

**Refusal of Treatment Certificate - Agent Or Guardian Of Incompetent Person**

Sections S3, 5B

**SCHEDULE 3**

Medical Treatment Act 1988

I  
[name].....

[address].....

certify that I am empowered to act in relation to decisions about medical treatment of  
("the patient")

[name of  
patient].....

I have been appointed to act by

- \*an enduring power of attorney (medical treatment) issued under the Medical Treatment Act 1988.
- \*an order of the Victorian Civil and Administrative Tribunal under the Guardianship and Administration Act 1986.

I certify that

1. the patient has attained the age of 18 years;
2. I have been informed about the nature of his/her current condition to an extent that would be reasonably sufficient to enable the patient, if he/she were competent, to make a decision about whether or not to refuse medical treatment generally or of a particular kind for that condition. I believe that the patient would request that no medical treatment, or no medical treatment of the particular kind mentioned below, be administered to him/her.

On behalf of the patient, in relation to his/her current condition, I refuse

- \*medical treatment generally;
- \*medical treatment, being

[specify particular kind of treatment]

Dated:.....Signed:.....  
(Agent/Guardian for

[Name of Patient].....

\*Delete whichever is not applicable

**Verification**

We each certify as follows:

1. I am satisfied that.....  
[name of agent or guardian]

has been informed about the nature of the patient's current condition to an extent that would be reasonably sufficient to enable the patient, if he/she were competent, to make a decision about whether or not to refuse medical treatment generally or of a particular kind for that condition, and that the agent/guardian understands that information;

2. I was not a witness to the enduring power of attorney (medical treatment) under which  
.....was appointed  
[name of agent]

Dated:.....

Signed:.....,  
[Medical Practitioner]

Signed:.....  
[Another Person]

**Patient's current condition**

The patient's current condition is

.....  
.....  
.....

[describe condition]

The patient is incompetent.

Dated:.....

Signed:.....  
[To be signed by the same medical practitioner]

**NOTICE OF CANCELLATION**

(for completion where patient, agent or guardian cancels the certificate under section 7 of the  
Medical Treatment Act 1988)

I cancel this certificate

Dated:.....

Signed:.....  
[Patient, agent or guardian]

or

The patient, agent or guardian clearly expressed or indicated a decision to cancel this certificate

On.....  
[Date]

Signed.....  
[Person witnessing patient's, agent's or guardian's decision]

**NOTES:**

1. "Medical treatment" means the carrying out of –
  1. an operation; or
  2. the administration of a drug or other like substance; or
  3. any other medical procedure –
- but does not include palliative care.  
"Palliative care" includes –

4. the provision of reasonable medical procedures for the relief of pain, suffering and discomfort; or

5. the reasonable provision of food or water.

The refusal of palliative care is not covered by the Medical Treatment Act 1988.

2. An alternate agent can only make a decision about a patient's medical treatment if the alternate agent first produces to each medical practitioner who is to verify this certificate a statutory declaration that meets the requirements of section 5AA(1) of the Medical Treatment Act 1988.

3. If this certificate is to be completed by an alternate agent, a medical practitioner must refuse to verify this certificate if the alternate agent does not produce to him or her a statutory declaration that meets the requirements of section 5AA(1) of the Medical Treatment Act 1988 or if the medical practitioner reasonably believes that the original agent can be contacted and is not incompetent.

4. A medical practitioner who has doubts about the circumstances of the issue of this certificate, whether the medical practitioner must refuse to verify it, the competency of the patient or the competency, good faith or motives of the agent or guardian in giving a direction about medical treatment under this certificate is advised to request the Victorian Civil and Administrative Tribunal to review the case.