

# Let's Talk About Personal Directives

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# Let's Talk About Personal Directives

## What is personal care planning?

Personal care planning means making decisions about your future personal care, which includes your health care and treatment. It usually involves talking about your wishes and preferences with your family and loved ones. It may also include talking to your family practitioner, others who provide your health care, and your lawyer. Whether or not you choose to make a personal directive, it is important that your family members and loved ones know about your wishes and preferences for your personal care in the future.

You may decide to write down your wishes and preferences about your personal care and who you wish to make decisions for you if you are unable to make them yourself. This written document is called a personal directive.

Nova Scotia Health Authority supports the use of personal directives (that are consistent with professional standards of care, other Nova Scotia Health Authority policies, and the law) made by individuals who wish to express their wishes about their personal care in the future if they are unable to make such decisions on their own. This is one important way that Nova Scotia Health Authority supports open and honest communication between patients and the people who provide their personal care.

## Why should I consider making a personal directive (PD)?

- Some people wish to ensure that the right person makes decisions about their personal care when they are not able to make these decisions for themselves.
- Making a PD gives you the opportunity to talk about what kind of personal care you want with people who are close to you (such as your partner, family, and loved ones) and people who provide your health care (such as doctors and nurses).
- Having a PD helps ensure that your wishes about your personal care are understood and respected.

## Definitions

**Personal Directive** – A personal directive is a legal document in which a person with capacity (see below definition of capacity) sets out what, how, and/or by whom personal care decisions are to be made in the event that he or she is no longer capable of making these decisions on his or her own. A personal directive must be in writing, must be signed by the person making the directive, and must be witnessed by someone other than the delegate (see below) or the delegate's spouse. There are three types of personal directives: delegate directives, instruction directives and combination delegate/instruction directives.

**Delegate directive** – a PD in which a person with capacity names a delegate (substitute decision-maker) to make personal care decisions when he or she no longer has the capacity to do so. The named delegate must be 19 years or older (unless he or she is the spouse of the person making the PD).

**Instruction directive** – a PD in which a person with capacity specifies what personal care he or she wishes to receive when he or she is not capable of making personal care decisions on his/her own. A delegate is not named in an instruction directive.

**Combination delegate/instruction directive** – a PD in which a delegate is named and which contains instructions about what personal care a person wishes to receive when he or she is unable to make personal care decisions on his or her own.

**Capacity** – the ability to understand information that is relevant to a decision about personal care, and the ability to appreciate the consequences of the decision. With regard to health care and treatment, a person with capacity is able to understand:

- The medical condition for which a treatment or intervention is proposed,
- The nature and purpose of the treatment or intervention,
- The risks involved in undergoing the treatment or intervention, and
- The risks involved in not undergoing the treatment or intervention.

A person with capacity must be able to appreciate the consequences of making a personal care decision.

A person is presumed to have capacity unless he or she is formally assessed as being incapable by an appropriate health care provider.

**Delegate** – a person 19 years of age or older who is authorized in a PD to make personal care decisions on another person’s behalf when that person is not able to make these decisions on his or her own. Your delegate should be someone who knows you well, is willing to make difficult decisions in stressful circumstances, and whom you trust to speak and act for you.

**Family** - persons who have a close, intimate relationship to the patient (who may or may not be related by blood) who may assume an advocacy role for the patient when necessary.<sup>1</sup>

<sup>1</sup>*Canadian Council on Health Services Accreditation, Standard for Acute Care Organizations: A client-centered approach, 1995.*

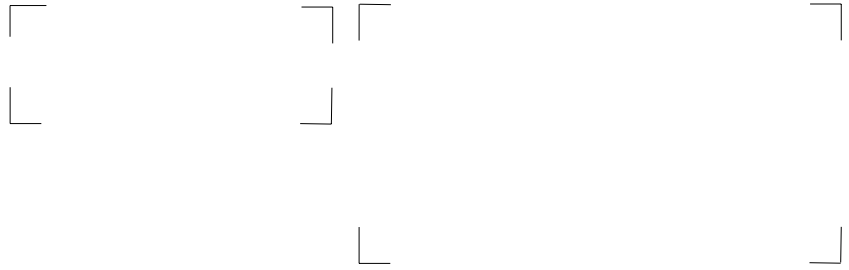
**Health care decision** - a decision about the prevention, examination, diagnosis, or treatment of a health condition.

