



**SCHEDULE 2.
Refusal of Treatment Certificate -
Competent Person**

Surname U.R. No.....
 Christian Names Sex
 Date of Birth / / Age
 Doctor Ward.....

PATIENT LABEL

PLACE LABEL HERE

We certify that we are satisfied -

- a. that _____ (name of patient)
 has clearly expressed or indicated a decision, in relation to a current condition, to refuse -
 - * medical treatment generally;
 - or
 - * medical treatment, being _____
 (specify particular kind of medical treatment)
- b. that the patient's decision is made voluntarily and without inducement or compulsion;
- c. that the patient has been informed about the nature of his/her current condition to an extent which is reasonably sufficient to enable him/her to make a decision about whether or not to refuse medical treatment generally or of a particular kind (as the case requires) and that he/she has appeared to understand that information; and
- d. that the patient is of sound mind and has attained the age of 18 years.

Dated: _____

Registered Medical Practitioner

Name: _____ Signed: _____

Another Person

Name: _____ Signed: _____

Patient's current condition

The patient's current condition is _____
 (Describe condition)

Dated: _____

Signed: _____
 (To be signed by the same Registered Medical Practitioner)



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PLACE LABEL HERE

Verification to be completed by patient, if physically able to do so.

In relation to my condition, I refuse -

* medical treatment generally
 or

* medical treatment being _____
(specify particular kind of medical treatment)

I give the following instructions as to palliative care -

Dated: _____ Signed: _____
(Patient)

NOTICE OF CANCELLATION (for completion where patient cancels the certificate under section 7 of the Medical Treatment Act 1988).

I cancel this certificate

Dated: _____ Signed: _____
(Patient)

or

The patient clearly expressed or indicated a decision to cancel this certificate on _____ .
(Date)

Signed: _____
(Person witnessing patient's decision)

** Delete whichever is not applicable*

NOTE: "Medical Treatment" means the carrying out of -

- a. an operation; or
- b. the administration of a drug or other like substance; or
- c. any other medical procedure - but does not include palliative care.

"Palliative Care" includes -

- a. the provision of reasonable medical procedures for the relief of pain, suffering and discomfort; or
- b. the reasonable provision of food and water.

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