

**An
Advance Directive
for Health Care
based on my Personal Values**

(name)

July, 2006

Instructions for Completing This Directive

This Advance Care Directive is **your** document and should contain **your** wishes about treatment options should you become incapable of making such decisions either in a crisis situation or at the end of life. This booklet is designed to assist you to think your way through possible treatment scenarios and thereby help you to make whatever decisions you are comfortable with.

You may fill out the section on specific directions (Parts I-III, pp. 7-18) **and** the designation of a proxy (or proxies), i.e., someone to speak for you when you cannot (Part IV, pp. 19-23). **Or** you may choose only to appoint a proxy and not make any specific instructions, except how the proxy is to decide (see Part IV, pp. 20-21).

The “Summary for Quick Reference” can then be filled out to assist the proxy when the Directive is needed.

Please note that where a sentence or phrase does **not** express your wishes, it should be crossed out and initialled. Furthermore, you may add anything you wish to this document.

Some people (perhaps using computers) may be prepared to “construct” (cut and paste) their own Directive by pulling together only those parts which apply to themselves. That would make for a more concise and, perhaps, personal Directive.

The most important part of an Advance Care Directive is in communicating your wishes to your family and loved ones and, especially, to your proxy. The process of filling out a Directive and discussing it with those who will care for you and make decisions for you is essential for the proper use of the document at a critical moment of need.

Finally, if you have a personal physician, you would also be wise to show her or him the completed document in order to clarify any questions that might arise.

Definitions are found at the back of this document (pp. 24-25) of the following terms: **Advance Care Directive, Cardiopulmonary Resuscitation (CPR), Do Not Resuscitate (DNR) Order, Palliative Care, and Proxy.**

My Advance Care Directive

Summary for Quick Reference

(This section should be completed after the rest of the document has been filled out.)

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have appointed a proxy (agent or advocate) to speak on my behalf. (See Part IV, pp. 19-23) Signature is on p. 21. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have asked for palliative care when appropriate. (See p. 5 & 7, & definition, p. 24) |
| <input type="checkbox"/> | <input type="checkbox"/> | Unless I am already declared palliative and conditions for my treatment choices have been clarified, in an emergency situation I expect full and proper treatment until my condition has been clarified and decisions can be made in accord with my directions. This direction holds if the proxy must make a decision but cannot be immediately found. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have filled out the directives in Parts I - III (pp. 7-18) Signature is on p. 18. |
| <input type="checkbox"/> | <input type="checkbox"/> | I clearly distinguish temporary from permanent conditions. Temporary conditions presume treatment as the best option; permanent conditions may allow stopping treatment(s). (See pp. 7-15) |
| <input type="checkbox"/> | <input type="checkbox"/> | I have made a clear distinction between temporary mental incapacitation and serious, permanent mental incapacitation throughout the document. |

Index

My Statement of Values 5-6

Part I: Irreversible Conditions and Treatment 7-16

A. Irreversible, Terminal Illness 7-13

1. Primary Instructions 7-8
2. Specific Instructions
 - a. Diagnostic Tests 8
 - b. Cardiopulmonary Resuscitation (CPR) 9
 - c. Surgery, etc. 9
 - d. Mechanical Life Support 10
 - e. Pregnant Women 10
 - f. Pain Relief and Sedation 11
 - g. Amputation 11
 - h. Modes of Feeding 12-13
 - i. Hospital or Home Care 13
 - j. Antibiotics 13

**B. Permanent Loss of Consciousness:
Terminal or Non-Terminal Condition 14-15**

Part II: In the Case of Reversible Conditions 16

Part III. Wishes in Case of Death 17-18

Part IV. Proxy or Health Care Agent 20-23

Instructions for Proxy 21-22

Alternate Proxy 22

Copies & Locations of Directive 23

Appendix 24

A Directive for My Health Care

A Statement of My Values

I wish to make it abundantly clear at the start of this directive that the following statement of my values should direct any treatment decisions that must be made should I not be competent to make them.

[The following is a list of examples of values. To indicate that you share this value, mark the box beside it. If you do not share the value, do not mark the box. There is space at the end for you to add your own values. If you are personalizing this document with a computer, you may wish to delete values that you do not hold and type in others which you do hold.]

