

My Wishes for Future Health Care

Information Package

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Imagine that, without warning, you have developed a life-threatening illness and are in an intensive care unit of a hospital. You can no longer recognize people or communicate with anyone. Despite the best medical treatment, your doctors believe you probably will not leave the hospital alive. However, artificial life support can keep your heart beating and your lungs breathing almost indefinitely. What would be your goals for medical treatment in this situation?

This package of information is a resource to patients and families as a way to engage in a conversation about your future health care decisions. In the event that you are unable to express your wishes regarding health care treatments and the extent of those treatments, provisions can be made to ensure your wishes are carried out.

Effective planning is the best way to make sure those closest to you and your healthcare providers respect your wishes. Completing an advance health care plan will provide great comfort to you and strength to those who may have to make important medical and end-of-life decisions for you.

Understanding Advance Health Care Planning

Advance health care planning is a process of personal reflection and then action for capable persons. Here's what it looks like:

1. You consider what makes life meaningful to you and your values and beliefs about medical care.
2. You choose what medical care you want, and don't want, that honours your values and beliefs.
3. You discuss your choices and wishes with those closest to you so they know what you would want in a variety of situations. You identify the person who would make health care decisions for you if the time comes when you cannot make your own medical decisions (your substitute decision maker), and discuss your wishes for future health care with that person. Here are some of the options available to you or your family:

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□ **Representation Agreement:**

The *Representation Agreement Act* allows you to appoint a **Representative** to handle your financial, legal, personal care and health care decisions, if you are unable to make them on your own. The document is called a Representation Agreement and it creates a contract between you and your **Representative**. More information about Representation Agreements, and where you can register your Representation Agreement. is available on the Internet at www.nidus.ca.

□ **Committee of Person:**

A Committee (pronounced kom-it-tay) is someone who is appointed by a court to make decisions for you when you are not capable. This may include health care decisions. Obtaining a Committee of Person is time consuming and involves significant financial costs.

□ **Living Will or other written wishes:**

Various forms are available to assist you in documenting your wishes for future health care if you should become incapable of making health care decisions for yourself.

□ **Advance Directive document:**

“Advance directive” refers to written instructions or wishes made by a capable adult that give or refuse consent for future health care, as specified by the adult, in the event that the adult becomes incapable of giving or refusing consent.

Provisions of the “Adult Guardianship And Planning Statutes Amendment Act, 2007” define the terms and conditions of a written advance directive in the province of British Columbia. Those provisions have not yet been brought into force.

If you have a current completed advance directive form it can be used to inform the person who will make health care decisions for you, should you become incapable, about your wishes regarding future health care. Until the provisions of the “Adult Guardianship And Planning Statutes Amendment Act, 2007” dealing with advance directives come into effect, it may be advisable to use a planning document similar to the one found in this package.

□ **MedicAlert ® bracelet:**

MedicAlert Canada creates bracelets and other products that you can wear at all times. The product is imprinted with personal health information (including allergies) and may also include a wish to refuse cardiopulmonary resuscitation or blood transfusions.

□ **Power of Attorney and Enduring Power of Attorney:**

A Power of Attorney is used to delegate financial and most legal decisions, but **not** health care decisions, to a person of your choice (who does not have to be a lawyer). An Enduring

Power of Attorney allows your attorney to make the necessary financial and legal decisions in the event you become mentally incapable due to age, accident or illness.

□ **Temporary Substitute Decision Maker (TSDM):**

If you do not have a **Representative** or a Committee of Person, and you are found incapable, then your health care giver must choose a Temporary Substitute Decision Maker to make the health care decision. The health care giver must choose a TSDM from the following list:

- a. a spouse (includes same-sex and common-law partner)
- b. an adult child
- c. a parent
- d. a brother or sister
- e. another relative by birth or adoption

Note that this relative must:

- be a capable adult (19 years of age or older),
- have had contact with you within the previous 12 months,
- not be in dispute with you, and
- be willing to speak for you.

