

Who Will Speak for You?



Advanced Care Planning Kit Ontario Edition

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With acknowledgements to Dying with Dignity Canada for original content

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Disclaimer: The information provided within this workbook is included as a public service and for general reference only. Every effort is made to ensure the accuracy of the information found here. However, this information is not considered legal, medical or financial advice and does not replace the specific medical, legal or financial advice that you might receive or the need for such advice. If you have questions about your health or about medical issues, speak with a health care professional. If you have questions about your or someone else's legal rights, speak with a lawyer or contact a community legal clinic.

ABOUT END OF LIFE PLANNING CANADA

Our Mission

End of Life Planning Canada is a national charitable organization. Our mission is to help Canadians to navigate the end-of-life experience with confidence and dignity.

Our Mandate

We promote research and provide information, education and support to help individuals and their families to plan for a gentle and dignified death, and to navigate the health care system with confidence that their rights and preferences will be respected to the very end.



We offer a broad program of information, education and support about health care rights and options at the end of life. We:

- Encourage Canadians to think about their wishes for end-of-life care, to understand their options for achieving those wishes, and to make their preferences known to their families, caregivers and health care providers in the event they should become unable to speak for themselves in the future.
- Educate Canadians about legal rights and options at the end of life, to promote informed decision-making and improve the quality of their interactions with the health care system.
- Offer personal, confidential support to individuals and/or their families who wish to discuss end-of-life rights, options and preferences in a safe and compassionate place.
- Provide resource materials such as patient rights booklets and advance care planning kits tailored to each province and territory, and conduct seminars, discussion groups and workshops to offer practical advice on how to plan for a gentle and dignified death.

Funding

End of Life Planning Canada is funded by donations from individuals, foundations and corporations that support the work that we do. Many of our services are provided by volunteers. To donate, please go to www.elplanning.ca.

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INTRODUCTION

This **Advance Care Planning Kit** invites you to think about and express your wishes for health care and treatment at the end of life. The kit is intended to provoke thinking, conversation and planning, and to encourage communication between you, your family and your health care providers.



The kit guides you through the process of considering your personal values and asks you to imagine medical situations that could happen to you. It walks you through the steps of drafting an **Advance Care Directive** and choosing a **Power of Attorney for Personal Care** who will be your substitute decision maker; this is the person authorized to speak for you if you are unable to speak for yourself.

The kit contains information on medical interventions such as CPR that may be used in end-of-life situations, and explains the Do Not Resuscitate Confirmation form. The kit also includes a glossary of terms, a summary of your legal rights as a patient, answers to some frequently asked questions, and a section on further resources.

The best time to think about your preferences for future medical care is when you are well and able. Of course it is hard to imagine how you may feel when you are not well. We offer various scenarios to help you to plan for the future, while reminding you that you can always change your mind. Advance care planning is the best way to ensure that your wishes are known to your family, your caregivers and health care providers. By doing it now, you ease the future burden of decisions that might have to be made, under difficult circumstances, by those who love and care for you.

Advance Care Directive

What is an Advance Care Directive?

An Advance Care Directive is most often a document, written while you are well and able to make decisions, in which you state your wishes for medical or non-medical care, just in case you become unable to speak for yourself at some time in the future.



Why should you have an Advance Care Directive?

In a medical emergency or in any other circumstance that leaves you unable to communicate, for example if you have a stroke or if you are in a coma, your Advance Care Directive will assert your right to choose what you want or do not want in the way of medical treatment and care. It will help those responsible for your care to decide on your treatment. It will help your family to understand and support the decisions that you would have made yourself.

There is no legal requirement for you to have an Advance Care Directive. Only you can create it – no one else can do it for you. But if you do not have an Advance Care Directive, others may not know your wishes and you may be subjected to aggressive or life-prolonging medical interventions that you would not want. On the other hand, you may have a specific medical condition for which you do want all available treatment.

Start the process now of creating your Advance Care Directive by thinking about your personal values and the everyday pleasures that make life worth living.

CONSIDER YOUR PERSONAL VALUES

1. Think through a day in your life and consider what you enjoy most, what you look forward to, and what makes your life livable and workable. What gives your life purpose and meaning?

Here are some topics to get you thinking:

- Independence, autonomy
- Work
- Time for yourself
- Friends and colleagues
- Hobbies
- Holidays
- Birthdays and celebrations
- Travel
- Family
- Food
- Sports
- Exercise
- Reading
- Music
- Television, movies
- Keeping a journal or diary



2. Which of the following do you fear most near the end of life?

Rank these items from 1 to 10. Think of other concerns that you may have.