- I expect that **palliative care, as needed, would be available to me should I be dying and not be competent to make my own decisions.**
- I expect that pain will be controlled as far as possible.
- I understand that death is part of the journey of life. Should I be dying or suffering from some terminal illness, I am prepared to forego any treatment which would prolong a poor dying process or place undue burdens on myself or those who care for me. If, on the other hand, I am in a critical condition and there is significant uncertainty about the outcome, I expect to receive all needed treatment until the clarity of the outcome is established.
- Life is a gift I cherish and many of its so-called 'handicapped' forms are not a diminishment of the essential value of life for me.
- I believe that, morally, there is no difference between *not starting treatment and stopping or withdrawing treatment if the circumstances are the same in either situation*. In other words, if treatment must be started in order to buy time for a truer prognosis, that is acceptable provided treatment will be stopped if the prognosis reveals one of the conditions under which I would not accept treatment. I recognize that 'no moral difference' does not mean that there is no psychological difference for the staff person who must stop the treatment. Thus, I would ask that my proxy and my physicians be particularly sensitive to those persons who would not find it easy to stop treatment.
- I realize that there are often very difficult decisions to be made either at the end of life or should my life hang in a critical balance. And to that end I wish to leave this directive as a form of my instructions about the care that I would expect should I no longer be able to make decisions about my own care.

**Part I:
Irreversible Conditions and Treatment**

Introduction:

I make this directive concerning my care, should I become incapable of making my own decisions.

I do not believe that there will always be clear or easy decisions to be made and I thank my proxy, my family and my friends for their care and concern for me. This directive is meant to take much of the pressure off of those who would have to make these difficult decisions in a crisis or at the end of my life.

Finally, I would like to say in advance that I fully appreciate the loving care given to me by my family and friends and by members of the health care professions. If I cannot thank you personally at that time, I wish to do so now from the depths of my heart. You are truly showing the love, care and devotion which make our world such a wondrous place in which to live. If the pain I suffer at that time makes me cranky and hard to tolerate, please forgive me. Please understand that I may not be in control of my reactions at that time and that, no matter what I say or do, I deeply appreciate the many kindnesses you have bestowed upon me throughout my life and especially at that critical stage.

A. Irreversible, Terminal Illness

If I am diagnosed with an irreversible terminal illness such that death is expected within approximately six months no matter what treatment is provided, and if that diagnosis is confirmed by more than one physician, the following statements should assist my proxy or other decision maker in deciding on my behalf.

1. Primary Instructions (check one):

- As I value life in all its conditions, I expect that any treatment which prolongs my life will be provided as long as the treatment is medically reasonable.
- I wish to be cared for under the protocols of palliative care or comfort care during the time of this final illness according to the following conditions (check as appropriate):
 - (Severe mental impairment)** If I am irreversibly comatose or suffering from a *severe irreversible dementia of any sort*, I do not wish any measures which will prolong my dying. Comfort and pain control are all I ask for.

(A severe irreversible dementia of any sort I define as a state where my basic personality is no longer recognizable. For example, the early and mid-stages of Alzheimer's disease would not fit this

category; the late stages where there is no recognition and little communication would fit this category.)

- (Temporary incompetence)** If I am not irreversibly comatose or demented, I would ask that whatever assistance could be given to me to enable me to be conscious or aware be done, especially if it will enable me to spend time awake with friends and relatives. Under these circumstances, I (check one) would____, would not____ be prepared to tolerate a certain amount of pain to attain these goals (See section 2e.).

2. Specific Instructions:

The instructions in this section are meant to reflect some possible, particular decisions based upon the above condition (an irreversible, terminal illness) and my wishes:

a. Diagnostic Tests if I am terminally ill (check only one):

- I wish to have available the results of all appropriate diagnostic tests concerning my condition. Should I be unable to understand such information at the time, I wish my agent, family members, and physicians to have such information available.

- I only wish to have diagnostic tests performed on me if they are clearly related to the effort to make me well or are geared towards proper palliative care.

Optional: Research Purposes:

Yes No

- Even if my condition is medically hopeless, I would accept any diagnostic tests which might assist in the analysis of my disease and may someday assist doctors in helping others, including members of my own family, who may be prone to the same disease.

