**Are you the Medical Treatment Decision Maker?**

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| --- | --- |
| **Alfred Ethics Committee (HREC) project number** |  |
| **Project title** |  |

You are being asked to consider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[*patient name*]’s participation in this research project.

The *Medical Treatment Planning and Decisions Act* 2016 (Vic) describes who has authority to decide whether an adult patient who cannot consent for him/herself should participate in medical research (as well as medical treatment generally). That person, the “medical treatment decision maker”, is the **first** person on the list below who is reasonably **available, willing and able** to make a decision on the patient’s behalf:

1. a medical treatment decision maker appointed by the patient under the *Medical Treatment Planning and Decisions Act* 2016 (Vic) or the *Powers of Attorney Act* 2014 (Vic);
2. a guardian appointed by VCAT to make decisions about the proposed procedure;
3. the patient's spouse or domestic partner (includes same-sex partners & partners not living under the same roof);[[1]](#footnote-1)
4. the patient's primary carer (a person who is in a care relationship with the patient and has principal responsibility for the patient’s care, but does not include care provided on a commercial basis);
5. the first person listed below with a close and continuing relationship with the patient, and if there are two or more people in the same category (for example, a brother and sister) it means the elder or eldest, regardless of sex:
   1. adult son or adult daughter;
   2. father or mother;
   3. adult brother or adult sister.

**Consent of medical treatment decision maker**

The medical treatment decision maker may consent to the administration of a medical research procedure to the patient if the decision-maker reasonably believes that the patient would have consented to the procedure if the patient had decision-making capacity.

In making this decision the medical treatment decision maker must:

* firstly, consider any valid and relevant values directive that the patient has executed;
* next, consider any other relevant preferences that the patient has expressed and the circumstances in which those preferences were expressed;
* if unable to identify any relevant preferences, consider:
  + the patient’s values
  + the likely effects and consequences of the medical treatment, including:
    - its likely effectiveness
    - whether these are consistent with the patient’s preferences and values;
  + alternatives, including not administering the medical research procedure, that would be more consistent with the patient’s preferences or values.

**For the Medical Treatment Decision Maker to complete:**

I confirm that I am the Medical Treatment Decision Maker for this patient, in accordance with the list set out on Page 1.

Name of Medical Treatment Decision Maker:

Position in list (a – e-iii):

Signature of Medical Treatment Decision Maker: Date:

**For the researcher to complete:**

The following attempts have been made to establish whether there is a person in a higher category than the signatory:

Name of researcher:

Signature of researcher: Date:

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| --- |
| **THIS FORM IS TO BE COMPLETED AT THE BEGINNING OF THE CONSENT DISCUSSION**  **AND MUST BE KEPT IN THE RESEARCH FILE WITH THE SIGNED**  **PERSON RESPONSIBLE/MEDICAL TREATMENT DECISION MAKER INFORMATION AND CONSENT FORM** |

1. This does not include a person who provides domestic support and personal care to the person on a commercial basis or on behalf of another person or organisation. [↑](#footnote-ref-1)