments include:

- Antibiotics
- Artificial feeding (may also be called Tube feeding/naso-gastric feeding or PEG feeding)
- Blood products
- Blood transfusion
- Chemotherapy
- Cardiopulmonary resuscitation (CPR)
- Dialysis
- Intensive care
- Intravenous
- Intubation
- Lifesaving surgery
- Palliative care
- Pain relief medication
- Ventilation.



Completing the Advance Health Directive form

Preparing treatment decisions

You should write down your treatment decisions in your own words. Firstly, describe the circumstances that the treatment decision should apply to, and then describe the treatment you either want (give consent to) or do not want (refuse consent to).

Can an Advance Health Directive require that treatment be provided?

You may indicate in your AHD that you consent to particular treatments. However, doctors and other health professionals are not required to provide treatment that you do not need.

An AHD cannot require or authorise a doctor or other health professional to take active steps to unnaturally end your life.

Can I record my wishes about organ and tissue donation in my Advance Health Directive?

An AHD is ineffective after death. Therefore, this is not the appropriate document in which to record your wishes with regards to organ donation.

If you wish to donate your organs and tissues, you can register your wishes on the Australian Organ Donation Register. Visit www.donatelife.gov.au or email donatelife@health.wa.gov.au for further information.

Who can witness my Advance Health Directive?

There are a number of requirements in relation to the signing and witnessing of AHDs which must be complied with. You must sign the AHD in the presence of two witnesses. The witnesses must sign in your presence and in the presence of each other. The witnesses must both be at least 18 years of age and have full legal capacity.

One of the witnesses must also be a person who is authorised to witness statutory declarations. The following is a simplified list of people authorised to witness statutory declarations in Western Australia. For a detailed list please refer to the *Oaths, Affidavits and Statutory Declarations Act 2005*, schedule 2.

- Academic (post-secondary institution)
- Accountant
- Architect
- Australian Consular Officer
- Australian Diplomatic Officer
- Bailiff
- Bank Manager
- Chartered Secretary
- Chemist
- Chiropractor
- Company Auditor or Liquidator
- Court Officer
- Defence Force Officer
- Dentist
- Doctor
- Electorate Officer of a Member of State Parliament
- Engineer
- Industrial Organisation Secretary
- Insurance Broker
- Justice of the Peace
- Landgate Officer
- Lawyer
- Local Government CEO or Deputy CEO
- Local Government Councillor
- Loss Adjuster
- Marriage Celebrant
- Member of Parliament
- Minister of Religion
- Nurse
- Optometrist
- Patent Attorney
- Physiotherapist
- Podiatrist
- Police Officer
- Post Office Manager
- Psychologist
- Public Notary
- Public Servant (Commonwealth or State)
- Real Estate Agent
- Settlement Agent
- Sheriff or Deputy Sheriff
- Surveyor
- Teacher
- Tribunal Officer
- Veterinary Surgeon.

It is worth noting that all registered health professionals are included on this list. Additionally, lawyers who you may be attending for assistance with Enduring Powers of Attorney are also included on this list.

Do I need to seek medical or legal advice?

You do not have to obtain either medical or legal advice in order to complete an AHD. Nevertheless, it may be useful to seek assistance to reassure yourself and your family that all possible options have been considered in your best interests. Additionally, in the event that there is later uncertainty about your AHD, the person who provided you with this advice may be able to provide assistance to ensure that your treatment decisions are respected.

Optional statement about Enduring Power of Guardianship

You can indicate on your AHD whether or not you have also appointed an Enduring Guardian. An Enduring Guardian is someone who you can appoint to make personal, lifestyle and treatment decisions on your behalf if you become unable to make or communicate them yourself. For further information about Enduring Guardians contact the Office of the Public Advocate at www.publicadvocate.wa.gov.au

Advance Care Planning

Advance Care Planning (ACP) is a process which can include an ongoing discussion between a patient, their carers/family and health professionals, about the patient's values, beliefs, treatment and care options. It focuses in particular on the patient's wishes for their future treatment and care should they no longer be able to make or communicate their decisions at the time they are needed. The outcome of ACP could involve the completion of an AHD, Enduring Power of Guardianship and/or Advance Care Plan. For more information on Advance Care Planning, refer to [Advance Care Planning, A Patient's Guide](#), available from the Department of Health, see below for contact details.

