



Completing Your Own Advance Care Plan (living will)

- ◆ You may use the following form or any other template for an advance care plan to record your health care wishes. It is legal in Saskatchewan, as long as it is signed and dated by you.
- ◆ If you are using the following form, you can write in any specific information pertaining to your situation. Be sure to initial any information that you write in.
- ◆ Bring a copy of your completed form with you when you have a medical appointment or attend a health care facility.
- ◆ On admission to a Regina Qu'Appelle Health Region (RQHR) facility, we routinely ask everyone, if they have an advance care plan or proxy.
- ◆ In order to ensure that we understand your wishes, a RQHR Health Care Professional (HCP) will review your wishes and help you summarize your wishes on a one page RQHR order form.
- ◆ There may be a time in your life that you have a major mental health illness. Your Advance Care Plan may not apply in this situation. It is still important to have these discussions and name a Proxy.
- ◆ If you decide not to do an advance care plan in writing at this time, we recommend that you appoint a Proxy in writing by completing page 22.
- ◆ You may want to obtain a My Life Capsule by contacting the RQHR Advance Care Planning Office @ (306) 766-5922 or email advancecare@rqhealth.ca.

My Advance Care Plan

This section is designed to be separated from the rest of the document, photocopied, and given to your doctor, Proxy, nearest relative, and any other health or legal professionals. Please read each page carefully, initial, sign, and witness where indicated.

This is the Advance Care Plan of:

My first name: _____ Middle initial(s): _____

Last name: _____

My date of birth: _____

My Saskatchewan Hospitalization #: _____

My address: _____

My home phone number: _____

My cell phone number: _____

My work phone number: _____

My e-mail address: _____

The following people have copies of this Advance Care Plan:

Name	Relationship to me	Phone Number
		()
		()
		()
		()
		()
		()

Respect

Trust

Caring

Appointing a Proxy

In Saskatchewan *The Health Care Directives and Substitute Health Care Decision Makers Act* allows you to legally appoint a person of your choice to be your health care decision maker when you no longer are able to speak for yourself. This person is called a PROXY.

The person you choose as your proxy must be over 18 years of age. Designating a PROXY must be in writing, signed and dated by you. Your PROXY must be someone you trust to:

- be able to respect your opinions and values
- be willing and able to explain your wishes for your medical care.

Your health care team members are by law required to approach your nearest relatives in a specified order if you have not named a PROXY. Sometimes, this individual may not be who you would want. Naming a PROXY allows you to choose who makes decisions for you.

WHO I WANT TO SPEAK FOR ME WHEN I CAN'T

I _____ having attained the age of 16, have discussed my wishes for future health care with the person(s) named below and select this person(s) to be my PROXY and speak for me if I am unable to communicate for myself or am unable to understand what the care providers are saying to me.

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Address: _____

Email: _____

YOU MAY ALSO ADD THE NAME OF ANOTHER TRUSTED RELATIVE OR FRIEND AS AN ALTERNATE IF YOUR CHOSEN PROXY IS UNABLE TO SPEAK ON YOUR BEHALF AT ANY TIME (OPTIONAL).

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Address: _____

Email: _____

PRINT YOUR NAME HERE

YOUR SIGNATURE HERE

DATE

HOSPITAL SERVICES NUMBER (Provincial Hospitalization #)

What I Want Regarding My Goals of Care

Considering Life Support with Medical Interventions

Guidance

In case of a serious illness or injury, there are a number of medical interventions which can prolong life and delay the moment of death. These include ventilation, tube feeding, intravenous fluids (IV). See page 18 for the Word List. Comfort care is provided in all the options. It is important to think about and choose what you want from the following:

- Have full life support with medical interventions.
- Have a trial period of life support with medical interventions and, if unsuccessful, allow natural death to occur. The trial period could last several days or weeks and would be the result of a discussion between You/Proxy and your health care professionals.
- Limit the use of life support with medical interventions and allow natural death to occur.

Remember you can change your wishes at any time, however, you must ensure that your proxy/nearest relatives and health care providers have a copy of your most recent wishes.

Directions: Choose and initial 1 of the 4 goals of care that you want.

Initial

Goal is to extend life: *Full treatment*

I want to have life support with all necessary medical interventions, such as CPR, a ventilator (breathing machine), feeding tube, intravenous fluids, or kidney dialysis. This includes all resuscitative measures as medically necessary. Includes intensive care.

Initial

Goal is to extend life for reversible conditions: *Full treatment Conditional*

I want a trial period of life support with all necessary medical interventions. This includes all the medical care listed in Full treatment, including CPR and intensive care. If the trial period does not help me recover to an acceptable state of health known to myself/Proxy, then I want these interventions stopped to allow natural death to occur. The trial period will be defined through discussions by myself/Proxy and the Health Care Team.

Initial

Goal is conservative management of medical condition.

Limited Additional Interventions:

I want conservative management of my medical condition. I do not want CPR or a ventilator (breathing machine). Use medical interventions to relieve my pain and suffering, such as medication, positioning, wound care, antibiotics, and IV fluids.