**Health care provider** - a person who is licensed or registered in the province to provide health care (such as a family doctor, specialist, or nurse).

**Personal care** – personal care includes a person’s health care and treatment; where he or she lives; what he or she eats and drinks; his or her clothing, hygiene, safety, comfort, recreational and social activities, and services in the community to support him or her.



Capital Health



**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?

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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)?

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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?

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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?

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

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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):

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### **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:

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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:



## Common questions

### What do “treatments and interventions” mean?

The term “treatment” usually refers to a medication, drug, or therapy that is prescribed for you by your doctor. The term “intervention” usually refers to a procedure or device used in your health care such as electroconvulsive therapy (ECT) and cardiopulmonary resuscitation (the use of medical instruments to restart your heart and help you breathe).

### What information is usually found in a PD?

Information in a PD may include:

- What kinds of personal care you would choose or refuse.
- The name and contact information for your delegate if a delegate is named.
- A statement of personal values, beliefs, or goals that you wish to guide decision-making in your care.
- The name(s) of a person(s) with whom the delegate is to consult in making a personal care decision.
- The name of a person you may wish your doctor to consult when assessing your capacity to make a personal care decision on your own.
- The name(s) of a person(s) who is to be notified and the names of persons who are not to be notified of the coming into effect of the personal directive.
- The name(s) of any near relative(s) or other relative(s) who is not to act as your substitute decision maker.
- Any other information you wish those who provide your personal care to have.

## **How do I make my PD?**

We encourage you to talk about your wishes and preferences with the people who you are close to and the people who provide your health care. It is important to ask questions and understand the choices you have when you make your PD. Remember that your PD must be:

- Easy to read.
- Signed and dated by you.
- Witnessed and signed by a person who is 19 or older.

You may only appoint one delegate to make decisions for you at a time - joint delegates are not permitted and could make your PD invalid. It is acceptable, however to appoint more than one delegate in the following circumstances:

- Two or more delegates may be appointed to make different types of decisions (e.g. you may appoint one delegate to make your health care decisions and a different delegate to make all other personal care decisions) OR
- You may appoint one delegate to make your personal care decisions, and one or more alternate delegates to make your decisions if the first delegate you appointed cannot, or is not willing to, act as your delegate

You are welcome to use the blank, sample PD form attached to this booklet. It has information to help you in writing your own PD. You may write your PD with another form, or in another way, as long as it is signed by you, witnessed, and dated.

## **Do I need a lawyer to make my PD?**

You do not need a lawyer to make a PD. However, it is a good idea to tell your lawyer (if you have one), the people you are close to, and those who provide your health care about your PD. If you name a delegate in your PD, you are encouraged to discuss your wishes for your personal care with this person and to get his or her agreement to be named, and potentially act, as your delegate. This will help ensure that your wishes are known and respected.

## When will my PD be used?

Your written PD will only be used when you are unable to make personal care decisions on your own.

## Where do I keep my PD? Who should have a copy?

Your original PD should be kept with other important documents in a safe place. Your family doctor should be given a copy of your PD. If you have named a delegate in your personal directive, you should also give a copy to him or her. A copy of your current PD should be a part of your health record at Nova Scotia Health Authority.