- Losing your mobility
- Being in pain
- Being incontinent
- Being alone
- Losing the ability to think, being confused most of the time
- Being a burden on loved ones
- Being dependent on others for everyday activities like eating and bathing
- Being in hospital
- Losing your sight or hearing

3. If you could plan them today, imagine what the last days of your life would 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 from a member of the clergy or someone who shares your religious beliefs?
- Are there people to whom you would want to write a letter or record an audio or video message, perhaps to be read, heard, or watched in the future?

4. How do you want to be remembered? If you were to write your own obituary or epitaph, what would it say?

5. What other personal values come to mind?

CONSIDER THESE MEDICAL SITUATIONS – Copy 1

Imagine various critical conditions and think about the treatment you would accept or refuse in each case. The answers will help to make things clear in your own mind so that you are better prepared for discussions with family, caregivers and physicians.



We have included in this kit two (2) copies of Consider These Medical Conditions.

- Complete Copy 1.
- Give Copy 2 to someone close to you, preferably your substitute decision maker. Ask them to answer the questions as though they were you.
- Compare your answers to theirs. Note and discuss differences. It is important for those closest to you to understand your values and your wishes for end-of-life care.

1. You are seriously ill with cancer but your mind is still sharp. Physicians recommend chemotherapy. They explain that this treatment often has severe side effects such as pain, vomiting, and weakness. Are you willing to endure these side effects if the chances of regaining your current health are less than 25 per cent?

- Yes
- Yes, on a trial basis
- No
- I am uncertain

Note: It is your legal right to refuse or discontinue treatment. Read more about this Charter Right in Appendix 1.

2. You are seriously ill with terminal cancer but your mind is still sharp. Physicians offer chemotherapy to ‘buy time,’ giving you an 80% chance of an additional six months. Do you want this treatment even though it may have severe side effects?

- Yes
- Yes, on a trial basis
- No
- I would request medical assistance in dying
- I am uncertain

Consider These Medical Situations – Copy 1... *continued*

3. You have advanced Alzheimer’s disease, which has progressed to the point that you can no longer feed or toilet yourself and you no longer recognize your family, but you are not in pain. Do you want to be spoon-fed or tube-fed?

- Yes
- Yes, spoon-fed only
- Yes, spoon-fed or tube-fed on a trial basis
- No
- I am uncertain

Note: It is your legal right to refuse food or drink.

Read more about this Charter Right in Appendix 1.

4. You have advanced Alzheimer’s disease and no longer recognize your family. You have been hospitalized twice in the past year for pneumonia, which was cured by massive doses of antibiotics. You develop pneumonia once more. Do you want aggressive treatment in hospital again, or do you prefer to be kept comfortable at home until death occurs naturally?

- I want aggressive treatment, including antibiotics, to keep me alive
- I do not want treatment to keep me alive. I want comfort care at home
- I am uncertain

5. You have long-standing diabetes and your mind is still sharp. Last year you developed gangrene and lost one leg to this disease. You have now developed gangrene in your other leg and amputation has been recommended.

- I want the surgery to amputate my second leg if this will keep me alive
- I do not want the surgery. I want comfort care only, even though I may die
- I would request medical assistance in dying
- I am uncertain

6. You are physically very weak but your mind is sharp. You need help with most daily activities, such as dressing, bathing, eating, and going to the toilet. You develop a severe kidney infection. Dialysis is available to you. If left untreated, the infection will likely lead to organ failure that will cause your death within weeks or months.

- I want dialysis to keep me alive
- I do not want to start dialysis. I want comfort care until I die naturally
- I would request medical assistance in dying
- I am uncertain

Consider These Medical Situations – Copy 1... *continued*

7. You have congestive heart failure. You are always short of breath. Your swollen ankles make walking difficult. But your mind is still sharp and you enjoy time with family and friends. One day you have a severe heart attack and your heart stops beating. Do you want 911 called and CPR started?

Yes

No

I am uncertain

Note: learn more about CPR and what you can expect in Appendix 3.

8. You are terminally ill with a condition that causes great pain. Do you want to be sedated even to the point of unconsciousness if necessary to control your pain? This is called palliative sedation. Your physician can control the level of sedation to give you occasional hours of lucidity.

Yes

Yes, on a trial basis

No

I would request medical assistance in dying

I am uncertain

9. You are in a permanent coma and your body is kept alive by artificial means such as mechanical breathing and tube feeding. Physicians say you will never recover because your brain has been severely damaged. But there are a few documented cases where people have recovered from a persistent vegetative state. Do you want to be kept alive in this way just in case you may someday recover?

Yes

No

I am uncertain

10. Would you allow yourself to be temporarily placed on life support if your heart, kidneys or other body parts could be used in transplant operations to save other lives after you have died?