□ **VIHA planning document: “My Wishes for Future Health Care”**

By completing the "My Wishes for Future Health Care" Planning Document, your healthcare providers will make every effort to respect your choices in the event of a medical emergency if your family members or **Representative** cannot be reached, or if you have no relatives and you have not appointed a **Representative** to make decisions on your behalf.

A Daughter’s Story

My mother gave me a very loving and insightful gift - namely, careful direction about what to do if she became irreversibly ill and unable to make her own decisions. Within a few years, she was the victim of Alzheimer's disease. My mother was unable to understand her health care or make any decisions because of the impairment in her judgment and the complexity of her situation. I became her advocate and relied on the direction she had given me earlier.

My first experience in decision-making occurred when the doctor discussed the resuscitation issue with me. He asked, "We need to know what your mother's choice would be if her heart should stop." Mom had prepared me for this - the answer was not to initiate resuscitation. Few illnesses along the way required much decision-making, which was fortunate for us. But I do think I would have known what she wanted and acted accordingly.

When my mother died, amidst the sadness, there was peace. Peace in knowing that she had said many times to me, "No medical intervention when there's nothing that can be done for me." I am grateful that I didn't have to struggle with decisions during that time.

Even if you choose a **Representative** or other legal options in your pre-planning, it may be beneficial to complete an advanced health care form such as, “My Wishes for Future Health Care”. In this package the Vancouver Island Health Authority (VIHA) has provided a form that you may complete.

A written plan helps people accurately remember what you want and makes it easier for them to communicate your wishes to healthcare providers who do not know you. You must be over 19 years old to make a plan and you cannot complete this document for someone else.

If you were in a situation in which a decision had to be made about giving or withholding life-prolonging treatment from you, what would you like to happen? What would be your goals for treatment? Would you wish to prolong your life with medical treatments, even if it left you with a poor quality of life? These treatments can include medications, life support measures, surgery, and/or feeding tubes. Most people would wish to be kept comfortable and maintained at the highest level of function possible. Usually medications can control pain and other unpleasant symptoms while allowing a natural death to occur.

Things to Consider

What I Want - Considering life support with medical interventions

In case of a serious illness or injury, there are a number of medical procedures called interventions, which can prolong life and delay the moment of death. These include ventilation, tube feeding, intravenous fluids, etc. (see the Word List below). It is important to think about and choose what you want from the following:

- Have full life support with medical interventions.
- Have a trial period of life support with medical interventions and, if unsuccessful, allow natural death to occur. The trial period could last several days or weeks and would be the result of a discussion between your substitute decision maker and your healthcare providers.
- Limit the use of life support with medical interventions and allow natural death to occur.

What I Want - Considering cardiopulmonary resuscitation (CPR)

Cardiopulmonary Resuscitation (CPR) is an emergency procedure used when a person stops breathing or the heart stops beating, or both. CPR tries to get the person to begin breathing or to start his or her heart beating again.

During CPR, your chest may be pressed to keep blood flowing through the heart and air is pushed into your lungs. These things can be done either by another person using hands and mouth or by machine. Doctors, nurses, and paramedics may also use machines that give electrical shocks to start the heart, breathing machines with tubes through your mouth or nose to the lungs called ventilators, or drugs that are injected to stimulate your heart or correct imbalances that occur when your heart stops beating.

CPR can be successful in emergency situations when the heart stops and the person is otherwise healthy. The effectiveness of CPR is variable and depends to a large extent on the general health of the person as well as the place and circumstance in which they collapse. However, for individuals who have a serious injury or medical illness, especially those that are at the natural end of their lives,

Important Information

Here is important information for people using VIHA's "My Wishes for Future Health Care Planning Document" (pages 7-12 below).

