IT'S YOUR LIFE. IT'S YOUR CHOICE.

DYING WITH DIGNITY CANADA

NEWFOUNDLAND AND LABRADOR

ADVANCE HEALTH CARE DIRECTIVE: Instructions

Read the Advance Health Care Directive Form all the way through and do not start to fill in the form until you have read the directions on how to do so. Make sure you completely understand all the information and are satisfied that your Substitute Decision-Maker understands that these are your wishes and is willing to act on your behalf. You will then be ready to complete your Advance Health Care Directive Form and appoint your Substitute Decision-Maker.

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 address.

2. Please pay special attention to Section 4 in the Advance Health 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 treatment applicable to your medical condition, then you must strike out Sections 1, 2 and 3 completely and leave only the directions you are giving under Section 4.

3. Please note that your signature needs to be **witnessed by two people**. Your Substitute Decision-Maker must also sign to demonstrate that they accept their appointment to that role. Your Substitute Decision-Maker and spouse of your Substitute Decision-Maker **CANNOT** act as witnesses.

4. IF you are physically unable to sign the Advance Health Care Directive and you ask another person to sign on your behalf, this must be done in your presence with two witnesses. The person signing on your behalf or the spouse of the person signing on your behalf **CANNOT** act as a witness or a Substitute Decision-Maker.

5. Make copies of the Advance Health Care Directive Form before you sign and date, so that each copy has the original signatures.

6. Talk to your physician and ask that a copy of the directive be entered in your medical records. Give a copy to whoever will be making decisions on your behalf if you cannot do so for yourself. Keep a copy where it can be easily found in an emergency situation. Leave a note in a prominent place – perhaps with a fridge magnet – saying where to find your Advance Health Care Directive and who to call in an emergency. Do not store your Advance Health Care Directive in a safety deposit box.

CHANGING YOUR MIND:

You can always change your mind. There is no requirement under Newfoundland and Labrador law that you update your signature. However, your Advance Health Care Directive may not come into effect for a long time. Therefore, we advise that you review your Advance Health 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. Keeping your Advance Health Care Directive up-to-date helps ensure that your most current wishes will be reflected if you lose capacity to make health decisions.

If your medical condition has changed, or if you have reconsidered some of the answers you wrote down, ask us to send you a new form, and start over. Begin by revoking your previous Advance Health Care Directive and continue on as before. Be sure to tell everyone involved in your care that you have revised your directive.

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.

ADVANCE HEALTH CARE DIRECTIVE: Form

Part 1: Appointing a Substitute Decision-Maker

I designate: _____ as my Substitute Decision-Maker.

Substitute Decision-Maker:

I accept my appointment as Substitute Decision-Maker. I am at least 19 years of age.

Print Name: _____

Signature: _____ Date: _____

If the above named _____ should be or

become at any time unable or unwilling to act on my behalf,

I designate _____ as my Alternate Substitute Decision-Maker.

Alternate Substitute Decision-Maker (strike this out if you did not appoint an Alternate Substitute Decision-Maker):

I accept my appointment as Substitute Decision-Maker. I am at least 19 years of age.

Print Name: _____

Signature: _____ Date: _____

I give my Substitute Decision-Maker the authority to make decisions on my behalf for all personal mat-ters of a non-financial nature, that relate to me – **OR**

I do not wish to designate a Substitute Decision-Maker, but provide the following information and in-structions to be followed by my health care provider (You must choose only one option and strike out what does not apply.)

Part 2: Treatment preferences

I revoke any previous Advance Health 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.

☐ Yes ☐ No

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) _____

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 Advance 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 Advance 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:

Signature: _____ Originally Dated: _____

Print Name: _____

We have signed this Advance Health Care Directive in the presence of the person whose name appears above, and in the presence of each other, on the date shown above.

Witness No. 1:

Signature: _____

Print Name: _____

Address: _____

Witness No. 2:

Signature: _____

Print Name: _____

Address: _____

Reviewed on _____ Signature: _____

Reviewed on _____ Signature: _____

Reviewed on _____ Signature: _____