Other Comments: _____

b. Cardiopulmonary Resuscitation (CPR) if I am terminally ill (check one or more):

- Should my heart or breathing fail for any reason, in every case I would like the utmost done on my behalf.
- I would accept CPR if there is a chance of restoring me to a life of reasonable awareness and I have not had a chance (within a week or so) of making my final goodbyes.
- I would not accept CPR once I have been designated palliative care.
- If I am irreversibly comatose or severely demented in my terminal condition, I would not want CPR under any circumstances.
- If I am physically and/or mentally incapacitated but not imminently dying and I suddenly choke on some food, I expect to be treated like any person choking on food.

c. Surgery or aggressive medical treatment if I am terminally ill (check as appropriate):

- I would consent to reasonable surgery as proposed by my physician. Reasonable would mean surgery or treatment which would extend my life regardless of my physical or mental condition.
- I do not consent to any surgery except for palliative reasons, such as (without being comprehensive) treatments to assist my conscious awareness, to restore reasonable levels of physical or mental function, to help me return home, or to free me from harsh pain.
- If I am irreversibly comatose or severely demented, I do not consent to any surgery except in the remote possibility of a need for pain control.

Other Comments: _____

d. Mechanical Life Support if I am terminally ill (check one):

- I consider that as long as my brain is still active, even if I must breathe with the aid of life support equipment, I am still alive. These technologies should therefore be maintained. However, I recognize that if the total absence of brain activity can be verified, I will be considered dead despite mechanically induced respiration and heartbeat. (Please be sensitive to the emotional and psychological needs of my family and those who must remove the machines.)

- If mechanical means of life support cannot contribute to my recovery, I consider them to be impediments to my death, even though they may prolong my biological function. Therefore, I wish that they may be foregone or withdrawn when my agent or designated representative, in conjunction with my physicians, conclude that they offer me no reasonable chance of return to unaided functioning.

A Further Option:

- If I am in a permanent vegetative state, irreversibly comatose or irreversibly severely demented, I do not wish the use of mechanical life support. Only if I have the potential to return to some functional awareness will I accept mechanical life support until such time as the potential is no longer present.

e. For women of child-bearing age

Should I be pregnant and suffer serious incapacity (e.g. irreversible coma) or brain death, I would _____ would not _____ consent to medical intervention to keep my body functioning until the baby can attain sufficient viability and may be safely delivered.

Comments Conditions: _____

f. Pain Relief and Sedation (check as appropriate):

- I will accept considerable periods of sedation to avoid pain.
- If I remain alert, I am prepared to accept a reasonable amount of pain in order to maintain my awareness.
- I accept any use of radiotherapy for pain relief, in accord with good palliative care.

g. Amputation if I am terminally ill (choose one):

- I desire above all to live. I am prepared to lose a limb if, in the best medical judgement of my physicians, this is necessary in order to prolong my life.
- If I have a reasonable potential to return to awareness and an ability to relate to those around me, I would ask my proxy to make the decision on the basis of my prognosis. An amputation would be acceptable if I had several months of wakeful life to live, but not acceptable if it were just one more procedure which would do little to change the dying process.
- I would not accept an amputation even of an infected limb if I am in a terminal condition, regardless of the potential for prolonging my life.

A Further Option:

- If I am irreversibly comatose or severely demented, I would not want an amputation under any circumstances.

Other Comments: _____

h. Modes of Feeding if I am terminally ill--i.e., if I am not able to feed myself or to eat and drink by mouth even with the help of others, the following would represent my wishes. (Choose one):

- I would want to receive artificial nutrition and hydration (food and water delivered through a tube into a vein or into the stomach) when this would help to strengthen my body, improve my well-being or prolong my life. I understand that this procedure may at some point require restraint so that I do not dislodge the tubes (in the case of naso-gastric tubes), or require surgery to place a tube in my stomach or intestine.
- I would accept artificial nutrition and hydration into a vein or into the stomach on a trial basis. A decision about continuing treatment should depend on its effectiveness in helping to strengthen my body, improve my well-being or prolong my life in a state acceptable to me; and on the degree of pain or severe discomfort that the treatment appears to impose.

