

Who Will Speak for You?

Advance Care Planning Kit for
New Brunswick



Dying With Dignity Canada
It's your life. It's your choice.

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PART I

Understanding Your Health Care Directive

WHAT IT MEANS: Your Health Care Directive is the document in which you make known your wishes for medical treatment or non-treatment. It only comes into effect if you are not able to speak for yourself.

WHY YOU SHOULD HAVE A HEALTH CARE DIRECTIVE: In a medical emergency, or any other circumstance which leaves you unable to communicate, this is the document that will help those responsible for your care to decide on your treatment. And it will help your loved ones to make the right decisions on your behalf.

Without a Health Care Directive you may be subject to aggressive medical intervention, which you may not want to have. Or you may have a specific medical condition for which you do want all available treatment. Your Health Care Directive provides guidance to health care professionals with respect to your wishes for care.

HOW TO GO ABOUT IT: First, read Considering Your Personal Values. This will start you off thinking about what is important to you in terms of quality of life.

Considering Your Personal Values

1. What do you feel gives your life its purpose and meaning?
2. What do you particularly value about your physical or mental well-being:
 - Do you most love to be outdoors?
 - Are large family gatherings your happiest times?
 - Do you prefer quiet time alone listening to music or reading?
 - Have you a favorite pastime such as bridge or crosswords?
 - Do you have a hobby, perhaps painting or collecting?

3. If you were no longer able to enjoy the things that are important to you because of deterioration in your sight, or hearing, or mobility, do you think this would affect the health care decisions you would make?

4. If you could plan it today, what would the last day of your life 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, such as a member of the clergy or someone who shares your religious beliefs?

5. Are there people to whom you would want to write a letter, or tape a message, perhaps marked for opening at a future time?

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

7. Are there other personal values you want others to be aware of?

NEXT: Read Considering Your Medical Priorities. This is the most difficult part, because it asks you to imagine yourself in various critical conditions, and to then think about what treatment you would want to accept or refuse in each case, and to write down your answers.

Writing down your answers is just for your own information and to help clear things in your mind, so that you are better prepared for the next step.

Considering Your Medical Priorities

1. Which of the following do you fear **most** near the end of life?
 - Being in pain
 - Losing the ability to think
 - Being a burden on loved ones

2. Is it more important for you to (a) have your wishes for treatment followed at the end of life even if family members or friends disagree, or (b) have family and friends all in agreement and comfortable with whatever decision is made?
 - a) Have your wishes for treatment followed, even if there is disagreement
 - b) Have family and friends all in agreement
 - c) I am uncertain

3. Imagine that you are now seriously ill, and doctors are recommending chemotherapy and this treatment usually has very severe side effects, such as pain, nausea, vomiting and weakness that could last 2-3 months.

Would you be willing to endure the side effects if the chance of regaining your current health was less than 25 in 100?

Yes No I am uncertain

4. In the same circumstances as in the previous question, suppose that your condition is clearly terminal, but the chemotherapy has an 80% chance of giving you an additional six months of life.

Would you want the chemotherapy even though it has severe side effects, such as pain, nausea, vomiting and weakness?

Yes No I am uncertain

5. Imagine that you had a dementia, such as Alzheimer's disease, and it had progressed to the point where you could not recognize or have a conversation with your loved ones. When spoon-feeding was no longer possible, would you want to be fed by a tube into your stomach?

Yes No I am uncertain

6. Imagine you had advanced dementia to the same degree as in the above question. You have already been hospitalized twice in the past year for pneumonia and other lung infections which required aggressive medical intervention including massive doses of antibiotics.
- The next time you get pneumonia, which if left untreated could be fatal, do you want aggressive treatment again, or would you prefer simply to have comfort care until death comes?
- a) Aggressive treatment including antibiotics
 - b) No treatment, comfort care only
 - c) I am uncertain
7. Imagine you have long-standing diabetes, or a severe circulatory condition such as advanced arterial disease that resulted in one leg being amputated because it developed gangrene. Now, the other leg develops gangrene and the doctor recommends amputation because the condition could be fatal.
- Would you want the operation or would you prefer to simply have comfort care and allow your untreated medical condition to bring about your death?
- a) I would want the surgery
 - b) No surgery, comfort care only
 - c) I am uncertain
8. Imagine that you are physically frail and you need help with most routine daily activities, such as dressing, bathing, eating, and going to the toilet. You live in a nursing home and your mind is fairly clear and capable most of the time. You develop a severe kidney infection which if left untreated would lead to multiple organ failure and death. Would you want to be hospitalized and receive aggressive medical intervention, or would you prefer not to be treated but to simply have comfort care and allow your untreated medical condition to bring about your death?
- a) Treated in hospital
 - b) No treatment, comfort care only
 - c) I am uncertain
9. Imagine you have congestive heart failure that causes your lungs to fill up with fluid, leaving you extremely breathless, and that also causes your ankles to swell up so that walking is difficult. You are always short of breath and tired, and unable to walk even one block. Your health is poor but you are alert and able to enjoy time with family and friends.