Yes

No

I am uncertain

Note: To be considered an organ donor you should register with Service Ontario, and ideally discuss your wishes with your family and your substitute decision maker.

CONSIDER THESE MEDICAL SITUATIONS – Copy 2

Pretend you are the person who is asking you to answer these questions.

Imagine various critical conditions and think about the treatment that you think that person would accept or refuse in each case. Compare your answers to theirs.

Note the differences, talk about them. This will help you to understand their values and wishes for medical care at the end of life.

1. You are seriously ill with cancer but your mind is still sharp.
Physicians recommend chemotherapy. They explain that this treatment often has severe side effects such as pain, vomiting, and weakness. Are you willing to endure these side effects if the chances of regaining your current health are less than 25 per cent?
 Yes
 Yes, on a trial basis
 No
 I am uncertain
2. You are seriously ill with terminal cancer but your mind is still sharp.
Physicians offer chemotherapy to 'buy time,' giving you an 80% chance of an additional six months. Do you want this treatment even though it may have severe side effects?
 Yes
 Yes, on a trial basis
 No
 I would request medical assistance in dying
 I am uncertain
3. You have advanced Alzheimer's disease, which has progressed to the point that you can no longer feed or toilet yourself and you no longer recognize your family, but you are not in pain. Do you want to be spoon-fed or tube-fed?
 Yes
 Yes, spoon-fed only
 Yes, spoon-fed or tube-fed on a trial basis
 No
 I am uncertain

*Note: It is your legal right to refuse food or drink.
Read more about this Charter Right in Appendix 1.*

CONSIDER THESE MEDICAL SITUATIONS – Copy 2... *continued*

4. You have advanced Alzheimer’s disease and no longer recognize your family. You have been hospitalized twice in the past year for pneumonia which was cured by massive doses of antibiotics. You develop pneumonia once more. Do you want aggressive treatment in hospital again, or do you prefer to be kept comfortable at home until death occurs naturally?
 I want aggressive treatment, including antibiotics, to keep me alive
 I do not want treatment to keep me alive. I want comfort care at home
 I am uncertain

5. You have long-standing diabetes and your mind is sharp. Last year you developed gangrene and lost one leg to this disease. You have now developed gangrene in your other leg and amputation has been recommended.
 I want the surgery to amputate my second leg if this will keep me alive
 I do not want the surgery. I want comfort care only, even though I may die
 I would request medical assistance in dying
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 I want dialysis to keep me alive
 I do not want to start dialysis. I want comfort care until I die naturally
 I would request medical assistance in dying
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7. You have congestive heart failure. You are always short of breath. Your swollen ankles make walking difficult. But your mind is still sharp and you enjoy time with family and friends. One day you have a severe heart attack and your heart stops beating. Do you want 911 called and CPR started?
 Yes
 No
 I am uncertain

Note: learn more about CPR and what you can expect in Appendix 3

CONSIDER THESE MEDICAL SITUATIONS – Copy 2... *continued*

8. You are terminally ill with a condition that causes great pain. Do you want to be sedated even to the point of unconsciousness if necessary to control your pain? This is called palliative sedation. Your physician can control the level of sedation to give you occasional hours of lucidity.

- Yes
- Yes, on a trial basis
- No
- I would request medical assistance in dying
- I am uncertain

9. You are in a permanent coma and your body is kept alive by artificial means such as mechanical breathing and tube feeding. Physicians say you will never recover because your brain has been severely damaged. But there are a few documented cases where people have recovered from a persistent vegetative state. Do you want to be kept alive in this way just in case you may someday recover?

- Yes
- No
- I am uncertain

10. Would you allow yourself to be temporarily placed on life support if your heart, kidneys or other body parts could be used in transplant operations to save other lives after you have died?

- Yes
- No
- I am uncertain

Note: To be considered an organ donor you should register with Service Ontario, and ideally discuss your wishes with your family and your substitute decision maker.

ABOUT THE ADVANCE CARE DIRECTIVE FORM

Turn to page 14 and read the Advance Care Directive form from start to finish before filling it out.

There are extra spaces for you to fill in circumstances that are not covered. For example, you may have a hereditary condition you want to add.

Pay particular attention to item 4 that pertains to the “choice to prolong” and “choice not to prolong.”



Signing and making copies

1. Make copies of the form before you sign and date it so that each copy has your original signature. Give a copy to the person(s) who will be making decisions on your behalf if you are unable to speak for yourself. Keep a record of the people to whom you provide copies so that if you change your Advance Care Directive, you can provide them with your new wishes and eliminate possible future confusion.
2. 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 attached to the fridge with a magnet – indicating where to find your directive and whom to call in an emergency. Suggested additional locations for copies of your Advance Care Directive include the glove compartment of your car, and the “Just in Case” or “In Case of Emergency” contacts on your cellular phone.
3. Do not store your directive in a locked safety deposit box. It needs to be quickly accessible in case of an emergency.

