

# **Who Will Speak for You?**

Advance Care Planning Kit for Ontario



**Dying With Dignity Canada**  
It's your life. It's your choice.

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## **PART I**

### **Understanding Your Advance Care Directive**

**WHAT IT MEANS:** Your Advance Care Directive (ACD) is the document in which you make known your wishes for medical treatment or non-treatment. It only comes into effect if you are not able to speak for yourself.

**WHY YOU SHOULD HAVE AN ADVANCE CARE DIRECTIVE:** In a medical emergency, or any other circumstance which leaves you unable to communicate, this is the document that will help those responsible for your care to decide on your treatment. And it will help your loved ones to make the right decisions on your behalf.

Without an Advance Care Directive you may be subject to aggressive medical intervention, which you may not want to have. Or you may have a specific medical condition for which you do want all available treatment.

**HOW TO GO ABOUT IT:** First, read Considering Your Personal Values. This will start you off thinking about what is important to you in terms of quality of life.

### **Considering Your Personal Values**

1. What do you feel gives your life its purpose and meaning?
2. What do you particularly value about your physical or mental well-being:
  - Do you most love to be outdoors?
  - Are large family gatherings your happiest times?
  - Do you prefer quiet time alone listening to music or reading?
  - Have you a favorite pastime such as bridge or crosswords?
  - Do you have a hobby, perhaps painting or collecting?

3. If you were no longer able to enjoy the things that are important to you because of deterioration in your sight, or hearing, or mobility, do you think this would affect the health care decisions you would make?
4. If you could plan it today, what would the last day of your life be like?
  - Where would you be?
  - What would you be doing?
  - Who would be with you?
  - What would you eat, if you were able to eat?
  - Would you want the comfort of spiritual support, such as a member of the clergy or someone who shares your religious beliefs?
5. Are there people to whom you would want to write a letter, or tape a message, perhaps marked for opening at a future time?
6. How do you want to be remembered? If you were to write your own obituary or epitaph, what would it say?
7. Are there other personal values you want others to be aware of?

**NEXT:** Read Considering Your Medical Priorities. This is the most difficult part, because it asks you to imagine yourself in various critical conditions, and to then think about what treatment you would want to accept or refuse in each case, and to write down your answers.

Writing down your answers is just for your own information and to help clear things in your mind, so that you are better prepared for the next step.

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## **Considering Your Medical Priorities**

1. Which of the following do you fear **most** near the end of life?  
Being in pain  
Losing the ability to think  
Being a burden on loved ones
  
2. Is it more important for you to (a) have your wishes for treatment followed at the end of life even if family members or friends disagree, or (b) have family and friends all in agreement and comfortable with whatever decision is made?
  - a) Have your wishes for treatment followed, even if there is disagreement
  - b) Have family and friends all in agreement
  - c) I am uncertain
  
3. Imagine that you are now seriously ill, and doctors are recommending chemotherapy and this treatment usually has very severe side effects, such as pain, nausea, vomiting and weakness that could last 2-3 months.  
Would you be willing to endure the side effects if the chance of regaining your current health was less than 25 in 100?  
Yes                      No                      I am uncertain
  
4. In the same circumstances as in the previous question, suppose that your condition is clearly terminal, but the chemotherapy has an 80% chance of giving you an additional six months of life.  
Would you want the chemotherapy even though it has severe side effects, such as pain, nausea, vomiting and weakness?  
Yes                      No                      I am uncertain
  
5. Imagine that you had a dementia, such as Alzheimer's disease, and it had progressed to the point where you could not recognize or have a conversation with your loved ones. When spoon-feeding was no longer possible, would you want to be fed by a tube into your stomach?  
Yes                      No                      I am uncertain