One day you have a heart attack and your heart stops beating. Would you want CPR started and 911 called?

Yes

No

I am uncertain

10. Imagine that you are in a permanent coma and your body is maintained by artificial means, such as mechanical breathing and tube feeding.

Would it be important to you that decisions about your treatment or discontinuation of treatment be guided by the religious beliefs or spiritual values that you hold?

Yes

No

I am uncertain

11. If you were terminally ill with a condition that caused you much pain, would you want to be sedated even to the point of unconsciousness, if it were necessary to control your pain?

Yes

No

I am uncertain

12. Would you allow yourself to be placed on life support if your heart, kidneys, pancreas, lungs, or liver could be used in transplant operations to save lives after your death?

Yes

No

I am uncertain

You may want to pause at this point, and talk over these questions and answers with your loved ones and with your caregivers.

THE FINAL STEP: Read the Health Care Directive Form all the way through (*page 9*) but do not start to fill it in until you have read the directions on how to do so.

HOW TO FILL IN THE HEALTH CARE DIRECTIVE FORM: Read each line carefully and strike out any that do not apply to you, or that you do not agree with. There are extra spaces for you to fill in any circumstances not covered – e.g. you may have a hereditary condition you want to add.

Please pay special attention to section 4 in the Health Care Directive.

*If you **DO NOT WISH** to have your life prolonged under the conditions you have set out in Sections 1, 2, & 3 then you must strike out section 4 completely.*

*If you **DO WISH** to have your life prolonged under any circumstances, and are requesting all applicable medical treatment, then you must strike out sections 1, 2, & 3 and leave only the directions you are giving under section 4.*

SIGNING AND MAKING COPIES: Make copies of the Health Care Directive Form before you sign and date, so that each has your original signature.

Give a copy of your Health Care Directive to whoever will be making decisions on your behalf if you cannot do so for yourself.

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 with a fridge magnet – saying where to find your Health Care Directive and who to call in an emergency.

Do not store your Health Care Directive in a locked safety deposit box.

CHANGING YOUR MIND: You can always change your mind. We advise that you review your Health Care Directive at least every three years. If there are no changes to be made, sign it again with the new date. There is space at the bottom of the form for you to do this.

If your medical condition has changed, or if you have reconsidered some of the directions you wrote down, ask us to send you a new form, and start over.

Be sure to tell everyone involved in your care that you have revised your Health Care Directive.

HEALTH CARE DIRECTIVE

I revoke any previous Health Care Directives written by me.

If the 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.

If I am unable to make decisions only because I am being kept sedated, I would like the sedation lifted so I can rationally consider my situation and decide for myself to accept or refuse a particular therapy.

1. In any of the following circumstances, I **direct** that I receive only such care as will keep me comfortable and pain free, and that **my dying not be prolonged**:

- a) An acute life threatening illness of an irreversible nature;
- b) Chronic debilitating suffering of a permanent nature;
- c) Advanced dementia;
- d) _____
- e) _____

2. In the circumstances set out in section 1 above, I specifically **refuse** the following:

- a) Electrical, mechanical or other artificial stimulation of my heart;
- b) Respirator or ventilator;
- c) Artificial feeding e.g. G-tube, NG tube, or central intravenous line;
- d) Being 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) _____

3. I specifically **direct** the following:

- a) Provide necessary medication to control my pain and control my symptoms even if such medication might shorten my remaining life;
- b) Provide me with palliative care;
- c) I would prefer to be cared for and to die at home; **OR**
I would prefer to be cared for and to die in hospice;

(you must choose only one option under 3c and strike out what does not apply)

- d) _____
- e) _____

Section 4 note:

*If you **DO NOT WISH** to have your life prolonged under the conditions you have set down in sections 1, 2 and 3, you must **strike out section 4 completely.***

*If you **DO WISH** to have your life prolonged under any circumstances, and are requesting all treatment applicable to your medical condition, you must **strike out sections 1, 2 & 3 completely and leave only the directions you are giving under section 4.***

4. I specifically **direct** the following:

I desire that my life be prolonged, and that I be provided all life-sustaining treatments applicable to my medical condition.

