

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



NORTHWEST TERRITORIES

PERSONAL DIRECTIVE: Instructions

In the Personal Directive Form below, you can set out your preferences for care should you lose capacity to make decisions and appoint your Substitute Decision-Maker for Health (termed an Agent in the Northwest Territories).

Read the Personal 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 address.
- 2.** Please pay special attention to Section 4 in the Personal 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.** Please note that your signature needs to be **witnessed by one person**. Your spouse, Agent, and the spouse of your Agent **CANNOT** act as witness. Your agent and alternate agent (optional) must also have a witness for their signature. Witnesses must be 19 years of age or older.



4. If you are physically unable to sign the Personal Directive Form and you ask another person to sign on your behalf, this must be done in your presence with a witness. The person signing on your behalf or the spouse of the person signing on your behalf **CANNOT** act as a witness or an Agent.
5. Make copies of the Personal Directive Form before you sign and date, so that each has your original signature.
6. Give a copy of your Personal Directive to whoever will be making decisions on your behalf if you cannot do so for yourself. Talk to your health care provider and ask that the Personal Directive be entered in your medical records. Keep a copy where it can easily be found in an emergency. Leave a note in a prominent place – perhaps with a fridge magnet – saying where to find your Personal Directive and who to call in an emergency. Do not store your Personal Directive in a locked safety deposit box.

CHANGING YOUR MIND:

You can always change your mind. We advise that you review your Personal 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 Personal Directive.

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PERSONAL 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.

Part 1: Appointing an Agent (skip this section if you do not wish to appoint an Agent)

I, _____, hereby designate the following person(s) as my Agent:

Agent:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____

Alternate Agent (optional):

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____

OR

I do not wish to designate an Agent, 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.)**

Part 2: Treatment preferences

I, _____, revoke any previous Personal 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 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

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

- 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

- 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 Personal 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 Personal 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 Agent to consent to MAID on my behalf. However, if the law changes to allow my Agent and health care providers to act on my directions below, I wish for them to do so.

Here are my directions regarding MAID: _____

SIGNATURES (mandatory):

Signed by me in the presence of my witness at _____ (City) in the Northwest Territories, this _____ day of _____, _____.

Name of director: _____

Address: _____

Signature: _____ Date: _____

Witness:

I have signed this Personal Directive in the presence of the director. I have signed this Personal Directive on the date shown above.

Name of witness: _____

Address: _____

Signature: _____ Date: _____

Reviewed on _____ Signature: _____

Reviewed on _____ Signature: _____

Reviewed on _____ Signature: _____

Strike out everything below this point if you did not appoint an Agent.

Agent:

I declare that I am eligible to be an Agent, and accept the instructions in this Personal Directive and the duties of an Agent under the Personal Directives Act.

Print Name: _____

Signature: _____ Date: _____

Witness:

I have signed this Personal Directive in the presence of the Agent whose name appears above. I have signed this Personal Directive on the date shown above.

Print Name: _____

Signature: _____ Date: _____

Alternate Agent (strike this out if you did not appoint an Alternate Agent):

I declare that I am eligible to be an Agent, and accept the instructions in this Personal Directive and the duties of an Agent under the Personal Directives Act.

Print Name: _____

Signature: _____ Date: _____

Witness:

I have signed this Personal Directive in the presence of the Alternate Agent whose name appears above. I have signed this Personal Directive on the date shown above.

Print Name: _____

Signature: _____ Date: _____

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

Name(s) and phone number(s):
