

# Let's Talk About Personal Directives

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## **What is personal care planning?**

Personal care planning is 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 doctor, 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 you wish to write down your wishes and preferences about your personal care and who you wish to make decisions for you when you are unable to make them yourself. This written document is called a personal directive.

Capital Health supports the use of personal directives (that are consistent with professional standards-of-care, other Capital Health 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 Capital Health supports open and honest communication between patients and the people who provide their personal care.

## **Why should I consider making a personal directive?**

- 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.

## **What is found in this booklet?**

- Helpful definitions.
- What information is usually included in a PD?
- How do I make a PD?
- Do I need a lawyer to create a PD?
- Will my PD be followed? When will it be used?
- Where do I keep my PD? Who should have a copy?
- What if I change my mind about my wishes?
- What if I have questions about PDs?
- What if I am concerned about my experience with a PD in Capital Health?
- Other sources of information about PDs.
- A sample, blank advance Personal Directive form.

## Definitions

**Personal Directive** – A personal directive is a legal document in which a capable person (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 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/her own.

**Capacity** (with regard to health care and treatment) – a person with capacity is able to understand:

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

A person with capacity must be able to fully 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/her own. Your delegate should be someone who knows you well; is trustworthy; is willing to make difficult decisions in stressful circumstances; and who 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>

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

1. taken from: Canadian Council on Health Services Accreditation, *Standard for Acute Care Organizations: A client-centered approach*, 1995.

**Health care provider** - a person who is licensed or registered in the province to provide health care (such as family doctor, specialist, 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/her clothing, hygiene, safety, comfort, recreational and social activities and services in the community to support him/her.

## **Commonly asked questions:**

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

The term “treatment” usually refers to a medication/drug 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 an PD?**

Information in an PD may include:

- what kinds of personal care you would choose or refuse
- the name(s) and contact information for your delegate(s) if a delegate(s) 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 to 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 are welcome to use the sample, blank PD form attached to this booklet. It provides information to assist 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 Capital Health.

**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 long as you have capacity you can change or cancel your PD at anytime. 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”: you enter a new decade of life (e.g., your 50s, 60s, 70s...); *death* of a loved one; *divorce*; you receive the *diagnosis* of a medical condition that could shorten or affect the quality of your life; and a *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 change your PD by:**

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

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

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

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

If you are being treated at Capital Health, ask a doctor on your medical team. Otherwise, ask your family doctor or psychiatrist.

## **What if I am concerned about my experience with a PD in Capital Health?**

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: [www.gov.ns.ca/just/pda](http://www.gov.ns.ca/just/pda)
- The Personal Directives Act is available through the relevant website of the Government of Nova Scotia: [www.gov.ns.ca/legislature/legc/bills/60th\\_2nd/3rd\\_read/b163.htm](http://www.gov.ns.ca/legislature/legc/bills/60th_2nd/3rd_read/b163.htm)
- “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; downloadable from the internet.
- “Preparing for an Expected Death at Home” developed by Home Care Nova Scotia – to request brochure and related Physician Do Not Resuscitate Order Form telephone 1-800-565-3611.

### **Please feel free to use the blank, sample tear-off personal directive on the next page.**

Another detailed, sample personal directive form is available on the website of the Government of Nova Scotia: [www.gov.ns.ca/just/pda](http://www.gov.ns.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 and recreational & 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.**

**Looking for more health information?** Contact your local public library for books, videos, magazine articles and online health information.

For a list of public libraries in Nova Scotia go to [HTTP://publiclibraries.ns.ca](http://publiclibraries.ns.ca)

***Capital Health promotes a smoke-free and scent-free environment. Please do not use perfumed products. Thank you!***

**Capital Health, Nova Scotia [www.cdha.nshealth.ca](http://www.cdha.nshealth.ca)**

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Capital Health

## Personal Directive Form

Personal Directive of \_\_\_\_\_

In this Personal Directive, I state my wishes and preferences for 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 wish for the content of this personal directive to be respected and followed by my substitute decision maker, family and people who provide my health care.

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

### In circumstances in which I am unable to make health care decisions on my own,

I request that the following deeply held personal values and beliefs be respected:

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I wish the following goals and priorities to be followed in my care:

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If possible, I wish to avoid the following:

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If possible, I hope for the following (for example, the location of my death):

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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 care:

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

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### **Naming Delegate**

Complete the section if you wish this to be a combined delegate and instructional 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: \_\_\_\_\_

### **Optional Content**

If my delegate (as designated above) 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: \_\_\_\_\_

The doctor 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 when making decisions about my personal care:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone number(s): \_\_\_\_\_  
Email address: \_\_\_\_\_

Dated and signed this \_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone number(s): \_\_\_\_\_  
Email address: \_\_\_\_\_