If you indicate in Section A of the "Special Wishes" section (page 11) that you want life support with all medically necessary interventions, and indicate in Section B that you do not want CPR under any circumstances, you should be aware that you may be required to temporarily accept CPR in order to access some invasive treatments, including admission to an intensive care unit. If you are incapable, your substitute decision maker may consent to your receiving CPR in order for you to access those invasive treatments. If you do not want your substitute decision maker to do this, state clearly in the "Expressing my wishes, values and beliefs" section (page 10) that you do not want CPR even if that means you will not receive life support.

If you indicate in Section B that you want CPR, you should be aware that very occasionally medical personnel may refuse to provide CPR in clinical situations that are deemed futile.

restarting the heart is effective in only a small number of cases, and often even then for only a short period of time. In such cases doctors may not offer CPR.

You have the right to request or refuse CPR. However you need to tell your doctor your wishes. If you do not wish to receive CPR and are in a hospital or a residential care facility, your doctor may need to sign a doctor's order for "No CPR". Deciding against CPR does not mean you will have no medical care. It means that if you die naturally of your disease, hospital or a residential care facility staff will not try to restart your heart.

If you were found collapsed and without a pulse, and there was evidence that the collapse had not occurred recently then CPR would not be attempted. This is because CPR has been shown to be ineffective in these circumstances.

Ambulance attendants are required to provide CPR unless a doctor has signed a provincially recognized "Do Not Resuscitate" form or the person is wearing a MedicAlert® bracelet that states "No CPR". One of these two options should be used if you will be receiving care at home and do not wish to be resuscitated. Information on obtaining a MedicAlert® bracelet is available on the Internet at <http://www.medicalert.ca/nocpr/>.

Helpful Definitions

Here is a list of words or phrases often used in advance health care planning, that you may want to know more about:

Allow natural death refers to decisions NOT to have any treatment or procedure that will delay the moment of death. It applies only when death is about to happen from natural causes. In all cases in which a health care provider allows natural death to occur, care will be provided to the dying person that will keep them as comfortable and pain free as possible.

My Wishes for Future Health Care (sometimes called advance directives) are verbal or written instructions made while you are still capable. They describe what kind of care you would want (or not want) if you were unable to speak for yourself. You make these plans, for you. You cannot make a “My Wishes for Future Health Care” for someone else.

Cardiopulmonary resuscitation (CPR) refers to medical procedures used to restart a patient's heart and breathing when the heart and/or lungs stop working unexpectedly. CPR can range from mouth-to-mouth breathing and pumping on the chest, to electric shocks that restart the heart and machines that breathe for the individual.

Dialysis is a medical procedure that cleans your blood when your kidneys can no longer do so.

End of life care refers to healthcare provided at the end of a person's life. This type of care focuses on patients living the way they choose during their last weeks and on comfort care until the time of death.

A **feeding tube** is a way to feed someone who can no longer swallow food. It is a small plastic tube that carries liquid food, which is inserted through the nose or directly into the stomach or intestines.

Goals refer to your personal goals at the time you complete your “My Wishes for Future Health Care”. For example: spending more time with family and friends.

Healthcare provider describes a person licensed, certified, or registered in British Columbia to provide healthcare. For example: a doctor, nurse practitioner, nurse, social worker, or physiotherapist.

Informed consent refers to the permission patients give to healthcare providers that allow medical investigations and/or treatments. Healthcare providers give detailed explanations of the investigations/treatments and their risks before you sign the consent form.

An **intravenous (IV)** is a way to give a person fluids or medicine. A hollow needle, attached to a narrow tube, is placed in a vein in the hand, arm, or another location.

Life support with medical interventions refers to medical or surgical procedures such as tube feeding, breathing machines, kidney dialysis, some medications, and CPR. All of these use artificial means to restore and/or continue life. Without them, the patient would die.

Symptoms are signs that you are unwell. For example: pain, vomiting, loss of appetite, or high fever.

