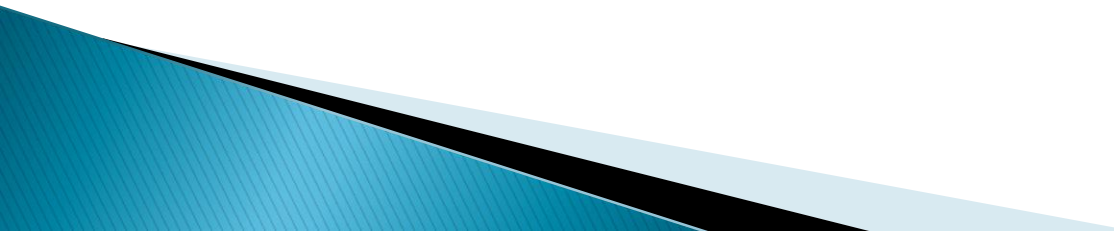


Advance Care Planning and Personal Directives

Darcy Gillis, SCP
INSPIRED COPD Outreach Program

Overview of workshop...

- ▶ Short video
 - ▶ Key definitions and concepts
 - ▶ Personal preferences exercise
 - ▶ Walk-through of NSHA's PD template
- 

CHES Personal Directive Video

[Click here](#)



Advance Care Planning

- ▶ A process whereby a person, often in consultation with his/her family and attending health care providers, thinks about and makes decisions about her/his future personal care

▶ Main ACP process steps:

- Reflection
- Discussion with loved ones
- Consultation with healthcare providers
- Decisions
- Communication verbally or written