6. Imagine you had advanced dementia to the same degree as in the above question. You have already been hospitalized twice in the past year for pneumonia and other lung infections which required aggressive medical intervention including massive doses of antibiotics.
- The next time you get pneumonia, which if left untreated could be fatal, do you want aggressive treatment again, or would you prefer simply to have comfort care until death comes?
- a) Aggressive treatment including antibiotics
  - b) No treatment, comfort care only
  - c) I am uncertain
7. Imagine you have long-standing diabetes, or a severe circulatory condition such as advanced arterial disease that resulted in one leg being amputated because it developed gangrene. Now, the other leg develops gangrene and the doctor recommends amputation because the condition could be fatal.
- Would you want the operation or would you prefer to simply have comfort care and allow your untreated medical condition to bring about your death?
- a) I would want the surgery
  - b) No surgery, comfort care only
  - c) I am uncertain
8. Imagine that you are physically frail and you need help with most routine daily activities, such as dressing, bathing, eating, and going to the toilet. You live in a nursing home and your mind is fairly clear and capable most of the time. You develop a severe kidney infection which if left untreated would lead to multiple organ failure and death. Would you want to be hospitalized and receive aggressive medical intervention, or would you prefer not to be treated but to simply have comfort care and allow your untreated medical condition to bring about your death?
- a) Treated in hospital
  - b) No treatment, comfort care only
  - c) I am uncertain
9. Imagine you have congestive heart failure that causes your lungs to fill up with fluid, leaving you extremely breathless, and that also causes your ankles to swell up so that walking is difficult. You are always short of breath and tired, and unable to walk even one block. Your health is poor but you are alert and able to enjoy time with family and friends.

One day you have a heart attack and your heart stops beating. Would you want CPR started and 911 called?

Yes

No

I am uncertain

10. Imagine that you are in a permanent coma and your body is maintained by artificial means, such as mechanical breathing and tube feeding.

Would it be important to you that decisions about your treatment or discontinuation of treatment be guided by the religious beliefs or spiritual values that you hold?

Yes

No

I am uncertain

11. If you were terminally ill with a condition that caused you much pain, would you want to be sedated even to the point of unconsciousness, if it were necessary to control your pain?

Yes

No

I am uncertain

12. Would you allow yourself to be placed on life support if your heart, kidneys, pancreas, lungs, or liver could be used in transplant operations to save lives after your death?

Yes

No

I am uncertain

**You may want to pause at this point, and talk over these questions and answers with your loved ones and with your caregivers.**

**THE FINAL STEP:** Read the Advance Care Directive Form all the way through (page 9) but do not start to fill it in until you have read the directions on how to do so.

**HOW TO FILL IN THE ADVANCE CARE DIRECTIVE FORM:** 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.

**Please pay special attention to section 4 in the directive.**

*If you **DO NOT WISH** to have your life prolonged under the conditions you have set out in Sections 1, 2, & 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, & 3 and leave only the directions you are giving under section 4.*

**SIGNING AND MAKING COPIES:** Make copies of the form before you sign and date, so that each has your original signature. Give a copy to whoever will be making decisions on your behalf if you cannot do so for yourself.

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 directive and who to call in an emergency.

**Do not store your 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**

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) \_\_\_\_\_

**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 & 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 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 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 \_\_\_\_\_

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## **PART II**

### **Understanding Your Power of Attorney for Personal Care**

**WHAT IT MEANS:** Giving someone Power of Attorney for Personal Care means that you give them authority to make decisions on your behalf concerning your care and your medical treatment, if you are not able to make your wishes known. *This person then becomes your Substitute Decision Maker (your SDM).*

**WHY YOU SHOULD HAVE A SUBSTITUTE DECISION-MAKER:** If you become critically ill, and unable to communicate your wishes, the physicians treating you must go to your Substitute Decision Maker to interpret your Advance Care Directive. This gives you another layer of protection in ensuring your wishes are respected.

Although you may have written an Advance Care Directive, a situation may arise where your medical condition at the time is not one that is addressed in your directive. Your Substitute Decision Maker would then be able to make a decision on your behalf, based on his/her understanding of what you would decide for yourself, if you were able to do so.