Some of the grounds that I would propose for withholding or even stopping artificial nutrition and hydration would be (check those that are appropriate):

- i.) If it is clear that I am in a permanent vegetative state.
 - ii.) If I have reached sufficient age and frailty and am irreversibly comatose or severely demented.
 - iii.) If it seems clear that in my incompetent state I am seriously aggravated by the use of the tubes.
 - iv.) If I am dying and the tube feeding is simply prolonging the dying process (particularly if I am no longer aware).
- I would not want to be fed and hydrated through nasogastric or parenteral surgically inserted tubes at all. Whatever nourishment can be provided when I can no longer take food and water orally should be provided intravenously as long as the intravenous nourishes or provides comfort care and does not cause more problems than it is worth.

Yes___ No___ Under this option, I add a rider that I would accept a nutrition or hydration tube if it were needed as a short-term, temporary assistance to get me through a crisis and back to a state of reasonable health and/or functioning.

Comments: _____

i. Hospital or home care if terminally ill (check one):

- I prefer to be supported by the best medical technology. To that end, if my dying is prolonged, I wish that it occur in the confines of a hospital as far as necessary.
- To the extent that it is practicable and not an undue hardship upon my family, I would prefer to die at home or in a congenial supportive care facility such as a hospice rather than in a hospital. I fully endorse palliative care and its goals, even if directed from a hospital; and I trust that the best place for me--home or palliative care--would be worked out between my proxy and the palliative care staff.

j. The use of Antibiotics (check one)

- Antibiotics for pneumonia or infection are acceptable at any time.
- Antibiotics may be used if necessary for palliative or comfort care, but may be withheld if they only prolong my dying or if they keep me alive in a irreversibly comatose state.

B. Permanent Loss of Consciousness: Terminal or Non-Terminal Condition

(This section summarizes the wishes expressed in Section I but extends them to include a non-terminal condition with permanent loss of consciousness.)

If I am diagnosed to be permanently unconscious, a diagnosis tested over a reasonable period of time and confirmed by more than one physician with appropriate training and expertise, but I am not necessarily terminally ill, the following statements should assist my agent or other decision maker in deciding on my behalf.

(Optional) This Section would also apply if I am severely and irreversibly demented:
Yes No

1. Cardiopulmonary resuscitation (CPR) if I am permanently unconscious (check one):

- Should my cardiopulmonary system fail for any reason, and there is a reasonable likelihood that CPR would be effective in extending my life, I would like the utmost done on my behalf.
- If my heart has stopped beating and my condition is such that there is no reasonable expectation of my recovery of consciousness, I would ask that my body not be subjected to such handling. In anticipating such a situation I would consider a Do Not Resuscitate order to be appropriate.

Other Comments: _____

2. Other treatments if I am permanently unconscious (check one):

- I would want to receive all treatments that would be effective in extending my life, including mechanical interventions such as respirators, even if there is no reasonable hope of my regaining consciousness.

- All nutrition, hydration, medication, and necessary surgical procedures should be continued where these are understood to be effective measures for extending my life, even if there is no reasonable hope of my regaining consciousness. I would consider mechanical means of life support to be an impediment to my death, and would want them withheld or withdrawn.

- All means of nutrition and hydration should be continued where these are understood to be effective measures for extending my life, even if there is no reasonable hope of my regaining consciousness. I would want any machines or medications (including antibiotics) used to keep me alive to be withheld or withdrawn.

- If there is no reasonable hope of my regaining consciousness, I would want to forgo all treatments and interventions extending my life, including artificial provision of nutrition and hydration, which I consider to be medical treatment. If artificial means of providing nutrition and hydration were used during the period in which my diagnosis was being formed and tested, I hereby ask that the feeding tubes (wherever they are attached to my body) be removed once the diagnosis is confirmed, just as other medications and machines which have proven to be ineffective in effecting my cure may be stopped or removed.

Other Comments: _____

Part II:
In the Case of Reversible Conditions
During Periods of Relative Health
(check as appropriate)

- Should I become incompetent either through temporary unconsciousness or potentially treatable mental incapacity, I would expect that all appropriate medical efforts to restore me to health and to preserve my life and bodily and mental functions despite present impairment will be undertaken.