Initial

Goal is comfort and symptom control at the end of life:

Comfort Measures Only

I do not want CPR, a ventilator (breathing machine), or other medical interventions, such as a feeding tube, IV fluids or kidney dialysis. If any of these interventions have been started, I want them stopped to allow natural death to occur. This does not include an intensive care setting.

Signature

Print Name

Date

What I Want - Considering Cardiopulmonary Resuscitation (CPR)

Guidance

CPR refers to medical interventions used to restart a person's heart and breathing when the heart and/or lungs stop working unexpectedly. CPR can range from mouth to mouth breathing and pumping on the chest to more aggressive treatments.

CPR can be successful in emergency situations when the heart stops and the person is otherwise healthy. However, for individuals at the natural end of their lives or who have a serious injury or medical illness, restarting the heart is not effective in over 96% of cases. Therefore, doctors may not offer CPR. Instead, they will discuss choices for achieving a natural and comfortable death. You have the right to refuse CPR. If this is your wish, you need to tell your doctor.

Remember you can change your wishes at any time, however, you must ensure that your Proxy/nearest relatives and health care providers have a copy of your most recent wishes.

Directions: Considering the goal of care that you have selected on page 23, choose and initial the statement below that you want.

I want cardiopulmonary resuscitation (CPR) attempted

Initial

OR

I do not want cardiopulmonary resuscitation (CPR) under any circumstance.
Please allow natural death to occur.

Initial

Signature

Print Name

Date

What I Want -

Considering Organ and Tissue Donation Options

Guidance

The Human Tissue Gift Act provides that organ and tissue donation can only happen after death. **Organs** can only be retrieved from someone who has died because of a brain injury causing blood flow to the brain to stop. The heart and lungs are functioning only with the aid of the ventilator machine and medication. Anyone that dies in this manner will be considered for organ donation. There are medical and social concerns that may limit donation; this will be discussed at the time of referral to the transplant program.

Tissue donation occurs only after death, after the heart has stopped beating. There are restrictions of age and cause of death that may limit what tissues can be retrieved. There are also medical and social factors that may limit donation; this will be discussed at the time of referral to the transplant program.

Remember you can change your wishes at any time, however, you must ensure that your proxy/nearest relatives and health care providers have a copy of your most recent wishes.

Directions: If you would like to consider these options, complete the section below. Choose the statement(s) below that you want. Initial in the box beside your choice.

At the time of my death I have the option to decide what may be done with my body. I understand that age and cause of death may limit donation.

My wishes at time of death in regards to donation are:

<input type="checkbox"/>		I place no limitation on which of my organs or tissues may be used, should I be deemed a suitable donor.
Initial		
<input type="checkbox"/>		I limit donation to only the following organs , should I be deemed a suitable organ donor.
Initial	___ Heart ___ Lungs ___ Liver ___ Kidneys ___ Pancreas ___ Small Bowel	
<input type="checkbox"/>		I limit donation to only the following tissues , should I be deemed a suitable tissue donor.
Initial	___ Heart for Valves ___ Eyes ___ Pericardium ___ Tendons/Ligaments ___ Pancreas ___ Bones ___ Skin ___ Other	
<input type="checkbox"/>		I do not wish to take part in organ or tissue donation.
Initial		
<input type="checkbox"/>		I wish to donate my body to the body bequeathal program. (For information contact 306- 966-4075 or http://www.medicine.usask.ca/acb/department/body-bequeathal-
Initial		

Signature

Print Name

Signing, Witnessing, and Dating

Additional Directions: If you have any additional specific directions that are important to you, provide details here (e.g. intubation, feeding tubes, tracheotomy, dialysis, antibiotics, specific spiritual/cultural rituals)

1. You must sign and date this Advance Care Plan to indicate to your health care providers and those close to you that you are in agreement with the wishes you have expressed.
2. You may have someone witness this plan, if available.
3. If you cannot sign, but can make your mark or direct someone to sign for you, then your mark or that person's signature **must be witnessed**. Under these circumstances your Proxy named in this directive **can not** be a witness nor can your Proxy's spouse.

I, _____ am thinking clearly, I understand the
insert name
meaning of the questions and the choices I have made, and I have made this
Advance Care Plan voluntarily.

My signature or mark

Witness's signature (optional)

Print your name here

Print witness's name here

Date

Date

Thoughts I Wish to Share

This page does not have to be filled in or attached to your Advance Care Plan unless you choose to do so. You can note any information you would like to share with your loved ones. The questions below are a guide. If there is not enough space, please write on the back of this page or add additional pages.

This is what makes life meaningful for me: For example: "Spending time with my family and friends", or "Fresh air", or "Practising my faith", or "My dog/cat".

What do I value most in terms of my mental and physical health? For example, living independently, able to recognize others, and being able to communicate with others.

When I think about death, I worry about the following possible situations: For example: "I worry I will struggle to breathe", or "I worry that I will be alone".

If I am nearing my death, what would I want and/or not want to make the end more peaceful for me. For example: "I want soft music playing", or "I want someone to hold my hand", or "I want my minister or priest to perform the necessary religious rituals", etc.

When I am nearing my death and cannot communicate I would like my nearest relatives and friends to know and remember these things: For example: "I love you", or "I forgive you", etc.