Terminal illness means an incurable medical condition caused by injury or disease. These are conditions that, even with life support, would end in death within weeks or months. If life support is used, the dying process takes longer.

A **ventilator** is a machine that helps people breathe when they cannot breathe on their own. A special machine is attached to a tube that is placed down the windpipe.

My Wishes for Future Health Care Planning Document

- **In the following pages you will provide information to guide the person who will make health care decisions for you, if you become incapable of making those decisions yourself. This person is called your “substitute decision maker”.**
- **You will write down the names of those with whom you have talked about your values, beliefs, and wishes regarding health care.**
- **It is important that you talk to those who may be making health care decisions for you, and to those who may be consulted by the person making decisions. These conversations will guide your substitute decision maker.**
- **If you write down your wishes for health care, these conversations will also help your substitute decision maker understand your written wishes.**
- **You will also write down whether you have other documents that provide important information in case you become incapable.**
- **This Planning Document is distributed as part of the Vancouver Island Health Authority’s “My Wishes for Future Health Care” Information Package. Please read this information before completing this Planning Document. If you do not have the Information Package, it may be downloaded from VIHA’s web site:
www.viha.ca/advance_directives.**
- **If you are not able to document or communicate your wishes for future health care by using this Planning Document, you may wish to explore other ways of documenting your wishes.**
- **Changes in B.C. law or regulations may affect how your documented wishes for future health care may be used.**
- **You may change what you have written in your “My Wishes for Future Health Care” Planning Document at any time. Write your initials beside any changes.**

Information about me

My first name: _____ Last name: _____

Middle initial(s): _____

My date of birth: _____ My Care Card #: _____

My address: _____

My phone number: (_____) _____

My cell phone number: (_____) _____

My email address: _____

The following people have copies of my “My Wishes for Future Health Care” Planning Document:

Name	Relationship to me	Phone Number

Family and friends to help with communication

Put your initials on the dotted line (.....) where applicable.

1. (.....) I have discussed my wishes for future healthcare with the person named below. This person will be able to communicate my wishes if I am unable to communicate for myself or am unable to understand what the care providers are saying to me.

Name: _____

Relationship: _____

Telephone: (_____) _____ Cell Phone: (_____) _____

Address: _____

E-mail address: _____

OPTIONAL

2. (.....) I have also discussed my wishes for future healthcare with the person named below.

Name: _____

Relationship: _____

Telephone: (_____) _____ Cell Phone: (_____) _____

Address: _____

E-mail address: _____

My other planning documents

Write your initials on the dotted line (.....) in front of all documents you have and then draw a line through those you don't have.

In addition to my "My Wishes for Future Health Care", I have the following planning documents:

(.....) **Representation Agreement** .

Representative's name: _____ Phone number: ()

Location: _____

(.....) **Other advance health care planning document such as a "Living Will"** which can be used if I become incapable, and may also record my values, wishes, and beliefs.

Location: _____

(.....) **Power of Attorney or Enduring Power of Attorney** (These legal documents do not apply to healthcare decisions. Power of Attorney enables you to appoint someone to deal on your behalf with your financial affairs, such as banking and paying bills; Enduring Power of Attorney allows this person to continue handling your financial matters even after you become incapable).

Location: _____

(.....) **Will**

Location: _____

(.....) **Other** (For example, organ donation for transplant or research purposes)

Name of document(s): _____

Location: _____

Expressing my wishes, values and beliefs

If you become incapable of communicating your wishes for health care, someone will be appointed to make health care decisions on your behalf. The wishes contained in this “My Wishes for Future Health Care” Planning Document would **only** be used if you were **not** capable of communicating for yourself. As long as you are capable, healthcare providers will consult directly with you. Remember that you can change your wishes for future health care any time you wish, but you must ensure that your relatives and healthcare providers have a copy of your most recent statement.

If there is not enough space, please write on the back of this page or add additional pages.

What makes life meaningful for me?

