

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



# ONTARIO

## **ADVANCE CARE DIRECTIVE/WISHES: Instructions**

**Important note:** In Ontario, there is no legislation specifically about Advance Directives (“AD”) like there is in some other provinces so there is no legal definition of AD. Instead, the language used by the Ontario Health Care Consent Act, 1996 is “wishes” with respect to treatment. As long as you are capable, you can express your wishes (or change your wishes) in an AD or a Power of Attorney for Personal Care, in writing, orally, or in any other way. Putting your wishes clearly in writing, like in this AD, will give your SDM and health care professional (HCP) a record of your wishes with respect to treatment.

**Your SDM must consider your wishes when making decisions on your behalf.** If your wishes are not known, or your wishes do not address the situation that they are making a decision about, then your SDM must act in your best interest. Also, an HCP must not administer a treatment that they know is against your wishes.

Please also note that in Ontario, an HCP must get consent from you or your SDM at the time of treatment (in other words, you cannot give consent in advance unless the treatment is part of a plan of treatment for a health condition you already have). If you become incapable of giving consent to treatment yourself, your HCP will need the consent of your SDM before providing treatment, even if you have an AD.

An HCP can only provide treatment without consent in an emergency.

Read the Advance Care Directive Form all the way through, and do not start to fill it in until you have read the directions on how to do so.

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 add.
2. Please pay special attention to Section 4 in the Advance Care Directive. 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 applicable medical treatment, then you must strike out Sections 1, 2, and 3 and leave only the directions you are giving under Section 4.
3. Although in Ontario you do not need a witness to your signature, we recommend that you have one.
4. Make copies of the Advance Care Directive Form before you sign and date, so that each has your original signature.
5. Give a copy of your Advance Care Directive to whoever you have appointed as your Attorney for Personal Care. 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 Advance Care Directive and who to call in an emergency. Do not store your Advance Care Directive in a locked safety deposit box.

### CHANGING YOUR MIND:

You can always change your mind. We advise that you review your Advance 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 re-considered some of the directions you wrote down, you may be able to indicate these with strike-outs and/or additional words, making sure that the changes are clear and easily understood, with each change dated and initialled by you. If you prefer to create a new AD, simply download it or 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 Advance Care Directive.

**Note:** Your Advance Directive and Power of Attorney documents are separate documents that have different requirements for signatures and witnesses. One important difference is that an AD can be changed by you at **any time but any change to your POA MUST be witnessed properly or it could become invalid**. Read the instructions for each document carefully.

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## ADVANCE CARE DIRECTIVE: Form

**Please note:** If you feel you have special health or personal care circumstances that this form does not address, we suggest that you consult your health care provider or lawyer.

I, \_\_\_\_\_, revoke any previous Advance 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 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 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) \_\_\_\_\_

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 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 Advance Care 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: \_\_\_\_\_

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Signature: \_\_\_\_\_ Originally Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Reviewed on \_\_\_\_\_ Signature: \_\_\_\_\_

Reviewed on \_\_\_\_\_ Signature: \_\_\_\_\_

Reviewed on \_\_\_\_\_ Signature: \_\_\_\_\_

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 Advance Care Directive may create confusion if left in circulation.

**Name(s) and phone number(s):**

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## POWER OF ATTORNEY FOR PERSONAL CARE: Instructions

The form for appointing your Substitute Decision-Maker for Health (termed an Attorney for Personal Care in Ontario) is below.

- 1.** You will need **two witnesses** to your signature. The witness **CANNOT** be the person you have appointed as Attorney for Personal Care, your spouse, your child or a person under 18 years old.
- 2.** In Ontario, 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.
- 3.** You may need to consult with a lawyer if you wish to appoint multiple attorneys to act jointly, or if you have special circumstances that the DWDC forms do not address. Seeking 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 a stand-alone Power of Attorney for Personal Care. If you wish to appoint a Power of Attorney for Property, that is a separate process, and the Government of Ontario has a free template available at <https://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/poakit.php>
- 4.** Although it is not a formal requirement, it is strongly recommended that you have a few copies of your original POA notarized by a lawyer or a notary public, as some authorities will not accept the copy otherwise. You and your SDM should keep the signed originals plus a couple of copies of the notarized copies in case it's necessary to give them to health care providers or institutions. 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 Advance 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.

**Note:** Your Advance Directive and Power of Attorney documents are separate documents that have different requirements for signatures and witnesses. One important difference is that an AD can be changed by you at any time but any change to your POA MUST be witnessed properly or it could become invalid. Read the instructions for each document carefully.

## **POWER OF ATTORNEY FOR PERSONAL CARE: Form**

I, \_\_\_\_\_, revoke any previous Powers of Attorney for Personal Care I have made.

1. This Power of Attorney is given by \_\_\_\_\_ (Name)  
of \_\_\_\_\_ (city) in the Province of Ontario.

2. I appoint \_\_\_\_\_ to be my Attorney for  
Personal Care in accordance with the Substitute Decisions Act 1992.

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. 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: \_\_\_\_\_

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.

**Witness No. 1:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Witness No. 2:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_