Should you suffer a mental impairment, and are unable to communicate your wishes, your Substitute Decision Maker has the authority to make arrangements for your care, such as where to live; whether or not you have special dietary or clothing needs, and if so, to ensure these needs are accommodated; arranging for additional help to assist you in daily living, should you gradually come to need this. Your Substitute Decision Maker is concerned with all aspects of your future personal care as well as your medical care.

**WHO TO APPOINT:** Your Substitute Decision Maker must be over 16 years of age, someone who knows you well and whom you trust to carry out your wishes. You should **not** appoint anyone who provides you with health care or support services for compensation, unless that person is also your spouse, partner or relative.

You have the option to appoint more than one person, and to have them act **jointly** or act **independently**. Under the law, having them act jointly means they must all agree on all decisions before action can be taken. This can lead to disagreements or misunderstandings, and can be very time-consuming.

Under the law, having them act independently means that if the person you first name is unable to act on your behalf, e.g. ill, or on vacation, the person you next named is automatically authorized to assume the duties.

**We advise that you appoint them to act independently.**

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## **Talking To Your Attorney for Personal Care**

Your Attorney for Personal Care is your Substitute Decision Maker (your SDM) and is the person you will authorize to speak on your behalf. How well do they know you and your health care wishes? This short form with questions and answers will help you find out how well you have communicated your wishes to them and how well they have understood your wishes.

This is exactly the same form as Considering Your Medical Priorities (page 5), which you filled in earlier. Your Substitute Decision Maker now answers the same questions as if they were doing so on your behalf, under conditions in which you could not speak for yourself.

### **Your Substitute Decision Maker completes this section:**

1. Which of the following do you think I fear **most** near the end of life?
  - Being in pain
  - Losing the ability to think
  - Being a burden on loved ones
2. Do you think it is more important for me to (a) have my wishes for treatment followed at the end of life even if family members or friends disagree, or (b) have family and friends all in agreement and comfortable with whatever decision is made?
  - a) Have my wishes for treatment followed, even if there is disagreement
  - b) Have family and friends all in agreement
  - c) I am uncertain
3. Imagine that I am now seriously ill, and doctors are recommending chemotherapy and this treatment usually has very severe side effects, such as pain, nausea, vomiting and weakness that could last 2-3 months.  
Do you think that I would be willing to endure the side effects if the chance of regaining my current health was less than 25 in 100?  

YesNoI am uncertain
4. In the same circumstances as in the previous question, suppose that my condition is clearly terminal, but the chemotherapy has an 80% chance of giving me an additional 6 months of life.  
Do you think that I would want the chemotherapy even though it has severe side effects, such as pain, nausea, vomiting and weakness?  

YesNoI am uncertain

5. Imagine that I had a dementia, such as Alzheimer's disease, and it had progressed to the point where I could not recognize or have a conversation with my loved ones. When spoon-feeding was no longer possible, do you think that I would want to be fed by a tube into my stomach?

Yes

No

I am uncertain

6. Imagine I have advanced dementia to the same degree as in the above question. I have already been hospitalized twice in the past year for pneumonia and other lung infections, which required aggressive medical intervention, including massive doses of antibiotics.

The next time I get pneumonia, which if left untreated could be fatal, do you think that I would want aggressive treatment again, or that I would prefer simply to have comfort care until death comes?

- a) Aggressive treatment including antibiotics
- b) No treatment, comfort care only
- c) I am uncertain

7. Imagine I have long-standing diabetes, or a severe circulatory condition such as advanced arterial disease that resulted in one leg being amputated because it developed gangrene. Now, the other leg develops gangrene and the doctor recommends amputation because the condition could be fatal.

Do you think that I would want the operation or that I would prefer to simply have comfort care and allow the untreated medical condition to bring about my death?

- a) I would want the surgery
- b) No surgery, comfort care only
- c) I am uncertain

8. Imagine that I am physically frail and need help with most routine daily activities, such as dressing, bathing, eating, and going to the toilet. I live in a nursing home and my mind is fairly clear and capable most of the time. I develop a severe kidney infection which if left untreated would prove fatal through multiple organ failure.