You can always change your mind

Review your Advance Care Directive whenever your situation changes in a major way, or every year or two. If you do not make any changes, sign the Directive again with the new date in the space at the top of the form.

Review your Advance Care Directive if you move to a new address, if your spouse dies, if you get separated/divorced/remarried, or in the case of any other major life event.

If your medical condition has changed or if you have reconsidered some of your decisions, start over with a new form. You can download it from the ELPC website or request a new form by mail.

Be sure to tell everyone involved in your care if you change your Directive.

YOUR ADVANCE CARE DIRECTIVE

We advise you to regularly review your Advance Care Directive. If you do not make changes, sign it again with the new date in the space below.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

I, _____, revoke any and all previous Advance Care Directives written by me.

If a 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.

Choose one by putting a check mark in the appropriate space.

1. If I am sedated and unable to communicate, I would like the sedation lifted so that I can rationally consider my situation and decide for myself to accept or refuse a particular therapy.

Yes No

When answering 2, 3, and 4 below, strike out conditions that you do not wish to be considered and add any that you do.

2. Should I be in any of the following circumstances, I **direct** that I be given only such care as will keep me comfortable and pain free until natural death occurs:

a) An acute life-threatening illness of an irreversible nature

b) Chronic debilitating suffering of a permanent nature

c) Advanced dementia

d) _____

e) _____

Your Advance Care Directive... *continued*

3. In the circumstances set out in condition 2 above, if life-sustaining treatments have been started and they are the only treatments keeping me alive, I want them stopped. I specifically **refuse** the following life support treatments:
- a) Electrical, mechanical, or other artificial stimulation of my heart (CPR)
 - b) Respirator or ventilator
 - c) Artificial feeding such as G-tube, NG tube, or central intravenous line
 - d) Being hand-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) _____
 - j) _____

If you **do not wish** to have your life prolonged under the conditions set down in 1, 2, and 3 above, **you must strike out 4 completely.**

If you wish to have your life prolonged and request all applicable treatments, you must completely strike out 1, 2, and 3 above, leaving only the instructions in section 4.

4. I specifically **direct** that my life be prolonged and that I be provided all life-sustaining treatments applicable to my medical condition.

Note: While this directive puts your caregivers in charge of all treatment choices, you can always change your mind. For example, you can start treatments and then discontinue them.

I have other wishes:

Your Advance Care Directive... *continued*

5. I would prefer to be cared for and to die:
[] at home
[] in a hospice or palliative care unit
6. If my healthcare provider will not follow this Advance Care Directive, I ask that my care be transferred to a healthcare provider who will respect my legal rights.
7. If I am in a hospital or a resident in a healthcare or long-term care facility that will not follow this Advance Directive, I ask that I be transferred to another hospital or care facility.

You have the right to be involved in all decisions about your medical care, even those not dealing with terminal conditions or persistent vegetative states. If you have wishes not covered in other parts of this document, please indicate them below:

Signature: _____ Date: _____

Print Name: _____

I have distributed this Advance Care Directive to the following people. This is a reminder to myself to keep these people informed of any changes. I am aware that outdated or defunct copies of this ACD may create confusion if left in circulation.

Name and phone number

PART 2

About the Power of Attorney for Personal Care

What does it mean to have a Power of Attorney for Personal Care?

Giving someone your Power of Attorney for Personal Care transfers to this person the authority to make decisions on your behalf concerning your personal care and your medical treatment in the event you are not able to make your wishes known. The person who has your Power of Attorney for Personal Care is your substitute decision maker.



Why should I have a substitute decision maker?

If you are unable to communicate your wishes, your previously expressed wishes must be respected as written in your Advance Care Directive or as expressed orally or in any other manner. But even if you have written an Advance Care Directive, your medical condition may not be specifically addressed in your directive. Your substitute decision maker is authorized to make decisions on your behalf based on his or her understanding of the decisions you would have made if you were able to do so.

Your substitute decision maker also has the authority to make arrangements for your personal care, such as where you will live, special dietary or clothing needs, and additional help to assist you in daily living should the need arise. Your substitute decision maker is concerned with all aspects of your future personal care as well as your medical care.

Who can I appoint?

Your substitute decision maker must be

- over 16 years of age
- mentally capable and readily available to be contacted
- legally able to have access to you

It should be someone who knows you well, who will respect your religious beliefs or spiritual values, and whom you trust to carry out your wishes.