5. If my health care provider will not follow this Health Care Directive, I ask that my care be transferred to another health care provider who will respect my legal rights.

6. If I should be a patient in a hospital, or resident in a health care or long term care facility which will not follow this Health Care Directive, I ask that I be transferred to another hospital or care facility.

Signature: _____ Originally Dated: _____

Print Name: _____

Reviewed on _____ *Signature* _____

Reviewed on _____ *Signature* _____

Reviewed on _____ *Signature* _____

PART II

Understanding Your Power of Attorney for Personal Care

WHAT IT MEANS: Giving someone Power of Attorney for Personal Care means that you give them authority to make decisions on your behalf concerning your care and your medical treatment, if you are not able to make your wishes known

WHY YOU SHOULD HAVE AN ATTORNEY FOR PERSONAL CARE: If you become critically ill, and unable to communicate your wishes, the physicians treating you will consult with your Attorney for Personal Care concerning the wishes expressed in your Health Care Directive. This gives you another layer of protection in ensuring your wishes are respected.

Although you may have written a Health Care Directive, a situation may arise where your medical condition at the time is not one that is addressed in your directive. Your Attorney For Personal Care would then be able to make a decision on your behalf, based on his/her understanding of what you would decide for yourself, if you were able to do so.

Should you suffer a mental impairment, and are unable to communicate your wishes, your Attorney For Personal Care has the authority to make arrangements for your care, such as where to live; whether or not you have special dietary or clothing needs, and if so, to ensure these needs are accommodated; arranging for additional help to assist you in daily living, should you gradually come to need this. Your Attorney for Personal Care is concerned with all aspects of your future personal care as well as your medical care.

WHO TO APPOINT: It is advisable to appoint someone who is at least 19 years of age; someone who knows you well and whom you trust to carry out your wishes.

You have the option to appoint more than one person as your Attorney For Personal Care and to have them act **jointly** or act **independently**.

Having them act jointly may lead to disagreements over your care.

Having them act independently means that if the person you first name is unable to act on your behalf, e.g. ill, or on vacation, the person you next named is automatically authorized to assume the duties.

We advise that you appoint them to act independently.

Key Differences Between Your Two Documents

	Health 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.	Legally binding if properly drawn up and under seal. A lawyer is advisable.
Witnesses	Not required, as this is not a legally binding document, but may improve chances of directive being followed.	Yes – one witness who can NOT be the person you appoint as your Attorney For Personal Care

Talking To Your Attorney for Personal Care

Your Attorney for Personal Care is the person you will authorize to speak on your behalf. How well do they know you and your health care wishes? This short form with questions and answers will help you find out how well you have communicated your wishes to them and how well they have understood your wishes.

This is exactly the same form as *Considering Your Medical Priorities* (page 5), which you filled in earlier. Your Attorney For Personal Care now answers the same questions as if they were doing so on your behalf, under conditions in which you could not speak for yourself.

Your Attorney For Personal Care completes this section:

1. Which of the following do you think I fear **most** near the end of life?
 - Being in pain
 - Losing the ability to think
 - Being a burden on loved ones

2. Do you think it is more important for me to (a) have my wishes for treatment followed at the end of life even if family members or friends disagree, or (b) have family and friends all in agreement and comfortable with whatever decision is made?
 - a) Have my wishes for treatment followed, even if there is disagreement
 - b) Have family and friends all in agreement
 - c) I am uncertain

3. Imagine that I am now seriously ill, and doctors are recommending chemotherapy and this treatment usually has very severe side effects, such as pain, nausea, vomiting and weakness that could last 2-3 months.
Do you think that I would be willing to endure the side effects if the chance of regaining my current health was less than 25 in 100?

Yes	No	I am uncertain
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4. In the same circumstances as in the previous question, suppose that my condition is clearly terminal, but the chemotherapy has an 80% chance of giving me an additional 6 months of life.
Do you think that I would want the chemotherapy even though it has severe side effects, such as pain, nausea, vomiting and weakness?