- Reversible conditions may eventually prove to be irreversible; but until that point is reached, I expect to be treated justly and fairly, like any citizen, in dealing with my maladies.

Part III:
Wishes in Case of Death
(This is not really part of an advance directive)

1. Organ Donation

I desire that when I die any or all of my usable vital organs and other body parts may be donated for the purpose of transplantation. The rest of my remains should then be buried in consecrated ground or cremated.

- I would want any usable body parts to be donated for the purposes of transplantation (e.g., kidneys, heart, liver, pancreas, skin, lungs, corneas). If there are some body parts (besides brain or reproductive tissue) that I WOULD NOT want used for transplantation, I list them as follows:

The rest of my remains should then be buried in consecrated ground or cremated.

- I do not wish that any part of my body be used for the purpose of transplantation.

Other Comments (including the use of body parts or body for research):

2. Autopsy (check one):

- I do not want an autopsy performed unless it is absolutely required by government authorities. If such an autopsy is performed, I ask that it be

conducted with all possible respect and that all of my body parts subsequently be buried in consecrated ground or cremated.

- I would allow an autopsy to be performed if necessary to provide information that would help save the life of a family member or other identifiable individual. If any autopsy is performed, I ask that it be conducted with all possible respect and that all of my body parts subsequently be buried in consecrated ground or cremated.

- I would allow an autopsy to be performed either to help save the life of an individual or if it would enable physicians to learn more about my disease because my case is not routine. If any autopsy is performed I ask that it be conducted with all possible respect and that all of my body parts subsequently be buried in consecrated ground or cremated. I leave it to my proxy to permit such an autopsy, based upon an assessment of family feelings.

Other Comments: _____

3. My Wishes for Disposal of My Remains (Funeral Plans)

4. Signature (covering Parts I, II & III)

I recognize that in several provinces of Canada there are no legal statutes explicitly protecting either the writing of an advance care directive or the appointment of a proxy. Where there are legal guidelines, I have checked to ensure

that this document fits their demands (e.g., if witnesses are needed). While I may or may not have an opportunity to discuss these directives with my own physician(s) (and seek their acceptance of the document), I expect that the wishes expressed in this directive will be understood as **my** express wishes and be respected by any who would provide me with medical care.

Signature _____

Name (printed) _____

Date _____

Address _____

Witness Signature
(if legally required) _____

While it is not legally necessary for my physician to sign this directive, I hereby leave room for my physician to sign the directive as an indication that it has been read and understood as my wishes.

Signature _____

(name:printed) _____

(address) _____

(date) _____

**Part IV:
My Proxy or Health Care Agent**

**Proxy Directive
(Durable Power of Attorney for Health Care)**

I. Appointment of Proxy

I, _____
hereby appoint
(name:printed) _____
(address) _____

(phone numbers) _____

as my proxy or health care agent who is responsible for making health care decisions for me should I be incapable of doing so. This proxy relationship shall take effect when and if I become unable to make or communicate my own health care decisions, due to physical or mental incapacity, and shall remain effective during the period of incapacity.

I have discussed my wishes with my proxy and I ask that he/she make decisions in accord with my wishes. If my wishes are not known and cannot with reasonable diligence be ascertained, my proxy should decide in accord with my best interests. Above all, any decisions should reflect the values that I have stated.

As proxy, decisions are to be made on the basis of the best medical evidence available under the circumstances and to that end I instruct all medical care givers to provide whatever information may reasonably be requested in making these decisions.

I also recognize that in several provinces of Canada there are no legal statutes explicitly protecting either the writing of an advance care directive or the appointment of a proxy. Where there are legal guidelines, I have checked to ensure that this document fits their demands (e.g., if witnesses are needed). While I may or may not have an opportunity to discuss these directives with my own physician(s) (and seek their acceptance of the document), I expect that the wishes expressed in this directive will be understood as **my** express wishes and be respected by any who would provide me with medical care.

OPTION: I wish to appoint several people to speak together as proxy for me.