Further information about Advance Care Planning is available from:

Department of Health

PO Box 8172

Perth Business Centre, Perth WA 6849

Telephone: (08) 9222 2300

Email: acp@health.wa.gov.au

www.health.wa.gov.au/advancecareplanning

Informing others

Informing others of your care decisions will give you an opportunity to discuss these decisions with those close to you.

If you have completed an Advance Care Planning document (for example, an Advance Health Directive, an Advance Care Plan or an Enduring Power of Guardianship), it is important that those who are close to you and those involved in your care are aware that you've completed these documents, and know where they are located. A copy should be readily available to key people. Remember, others won't know your wishes unless you communicate them.

You may also consider:

- providing a copy to your specialist and/or General Practitioner (GP) as well as any hospital you regularly attend
- placing an alert card, such as the AHD alert card, in your purse or wallet which tells your health professional where to obtain a copy
- registering with Medic Alert at www.medicalert.org.au or 1800 882 222
- registering with My Health Record (eHealth) at www.myhealthrecord.gov.au or 1800 723 471
- informing those who are close to you where you have placed a copy of your documents so they know where to easily find them (for example, on the front of your fridge or wherever you usually put your unpaid bills)
- writing a list of all the people who have a current copy of your Advance Care Planning documents.



Reviewing or changing your Advance Health Directive

Can I change or withdraw my Advance Health Directive?

While you have full legal capacity, you are able to completely withdraw (revoke) your AHD and then create a new AHD. For further information in relation to revoking your AHD please contact the ACP telephone support line (08) 9222 2300 or visit www.health.wa.gov.au/advancecareplanning or email acp@health.wa.gov.au

Review your Advance Health Directive regularly

It is recommended that you review your AHD at least every two years to ensure that it reflects your current wishes. Likewise, if your medical condition alters significantly, you may wish to change your AHD.

Further information and support

For more information about Advance Health Directives contact:

Department of Health

PO Box 8172

Perth Business Centre, Perth WA 6849

Telephone: (08) 9222 2300

Email: acp@health.wa.gov.au

www.health.wa.gov.au/advancecareplanning

For further information about Enduring Guardianship contact:

Office of the Public Advocate

PO Box 6293, East Perth WA 6892

Telephone: 1300 858 455, TTY: 1300 859 955

Email: opa@justice.wa.gov.au

www.publicadvocate.wa.gov.au



For more information about making applications to challenge or seek clarification about an Advance Health Directive or an Enduring Power of Guardianship contact:

State Administrative Tribunal

Level 6, State Administrative Building, 565 Hay Street, Perth WA 6000
GPO Box U1991, Perth WA 6845
Telephone: 1300 306 017
www.sat.justice.wa.gov.au

For more information about chronic disease or supporting someone with a chronic disease contact one of the following agencies:

Cancer Council WA

420 Bagot Road, Subiaco WA 6008
Telephone: 13 11 20
www.cancerwa.asn.au

Carers WA

182 Lord Street, Perth WA 6000
Telephone: 1300 227 377
Email: info@carerswa.asn.au
www.carerswa.asn.au

Palliative Care WA Inc

15 Bedbrook Place, Shenton Park WA 6008
Telephone: 1300 551 704
Email: pcwainc@palliativecarewa.asn.au
www.palliativecarewa.asn.au

Health Consumers' Council Western Australia

Unit 6, Wellington Fair, 40 Lord Street, Perth WA 6004
Telephone: 1800 620 780
Email: info@hconc.org.au
www.hconc.org.au

For more information about seniors' interests contact:

Council on the Ageing WA

Suite 2, 61 Kitchener Avenue, Victoria Park WA 6100
Telephone: (08) 9472 0104
Email: admin@cotawa.org.au
www.cotawa.org.au

Glossary

Active Treatment

A treatment intended to improve the basic disease problem/condition, as opposed to supportive or palliative treatment.

Advance Care Planning

A process which can include an ongoing discussion between a patient and their carers, family and health professionals about the patient's values, beliefs, treatment and care options. It focuses in particular on the patient's wishes for their future treatment and care should they no longer be able to make or communicate their decisions at the time they are needed.

Advance Care Plan

A record of your advance care planning discussion and a way of informing those who are caring for you of your personal wishes.

Advance Health Directive

A legal document completed by an adult with full legal capacity which contains decisions regarding future treatment. It specifies the treatment(s) for which consent is provided or refused under specific circumstances.

Antibiotics

A type of medicine used to treat infections.

Artificial feeding

Administration of nutrition through a feeding tube which may be passed into the stomach from the nose or directly into the stomach through the abdominal wall, when a person is unable to eat.

