



# Dying With Dignity Canada

It's your life. It's your choice.

## ONTARIO

### Advance Care Directive/Wishes: Instructions

**Important note:** In Ontario, an Advance Directive is not a legal document and there is no reference to it in the province's health care legislation. This means that if you choose to document your preferences for future care, they will be treated as "wishes" that must be considered by your SDM when they make decisions or provide consent on your behalf. In Ontario, health care professionals must get consent from you or your SDM at the time of treatment. Your wishes, written or spoken in advance, are not consent. Any document that expresses your future wishes for care is meant to advise your SDM (or attorney appointed through a POAPC) and health professionals in making decisions on your behalf. Making your wishes known does not necessarily mean that they will be followed exactly. We advise that you write an Advance Directive to communicate your wishes clearly, but you should also understand that there are many factors that weigh in a health care decision that may lead to different outcomes in certain situations.

Read the Advance Care Directive Form all the way through, and do not start to fill it in until you have read the directions on how to do so.

- 1.** Read each line carefully and strike out any that do not apply to you or that you do not agree with. There are extra spaces for you to fill in any circumstances not covered – e.g. you may have a hereditary condition you want to add.
- 2.** Please pay special attention to Section 4 in the Advance Care Directive. If you **DO NOT WISH** to have your life prolonged under the conditions you have set out in Sections 1, 2, and 3, then you must strike out Section 4 completely. If you **DO WISH** to have your life prolonged under any circumstances, and are requesting all applicable medical treatment, then you must strike out Sections 1, 2, and 3 and leave only the directions you are giving under Section 4.

- 3.** No witnesses are required to create your Advance Care Directive.
- 4.** Make copies of the Advance Care Directive Form before you sign and date, so that each has your original signature.
- 5.** Give a copy of your Advance Care Directive to whoever you have appointed as your Attorney for Personal Care. Talk to your physician and ask that the directive be entered in your medical records. Keep a copy where it can easily be found in an emergency situation. Leave a note in a prominent place – perhaps with a fridge magnet – saying where to find your Advance Care Directive and who to call in an emergency. Do not store your Advance Care Directive in a locked safety deposit box.

### **CHANGING YOUR MIND:**

You can always change your mind. We advise that you review your Advance Care Directive at least every three years. If there are no changes to be made, sign it again with the new date. There is space at the bottom of the form for you to do this. If your medical condition has changed, or if you have reconsidered some of the directions you wrote down, ask us to send you a new form, and start over. Be sure to tell everyone involved in your care that you have revised your Advance Care Directive.

## ADVANCE CARE DIRECTIVE: Form

**Please note:** If you feel you have special circumstances that the Dying With Dignity Canada forms do not address, we suggest that you consult with a lawyer.

I revoke any previous Advance Care Directives written by me.

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.

If I am unable to make decisions only because I am being kept sedated, I would like the sedation lifted so I can rationally consider my situation and decide for myself to accept or refuse a particular therapy.

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) \_\_\_\_\_
- e) \_\_\_\_\_

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) \_\_\_\_\_
- i) \_\_\_\_\_

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) \_\_\_\_\_

e) \_\_\_\_\_

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 Advance 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 Advance Care Directive, I ask that I be transferred to another hospital or care facility.

Signature: \_\_\_\_\_ Originally Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Reviewed on \_\_\_\_\_ Signature: \_\_\_\_\_

Reviewed on \_\_\_\_\_ Signature: \_\_\_\_\_

Reviewed on \_\_\_\_\_ Signature: \_\_\_\_\_

## Power of Attorney for Personal Care: Instructions

The form for appointing your Substitute Decision-Maker for Health (termed an Attorney for Personal Care in Ontario) is below.

- 1.** You will need **two witnesses** to your signature. The witness **CANNOT** be the person you have appointed as Attorney for Personal Care, your spouse, your child or a person under 18 years old.
- 2.** In Ontario, a Power of Attorney for Personal Care can be a stand-alone document, or can be combined with a Power of Attorney for Property. You can appoint the same person for both, or you can appoint one person for your personal and medical care, and a different person for your financial and legal affairs.
- 3. Please note:** you should consult with your lawyer if you wish to appoint multiple attorneys to act jointly; if you wish to have your Power of Attorney for Personal Care combined with your Power of Attorney for Property; if you feel you have special circumstances the Dying With Dignity Canada forms do not address. Seeking legal advice will ensure that you fully understand all your available options and that your Power of Attorney for Personal Care fulfills the legal requirements of your province. The form provided in this Advance Care Planning Kit is for the stand-alone Power of Attorney for Personal Care. This must be signed under seal. Therefore, both you and your witness should have your signature notarized by a lawyer or a notary public.
- 4.** Ask your lawyer or notary public for notarized copies of the signed Power of Attorney for Personal Care Form, so that you and each of your Attorneys for Personal Care have a document with the original signatures and date. Keep your copy where it can be easily found in an emergency situation and leave a note in a prominent place giving the location of your Power of Attorney for Personal Care Form and your Advance Care Directive Form, and who to call in an emergency. Do not store your copy of these documents in a locked safety deposit box.

### CHANGING YOUR MIND:

You can always change your mind. Simply start off by stating that you revoke any previous Power of Attorney for Personal Care and then continue on to complete a new form in the same way as before. Make sure to inform your previous Attorney for Personal Care and anyone else to whom you gave a copy of the Power of Attorney for Personal Care Form that you have made these changes.

# Power of Attorney for Personal Care: Form

I revoke any previous Powers of Attorney for Personal Care I have made.

1. This Power of Attorney is given by \_\_\_\_\_ (Name)  
of \_\_\_\_\_ (city) in the Province of Ontario.

2. I appoint \_\_\_\_\_ to be my Attorney for  
Personal Care in accordance with the *Substitute Decisions Act 1992*.

3. If the above named \_\_\_\_\_ should be or  
become at any time unable or unwilling to act in the office of attorney, then I appoint  
\_\_\_\_\_ to be my Attorney for Personal Care in  
accordance with the *Substitute Decisions Act 1992*.

4. If both the above named \_\_\_\_\_ and the above  
named \_\_\_\_\_ should be or become at any time unable or  
unwilling to act in the office of attorney, then I appoint \_\_\_\_\_  
to be my Attorney for Personal Care in accordance with the *Substitute Decisions Act 1992*.

5. I give my Attorney for Personal Care authority to make decisions on my behalf for all personal  
matters of a non-financial nature that relate to me.

I have signed this Power of Attorney for Personal Care in the presence of the witness whose name  
appears below. I have signed this Power of Attorney on \_\_\_\_\_ (date)

Signature: \_\_\_\_\_

I have signed this Power of Attorney for Personal Care in the presence of the person whose name  
appears above, and, on the date shown above.

Witness No. 1:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Witness No. 2:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_