Do you think that I would want to be hospitalized and receive aggressive medical intervention, or that I would prefer not to be treated, but simply to have comfort care and allow the untreated medical condition to bring about my death?

- a) Treated in hospital
- b) No treatment, comfort care only
- c) I am uncertain

9. Imagine I have congestive heart failure that causes my lungs to fill up with fluid, leaving me extremely breathless, and that also causes my ankles to swell up so that walking is difficult. I am always short of breath and tired, and unable to walk even one block. My health is poor but I am alert and able to enjoy time with my family and friends. One day I have a heart attack and my heart stops beating. Do you think that I would want CPR started and 911 called?

Yes

No

I am uncertain

10. Imagine that I am in a permanent coma and my body is maintained by artificial means, such as mechanical breathing and tube feeding.

Do you think it would be important to me that decisions about my treatment or discontinuation of treatment be guided by the religious beliefs or spiritual values that you know I hold?

Yes

No

I am uncertain

11. If I were terminally ill with a condition that caused me much pain, do you think that I would want to be sedated even to the point of unconsciousness, if it were necessary to control my pain?

Yes

No

I am uncertain

12. Do you think that I would allow myself to be placed on life support if my heart, kidneys, pancreas, lungs, or liver could be used in transplant operations to save lives after my death?

Yes

No

I am uncertain

**Compare the answers** your Substitute Decision Maker has given with the answers you wrote down for yourself. This will tell you if your Substitute Decision Maker understands you well, and understands the wishes you have expressed for your future personal care and medical treatment, and is willing to act on your behalf.



**THE FINAL STEP:** Read the Power of Attorney for Personal Care Form (page 16) all the way through but do not start to fill in the form until you have read the directions on how to do so.

**Before continuing on to the next step, make sure you understand all the information and are satisfied that your Substitute Decision Maker understands the wishes you have expressed and is willing to act on your behalf.**

**HOW TO FILL IN THE POWER OF ATTORNEY FOR PERSONAL CARE FORM:** Please note you will need two witnesses to your signature, and they must both be present when you sign. The witnesses can NOT be:

*The person or persons you to whom you are giving Power of Attorney.*

*Their spouse or partner*

*Your own spouse or partner or child*

*A person whose property is under your guardianship*

*Anyone under the age of 18 years old.*

**SIGNING AND MAKING COPIES:** Make copies of the Power of Attorney For Personal Care Form before you and the witnesses sign, so that you and each of your Substitute Decision Makers has 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 the form in the same way as before, and appoint your new Substitute Decision Maker.

Make sure to inform your previous Substitute Decision Maker 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**

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

1. This power of attorney is given by \_\_\_\_\_ (Name)  
of \_\_\_\_\_ 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. In making this power of attorney for personal care, I am fully aware that  
I am appointing a Substitute Decision Maker (my SDM)
  - That I may need my SDM to make personal care decisions for me
  - That my SDM has a genuine concern for my welfare
  - That my SDM will act in accordance with the wishes I have expressed
6. I authorize my attorney for personal care to give or refuse consent on my  
behalf to treatment to which the *Health Care Consent Act 1996* applies.

I have signed this power of attorney in the presence of both witnesses whose names appear  
below. I have signed this power of attorney on \_\_\_\_\_ (date)

Signature \_\_\_\_\_

We have signed this power of attorney 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 \_\_\_\_\_

\_\_\_\_\_



## **Key Differences Between Your Two Documents**

	<b>Advance Care Directive</b>	<b>Power of Attorney for Personal Care</b>
Purpose	Provides guidance as to <b>what</b> medical treatment or non-treatment you would want under the conditions specified by you, if you are unable to make your wishes known at the time.	Stipulates <b>who</b> is authorized to make decisions on your behalf concerning your personal care and your medical treatment, if you are unable to make your wishes known at the time.
Status of document	Not legally binding – but may greatly influence care providers.	Legally binding if properly drawn up. A lawyer is advisable but not necessary.
Witnesses	Not required, as this is not a legally binding document, but may improve chances of directive being followed.	Yes – two witnesses who must meet the specific criteria listed on <i>page 15</i> .

