

HEALTH CARE DIRECTIVE: Form

I revoke any previous Health Care Directives written by me.

Legal documents require blue or black ink if filling out in pen. Ok to photocopy in black and white, then sign the copies in blue.

Part 1: Appointing a Proxy (skip this section if you do not wish to appoint a Proxy)

I hereby designate the following person(s) as my Proxy:

PROXY 1

Name: Friend's name and address

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____

PROXY 2 (optional)

Name: Brother's name and address

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____

I have named more than one Proxy: Yes No

I wish them to act: Consecutively Jointly

Always choose consecutive!

Part 2: Treatment Preferences

If the time comes when I lack the capacity to give directions for my health care, this statement shall stand as an expression of my wishes and directions.

1. In any of the following circumstances, I direct that I receive only such care as will keep me comfortable and pain free, and that my dying not be prolonged:

- a) An acute life-threatening illness of an irreversible nature
- b) Chronic debilitating suffering of a permanent nature
- c) Advanced dementia
- d) **Permanent confinement in an institution**
- e) **Brain injury that impairs my competence permanently**

2. In the circumstances set out in Section 1 above, I specifically refuse the following:

- a) Electrical, mechanical or other artificial stimulation of my heart
- b) Respirator or ventilator
- c) Artificial feeding e.g. G tube, NG tube, or central intravenous line
- d) Being fed should I no longer be able to feed myself
- e) Artificial hydration by intravenous line
- f) Antibiotics
- g) Transfer to an intensive care unit or similar facility
- h) **Any other drug or surgical treatment besides comfort care**
- i) _____

If you **DISAGREE** with any statement on this page, strike it out and put your initials next to it.

3. I specifically direct the following:

- a) Provide necessary medication to control my pain and control my symptoms even if such medication might shorten my remaining life
- b) Provide me with palliative care
- c) I would prefer to be cared for and to die at home OR

I would prefer to be cared for and to die in hospice

(You must choose only one option under 3c and strike out what does not apply)

- d) **Provide any medication necessary to alleviate pain and control symptoms**
- e) **I consent to organ donation and autopsy if warranted**

Section 4 note: If you **DO NOT WISH** to have your life prolonged under the conditions you have set down in Sections 1, 2 and 3, you must strike out Section 4 completely. If you **DO WISH** to have your life prolonged under any circumstances, and are requesting all treatment applicable to your medical condition, you must strike out Sections 1, 2 and 3 completely and leave only the directions you are giving under Section 4.

~~4. I specifically direct the following: I desire that my life be prolonged, and that I be provided all life-sustaining treatments applicable to my medical condition.~~

5. If my health care provider will not follow this Health Care Directive, I ask that my care be transferred to another health care provider who will respect my legal rights.

6. If I should be a patient in a hospital, or resident in a health care or long-term care facility which will not follow this Health Care Directive, I ask that I be transferred to another hospital or care facility.

Section 7 note: If you **DO NOT WISH** to provide directions regarding MAID, strike out this section. If you **DO WISH** to provide directions regarding MAID, write them below.

7. I understand that the current laws of Canada do not allow me to request medical assistance in dying (“MAID”) in advance, or for my SDM to consent to MAID on my behalf. However, if the law changes to allow my SDM and health care providers to act on my directions below, I wish for them to do so. Here are my directions regarding MAID:

If I am no longer able to make decisions for myself or care for myself, I would want to receive Medical Assistance in Dying (MAID), if legal at the pertinent time. I understand that as of today's date it is not legal to make this request in my Health Care Directive, but I do want my values to be known.

BEFORE YOU SIGN, make photocopies and then sign all copies in blue ink.

Signature: Cheri Frazer Originally Dated: date signed

Print Name: Cheri Frazer

Reviewed on _____ Signature: **Review your health care directive at least every 3 years. If nothing has changed and your answers are still the same, just sign it here with the new date. Collect the copies listed below that you gave to relatives, proxies, etc. and sign theirs again too, just to be safe.**

Reviewed on _____ Signature: _____

Reviewed on _____ Signature: _____

OPTIONAL:

If you are unable to sign yourself, a substitute may sign on your behalf. The substitute must sign in your presence and in the presence of a witness. The Proxy or the Proxy's spouse cannot be the substitute or witness.

Name of substitute: _____

Address: _____

Signature: _____ Date: _____

Only necessary if you cannot physically sign for yourself

Name of witness: _____ **Your witness cannot legally be your proxy or your proxy's spouse, and should not be anyone who will inherit property or money from you**

Address: _____

Signature: _____ Date: _____

- Copies given to
- Names of brothers
 - Names of proxies
 - Name of a close friend

Every time you review and re-sign (or revise) your health care directive, collect the copies you gave to others and sign (or replace) theirs too. It's a good idea to list the people right on the form because it's easy to forget!