



# Health Care Directive

Prince Edward Island *Consent to Treatment and Health Care Directives Act*

Please see the Notes section for information about completing the form.

1. This is the health care directive of:

|           |          |                        |  |
|-----------|----------|------------------------|--|
| Name      |          | Date of Birth          |  |
| Address   |          |                        |  |
| City      | Province | Postal Code            |  |
| Telephone |          | Personal Health Number |  |

2. I understand that this Health Care Directive and the authority of a proxy become effective if I am not capable of making or communicating a decision about treatment.
3. Proxy – See Notes – You may name **one or more persons** who will have the authority to make decisions concerning your health care when you do not have the ability to make those decisions yourself. **Appointing proxies is optional.**

I revoke any previous health care directive made by me and appoint the following person(s) to be my proxy(ies):

|                 |          |             |  |
|-----------------|----------|-------------|--|
| Name of proxy 1 |          | Telephone   |  |
| Address         |          |             |  |
| City            | Province | Postal Code |  |

|                 |          |             |
|-----------------|----------|-------------|
| Name of proxy 2 |          | Telephone   |
| Address         |          |             |
| City            | Province | Postal Code |

4. My proxies shall act:
- Jointly (make decisions together)
  - Successively (second proxy decides if first proxy is not available)
5. If the person(s) I have appointed is(are) unable to act, I appoint the following person to act as my proxy:

|                         |          |             |
|-------------------------|----------|-------------|
| Name of alternate proxy |          | Telephone   |
| Address                 |          |             |
| City                    | Province | Postal Code |

6. I give my proxy(ies) the authority to make any health care decisions for me that I am not capable of making for myself, subject to the instructions contained in this document.

**7-A. My Directions for Health Care**

(See Notes for examples of health conditions and treatment options.)

This section is where you consider potential health conditions and treatment options. You may indicate wishes either to request or to refuse a treatment; you may want to state that you are unsure about a treatment preference and that you would like a certain treatment tried for a period of time but discontinued if no improvement results.

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**7-B. My Personal Value Statement**

(See Notes for examples of value statements.)

Because all potential situations cannot be covered by this form, you may choose to make a general statement(s) about your values regarding health care treatment. This will assist your proxy(ies) or other substitute decision-maker in making decisions on your behalf.

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**8. Organ and Tissue Donation — Donation is optional.**

I wish to donate

my body  any needed organs or tissues

the following organs or tissues: \_\_\_\_\_

for the following purpose(s):  therapeutic  transplantation  medical education

scientific research OR  any purpose authorized by law

9. I want the wishes and directions expressed in this health care directive and the spirit of this document carried out to the fullest extent possible. No person who carries out this health care directive, whether a health practitioner, proxy, hospital administrator, friend, family member or any other person, shall be held responsible in any way—legally, morally, or professionally—for any consequences arising from the implementation of my wishes.

10. I sign this document while capable.

Date \_\_\_\_\_ My signature \_\_\_\_\_

**OR** if you are capable but for some reason unable to sign, this document must be signed by another person and witnessed. The person signing and the witness **CANNOT** be the proxy or spouse of the proxy.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_

11. I agree to be the proxy for the maker of this health care directive. Proxy appointment is not valid unless signed by proxy(ies) or another person at the direction of the proxy.

Date \_\_\_\_\_ Proxy 1 \_\_\_\_\_

Date \_\_\_\_\_ Proxy 2 \_\_\_\_\_

Date \_\_\_\_\_ Alternate Proxy \_\_\_\_\_

## Notes for Completing the Health Care Directive

### Proxy

The role of a proxy is to consider your expressed wishes and best interests when treatment decisions need to be made on your behalf. It is a good idea to appoint a substitute proxy who would act if the first proxy predeceases you or is unable to act. The *Health Care Directives Act* says a proxy must have knowledge of your circumstances, and have been in recent contact with you. When the decision of a proxy is required and the directive does not give specific instructions, the proxy shall make a decision based on your best interests. If you name more than one proxy, you can indicate how you wish them to act: JOINTLY (make decisions together) or SUCCESSIVELY (second proxy decides if the first proxy is not available). **If how you wish them to act is not indicated, proxies shall act successively.**

### Examples of Health Conditions

- Terminal illness—there is no known cure, such as some types of cancer.
- Irreversible condition—there is no possibility of a complete recovery. Examples of conditions include AIDS, certain cancers, stroke, Parkinson's disease, or Alzheimer's disease.
- Reversible condition—a condition that may be cured without any remaining disability, such as pneumonia, bleeding ulcers.
- Permanent coma—a permanent state of unconscious.
- Stroke—damage to the brain causing weakness, partial paralysis, difficulty with speech, etc. Symptoms may or may not improve.
- Dementia—a progressive and irreversible deterioration in brain function causing trouble with thinking clearly, recognizing people and communicating. Dementia gradually worsens.