Yes	No	I am uncertain
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5. Imagine that I had a dementia, such as Alzheimer's disease, and it had progressed to the point where I could not recognize or have a conversation with my loved ones. When spoon-feeding was no longer possible, do you think that I would want to be fed by a tube into my stomach?

Yes

No

I am uncertain

6. Imagine I have advanced dementia to the same degree as in the above question. I have already been hospitalized twice in the past year for pneumonia and other lung infections, which required aggressive medical intervention, including massive doses of antibiotics.

The next time I get pneumonia, which if left untreated could be fatal, do you think that I would want aggressive treatment again, or that I would prefer simply to have comfort care until death comes?

- a) Aggressive treatment including antibiotics
- b) No treatment, comfort care only
- c) I am uncertain

7. Imagine I have long-standing diabetes, or a severe circulatory condition such as advanced arterial disease that resulted in one leg being amputated because it developed gangrene. Now, the other leg develops gangrene and the doctor recommends amputation because the condition could be fatal.

Do you think that I would want the operation or that I would prefer to simply have comfort care and allow the untreated medical condition to bring about my death?

- a) I would want the surgery
- b) No surgery, comfort care only
- c) I am uncertain

8. Imagine that I am physically frail and need help with most routine daily activities, such as dressing, bathing, eating, and going to the toilet. I live in a nursing home and my mind is fairly clear and capable most of the time. I develop a severe kidney infection which if left untreated would prove fatal through multiple organ failure.

Do you think that I would want to be hospitalized and receive aggressive medical intervention, or that I would prefer not to be treated, but simply to have comfort care and allow the untreated medical condition to bring about my death?

- a) Treated in hospital
- b) No treatment, comfort care only
- c) I am uncertain

9. Imagine I have congestive heart failure that causes my lungs to fill up with fluid, leaving me extremely breathless, and that also causes my ankles to swell up so that walking is difficult. I am always short of breath and tired, and unable to walk even one block. My health is poor but I am alert and able to enjoy time with my family and friends. One day I have a heart attack and my heart stops beating. Do you think that I would want CPR started and 911 called?

Yes

No

I am uncertain

10. Imagine that I am in a permanent coma and my body is maintained by artificial means, such as mechanical breathing and tube feeding.

Do you think it would be important to me that decisions about my treatment or discontinuation of treatment be guided by the religious beliefs or spiritual values that you know I hold?

Yes

No

I am uncertain

11. If I were terminally ill with a condition that caused me much pain, do you think that I would want to be sedated even to the point of unconsciousness, if it were necessary to control my pain?

Yes

No

I am uncertain

12. Do you think that I would allow myself to be placed on life support if my heart, kidneys, pancreas, lungs, or liver could be used in transplant operations to save lives after my death?

Yes

No

I am uncertain

Compare the answers your Attorney For Personal Care has given with the answers you wrote down for yourself. This will tell you if your Attorney For Personal Care understands you well, and understands the wishes you have expressed for your future personal care and medical treatment, and is willing to act on your behalf.

THE FINAL STEP: Read the Power of Attorney for Personal Care Form (*page 17*) all the way through but do not start to fill in the form until you have read the directions on how to do so.

Before continuing on to the next step, make sure you understand all the information and are satisfied that your Attorney For Personal Care understands the wishes you have expressed and is willing to act on your behalf.

HOW TO FILL IN THE POWER OF ATTORNEY FOR PERSONAL CARE FORM: You will need a witness to your signature. The witness can NOT be the person you have appointed as Attorney For Personal Care.

In New Brunswick a Power of Attorney For Personal Care can be a stand-alone document, or can be combined with a Power of Attorney for Property. You can appoint the same person for both, or you can appoint one person for your personal and medical care, and a different person for your financial and legal affairs.

Please note: you should consult with your lawyer:

if you wish to appoint multiple attorneys to act jointly;

if you wish to have your Power of Attorney for Personal Care combined with your Power of Attorney for Property;

if you feel you have special circumstances the Dying With Dignity forms do not address.

Taking legal advice will ensure that you fully understand all your available options and that your Power of Attorney for Personal Care fulfills the legal requirements of your province.

The form provided in this Advance Care Planning Kit is for the stand-alone Power of Attorney for Personal Care. This must be signed under seal. Therefore both you and your witness should have your signature notarized by a lawyer or a notary public.

