

Who Will Speak for You?

Advance Care Planning Kit for
Prince Edward Island



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

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Understanding Your Health Care Directive

WHAT IT MEANS: Your Health Care Directive is a document in which you make known your wishes for your personal care and for your medical treatment or non-treatment. It only comes into effect if you are unable 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, your Health Care Directive 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.

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
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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
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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
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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.

When you are ready to continue, the **NEXT STEP** is to think about appointing a Proxy. Your Proxy is the person you authorize to make decisions on your behalf if you are unable to speak for yourself. Although appointing a Proxy in your Health Care Directive is optional, we strongly advise that you do so.

Why You Should Appoint A Proxy

If you become critically ill, and unable to communicate your wishes, the physicians treating you will consult with your Proxy concerning the terms of your 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 Proxy 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 Proxy has the authority to make arrangements for your personal care. Your Proxy is concerned with all aspects of your future 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 come to need this.

WHO TO APPOINT: Your Proxy must be over 16 years of age and someone whom you trust to carry out your wishes. You should not appoint anyone who provides you with health care or support services for compensation.

You have the option to appoint more than one Proxy. If you name more than one person, you may choose to have your Proxies act **jointly** or act **successively** in the order named.

Under the law, having them act jointly means they must all agree before action can be taken. If there is disagreement over your care, a majority decision will be deemed to be the health care decision of all. Under the law having them act successively means that if the first named Proxy is unable to act, the second named Proxy becomes your alternate Proxy with the same authority to act on your behalf.

Please note: The form provided in this Advance Care Planning Kit is for appointing a single Proxy and an Alternate Proxy. If you prefer to name multiple Proxies or if you feel that you have special circumstances which the DWD forms do not address, we advise that you consult with your lawyer.

Talking To Your Proxy

Your Proxy is the person you 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 Proxy 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 Proxy 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 Proxy has given with the answers you wrote down for yourself. This will tell you if your Proxy 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 Health Care Directive Form all the way through (*page 14*) but do not start to fill in the form until you have read the directions on how to do so.

Make sure you completely understand all the information and are satisfied that your Proxy understands that these are your wishes, and is willing to act on your behalf. You will then be ready to complete your Health Care Directive form and appoint your Proxy.

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 address.

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

If you **DO NOT WISH** to have your life prolonged under the conditions you have set out in Sections 1, 2 and 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 treatment applicable to your medical condition, then you must ***strike out sections 1, 2 and 3 completely and leave only the directions you are giving under section 4.***

SIGNING AND MAKING COPIES: Although you do not need a witness to your signature, you have the option to do so if you wish. Your Proxy can NOT also act as witness.

Make copies of the Health Care Directive form before you sign and date, so that each copy has the original signatures.

Talk to your physician and ask that a copy of the directive be entered in your medical records. Give a copy to whoever will be making decisions on your behalf if you cannot do so for yourself. Keep a copy where it can be easily 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 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.

There is no requirement under Prince Edward Island law that you update your signature. However, we advise you to do so. Your Health Care Directive may not come into effect for some considerable time. If you have not updated your signature, there is no evidence that you have recently reviewed your directive and that your wishes are unchanged.

Your new signature and date does not need to be witnessed unless you wish to do so.

If your medical condition has changed, or if you have reconsidered some of the answers you wrote down, ask us to send you a new form, and start over. Begin by revoking your previous Health Care Directive and continue on as before.

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

I designate _____ to act as my Proxy.

If the above named _____ should be or become at any time unable or unwilling to act on my behalf,

I designate _____ as my Alternate Proxy

I give my Proxy the authority to make decisions on my behalf for all personal matters of a non-financial nature, that relate to me.

OR

I do not wish to designate a Proxy, but provide the following information and instructions to be followed by my health care provider

(You must choose only one option and strike out what does not apply.)

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: _____

Signature of Proxy: _____

Signature of alternate Proxy: _____

Reviewed on _____ *Signature* _____

Reviewed on _____ *Signature* _____

Reviewed on _____ *Signature* _____

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 – The Do Not Resuscitate Form

Patients who have received a terminal diagnosis or who are considered at the natural end of their lives can request that no active resuscitation be started.

If your doctor agrees that this is appropriate you will then be given a Do Not Resuscitate Form which instructs ambulance attendants and emergency room personnel not to start active resuscitation in the event of a respiratory or cardiac arrest.

You should review the form every year, to ensure that this is still your wish. You can change your mind at any time, and ask for the form to be destroyed.

If you have appointed a Proxy to make health care decisions on your behalf, in the event you are unable to speak for yourself, you should discuss the Do Not Resuscitate Form with him or her so that they understand your current wishes.

Keep your copy of the DNR Form in an easily accessible location together with your Health Care Directive if you have made one out.

APPENDIX III - 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 Proxy, or the spouse of your Proxy.*

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 Proxy? Who will make my health care decisions?

A - *If you become unable to make health care decisions for yourself and you have not appointed a proxy, the Consent to Treatment and Health Care Directives Act sets out a list of who will be asked to act as your Substitute Decision Maker and in what order. He or she must be over 16 years old and must have been in recent contact with you.*

Your spouse

A child or parent (including adoptive)

A brother or sister

A close friend

Any other relative who fulfills the criteria

If you have no relatives able or willing to act on your behalf, you may request the Public Guardian to act on your behalf by prior agreement.

Q – My son is named as sole Proxy 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 Proxy. To prevent a similar situation arising, you should also appoint each of the other daughters as Alternate Proxies, and we advise that you appoint them to act individually rather than jointly.

However, under PEI law, a Proxy does not have to be a resident as long as he/she is available by telephone. Therefore your son may continue to act as sole Proxy if this is what you wish.

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 appointing one son your Proxy for decisions on personal care and medical treatment, and give the 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 Proxy. 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 interested party sees that your wishes are not being followed, he/she can apply to the Public Guardian who may suspend or terminate the authority of your sister as Proxy. The Public Guardian may then appoint another Proxy to 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 if he has another 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?

A – Your husband should clearly state in his Health Care Directive that he refuses CPR under specified circumstances. It is essential that he keep his directive immediately available so that if you do call 911 emergency responders are aware of the terms of his directive and will then respect his wishes. He may also wish to talk to his doctor about having a Do Not Resuscitate Form in place.

In this way it is your husband's own decision and not yours.

APPENDIX III – Further Resources

Health Care Directives – a publication by the Community Legal Information Association of PEI

available through the website: www.cliapei.ca
by telephone: 902-892-0853 or 1-800-240-9798
by email: lia@cliapei.ca

Health Care Directive - a publication by P.E.I. Department of Health and Wellness
available through the website www.gov.pe.ca/health

Legislative Resources

Consent to Treatment and Health Care Directives Act

available from Legislative Counsel Office of the government of P.E.I.
through the website: www.gov.pe.ca/law/statutes
by telephone: 902-368-4291
by e-mail: legislation@gov.pe.ca

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