(For example: "Spending time with my family and friends", or "Fresh air", or "Practising my faith", or "My dog/cat", etc.)

When I think about death, what possible situations do I worry about?

(For example: "I worry I will struggle to breathe", or "I worry that I will be alone", etc.)

If I am nearing my death, what do I want or not want?

(For example: "I want soft music playing", or "I want someone to hold my hand", or "I want my minister or priest to perform the necessary religious rituals", etc.)

When I am nearing my death and cannot communicate, what would I like my family and friends to know and remember?

(For example: "I love you", or "I forgive you", etc.)

Other wishes , values or beliefs that I would like my family, friends and care givers to know about....

Special Wishes (Optional)

Section A

What I Want - Considering life support with medical interventions

Choose the statement below that you want. You may choose only one. Then write your initials on the dotted line (.....) beside your choice and draw a line through the two statements you don't want.

(.....) **I want to have life support with all necessary medical interventions**, such as a feeding tube, intravenous fluids, a ventilator (breathing machine), CPR, or kidney dialysis, etc.

OR

(.....) **I want a trial period of life support with medical interventions**, such as a feeding tube, intravenous fluids, a ventilator (breathing machine), CPR, or kidney dialysis, etc. If the trial period does not help me recover, then I want these interventions stopped to allow natural death to occur.

OR

(.....) **I do not want life support with medical interventions**, such as a feeding tube, intravenous fluids, a ventilator (breathing machine), CPR, or kidney dialysis, etc. If any of these interventions have been started, I want them stopped to allow natural death to occur.

Section B

What I Want - Considering cardiopulmonary resuscitation (CPR)

You have the right to consent to or refuse CPR. If this is your wish, you need to tell your doctor. If you are in a hospital your doctor must sign a doctor's order for "No CPR." If you are at home, ambulance attendants may administer CPR if they do not see a "No CPR" order signed by a doctor or if you are not wearing a "No CPR" bracelet from the Canadian MedicAlert Foundation.

Choose the statement below that you want. You may choose only one. Then write your initials on the dotted line (.....) beside your choice and draw a line through the statement you don't want.

(.....) **I want cardiopulmonary resuscitation (CPR) attempted** unless my doctor determines one of the following:

- I have a terminal illness or injury.
- My heart has stopped beating and I have no reasonable chance of survival even with CPR.
- My heart has stopped beating and the results of CPR would cause me significant suffering.

OR

(.....) **I do not want cardiopulmonary resuscitation (CPR) under any circumstance**. Please allow natural death to occur.

Note: A situation may arise in which a substitute decision maker cannot determine, based on the choices you made in Section A and Section B, whether you would or would not want CPR. See the "Important Information" box on page 5 in the "My Wishes for Future Health Care" Information Package for more information about situations where this might happen.

Doctor's Order: No CPR is to be administered to this person.

Doctor's Name: _____

Doctor's signature: _____ Date: _____

Note: Paramedics require a physician *No CPR Order* to withhold resuscitation (even if death is anticipated).

Signing, witnessing, and dating

1. You must sign and date this “My Wishes for Future Health Care” Planning Document to indicate to your healthcare providers and those close to you that you are in agreement with the wishes you have expressed.
2. You should have at least one person witness this document. The witness(es) must watch you sign this document and the dates must be the same.
3. If you cannot sign, but can make your mark or direct someone to sign for you, then your mark or that person’s signature must be witnessed. Under these circumstances, the following people cannot be a witness: your spouse, partner, child, someone that you treat as your child, or anyone under the age of 19.

I am thinking clearly, I understand the meaning of the questions and the choices I have made, and I have written these My Wishes for Future Health Care voluntarily. If there is a conflict between these instructions and any other instructions I may have previously given, these instructions are to be followed.

_____ Adult’s signature or mark	_____ Witness’s signature
_____ Print adult’s name	_____ Print witness’s name
_____ Date	_____ Date

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