SIGNING AND MAKING COPIES: Ask your lawyer or notary public for notarized copies of the signed Power of Attorney For Personal Care Form, so that you and each of your Attorneys For Personal Care have a document with the original signatures and date.

Keep your copy where it can be easily found in an emergency situation and leave a note in a prominent place giving the location of your Power of Attorney For Personal Care Form and your Health Care Directive Form, and who to call in an emergency. **Do not store your copy of these documents in a locked safety deposit box.**

CHANGING YOUR MIND: You can always change your mind. Simply start off by stating that you revoke any previous Power of Attorney for Personal Care and then continue on to complete a new form in the same way as before. Make sure to inform your previous Attorney For Personal Care and anyone else to whom you gave a copy of the Power of Attorney For Personal Care Form that you have made these changes.

POWER OF ATTORNEY FOR PERSONAL CARE

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

1. This power of attorney is given by _____ (Name)
of _____ in the Province of New Brunswick.
2. I appoint _____ to be my Attorney For Personal
Care in accordance with the *Infirm Persons Act*.
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 *Infirm Persons Act*
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 *Infirm Persons Act*
5. I give my Attorney For Personal Care authority to make decisions on my behalf for all
personal matters of a non-financial nature that relate to me.

I have signed this Power of Attorney For Personal Care in the presence of the witness
whose name appears below. I have signed this Power of Attorney on _____ (date)
Signature _____

Witness

I have signed this Power of Attorney For Personal Care in the presence of the person whose
name appears above, and, on the date shown above.

Signature _____

Print Name _____

Address _____

Signature of lawyer or notary public _____ date _____

apply stamp or type or legibly print name _____

APPENDIX I - Medical Terms Explained

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

Artificial Nutrition: being fed by a method other than by mouth. This would apply if you were in a coma or otherwise unable to swallow, and may be by:

Nasogastric Tube (NG tube) - a tube inserted through the nose and into the stomach. The tube may also be used to suction excess acids from the stomach.
Gastrostomy tube (G-tube or PEG tube) – a tube placed directly into the stomach for the long term administration of food, fluids and medications.

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

Cardio-Pulmonary Resuscitation (CPR): applying pressure to the chest, or an electric charge to re-start the heart, and sending air directly into the lungs to assist in breathing. CPR can be life-saving, but the success rate for critically ill patients is extremely low.

Cerebrovascular Accident (CVA): see *Stroke*

Chronic debilitating suffering of a permanent nature: a medical condition for which there is no cure. Examples would be Parkinson's disease or terminal cancer.

Coma: a profound state of unconsciousness in which a person cannot be awakened by pain, light, sound or vigorous stimulation. There may be some movements but these are not conscious acts. A patient in a coma state which is of short duration can recover. Over four weeks in coma, the patient may progress to a vegetative state.

Comfort Care: for the dying patient when further medical intervention is rejected or has been judged futile.

Dementia: a condition that impacts a person's ability to perform everyday functions. Examples would be Alzheimer's disease, or loss of thinking skills and memory following a major stroke.

Electrical, mechanical or other artificial stimulation of my heart: see *CPR*

Heart Failure: a condition where the heart is damaged and fails to pump enough blood to the critical organs in your body.

Hospice Care: for terminal patients, and may be given in the home or in a hospital or care facility. The emphasis is on pain and symptom control for the dying patient, and there is normally no aggressive medical treatment.

Intensive Care Unit (ICU): sometimes referred to as the Critical Care Unit is a hospital ward with highly specialized staff. It is for the patient with a life-threatening illness or injury, including major surgery with a threat of complications, which needs constant monitoring and the support of specialized equipment.

Life-sustaining treatment: replaces or supports defective bodily functions. It may be used temporarily for a treatable condition until the patient is stabilized. If there is no hope of the body regaining the ability to function normally, life support may simply prolong the dying process without the benefit of increased quality of life.

Mechanical Breathing: used to support or replace the function of the lungs. The ventilator or respirator is a machine attached to a tube inserted into the patient's nose or mouth and down into the windpipe, in order to force air into the lungs. It helps people with a short term medical problem. People with irreversible respiratory failure such as that caused by injury to the spinal cord, or a progressive neurological disease will require long term ventilation; and in this case, the tube is inserted through a small hole at the front of the throat into the trachea (tracheostomy tube).

