



Advance Directives

Let's Talk About: Advance Directive

What is advance care planning?

Advance care planning is making decisions about your future health care and treatment. It usually involves talking with your family or loved ones about your wishes. It may also include talking to your family doctor, others who provide your health care and your lawyer.

You may decide you want to write down your wishes and preferences about your health care and treatment. This written document is called an advance directive (AD) or "living will."

Capital Health supports the use of advance directives (that are consistent with professional standards-of-care, other Capital Health policies and the law) made by individuals who wish to express their wishes about their health care and treatment in future circumstances in which they are unable to make such decisions on their own. This is one important way that Capital Health supports open and honest communication between patients and the people who provide their health care.

Why should I consider making an advance directive or living will?

- Some people wish to ensure that the right person makes decisions about their care and treatment when they are not able to make these decisions for themselves.
- Making an AD gives you the opportunity to talk about what kind of health care and treatment you want with people who are close to you (such as your partner and family or loved ones) and people who provide your health care (such as doctors and nurses).
- Having an AD helps ensure that your wishes about your health care and treatment are understood and respected.

What is found in this booklet?

- Helpful definitions.
- What information is usually included in an AD?
- How do I make an AD?
- Do I need a lawyer to create an AD?
- Will my AD be followed? When will it be used?
- Where do I keep my AD? Who should have a copy?
- What if I change my mind about my wishes?
- What if I have questions about ADs?
- What if I am concerned about my experience with an AD in Capital Health?
- Other sources of information.
- A sample, blank advance directive form.

Definitions

Advance Directive (AD) - a document in which a capable person (see definition of capacity below) sets out what, how and/or by whom health care decisions are to be made in the event that he or she is not capable of making health care decisions on his or her own. There are two types of advance directives: proxy directives and instruction directives.

Proxy directive - an AD (sometimes referred to as an “enduring” or “durable” power of attorney) in which a person with capacity, who is 19 years or older, names a proxy (or substitute person) to make health care decisions for him or her when he or she does not have the capacity to do so. A proxy directive must be in writing; must be signed by the person making the proxy directive; and must be witnessed by someone other than the proxy or the proxy’s spouse. The named proxy must be 19 years or older.

Instruction directive - an AD in which a person with capacity specifies what health care and treatment he or she wishes to receive or not receive. A substitute decision-maker is not named in an instruction directive.

Capacity - A person with capacity is able to understand:

- The medical condition for which the treatment is proposed, and
- The nature and purpose of the treatment, and

- The risks involved in undergoing the treatment, and
- The risks involved in not undergoing the treatment

A person is presumed to have capacity unless otherwise assessed as being incapable by an appropriate physician.

Family - persons who have a close, intimate relationship to the patient (who may or may not be related by blood) who may assume an advocacy role for the patient when necessary.

Guardian - a person appointed by the Court to make decisions on behalf of a person without capacity.

Health care decision - a decision about the prevention, investigation and/or treatment of a medical condition.

Health care provider - a person who is licensed or registered in the province to provide health care (such as family doctor, specialist, nurse).

Medical Consent Act - the Act that governs proxy directives in Nova Scotia.

Substitute decision-maker - a person who is authorized to make decisions on behalf of a person without capacity. Two types of substitute decision-maker are guardians and proxies.

Proxy - a person of age 19 years or older who is named in a proxy directive to make decisions for a person who does not have capacity.

Substituted judgment - a judgment made by a substitute decision-maker for a person without capacity based on the that person's previously expressed wishes or values.

What information is usually found in an AD?

Information in an AD may include:

- what kinds of health care and treatments you would choose or refuse
- the name and telephone number of your proxy decision-maker (in a proxy directive)
- a statement of personal goals or values you wish to guide decision-making
- any other information you wish those who provide your health care to have.

How do I make my AD?

We encourage you to talk to the people who you are close to and the people who provide your health care about your wishes. It is important to ask questions, be informed, and understand your choices when you make your AD. Remember that the AD must be:

- easy to read
- signed and dated by you
- witnessed by someone other than the substitute decision-maker/proxy, or spouse of either.

You are welcome to use the sample, blank AD form attached to this booklet. It provides information to help you write your own AD. You may choose to use another type of advance directive form.

Do I need a lawyer to make my AD?

You do not need a lawyer to make an AD. However, it is a good idea to tell your lawyer as well as your substitute decision-maker, the people you are close to you and those who provide your health care about your AD. This will help ensure your wishes in the AD are known and respected.