You may not appoint as your substitute decision maker anyone who provides you with healthcare or support services for compensation, unless that person is also your spouse, partner or relative.

About the Power of Attorney for Personal Care... *continued*

You have the option to appoint more than one person and to decide in advance if they must act **jointly** or **independently**. We advise that you appoint your substitute decision makers to act independently.

Under the law, if you decide they must act jointly, all must agree on all decisions before action can be taken. If one of the persons cannot be reached, important decisions about your care may be delayed. A requirement for joint action may also lead to disagreements or misunderstandings that can be very time consuming. But having your substitute decision makers act independently means that if the person you first named cannot be reached or is unable to act on your behalf, the person you named next is automatically authorized to assume the duty to decide.

In appointing one or more substitute decision makers, you may also want to think about whether you want your wishes for treatment followed even if your friends and family disagree, or if you want your family and friends all in agreement.

Talking with your substitute decision maker

Sharing the statements and choices you make about your life and medical situations with your substitute decision maker will generate a discussion of your values and wishes. By comparing the answers your substitute decision maker has given to your own answers, you will see if she or he understands the wishes you have expressed for your future personal care and medical treatment, and is willing to take the responsibility to act on your wishes.

Before completing the Power of Attorney for Personal Care form

The form is a legal document. Read it all the way through. When you are clear about its use, complete the form and have it witnessed. You must satisfy yourself that your substitute decision maker understands the wishes you have expressed and is willing to act on your behalf.

About the Power of Attorney for Personal Care... *continued*

Two witnesses to your signature must meet the criteria listed below.

Both must be present when you sign. The witnesses must have an 'arm's length' relationship to you and the person(s) you appoint. Witnesses **MAY NOT** be:

1. The person or persons to whom you are giving your Power of Attorney
2. The spouse or partner of the person to whom you are giving Power of Attorney
3. Your own spouse, partner or child
4. A person whose property is under your guardianship
5. Anyone under the age of 18
6. Anyone who provides healthcare or support services to you for compensation.

Signing and making copies

Make copies of the Power of Attorney for Personal Care form before you and the witnesses sign it so that you and each of your substitute decision makers have a document with the original signatures and date. Alternatively, initial each copy by your signature.

Keep your copy where it can be easily found in an emergency situation. Leave a note in a prominent place, such as on the fridge, with the following information:

- a) the location of your Power of Attorney for Personal Care form
- b) the location of your Advance Care Directive form
- c) the names and contact information of the person(s) to call in an emergency.

Do not store your copy of these documents in a locked safety deposit box.

Remember: You may change your substitute decision maker at any time. Begin by stating that you revoke any previous Power of Attorney for Personal Care, and then complete, sign, date and have witnessed a completely new form.

POWER OF ATTORNEY FOR PERSONAL CARE

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

1. This Power of Attorney is given by me, _____,
of _____, in the Province of Ontario.

2. I appoint _____
_____ to be my
attorney(s) for personal care in accordance with The Substitute Decisions Act 1992.

If you have named more than one attorney and you want them to have the authority to act independently, insert the words "jointly and severally" here:

(This space may be left blank.)

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
- that my substitute decision maker may need to make personal care decisions for me
- that my substitute decision maker has a genuine concern for my welfare
- that my substitute decision maker will act in accordance with the wishes I have expressed

Power of Attorney for Personal Care... *continued*

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 for Personal Care in the presence of both witnesses whose names appear below.

I have signed this power of attorney on the _____ day of _____, 20_____.

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 1

Signature

Printed Name

Address

City, Province

Witness 2

Signature

Printed Name

Address

City, Province

KEY DIFFERENCES

Between the Power of Attorney for Personal Care and the Advance Care Directive

| | Advance Care Directive | Power of Attorney for Personal Care |
|--------------------|---|---|
| Purpose | Provides guidance as to what 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 who 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. Must be clearly dated and earlier versions revoked. | Legally binding if properly drawn up. A lawyer is advisable but not necessary. |
| Witnesses | Not required because directives are not a legally binding document, but witnesses may improve chances of directives being followed. | Two witnesses are required. They must meet specified criteria. |

Please note: If you feel you have special circumstances not addressed in these forms, we suggest that you consult with your lawyer.

APPENDIX 1. YOUR CHARTER RIGHTS AS A PATIENT

Healthcare laws and regulations vary slightly by province and territory but all Canadians generally share the following rights and options:

The right to be fully informed of all treatment options. This is also known as the ‘right of informed consent.’ Your physician is required to inform you of the risks and benefits of each treatment option as well as the probabilities of success.