*Best to engage in process when well and have time

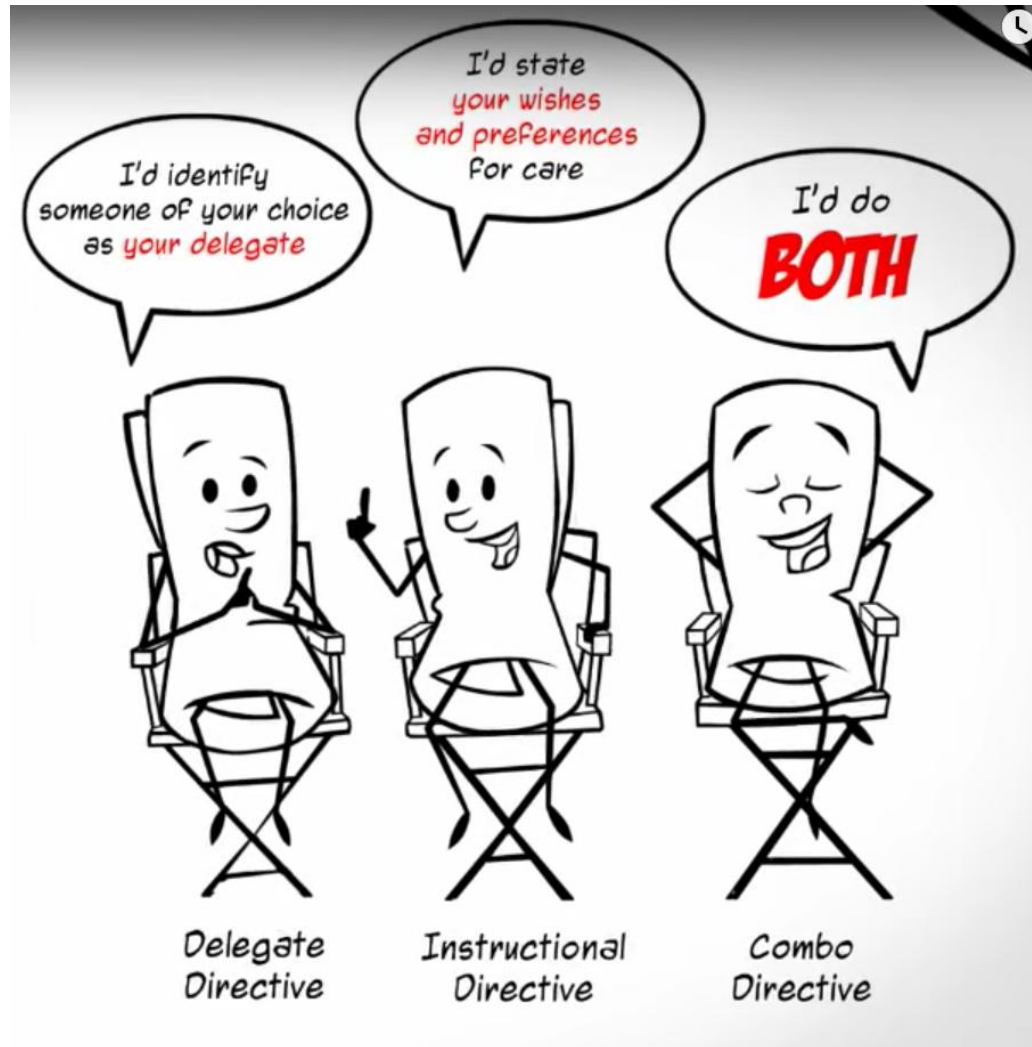


Personal Directive

- ▶ A legal document in which a capable person sets out what, how and/or by whom personal care decisions are to be made in the event that she/he is no longer capable of making these decisions on his/her own

Directive Types

- ▶ Delegate
- ▶ Instructional
- ▶ Combination



Legality

- ▶ Provincial Act
- ▶ Must be signed and witnessed (not by delegate)
- ▶ Delegate must be 19 years or older



Personal Directives Act

CHAPTER 8
OF THE
ACTS OF 2008

NOTE - This electronic version of this statute is provided by the Office of the Legislative Counsel for your convenience and personal use only and may not be copied for the purpose of resale in this or any other form. Formatting of this electronic version may differ from the official, printed version. Where accuracy is critical, please consult official sources.

An Act Respecting Personal Directives

Short title

1 This Act may be cited as the Personal Directives Act. 2008, c. 8, s. 1.

Interpretation

2 In this Act,

(a) "capacity" means the ability to understand information that is relevant to the making of a personal-care decision and the ability to appreciate the reasonably foreseeable consequences of a decision or lack of a decision;

When a delegate is not chosen

Statutory decision maker chosen from list:

- ▶ Spouse (marital, common law or registered domestic partner)
 - ▶ Child
 - ▶ Parent . . .
 - ▶ List of relatives down to Public Trustee (last resort)
-
- ▶ Scope is broader when delegate is chosen to include personal care decisions
 - ▶ Delegate had time to learn patient's goals and wishes

ACP and NSHA

- ▶ April 2011 Personal Directive Policy
- ▶ Form with open-ended questions
- ▶ Ethical underpinning of respect for autonomy
 - Patient- and Family-Centered care
- ▶ Better allocation of resources



Capital Health

INTERDISCIPLINARY CLINICAL MANUAL

Policy/ Procedure

TITLE:	Personal Directives (formerly called Advance Directives)	NUMBER:	CC 90-005
Effective Date:	April 2011	Page	1 of 16
Applies To:	Holders of the Interdisciplinary Clinical Manual		

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Personal Directives on HPF

MRN: [REDACTED]
DOB: [REDACTED]

Encounter:
Facility:

File Pages Document Edit View Assignments Deficiencies Help

ZmIn ZmOut Zoom Scroll Left Right Content BkMark BkView Print Help Exit

Content

Documents Bookmarks Patient Encounter Assignments Deficiencies

Expand Collapse

My View ☒ All Documents Clinical Dictating Radiology

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Alerts

Infection Control Forms

Release of Info Documents

Radiology Reports

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PERSONAL DIRECTIVE OF [REDACTED]

In this Personal Directive, I state m
for personal care, including my health ca
the time come when I am unable to mak
my own. In these circumstances, I wish f
personal directive to be respected and fo
(substitute decision maker), family and
health care.

ARE SOME CONDITIONS WORSE THAN DEATH?

This worksheet helps you to think about situations in which you would not want medical treatments intended to keep you alive.

Advances in medical technology are changing the way people make decisions on what types of treatment they desire. Choices offered today by modern medicine involve value judgments that may determine if a particular treatment is right for you. In some cases, treatments can keep people alive even if there is no chance you will improve. Ask yourself what you would want in the situations described below if treatment would not reverse or improve your condition.

Directions: Circle the number from 1 to 5 that best indicates how you feel about these situations.

- 1 -- Definitely want treatments that might keep you alive.
- 2 -- Probably would want treatments that might keep you alive.
- 3 -- Unsure of what you want.
- 4 -- Probably would NOT want treatments that might keep you alive.
- 5 -- Definitely do NOT want treatments that might keep you alive.