Names: _____

Method of coming to a decision (choose one):

- Strict consensus; when no consensus possible, then I ask to make the final choice.
- Majority decision.
- Consultation, but I ask _____ to make the final choice.
- Other (please specify clearly):

II. Instructions for the Proxy or Proxies (check one):

- In an associated **advance care directive** I have expressed some of my preferences concerning health care decisions that may arise. I ask my proxy to follow that document and only to rely on other sources of knowledge about my wishes and values in situations not covered therein.
- While I have expressed some of my preferences for care in an associated **advance care directive**, I intend that these directives be guidelines only to my proxy. I want my proxy to draw on all sources of knowledge about my wishes and values, and to have ultimate authority to make decisions for me that I cannot make myself.
- I have not completed any document expressing preferences with regard to health care decisions. My proxy should consider all sources of knowledge about my wishes and values and make the decisions in my place.

Other instructions: _____

III. Recommended But Not Required: First Alternate Proxy

Should the person appointed above as my proxy be unavailable, unable, or unwilling, for any reason to serve in that capacity, I would have the following person serve as my proxy instead:

(name: printed) _____

(address) _____

(phone numbers) _____

(Signature for Acceptance) _____

IV. Signature (regarding my proxy)

I make these instructions being of sound mind and of legal age, and understanding as fully as possible the consequences of these appointments:

Signature _____

Name (printed) _____

Date _____

Address _____

Witness Signature
(if legally required) _____

In the Province of Saskatchewan, the *Act Respecting Health Care Directives and Substitute Health Care Decision Makers* indicates that:

Part II, Section 3

Any person 16 years of age or more who has the capacity to make a health care decision may make a directive.

Part III, Section 11 (1 & 2)

A proxy must be an adult (18 years of age or more) and must have the capacity to make health care decisions.

A married person who is not an adult (18 years of age or more) may be appointed as a proxy for his or her spouse, but only if the married person has the capacity to make health care decisions.

Legislation in other provinces or jurisdictions may vary. It is important that you check the law in your province or region to be sure of the legal requirements that apply.

V. Signature of Proxy (or proxies) [optional]:

While it is not necessary for the proxy to sign this document, it is a good idea to ensure that the proxy is aware of the commitment he or she is being obliged to. Hence:

As proxy, I understand and accept my role as assigned in this advance care directive:

Signature: _____ Date: _____

Copies of This Directive

There are ____ signed copies of this directive located at the following places:

If I wish to inform the reader that I have re-read and re-affirmed what is in this directive, I hereby note both the date of re-affirmation and my signature. The other copies need not be so updated unless changes are made.

Date	Reviewed No change (check)	Signature

Appendix

1. Permanent Vegetative State

A permanent vegetative state is a technical phrase referring to the situation in which a person's brain, except for the brain stem (which controls the heart beat and one's breathing), has irreversibly ceased to function. A person in this state will never regain awareness or consciousness. Nor, as far as we can tell, does this person have any sensation or awareness, even of pain. Accurate diagnosis may take six months or more.

A coma, on the other hand, may refer to a number of different states, only a few of which may be permanent. It is of critical importance to ascertain from the doctor what is known about a particular coma, before any prognosis be assumed.

2. Other Definitions

Advance Health Care Directive - This is a statement of one's own wishes for medical treatment under the circumstances of becoming unconscious or incompetent and not being able to make personal choices for care.

CPR or Cardiopulmonary Resuscitation - This is an attempt to re-start a heart that has stopped beating. It may involve mechanical means (e.g., defibrillators,) or a physical pumping of the chest.

DNR or Do Not Resuscitate Order - This is a directive which prevents the use of CPR (and only CPR, NOT other forms of appropriate treatment). A DNR order is issued by a physician when appropriate and in conjunction with the patient's wishes.

Palliative Care or Hospice Care - This is the medical care that is appropriate for a person who is dying. It is often called **compassionate care** or **terminal comfort care**. It is geared towards pain control and symptom management, from a medical perspective, and towards a peaceful dying process, from a spiritual perspective. Palliative care is geared towards enabling people to live to the fullest while dying. It also seeks to bring comfort and care to family members gathered around the dying.

Proxy (or Agent or Advocate or Durable Power of Attorney or Substitute Decision Maker) - This is the person appointed to speak for oneself in the event of incapacitation for making one's own health care decisions.