

IT'S YOUR LIFE. IT'S YOUR CHOICE.



NUNAVUT

ADVANCE DIRECTIVE: Instructions

Important note: In Nunavut, there is no legislation for Advance Directives or for a person who is still capable of making their own decisions to appoint a Substitute Decision-Maker for Health (termed a Guardian in Nunavut). As such, this form is not a legal document. It is still worthwhile, however, for Canadians in Nunavut to document and discuss their wishes for future care with loved ones and health care providers.

Read the Advance Directive Form all the way through and 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 proposed Guardian understands that these are your wishes, and is willing to apply to the Nunavut Court of Justice for an order appointing them as your Guardian, if you become incapable of making your own decisions. You will then be ready to complete your Directive Form and express your preference of Guardian.

1. 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.
2. Please pay special attention to Section 4 in the Advance 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.

3. Make copies of the Advance Directive Form before you sign and date, so that each copy has the original signatures.
4. Your proposed Guardian(s) must be at least 18 years of age.
5. Although in Nunavut you do not need a witness to your signature, we recommend that you have one.
6. Talk to your health care provider and ask that a copy of the Advance 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 and let other important people in your life know that you have an Advance Directive. 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 Advance Directive and who to call in an emergency. Do not store your Advance Directive in a safety deposit box.

CHANGING YOUR MIND:

You can always change your mind. We advise that you review your Advance 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. Keeping your Advance Directive up-to-date helps ensure that your most current wishes will be reflected if you lose capacity to make health decisions.

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 Advance Directive and continue on as before. Be sure to tell everyone involved in your care that you have revised your Advance Directive.

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ADVANCE DIRECTIVE: Form

Please note: If you feel you have special circumstances that the Dying with Dignity Canada forms do not address, we suggest that you consult with a lawyer.

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

Part 1: Proposed Guardian

I hereby express my wish that the following person(s) be appointed as my Guardian and/or Alternate Guardian by the Nunavut Court of Justice pursuant to an application for guardianship under the Guardianship and Trusteeship Act if the time comes that I lack the capacity to give directions for my health care.:

PROPOSED GUARDIAN

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____

PROPOSED ALTERNATE GUARDIAN

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (_____) _____

Part 2: Treatment Preferences (Required)

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 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

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 OR
I would prefer to be cared for and to die in hospital
(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 and 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 Advance Directive, I ask that my care be transferred to another health care provider who will respect my wishes.

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 Advance Directive, I ask that I be transferred to another hospital or care facility.

Section 7 note: If you **DO NOT WISH** to provide directions regarding MAID, strike out this section.

If you **DO WISH** to provide directions regarding MAID, write them below.

7. I understand that the current laws of Canada do not allow me to request medical assistance in dying (“MAID”) in advance, or for my SDM to consent to MAID on my behalf. However, if the law changes to allow my SDM and health care providers to act on my directions below, I wish for them to do so.

Here are my directions regarding MAID: _____

Signature: _____ Originally Dated: _____

Print Name: _____

Reviewed on _____ Signature: _____

Reviewed on _____ Signature: _____

Reviewed on _____ Signature: _____

I have distributed this Advance 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 Advance Directive may create confusion if left in circulation.

Name(s) and phone number(s):