Blood products

Blood contains red cells, white cells, platelets, antibodies and life-sustaining proteins e.g. those which help us stop bleeding. The term blood products include any products derived from a component of blood.

Blood transfusion

Injection of blood products (generally from donors) to a patient.

Cardiopulmonary resuscitation (CPR)

Emergency measures to keep the heart pumping (by chest compression and/or use of a defibrillator) and assisted ventilation when the heart and/or breathing have stopped.

Chemotherapy

Usually refers to medicines used to treat cancer. Cancer chemotherapy involves use of drugs to kill or stop the spread of cancerous cells in the body.

Coma

A state of unconsciousness in which a patient cannot be aroused, even by powerful stimulation.

Dementia

Deterioration of intellectual faculties, such as memory, concentration, and judgment, resulting from an organic disease or a disorder of the brain. It is sometimes accompanied by emotional disturbance and personality changes.

Dialysis

A procedure usually performed in patients with renal failure to remove waste products from the blood and correct fluid and electrolyte imbalances.

Disease

Any abnormality or interruption of normal bodily functions or structure which results in a characteristic pattern of signs and symptoms.

Enduring Guardian

The person you appoint to act on your behalf by completing the Enduring Power of Guardianship form. You determine the extent of your Enduring Guardian's powers to make personal, lifestyle and treatment decisions on your behalf.

Guardian

A person appointed by the State Administrative Tribunal to act on your behalf. The State Administrative Tribunal determines which powers your Guardian may exercise on your behalf.

Health professional

A chiropractor, dentist (including dental therapist, dental hygienist and dental prosthetist), medical practitioner, medical radiation technologist, midwife or nurse, occupational therapist, optometrist, osteopath, pharmaceutical chemist, physiotherapist, podiatrist and psychologist.

Intensive care

A branch of medicine concerned with the provision of life support or organ support systems in patients who are critically ill and who usually require intensive monitoring. Also known as critical care medicine.

Intubation and ventilation

Intubation and ventilation may be used when a person is unable to breathe for themselves. Intubation is the passage of a tube (usually through a person's mouth) into their lungs. Ventilation is the act of passing air through the tube.

Intravenous

Into a vein. For example, intravenous fluids are fluids which are administered directly into a person's veins when they are not able to drink.

Life-limiting condition

A disease, condition or injury that is likely to result in death, but not restricted to the terminal stage when death is imminent.

Life-sustaining measures

A medical, surgical or nursing procedure directed at supplanting or maintaining a vital bodily function that is temporarily or permanently incapable of independent operation, and includes assisted ventilation and cardiopulmonary resuscitation.

Pain relief medication

Any medicine given with the purpose of reducing pain. Pain medication may be given via a variety of means including by mouth, injection or through a patch applied to the skin.

Palliative care

A medical, surgical or nursing procedure directed at relieving a person's pain, discomfort or distress, but does not include a life-sustaining measure.

Patient

A patient is any person who needs treatment.

Paralysis

The loss of the ability to use or control certain muscles in the body. Paralysis is often caused by nerve damage.

Stroke (also called cerebral accident, cerebrovascular accident)

A sudden loss of brain function caused by a blockage or rupture of a blood vessel to the brain, characterised by loss of muscular control, diminution or loss of sensation or consciousness, dizziness, slurred speech, or other symptoms that vary with the extent and severity of the damage to the brain.

Terminal illness

An illness or condition that is likely to result in death. The terminal phase of a terminal illness means the phase of the illness reached when there is no real prospect of recovery or remission of symptoms (on either a permanent or temporary basis).

Treatment

This term means medical or surgical treatment including life-sustaining measures and palliative care, or dental treatment or other health care.

Treatment decision

A decision to consent or refuse consent to the commencement or continuation of any treatment.

Urgent treatment

Treatment urgently needed by a patient (i) to save the patient's life; (ii) to prevent serious damage to the patient's health; or (iii) to prevent the patient from suffering or continuing to suffer significant pain or distress.



If hospital inpatient
Affix Patient ID
Label here

Advance Health Directive

Notes:

- To make an advance health directive, you must be 18 years of age or older and have full legal capacity.¹
- A person who makes an advance health directive is called “the maker”.

This advance health directive is made under the *Guardianship and Administration Act 1990* Part 9B on

the _____ day of _____ 20_____

by _____
(maker’s full name)

of _____
(maker’s residential address)

born on _____
(maker’s date of birth)

This advance health directive contains treatment decisions in respect of my future treatment.