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

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## **APPENDIX I - Medical Terms Explained**

***Antibiotics:*** drugs commonly used to successfully treat infections. Some of these infections can be life-threatening for a grievously ill person. Examples would be pneumonia or an infection in the blood or brain.

***Artificial Nutrition:*** being fed by a method other than by mouth. This would apply if you were in a coma or otherwise unable to swallow, and may be by:

Nasogastric Tube (NG tube) - a tube inserted through the nose and into the stomach. The tube may also be used to suction excess acids from the stomach.  
Gastrostomy tube (G-tube or PEG tube) – a tube placed directly into the stomach for the long term administration of food, fluids and medications.

***Artificial Hydration:*** being given fluids via a small tube inserted into a vein (venous catheter or IV). Terminal patients who wish to voluntarily stop eating and drinking (VSED) and to simply receive comfort care, should also request to discontinue artificial hydration by IV, as this prolongs the dying process.

***Cardio-Pulmonary Resuscitation (CPR):*** applying pressure to the chest, or an electric charge to re-start the heart, and sending air directly into the lungs to assist in breathing. CPR can be life-saving, but the success rate for critically ill patients is extremely low.

***Cerebrovascular Accident (CVA):*** see *Stroke*

***Chronic debilitating suffering of a permanent nature:*** a medical condition for which there is no cure. Examples would be Parkinson's disease or terminal cancer.

***Coma:*** a profound state of unconsciousness in which a person cannot be awakened by pain, light, sound or vigorous stimulation. There may be some movements but these are not conscious acts. A patient in a coma state which is of short duration can recover. Over four weeks in coma, the patient may progress to a vegetative state.

***Comfort Care:*** for the dying patient when further medical intervention is rejected or has been judged futile.

***Dementia:*** a condition that impacts a person's ability to perform everyday functions. Examples would be Alzheimer's disease, or loss of thinking skills and memory following a major stroke.

***Electrical, mechanical or other artificial stimulation of my heart:*** see *CPR*

**Heart Failure:** a condition where the heart is damaged and fails to pump enough blood to the critical organs in your body.

**Hospice Care:** for terminal patients, and may be given in the home or in a hospital or care facility. The emphasis is on pain and symptom control for the dying patient, and there is normally no aggressive medical treatment.

**Intensive Care Unit (ICU):** sometimes referred to as the Critical Care Unit is a hospital ward with highly specialized staff. It is for the patient with a life-threatening illness or injury, including major surgery with a threat of complications, which needs constant monitoring and the support of specialized equipment.

**Life-sustaining treatment:** replaces or supports defective bodily functions. It may be used temporarily for a treatable condition until the patient is stabilized. If there is no hope of the body regaining the ability to function normally, life support may simply prolong the dying process without the benefit of increased quality of life.

**Mechanical Breathing:** used to support or replace the function of the lungs. The ventilator or respirator is a machine attached to a tube inserted into the patient's nose or mouth and down into the windpipe, in order to force air into the lungs. It helps people with a short term medical problem. People with irreversible respiratory failure such as that caused by injury to the spinal cord, or a progressive neurological disease will require long term ventilation; and in this case, the tube is inserted through a small hole at the front of the throat into the trachea (tracheostomy tube).

**Palliative Care:** is most often care in a hospital setting and may be given in conjunction with medical treatment such as chemotherapy or radiation. The emphasis is on pain and symptom control, and the management of side effects of the treatment, such as weakness and nausea.

**Stroke:** damage to the brain caused by a blockage of blood flow, or bleeding into the brain. The degree of disability resulting depends on the location and severity of the initial cause.

**Terminal illness:** a medical condition which has progressed to the point where death may be expected within weeks or months.

**Vegetative State:** a result of damage to the parts of the brain that control thinking, memory, consciousness and speech. The patient may have no damage to the part of the brain that controls breathing and heart rate, and may continue to survive in an unresponsive state.