When will my AD be used?

Your written AD will **only** be used when you are unable to make health care decisions on your own.

Where do I keep my AD? Who should have a copy?

Your original AD should be kept with other important documents in a safe place. Your family doctor should be given a copy of your AD. If a substitute decision-maker has been named, you should also give him or her a copy.

REMEMBER TO BRING YOUR AD (OR A COPY OF IT) TO THE HOSPITAL WITH YOU.

What if I change my mind about my wishes?

As long as you have capacity you can change or cancel your AD at anytime. Remember to tell the people who provide your health care and your substitute decision-maker about any changes you have made. You should consider reviewing and updating your AD each time you experience one of “the five Ds”: a new *decade* of life; the *death* of a loved one; *divorce*; a bad *diagnosis*; and a *decline* in your health.

You may change your AD in one of two ways, the first of which is preferable:

- write a new AD and sign and date it in the presence of a witness; or
- write the change on your AD and then, sign and date it in the presence of a witness.

You may cancel/revoke your AD in one of three ways:

- write a new AD; or
- provide a written statement signed by you stating you want to cancel/revoke your AD; or
- destroy your AD or direct some other person in your presence to destroy your AD.

What if I have questions about ADs?

If you are being treated at Capital Health, ask a doctor on your medical team.

What if I am concerned about my experience with an AD in Capital Health?

You may talk to a doctor on your medical team. You may also contact a patient representative (or site manger, if a patient representative is unavailable).

Other sources of information:

“Let Me Decide: The Health and Personal Care Directive That Speaks for You When You Can’t...” by William Malloy, MD and V. Mephram, RN.

“My Plans for Me” produced by the Canadian Pensioners Concerned Inc. by Jane McNiven, MA and Jeffrey P. Ludlow, LLB.

“Handbook *for* Mortals: Guidance *for* People Facing Serious Illness” by Joanne Lynn and Joan Harrold – developed for American readership, but applicable to Canadian context for the most part; downloadable from the internet.

“Preparing for an Expected Death at Home” developed by Home Care Nova Scotia – to request brochure and related Physician Do Not Resuscitate Order Form telephone 1-800-565-3611.

Please feel free to use the blank, sample tear-off AD on the next page. Remember that your AD must be signed, dated and witnessed. Your statement of personal wishes may include:

- **types of treatments/technology (machinery) you would choose or refuse;**
- **your priorities for your health care;**
- **cultural and religious beliefs; and**
- **any other goals or values you wish your substitute decision-maker and those who provide your health care to know about.**

Looking for more health information? Contact your local public library for books, videos, magazine articles and online health information. For a list of public libraries in Nova Scotia go to [HTTP://publiclibraries.ns.ca](http://publiclibraries.ns.ca)

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www.cdha.nshealth.ca

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ADVANCE DIRECTIVE OF _____

In this Advance Directive, I state my wishes and preferences for my health care and treatment should the time come when I am unable to make health care decisions on my own. In these circumstances, I wish for the content of this Advance Directive to be respected and followed by my family/substitute decision-maker and people that provide my health care.

In circumstances in which I am unable to make health care decisions on my own,

I request that the following deeply held personal values and beliefs be respected:

I wish the following goals and priorities to be followed in my care:

If possible, I wish to avoid the following:

If possible, I hope to die at the following location, e.g., in hospital, at home, etc.:

I am CERTAIN I do not wish, under ANY circumstances, that the following medical treatments and/or interventions be used in my care:

Other specific instructions or information that I wish my family/substitute decision-maker and people who provide my health care to be aware of:

Naming a Proxy Decision-maker

Complete the section if you wish this to be both a proxy and instructional advance directive. If you do not name a proxy, this will be an instructional advance directive.

In circumstances in which I am unable to make health care decisions on my own, I hereby designate _____ (telephone number: _____), who is 19 years of age or older, as my **proxy** (substitute) decision-maker.

I have discussed this with him/her and he/she has agreed to be my proxy decision-maker.

Name of family doctor: _____ Telephone number: _____

Dated and signed this _____ day of _____ 20_____

Signature

Print name

Witness

Print name

(if a proxy decision-maker is named above, the witness must not be the proxy or the proxy's spouse).

To request an electronic copy of this sample Advance Directive Form phone 902-473-1564.