

**Directions for My Health Care  
When I am not Competent to Make such Decisions**

*AN ADVANCE HEALTH CARE DIRECTIVE  
FOR*

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(Name)

Dated at \_\_\_\_\_ on \_\_\_\_\_  
(City and Province) (Date)

**Introduction:**

The following are my instructions concerning treatment decisions and, as applicable, housing and proper care, should I be incapable of making or communicating my own care and treatment decisions.

**A Statement of My Values as a Christian and Essential Components of Care:**

As I have sought to live my life faithfully as a Christian, I wish to make it abundantly clear at the start of this directive that the values, customs and way of life of my Christian faith should direct any treatment decisions that must be made should I not be competent to make them. To begin with, I accept fully that my life on this earth is a gift of a loving God and that God alone knows the number of my days. In accordance with my Christian faith, I do not accept that my life should ever be actively terminated either through euthanasia or assisted suicide. I expect that pain will be controlled as far as possible and that the "principle of double effect" may be invoked should pain become a particularly horrendous issue.

It is my wish that **the best palliative care would be available to me should I be dying and not be competent to make my own decisions.** I trust that the medical personnel providing palliative care will discuss what is best for me with my proxy, and, as appropriate, my family. 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.** When the prognosis is clear, then please follow my wishes.

Life is first and foremost a gift from God. It is a gift I cherish and many of its so-called "handicapped" forms are not a diminishment of life for me, but simply part of the journey God calls me to and accompanies me on. Except in the case of severe and irreversible loss of cognitive ability, including permanent loss of consciousness<sup>1</sup>, I do not consider handicaps such as amputation or impaired capacities (including mental capacities) of themselves to be sufficient reason for terminating necessary treatment.

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<sup>1</sup> 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.

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I realize, nonetheless, that there are often very difficult decisions to be made either at the end of life or when my life is hanging in a critical balance. And to that end I wish to leave this directive as a form of my instructions, based upon my commitment to God in faith, about the care that I would expect should I no longer be able to make decisions about my own care.

Of note: 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.

**General Instructions:**

1. If I am dying, I ask for good palliative care as mentioned above. I am fully prepared to forego, or have removed, any treatment that will simply prolong my dying process or cause me undue burdens.
2. If I am in a persistent vegetative state or so severely and irreversibly brain damaged that I cannot communicate and, indeed, am not aware of others, then I do not wish to receive any medical treatment that will simply prolong my life. I may not be technically "dying" (depending upon the definition of "dying"), but I would not wish any life-sustaining treatment,

Choose one  including OR  except **nutrition and hydration tubes**

when I am in such a state and my condition deteriorates. Comfort care is all I ask, including IVs or hypodermoclysis, only if appropriate.

3. As stated above, **if my condition is uncertain, particularly in an emergency, I expect complete treatment until some certainty is established. Then I am prepared to forego, or have withdrawn, any treatment that is burdensome, unduly prolonging the dying process, or simply sustaining me at an irreversible level of physical and/or mental deterioration. Of course, if the treatment has begun a process of healing or restoration, then I expect it to be continued.**

**Specific Instructions:**

1. **Aggressive treatment:** If I am dying or severely and irreversibly mentally compromised, I am prepared to forego (or have withdrawn, if the treatment is already in place) any surgery or aggressive medical treatment, use of mechanical life support (such as ventilators, dialysis, etc.) and even diagnostic tests. I expect my proxy to make any decisions about these treatments in conjunction with the palliative care personnel. Any treatment for comfort care is acceptable to me.

2. **Modes of Feeding:** If I am in a persistent vegetative state, or irreversibly and severely demented, or dying slowly, I would not want a feeding tube. If it is needed for comfort care, it may be used temporarily. If hydration is necessary for comfort or proper treatment, it may be given in medically appropriate ways (mouth swabs, hypodermoclysis, IVs, etc.); but I understand that there are times when hydration does nothing more than prolong the dying process and I would be prepared to forego artificial hydration in accord with good palliative care.
3. **CPR:** If I am dying, I expect that a Do Not Resuscitate order would be appropriate. Certainly, if I am in palliative care, I do NOT wish to have CPR in any form, including the use of paddles. On this note, if I should have a pace maker or inserted defibrillator, I would expect that either instrument could be turned off if they are interfering with and/or prolonging my dying.
4. **Pain Relief and Sedation:** I would be willing to put up with some pain if I could be more aware. If I am not competent but troubled by pain, please control the pain as completely as possible.
5. **Amputation:** 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. If I am dying or severely mentally impaired, I would not accept an amputation.
6. **Home Care:** 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.
7. **Antibiotics:** Since antibiotics are a medical treatment, I expect that they (and any other treatment) would be used only as appropriate. I would not want antibiotics if I were dying and suddenly developed pneumonia, for example. However, circumstances play a critical role here and I would expect my proxy to make the decision for me.

**Organ Donation:** Although organ donation is not legally covered under personal care directives legislation, I wish to make it abundantly clear that I am quite prepared to donate any part of my body that can be used for donations to assist the living, with the exception of brain cells and sperm (ova). I ask my family to respect these wishes should tragic circumstances ever make such a donation a possibility.

**Research Possibilities:** Even if my condition is medically hopeless, I would accept any diagnostic tests or valid research protocols which might assist in the analysis of my disease toward an eventual possible cure, or may someday assist doctors in helping others, including members of my own family, who may be prone to the same disease.

**Appointment of Proxy**

**First Choice: If there is to be only one proxy:**

I, \_\_\_\_\_ appoint as my proxy or health care agent:  
(Name)

**PLEASE PRINT ALL OF THE FOLLOWING INFORMATION CLEARLY:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Phone:** \_\_\_\_\_  
\_\_\_\_\_

**Optional: Alternate proxy (If the appointed proxy is unable or unwilling to fulfill the role):**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Phone:** \_\_\_\_\_  
\_\_\_\_\_

**Or Second Choice: If there is to be more than one proxy:**

I, \_\_\_\_\_ appoint the following persons to be my proxies:  
(Name)

**Names and phone numbers:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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): \_\_\_\_\_

My proxy or health care agent 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. The proxy is to make health care decisions based, as far as possible, on my known wishes.

**Instructions for the Proxy or Proxies (check one):**

In this **advance care directive** I have expressed some of my preferences concerning health care decisions that may arise. I ask my proxy to follow this document and only to rely on other sources of knowledge about my wishes and values in situations not covered in it.

While I have expressed some of my preferences for care in this **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, especially my Christian faith, and to have ultimate authority to make decisions for me that I cannot make myself.

If my wishes are not known or cannot with reasonable diligence be ascertained, my proxy should decide in accord with my best interests and a general sense of my values. Above all, any decisions should reflect my abiding Christian faith and the values of the faith community to which I belong.

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 in Canada there are no legal statutes explicitly protecting either the writing of an advance care directive or the appointment of a proxy. If this document fails on some legal technicality, I ask that it still be respected as my wishes. While I may or may not have an opportunity to discuss these directives with my own physician(s), 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.

**This is the Advance Health Care Directive of** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Witness:** \_\_\_\_\_