### Examples of Treatment Options

- Cardiopulmonary resuscitation—chest compressions, drugs, electric shocks and artificial breathing to restore heartbeat.
- Mechanical breathing—respiration by machine, through a tube in the throat.
- Artificial nutrition and hydration—giving nutrition and fluid through a tube in the veins, nose or stomach.
- Major surgery—such as gall bladder removal.
- Kidney dialysis—cleaning the blood by machine or by fluid passed through the abdomen.
- Chemotherapy—using drugs to fight cancer.
- Minor surgery—such as wisdom teeth removal.
- Invasive diagnostic tests—such as using a flexible tube to look into the stomach.
- Simple diagnostic tests—such as blood tests or x-rays.
- Blood or blood products—such as giving transfusions.
- Antibiotics—drugs to fight infection.
- Pain medications—drugs to ease pain and suffering but which may dull consciousness and indirectly shorten life. Consider that you may have more than one serious health condition. For example, you had a severe stroke and later developed pneumonia requiring treatment with antibiotics to live. If you had not experienced a stroke, would your wishes for antibiotic treatment be different?

### Examples of Value Statements

- Do everything possible to maintain life.
- I would prefer to receive treatment at home if this does not cause undue stress on my caregivers.
- I only want measures that enhance comfort or minimize pain.
- I do not want invasive procedures (surgery).
- My religious beliefs will not allow me to consent to the following treatments or procedures...

### Organ/Tissue Donation

The *Human Tissue Donation Act* provides for a person to consent to the donation of their body or body parts for purposes indicated on the form.

### Agreement of Proxy

The appointment of a proxy is valid **only** if the proxy or another person at the direction of the proxy agrees to the appointment in writing prior to your incapacity. A proxy shall be at least 16 years of age and capable of making health care decisions.

## Health Care Directive Background Information

### What is a health care directive?

A health care directive is a legal document describing the amount and type of health care you want, should you become incapable of making decisions on your own. Anyone who is 16 years of age or older and capable of making health care decisions can make a directive. A health care directive needs to be in writing, dated, and signed. This form is a sample, since a special form or format is not required. A health care directive never takes priority over a capable person's consent.

### What does a health care directive include?

In your health care directive you can appoint a proxy—a person whom you trust—to make health care decisions on your behalf. Your directive can be specific, outlining treatment, procedures or medication that you may or may not wish to have. Or your directive can be general, simply stating your beliefs and directions should decisions need to be made for you by others. For example, you may state that if you are ever in a coma you do not wish to have life supports beyond a certain period of time.

### Will my wishes be followed?

A health care practitioner must decide if you are capable of making health care decisions. If you are not capable, the wishes expressed in your directive must be followed, provided they are realistically possible and are consistent with the ethical standards of the health care practitioner.

It helps to let others know that you have prepared a health care directive—your family, friends, clergy, lawyer or doctor. You may want to discuss your decisions with them, provide them with copies of your health care directive, and have a copy placed in your medical records file at your local hospital.

### What does capable mean?

Capable means that you are able to understand the information relevant to making a decision about a treatment, and to appreciate the consequences of that decision. Capacity can fluctuate—you may be incapable at one time and capable at another; or incapable of some treatment decisions yet capable of other treatment decisions.

### Can I change my mind about my health care directive?

A health care directive is a record of your current wishes. You may change your health care directive or your proxy at any time. It is important to destroy all copies of your previous health care directive(s) to ensure that your most recent wishes are followed.

### For more information on health care directives, you may contact:

Prince Edward Island  
Department of Health and Wellness  
(902) 368-6237 or (902) 368-6705

### For copies of the *Consent to Treatment and Health Care Directives Act*, you may contact:

Island Information Service  
(902) 368-4000  
11 Kent Street, PO Box 2000, Charlottetown, PE C1A 7N8  
or visit our web site at: [www.gov.pe.ca/law/statutes](http://www.gov.pe.ca/law/statutes)