The right to recognition of a substitute decision maker. You have the right to appoint a substitute decision maker - someone who can represent you if and when you can no longer make your own medical decisions. Your substitute decision maker can speak for you with the same authority as if you were speaking for yourself.

The right to recognition of an Advance Care Directive. Healthcare providers are required to follow your wishes for treatment, provided they are appropriate to your medical condition and are clearly outlined in a valid Advance Care Directive. The Directives you prepare may include a Do Not Resuscitate Order. Such forms are legally binding in provinces that offer them, so long as the documentation is filled out properly, signed by your physician, and kept up to date.

The right to a second opinion. It is your right to consult with another physician for any reason. Most people just want the reassurance of another viewpoint and an opportunity to speak with someone who will help them to decide on the best course of treatment.

The right to pain and symptom management. You have the right to refuse medication, but neither the Charter of Rights and Freedoms nor healthcare legislation grant you the right to demand medication. However, terminally ill persons can typically expect a vigorous pain management regimen, even if it may hasten the dying process.

The right to refuse treatment. You have the right to refuse any treatment, even if refusal might hasten your death. You also have the right to discontinue any treatment that has already started. Ethically and legally, there is no distinction between discontinuing treatment and refusing it in the first place.

The right to refuse food and drink. In Canada, nutrition and hydration by tube is considered medical treatment. You have the right to refuse or stop such treatment. You also have the right to refuse food and/or drink, and the right to refuse to be fed or given drinks by others. This option is referred to as Voluntary Stopping of Eating and Drinking (VSED) and is supported by many palliative care providers.

The right to end your own life. It is legal to end your own life in Canada and has been since suicide was removed from the Criminal Code in 1972.

Appendix 1. Your Charter Rights as a Patient... *continued*

The right to request an assisted death. On June 17, 2016, medical assistance in dying (MAID) became legal under some circumstances in Canada. If you are suffering from a grievous and irremediable medical condition, you can talk to your doctor or nurse practitioner about your options for treatment and care which may include medical assistance in dying.

APPENDIX 2. GLOSSARY OF MEDICAL TERMS

Allow natural death: when death is about to occur from natural causes, do not delay the moment of death with medical interventions.

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

Artificial nutrition: feeding by a method other than by mouth if the person is unable to swallow. Several methods may be used:

- Nasogastric Tube (NG tube): a tube inserted through the nose and into the stomach.
- Gastrostomy tube (G-tube or PEG tube): a tube inserted into the stomach for the long term administration of food, fluids and medications.

Artificial hydration: provides 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 simply receive comfort care, should also request to discontinue artificial hydration by IV, as hydration prolongs the dying process.

Cardiopulmonary resuscitation (CPR): interventions that may include manual compressions to the chest, an electric charge to restart the heart, drug therapies, or a ventilator to assist in breathing. CPR can be life-saving, but the success rate for critically ill persons is extremely low. Read more about CPR in Appendix 3.

Cerebrovascular accident: see Stroke

Chronic debilitating suffering of a permanent nature: ongoing distress arising from a medical condition for which there is no cure. Examples would be Parkinson's disease or severe diabetes.

Coma: a profound state of unconsciousness in which a person cannot be awakened by pain, light, sound or vigorous stimulation.

Comfort care: services that contribute to physical and mental ease and wellbeing, often provided for a dying person when further medical intervention has been judged inappropriate or is unwanted. See also Palliative care.

Dementia: a chronic or persistent disorder of a person's mental processes caused by brain disease or injury and marked by memory disorders, personality changes and impaired reasoning. Alzheimer's disease is the most common cause of dementia.

Appendix 2. Glossary of Medical Terms... *continued*

Do Not Resuscitate (DNR): If your breathing or heartbeat has stopped, the emergency procedure to attempt to restore these functions is called CPR. If you do not want CPR you must have a DNR order in hand. If you are in hospital such an order may be on your chart but if you are anywhere else, the order must be shown to first responders to avoid being resuscitated. **Read more about DNR in Appendix 4.**

Do Not Resuscitate Confirmation form: An official Ontario Ministry of Health and Long-Term Care form that, when signed by a physician, instructs paramedics and firefighters NOT to initiate CPR to that person. Each form has a unique serial number referring to the individual to whom it applies. The form must be presented to paramedics or firefighters when they arrive. See a sample and how to get the form in Appendix 4.

Heart failure: a condition in which the heart is unable to pump sufficiently to maintain blood flow to meet the body's needs; also known as congestive heart failure.

Hospice: from the word “hospitality,” the modern concept of hospice is a place and/or a service providing palliative care for terminally ill people in hospitals, long-term care homes or in their own home. Such care generally provides pain management and other comfort care but not medical interventions to prolong life.