Palliative Care: is most often care in a hospital setting and may be given in conjunction with medical treatment such as chemotherapy or radiation. The emphasis is on pain and symptom control, and the management of side effects of the treatment, such as weakness and nausea.

Stroke: damage to the brain caused by a blockage of blood flow, or bleeding into the brain. The degree of disability resulting depends on the location and severity of the initial cause.

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

Vegetative State: a result of damage to the parts of the brain that control thinking, memory, consciousness and speech. The patient may have no damage to the part of the brain that controls breathing and heart rate, and may continue to survive in an unresponsive state.

APPENDIX II - Frequently Asked Questions

Q - Can someone else create a Health Care Directive on my behalf?

A - *No. But if you are unable to write, your Health Care Directive may be given orally and written down by someone else, whose signature must be witnessed in your presence. The witness can NOT be the person you appoint as your Attorney for Personal Care, or the spouse of your Attorney for Personal Care.*

Q - What if I have a written Health Care Directive in which I refused a certain treatment, and then when in hospital I change my mind?

A - *You can change your mind at any time. Any instructions you give orally will over-ride previously written instructions provided you are competent when you express them.*

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?

A - *You may certainly do so. Many people have a general directive such as this. However, if you do not set down specific instructions, your Health Care Directive is open to interpretation – and you may be treated in ways you would not want.*

Q - What happens if I have no Attorney for Personal Care? Who will make my health care decisions?

A - *If you become unable to make health care decisions for yourself and have not appointed an Attorney for Personal Care, it may require someone – usually a family member – to apply to the court to be appointed to make personal care decisions on your behalf. This is time-consuming and may cause disputes in the family.
If you have no relatives able or willing to act on your behalf, you may with prior consent appoint the Public Trustee to act on your behalf.*

Q - My son is named as sole Attorney for Personal Care in my directive. If he moves out of the country can he delegate one of my three daughters to act instead?

A - *No. You would have to make out a new Health Care Directive appointing one of your daughters as Attorney for Personal Care. To prevent a similar situation arising, you should also appoint each of the other daughters as alternate Attorneys for Personal Care and we advise that you appoint them to act individually rather than jointly.*

Q – I have two sons and I want to give them equal rights. Why should I not appoint them to act jointly?

A – If appointed jointly a situation may arise where they disagree on your care. Perhaps you could consider giving one son authority for decisions concerning your personal care and medical treatment by appointing him Attorney for Personal Care, and give your other son authority to act in financial and legal matters by giving him Power of Attorney for Property.

Q – My sister and I are not on very good terms, but I have no other relatives, so I have appointed her my Attorney for Personal Care. What happens if she goes against the wishes in my Health Care Directive and makes other decisions for me?

A – If your physician or any other interested party sees that your wishes are not being followed he/she can apply to the Court of Queen's Bench to suspend or terminate the authority of your sister as Attorney for Personal Care. The court may then appoint another Attorney for Personal Care to act on your behalf.

Dying With Dignity

APPENDIX III – Further Resources

Powers of Attorney -a publication by the Public Legal Education and Information Service of New Brunswick.

available through the website: www.legal-info-legale.nb.ca/en

by telephone: 506-453-5369

by email: pleisnb@web.ca

Legislative Resources

The Infirm Persons Act 1978

available through the government website at www.gnb.ca

Dying With Dignity

ABOUT DYING WITH DIGNITY CANADA

OUR MISSION

Dying With Dignity Canada is a national, member-based registered not-for-profit organization. Our mission is to improve quality of dying and to expand end of life options.

OUR MANDATE

Dying With Dignity Canada has a three-part mandate. We provide:

1. Education on medical rights, end of life options, and the importance of advance care planning.
2. Support for individuals at the end of their lives, including support at the bedside for those wish to determine the nature and timing of their death, provided they have met our stringent criteria for such support.
3. The reasons why appropriately-regulated medically-assisted dying should be legalized in Canada.

FUNDING

We are funded by memberships and donations. Dying With Dignity Canada receives no government funding. Many of our services are provided by volunteers.

CONTACT INFORMATION

Address: 55 Eglinton Avenue East, #802, Toronto, Ontario, Canada. M4P 1G8

Telephone 416-486-3998 *Toll-Free* 800-495-6156 *Fax* 416-486-5562

Website www.dyingwithdignity.ca

Email info@dyingwithdignity.ca