### My PD checklist

- My original PD is with other important documents in a safe place as of (date): \_\_\_\_\_
- My family doctor has a copy of my PD as of (date):  
\_\_\_\_\_
- If I have named a delegate in my personal directive, he or she has a copy as of (date):  
\_\_\_\_\_
- A copy of my current PD is part of my health record with Nova Scotia Health Authority as of (date):  
\_\_\_\_\_

**It is very important to remember to bring your PD, or a copy of it, to the hospital with you.**

## **What if I change my mind about my wishes as written in my PD?**

As long as you have capacity you can change or cancel your PD at any time. Remember to tell the people who provide your health care and your delegate about any changes you have made. You should consider reviewing and updating your PD each time you experience one of “the five Ds”: entering a new decade of life (e.g., your 50s, 60s, 70s...); death of a loved one; divorce; receiving the diagnosis of a medical condition that could shorten or affect the quality of your life; or decline in your general health.

The best way to change the content of your PD is to write a new PD and sign and date it in the presence of a witness.

### **You may cancel your PD by:**

- Writing a new PD; or
- Providing a written statement signed by you stating that you wish to cancel (revoke) your PD; or
- Destroying your PD or directing some other person in your presence to destroy it.

You may change your PD by cancelling your PD as described above and writing a new one.

## **What if I have questions about PDs?**

If you are a patient being treated at the Nova Scotia Health Authority, ask a doctor on your medical team. Otherwise, ask your family doctor.

## **What if I am concerned about my experience with a PD in the Nova Scotia Health Authority?**

You may talk to a doctor on your medical team. You may also contact a patient representative (or site manager, if a patient representative is unavailable).

## **Other sources of information about PDs**

- A variety of helpful information packages about personal directives are available through the relevant website of the Government of Nova Scotia: <http://novascotia.ca/just/pda>
- The Personal Directives Act is available through the relevant website of the Government of Nova Scotia: <http://nslegislature.ca/legc/statutes/persdir.htm>
- “Preparing for End of Life” developed by Home Care Nova Scotia – visit <http://novascotia.ca/dhw/publications/Preparing-for-an-Expected-Death-at-Home-brochure.pdf>
- “Let Me Decide: The Health and Personal Care Directive That Speaks for You When You Can’t...” by William Malloy, MD and V. Mephram, RN.
- “My Plans for Me” produced by the Canadian Pensioners Concerned Inc. by Jane McNiven, MA and Jeffrey P. Ludlow, LLB.
- “Handbook for Mortals: Guidance for People Facing Serious Illness” by Joanne Lynn and Joan Harrold – developed for American readership, but applicable to Canadian context for the most part; Online: [www.growthhouse.org/mortals/mor0.html](http://www.growthhouse.org/mortals/mor0.html) or available in print.

**Please feel free to use the tear-out sample personal directive in the middle of this booklet.**

Another detailed, sample personal directive form is available on the website of the Government of Nova Scotia: <http://novascotia.ca/just/pda/>.

**Remember that your PD must be signed, dated, and witnessed. Your statement of wishes for your personal care may include:**

- **Types of treatments/interventions you would choose or refuse;**
- **Your priorities for your personal care, which includes your health care and treatment; where you live; what you eat and drink; your clothing, hygiene, safety, comfort, recreational and social activities; and services in the community that support you;**
- **Your cultural and religious beliefs; and**
- **Any personal values, beliefs, and goals you wish your substitute decision-maker and those who provide your health care to know about.**

# Notes:

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### Looking for more health information?

This pamphlet and all our active patient pamphlets are searchable here: <http://bit.ly/NSHApamphlets>  
Contact your local public library for books, videos, magazines, and other resources.  
For more information go to <http://library.novascotia.ca>

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**Nova Scotia Health Authority**  
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*Prepared by: Advance Directive Working Group ©  
Reviewed by: Legal Services, NSHA  
Designed by: Nova Scotia Health Authority, Central Zone Patient Education Team  
Printed by: Dalhousie University Print Centre*

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WX85-1385 Updated July 2016  
The information in this pamphlet is to be updated every 3 years or as needed.