Intensive care unit (ICU): a hospital unit with specialized staff providing constant monitoring and support for the care of those who are critically ill or injured. Also referred to as the critical care unit.

Life support or life-sustaining treatment: replaces or supports critical bodily functions such as breathing, cardiac function, nutrition and hydration. Such measures keep the person alive but do not cure the underlying problem. Life support may be used temporarily for a treatable condition.

Medical Assistance in Dying (MAID): also known as physician assisted dying. An individual can request medical assistance in dying where a physician or nurse practitioner, at an individual’s request: (a) administers a substance that causes an individual’s death; or (b) prescribes a substance for an individual to self-administer to cause their own death.

Mechanical breathing: used to support or replace the function of the lungs. A ventilator or respirator forces air into the lungs via a tube inserted into the person’s nose or mouth and into the trachea. In certain conditions, the tube is inserted through a small hole at the front of the throat.

Appendix 2. Glossary of Medical Terms... *continued*

Palliative care: therapies given in any setting to provide comfort and to alleviate pain and distressing symptoms in order to relieve suffering and improve the quality of living and dying for those faced with a life-threatening illness or medical condition.

Personal care: includes health care, nutrition, shelter, clothing, hygiene or safety. Includes both treatment and personal assistance services.

Personal support worker services: hired services providing assistance with or supervision of hygiene, washing, dressing, grooming, eating, drinking, elimination, ambulation, positioning or any other routine activity of daily living but does not include treatment.

Stroke, also called a cerebrovascular accident: a sudden disabling attack or loss of consciousness caused by an interruption in the flow of blood to the brain, especially through thrombosis (blood clot).

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

Treatment: any sort of procedure or action done for a health-related purpose, whether the treatment be therapeutic, preventative, palliative, diagnostic, cosmetic, etc.

Vegetative state: said of a person who is alive but comatose and without apparent brain activity or responsiveness. A person in a **persistent vegetative state** is completely unresponsive to psychological and physical stimuli, displays no sign of higher brain function and is being kept alive only by medical intervention.

APPENDIX 3. ABOUT CARDIOPULMONARY RESUSCITATION (CPR)

Cardiopulmonary resuscitation (CPR) is a medical procedure used to restart someone's heartbeat and breathing when the heart and/or lungs stop working. CPR can be successful in emergency situations when the person is otherwise healthy. Imagine a young basketball player who collapses on the court, for example, and who is helped by CPR.



CPR is frequently performed on TV amid a flurry of people and machines; there are celebratory “high fives” all around when CPR is successful. This is a performance, which in real life is more fiction than fact. Only about 4-16% of CPR procedures done outside of hospital are successful.¹

If someone suffers from severe illness, advanced old age or a terminal disease, the odds of a good outcome from CPR is extremely low while the odds of suffering are overwhelming. A frail person who has not been breathing even for three minutes will have brain damage. What's more, during CPR ribs may be fractured, lungs punctured or the person may slip into a vegetative state and live that way for months.

This is why it is so important to make your wishes about CPR known in advance to your substitute decision maker, your family, and your healthcare providers. CPR is an emergency procedure for which time is of the essence. If you wish to be resuscitated in the event of a cardiac incident, call 911 and first-line responders will automatically start that process when they arrive.

But remember that you have the right to refuse CPR. If you do not want to be resuscitated but need other help, 911 responders will do whatever else they can but must be shown a DNRC (Do not Resuscitate Confirmation) form when they arrive. Read more about this form in Appendix 4.

¹ Sasson, C., Rogers, M. A., Dahl, J., & Kellermann, A. L. (2010). Predictors of survival from out-of-hospital cardiac arrest: a systematic review and meta-analysis. *Circulation: Cardiovascular Quality and Outcomes*, 3(1), 63-81

APPENDIX 4. DNR AND THE DNR CONFIRMATION ORDER

Do Not Resuscitate (DNR) means that you do not wish to undergo cardiopulmonary resuscitation (CPR) or advanced cardiac life support if your heart stops beating or you stop breathing. It is a legal order, written either in hospital or on a legal form, to withhold CPR or advanced cardiac life support.

The order for DNR is made on a specific form called a Do Not Resuscitate Confirmation form (DNRC). We have included a sample form so that you can read it through before asking your healthcare professional to order one for you.

The DNRC form can be obtained from the Ontario Ministry of Health and Long Term Care. Ask your physician or a registered nurse in a care facility to contact Ontario Shared Services at 416-679-8657 and request the form. The form will have a unique serial number that refers only to you. You may also request a DNRC form directly if your physician is not cooperative.

After the DNRC form is properly completed and signed by your healthcare professional, paramedics who respond to a 911 call will respect the order shown to them and will not initiate CPR.