What if you ...

- | | |
|--|-----------|
| a. No longer can walk but get around in a wheel chair. | 1 2 3 4 5 |
| b. No longer can get outside – you spend all day at home. | 1 2 3 4 5 |
| c. No longer can contribute to your family's well-being. | 1 2 3 4 5 |
| d. Are in severe pain most of the time. | 1 2 3 4 5 |
| e. Are in severe discomfort most of the time (such as nausea, diarrhea). | 1 2 3 4 5 |
| f. Are on a feeding tube to keep you alive. | 1 2 3 4 5 |
| g. Are on a kidney dialysis machine to keep you alive. | 1 2 3 4 5 |
| h. Are on a breathing machine to keep you alive. | 1 2 3 4 5 |
| i. Need someone to take care of you 24 hours a day. | 1 2 3 4 5 |
| j. Can no longer control your bladder or your bowels. | 1 2 3 4 5 |
| k. Live in a nursing home. | 1 2 3 4 5 |
| l. Can no longer think or talk clearly. | 1 2 3 4 5 |
| m. Can no longer recognize family or friends. | 1 2 3 4 5 |
| n. Need to be sedated to control your pain. | 1 2 3 4 5 |

PERSONAL DIRECTIVE OF _____

In this Personal Directive, I state my wishes and preferences for my personal care, including my health care and treatment, should the time come when I am unable to make personal care decisions on my own. In these circumstances, I request that the content of this personal directive be respected and followed by my delegate (or statutory decision maker, if a delegate has not been named below), family and people who provide my health care.

In circumstances in which I am unable to make personal care decisions on my own:

I request that the below-listed, deeply-held, personal values and beliefs be respected:

Sample questions for consideration: What is most important to me in my life right now?

Do I highly value living independently and making decisions for myself? What religious or personal beliefs/convictions (if any) do I hold about how my life should end?

The below-listed goals and priorities are to be followed in my (plan of) care:

Sample questions for consideration: What is more important to me – the length of my life or the quality of the life that I am living? Is good control of my pain more important to me than being fully alert all of the time (or vice versa)?

If possible, I wish to avoid the following:

Sample question for consideration: What health and life circumstances (if any) can I imagine myself being in where I would rather that my life end than I remain in these circumstances for a prolonged period of time?

If possible, I hope for the following:

Sample questions for consideration: How would I prefer to spend the last years (or months) of my life, if this is possible for me? How would I like my family, physicians and others who are important to me to respond/react to suddenly-developing health circumstances in which my life is threatened or ending? What would a 'good death' look like for me, e.g., what are my preferences regarding where, and in what circumstances, my life ends?

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

Other specific instructions or information (not covered above) that I wish my substitute decision maker (delegate or statutory decision maker), family and people who provide my personal care to be aware of (in addition to health care and treatment, personal care includes where I live; what I eat and drink; my clothing, hygiene, safety, comfort and recreational and social activities; and services in the community that support me):

Naming a Delegate

Complete the section if you wish this to be a combined delegate and instruction personal directive. If you do not name a delegate, this will be an instruction directive.

In circumstances in which I am unable to make personal care decisions on my own, I hereby designate _____, who is 19 years of age or older, as my delegate (substitute decision maker).

Address:

Telephone number(s):

Email address:

Other Optional Content

If the above designated delegate is unable, unwilling or unavailable to make a personal care decision on my behalf, I authorize the following person to act as my alternate delegate:

Name:

Address:

Telephone number(s):

Email address:

A physician who is assessing my capacity to make personal care decisions on my own is to consult with:

Name:

Address:

Telephone number(s):

Email address:

My delegate or alternate delegate is to consult with the following person(s) when making decisions about my personal care:

Name:

Address:

Telephone number(s):

Email address:

This Personal Directive is made pursuant to the *Personal Directives Act*.

Dated and signed this ____ day of _____ 201__

Signature: _____ Print name: _____

Witness Signature: _____ Print name _____

Address:

Telephone number(s):

Email address:

Distribution of PDs

- ▶ Who should be made aware of the existence of a PD (and where it is located)?
 - Keep original handy (fridge, Vial of Life)
 - Delegate/s
 - Any one who might want a say in your hospital room
 - Attending family doctor and regular medical specialists
 - Electronic Medical Records (HPF)
 - Lawyer (but not essential)

Thoughts?