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## **APPENDIX II - Frequently Asked Questions**

**Q - Can someone else create an Advance Care Directive on my behalf?**

A - *No. But if you are unable to write, your directive may be given orally. If someone else is writing on your behalf, his/her signature must be witnessed in your presence.*

**Q - What if I have a written Advance Care Directive in which I refused a certain treatment, and then when in hospital I change my mind?**

A - You can change your mind at any time. Any instructions you give orally will over-ride previously written instructions provided you are competent when you express them.

**Q - I am just not comfortable imagining all these medical conditions you describe. Why can't I simply say I don't want my dying to be prolonged?**

A - You may certainly do so. Many people have a general directive such as this. However, if you do not set down specific instructions, your Advance Care Directive is open to interpretation – and you may be treated in ways you would not want.

**Q - What happens if I don't have a Power of Attorney for Personal Care? Does that mean I have no Substitute Decision Maker?**

A - Everyone has a Substitute Decision Maker. Under the *Ontario Health Care Consent Act*, if you have not named a specific person, then your substitute decision maker is determined by the following hierarchy:

*Spouse, Common-law Spouse or Partner*

*Child (16 years old or over) or Parent*

*Parent with sole right of access*

*Brother or Sister*

*Relative by blood, marriage or adoption*

*Office of the Public Guardian and Trustee if you have no-one else.*

**Q - My son has Power of Attorney for Personal Care. If he moves out of the country can he delegate one of my three daughters to act instead?**

A - *No. You would have to make out a new Power of Attorney naming your daughter your Substitute Decision Maker. To prevent a similar situation arising, you should also name each of the other daughters in turn, as second and third Substitute Decision Makers and we advise that you appoint them to act individually rather than jointly.*

**Q – I have two sons and I want to give them equal rights. Why should I not appoint them to act jointly?**

*A – If appointed jointly, they have to agree on every decision before any action can be taken, and a situation may arise where they disagree on your care. Perhaps you could consider giving one son Power of Attorney for Personal Care and the other son Power of Attorney for Property.*

**Q – My brother and I are not on very good terms, but I have no other relatives, so he is my substitute decision maker, What happens if he goes against the wishes in my Advance Care Directive and makes other decisions for me?**

*A – If your physician sees that your wishes are not being followed, he/she can apply to the Consent and Capacity Board to have your brother ordered to comply with your directive, or they can appoint the board itself to act on your behalf.*

**Q – My husband has a serious heart condition. He has had several medical procedures and numerous hospital stays for complications. He has told me if he has another attack he wants to be left alone and I am not to call 911. I don't want to take responsibility for this decision. What should I do?**

*A – To ensure that your husband is not resuscitated against his will, he should ask his doctor to complete and sign a DNR Confirmation Order form. Your husband should keep this where it is easily found in an emergency. In this way, the decision is his own and not your responsibility.*

*You will find full details of what this document is, what it means, and how to obtain it in Appendix III.*

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## **APPENDIX III - DNR Confirmation Order**

**Do Not Resuscitate (DNR)** means that you do not wish to undergo cardio-pulmonary resuscitation or advanced cardiac life support, if your heart stops beating and/or you stop breathing.

A **DNR request** made by a patient under medical care, or by the substitute decision maker, authorizes the physician to enter a Do Not Resuscitate Order on the patient's chart.

A **DNR Confirmation Order** is a legal form applicable to a person who has made the decision to refuse resuscitation. **The form is obtainable from the Ontario Ministry of Health and Long Term Care and must be applied for by your family physician or by a registered nurse in a care facility. The form will have a unique serial number which refers to you alone.**

When properly completed and signed by your health care professional, paramedics who have responded to a 911 call will respect the order and not initiate CPR. When you are taken to hospital, the paramedics will also take along your DNR Confirmation Order.