The DNRC form is the ONLY instruction – written or verbal – that first-line responders to a 911 call will respect. Without a DNRC form they are bound by law to initiate resuscitation. Make sure your original DNRC form is in a clearly visible location so that no misunderstandings occur under the pressures of an emergency.

Make copies of the completed DNRC form after it has been completed and signed by a health care professional, add copies to your advance care directive, medical records or give it to anyone concerned with your health care.

In the health care community, **Allow Natural Death (AND)** is a phrase that is quickly gaining favour as it focuses on what is being done, not what is being avoided. Do Not Resuscitate (DNR) sounds to some as if life-giving treatment is being withheld. A Do Not Resuscitate order does not affect any treatment other than that which would require intubation or CPR. People who have a DNR order can continue to get chemotherapy, antibiotics, dialysis, or any other appropriate treatment. In other words, DNR does not mean “do not treat.”

If you are in a hospital and unable to speak for yourself, your substitute decision maker should confirm your DNR wishes to the medical staff by bringing your DNRC form, as well as the Power of Attorney for Personal Care form to show that they are your authorized representative.

Appendix 4. DNR Confirmation Order, Sample Form

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:

| | |
|--|------------------------|
| Patient's name – please print clearly | |
| Surname DOE | Given Name JOHN |

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> |
|---|

| |
|---|
| Check one <input checked="" type="checkbox"/> of the following: <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> R.N. <input type="checkbox"/> R.N. (EC) <input type="checkbox"/> R.P.N. |
|---|

| | |
|---|-------------------------------------|
| Print name in full | |
| Surname SMITH | Given Name WILLIAM F. |
| Signature  | Date (yyyy/mm/dd) 2013/01/01 |

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

APPENDIX 5. FREQUENTLY ASKED QUESTIONS

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

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 refuse a certain treatment, and then change my mind when I am in hospital?

You can change your mind at any time. Any instructions you give orally will override previously written instructions provided you are competent when you express the new instructions.

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?

You may certainly do so. Many people do. However, if you do not set down specific instructions, a general 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?

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*:

1. Your spouse, common-law spouse or partner
2. Your child (16 years old and over) or parent or CAS (person with right of custody)
3. Your parent with right of access only
4. Your brother or sister
5. Any other relative by blood, marriage, or adoption
6. Office of the Public Guardian and Trustee

* If the Consent and Capacity Board has previously appointed a representative for you, then that person rather than any other is your substitute decision maker.

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

No, your son cannot decide this for you. You would have to make out a new Power of Attorney for Personal Care naming one of your daughters as your substitute decision maker. To prevent such a situation, name each of your two daughters as your second and third choice, and appoint them to act independently rather than jointly.

Appendix 5. Frequently Asked Questions... *continued*

Q: I have two sons and I want to give them equal rights to make decisions for me. Why should I not appoint them to act jointly?

If appointed jointly, they have to agree on every decision before any action can be taken, and situations may arise where they disagree on your care. A better solution would be to appoint one son as Power of Attorney for Personal Care and the other as your second choice if the first is not able to make decisions for you.

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?

If your physician or anyone else who has a copy of your Advance Care Directive sees that your wishes are not being followed, they can apply to the Consent and Capacity Board to have your brother ordered to comply with your directive, or to request that the Board itself 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 that if he has another heart 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?

To ensure that your husband is not resuscitated against his will, he should ask his physician to complete and sign a DNR Confirmation Order. Your husband should keep the form 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 you can obtain it in Appendix 3.

APPENDIX 6. FURTHER RESOURCES

A Guide to Advance Care Planning (2015) is a publication prepared by the Ontario government. It is available at www.ontario.ca or by telephone at 1-888-910-1999.

Power of Attorney for Personal Care is a publication prepared by the Ontario government. It is available from the Office of the Public Guardian and Trustee at www.ontario.ca or by telephone at 1-800-366-0335.

Advance Care Planning is a DVD and booklet from the University of Toronto Program in End-of-Life-Care. It is available at www.cme.utoronto.ca/acpdvd.

Medical Assistance in Dying is information from the Government of Canada <http://www.healthycanadians.gc.ca/health-system-systeme-sante/services/end-life-care-soins-fin-vie/medical-assistance-dying-aide-medicale-mourir-eng.php>

Legislative Resources

Guide to The Substitute Decisions Act 1992 is available from the Ministry of the Attorney General Office of the Public Guardian and Trustee at www.gov.on.ca or by telephone at 1-800-366-0335.

The Health Care Consent Act 1996 is available from the Ministry of Health and Long-Term Care at www.health.gov.on.ca.