A treatment decision in this advance health directive operates in respect of the treatment to which it applies at any time I am unable to make reasonable judgements in respect of that treatment.

Notes about treatment decisions:

- Treatment is any medical, surgical or dental treatment or other health care (including palliative care and life sustaining measures such as assisted ventilation and cardiopulmonary resuscitation).²
- A treatment decision is a decision to consent or refuse consent to the commencement or continuation of any treatment.³
- A treatment decision operates only in the circumstances that you specify.⁴
- Treatment to which you consent in this advance health directive can be provided to you.
- Treatment to which you refuse consent in this advance health directive cannot be provided to you.
- Your enduring guardian or guardian or another person cannot consent or refuse consent on your behalf to any treatment to which this advance health directive applies.⁵

¹ Guardianship and Administration Act 1990 s. 110P
² Guardianship and Administration Act 1990 s. 3(1), definitions of “life sustaining measure”, “palliative care” and “treatment”
³ Guardianship and Administration Act 1990 s. 3(1), definition of “treatment decision”
⁴ Guardianship and Administration Act 1990 s. 110S(2)
⁵ Guardianship and Administration Act 1990 s. 110ZJ

1. Treatment decision

In the following circumstances:

I consent/refuse consent (cross out and initial one of these) to the following treatment:

2. Treatment decision

In the following circumstances:

I consent/refuse consent (cross out and initial one of these) to the following treatment:

3. Treatment decision

In the following circumstances:

I consent/refuse consent (cross out and initial one of these) to the following treatment:

Notes for maker about signing and witnessing:

- If you are physically incapable of signing this advance health directive, you can ask another person to sign for you. You must be present when the person signs for you.⁶
- Two (2) witnesses must be present when you sign this advance health directive or when another person signs for you.⁷
- Each of the witnesses must be 18 years of age or older and cannot be you or the person signing for you (if applicable).
- At least one of the witnesses must be authorised to witness statutory declarations. For a list of people who are authorised to witness statutory declarations, see the Oaths, Affidavits and Statutory Declarations Act 2005.⁸
- The witnesses must also sign this advance health directive. Both witnesses must be present when each of them signs. You and the person signing for you (if applicable) must also be present when the witnesses sign.⁷

Signed by:

(maker's signature)

Witnessed by a person authorised to witness statutory declarations:

(authorised witness's signature)

(authorised witness's full name)

(authorised witness's address)

(occupation of authorised witness)

(date)

and by another person:

(other witness's signature)

(other witness's full name)

(other witness's address)

(date)

⁶ Guardianship and Administration Act 1990 s. 110Q(1)(c)

⁷ Guardianship and Administration Act 1990 s. 110Q(1)(d) and (e) and (3)

⁸ Oaths, Affidavits and Statutory Declarations Act 2005 s.12(6) and Sch. 2

Optional statement about legal or medical advice

Notes about statement:

- You are encouraged (but are not required) to seek legal or medical advice before making this advance health directive.⁹
- If you wish to indicate that you have obtained legal or medical advice and wish to identify the person who gave you the advice, complete the relevant part of the statement.
- If you wish to indicate that you have obtained legal or medical advice but do not wish to identify the person who gave you the advice, cross out and initial the relevant part of the statement.
- If you do not wish to indicate whether or not you have obtained legal or medical advice, you may (but do not have to) cross out and initial the statement.
- If you do not wish to obtain legal or medical advice, you may (but do not have to) cross out and initial the statement.
- You do not have to say anything in this advance health directive about whether or not you have sought or obtained legal or medical advice. You can leave the statement blank and do not have to cross out or initial any part of it.

Before making this advance health directive, I obtained legal advice about making it.

I obtained that legal advice from _____

(Details of person who provided legal advice)

Before making this advance health directive, I obtained medical advice about making it.

I obtained that medical advice from _____

(Details of person who provided medical advice)

Optional statement about enduring power of guardianship

Notes about statement:

- If you wish to indicate that you have made an enduring power of guardianship, put a tick (✓) or cross (✗) in the box next to the statement.
- You do not have to say anything in this advance health directive about whether or not you have made an enduring power of guardianship. You can leave the box next to the statement blank.

I have made an enduring power of guardianship

⁹ Guardianship and Administration Act 1990 s. 110Q(1)(b) and (2) and 110QA

This document can be made available in alternative formats on request for a person with disability.

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