**This is the ONLY instruction – written or verbal - that first line responders to a 911 call will respect. Otherwise, they are bound by law to initiate resuscitation. So make sure to have your original document in a clearly visible location, so that no misunderstandings occur in an emergency.**

Once completed, you may make photocopies for your medical records or to give to anyone concerned with your health care.

We have included a sample form, so that you can read it through before asking your health care professional to order one for you.





**Ontario**

Ministry of Health  
and Long-Term Care



**1234567**

**Do Not Resuscitate Confirmation Form**  
**To Direct the Practice of Paramedics and Firefighters after February 1, 2008**  
*Confidential when completed*

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

<b>Patient's name – please print clearly</b>	
Surname <b>DOE</b>	Given Name <b>JOHN</b>

1. **"Do Not Resuscitate"** means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
  - Chest compression;
  - Defibrillation;
  - Artificial ventilation;
  - Insertion of an oropharyngeal or nasopharyngeal airway;
  - Endotracheal intubation;
  - Transcutaneous pacing;
  - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) **will** provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

<p>The signature below confirms with respect to the above-named patient, that the following condition (check one <input checked="" type="checkbox"/>) has been met and documented in the patient's health record.</p> <p><input checked="" type="checkbox"/> A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.</p> <p><input type="checkbox"/> The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.</p>	
<p>Check one <input checked="" type="checkbox"/> of the following:</p> <p><input checked="" type="checkbox"/> M.D.    <input type="checkbox"/> R.N.    <input type="checkbox"/> R.N. (EC)    <input type="checkbox"/> R.P.N.</p>	
<p><b>Print name in full</b></p> <p>Surname <b>SMITH</b>    Given Name <b>WILLIAM F.</b></p>	
<p>Signature <i>William F. Smith</i></p>	<p>Date (yyyy/mm/dd) <b>2013/01/01</b></p>

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.

## **APPENDIX IV - Further Resources**

**A Guide To Advance Care Planning** – a publication by the Ontario government

Available through the website at [www.gov.on.ca](http://www.gov.on.ca)

or by telephone: 1-888-910-1999.

**Power of Attorney for Personal Care** – a publication by the Ontario government

Available at the Office of the Public Guardian and Trustee

through the website at [www.gov.on.ca](http://www.gov.on.ca)

or by telephone: 1-800-366-0335.

**Advance Care Planning** – DVD and booklet by the University of Toronto

Program in End-of-Life-Care.

Available through the website at [www.cme.utoronto.ca/acpdvd](http://www.cme.utoronto.ca/acpdvd)

### **Legislative Resources:**

Guide to **The Substitute Decisions Act 1992**

Available at the Ministry of the Attorney General Office of the Public Guardian and Trustee

through the website at [www.gov.on.ca](http://www.gov.on.ca)

by telephone: 1-800-366-0335

**The Health Care Consent Act 1996**

Available at the Ministry of Health and Long-term Care

through the website at [www.health.gov.on.ca](http://www.health.gov.on.ca)



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## **ABOUT DYING WITH DIGNITY CANADA**

### **OUR MISSION**

Dying With Dignity Canada is a national, member-based registered not-for-profit organization. Our mission is to improve quality of dying and to expand end of life options.

### **OUR MANDATE**

Dying With Dignity Canada has a three-part mandate. We provide:

1. Education on medical rights, end of life options, and the importance of advance care planning.
2. Support for individuals at the end of their lives, including support at the bedside for those wish to determine the nature and timing of their death, provided they have met our stringent criteria for such support.
3. The reasons why appropriately-regulated medically-assisted dying should be legalized in Canada.

### **FUNDING**

We are funded by memberships and donations. Dying With Dignity Canada receives no government funding. Many of our services are provided by volunteers.

### **CONTACT INFORMATION**

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*Telephone* 416-486-3998    *Toll-Free* 800-495-6156    *Fax* 416-486-5562

*Website* [www.dyingwithdignity.ca](http://www.dyingwithdignity.ca)

*Email* [info@dyingwithdignity.ca](mailto:info@dyingwithdignity.ca)