

Future Health Care Decisions:

A Guide for Diagnosis-Specific Planning with Proxy and Health Care Directive Templates



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Healthy People, Healthy Saskatchewan

The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.

PIER—Patient Information and Education Resource

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This guide is a more specific alternative to other general advance care planning workbooks. It is intended to be completed either with the assistance of a healthcare provider or after focused conversations with a health care provider related to your specific condition. This version is meant to help those with a specific health condition who have a good understanding of their current health and are planning for things that may happen due to this condition. Within this guide, there are templates to appoint a proxy and/or create a health care directive for those who choose to do so.

Advance Care Planning is the *process* of thinking and talking about your future health care. This process can look different depending on your health, life circumstances, age, and wishes. It's important to think about your values early on. You may end up creating a health care directive and/or choosing a proxy. When you are a patient, it is important for your health care team to understand the outcomes you expect from your care if you are unable to make those decisions yourself in the moment, for example under anesthesia or experiencing severe illness.

A **health care directive** is where you write down your wishes or guidance for future medical decisions. A **proxy** is someone you name to make medical decisions for you as a substitute decision maker during times when you are unable to make medical decisions for yourself – see page 4 for more information about appointing a proxy.

Your health care directive is only followed if you cannot make your own decisions.

NOTES:

Only you can make your health care directive and/or choose someone to be your proxy. Anyone in Saskatchewan over 16 years of age who is able to make their own health decisions can make their own health care directive, make changes to it or their proxy choices, or cancel the directive at any time. You can cancel your directive or proxy by telling your healthcare team, cancelling it in writing, destroying it, or by making a new one. Health care directives and proxy appointments do not expire, but they should be reviewed regularly to be sure they reflect your wishes.

Further Information

QR Codes

The following QR lead to further information on topics discussed in this booklet. You can open the camera app on a smartphone and hold the camera up to the image on the topic you are interested in. A link will pop up that you can click on to see more. If you are viewing this on a computer, you can click the QR code.



Advance Care Planning



Appointing a Proxy



Organ and Tissue Donation



My Voice Workbook



Advance Care Planning Program



Saskatchewan Legislation

If you are not able to make your own medical decisions, your proxy will be asked to inform the healthcare team about what you would want. If you do not have a proxy or a court-appointed Personal Guardian, your healthcare team will follow the **Nearest Relative** list to find a family member to make decisions for you. It must be followed in the order outlined in the legislation.

The Nearest Relative list according to Saskatchewan law is in the following order:

1. Legal spouse or common law partner
2. Child
3. Parent
4. Siblings
5. Grandparents
6. Grandchildren
7. Aunts/Uncles
8. Niece/Nephew

Nearest Relative Rules:

- Must be 18 and older
- Willing, available, and capable
- **Oldest** in each category first
- Blood related
- Legally adopted
- No cousins or blended family members

! If you are confident that your nearest relative(s) know your wishes and would likely be willing, available and capable to make health care decisions for you if you were unable, you may decide **NOT** to appoint a proxy. Remember that your relatives will be asked in the order that they appear on the list and that the eldest in each category will be approached first.

You can ask someone you trust who is over 18 to make health care decisions for you when you cannot. This is what it means to **appoint a proxy** (a type of substitute decision maker). It is best to ask the person before you appoint them as your proxy. You can appoint more than one proxy, either working together (**jointly**) or stepping in if the first choice is unavailable (**successively**). Once they agree, write their name down, sign and date the form, and give them a copy. Keep your copy in a safe place and tell them where it is. An Advance Care Planning Program Yellow Sleeve on your fridge is the recommended place to keep it so that your loved ones and EMS can easily find it in an urgent situation. You can receive one for free by contacting the program.

Your proxy can only make medical decisions on your behalf when you are unable to.

Your proxy **must** make decisions based on:

- Your directions (in a health care directive or what you have told them about your wishes)
- What they think is best for you (if they do not know what you would want)
- What is important to you and how you want to live

Your proxy must make decisions based on this information, **NOT** what they would want for you or would want for themselves.

In an emergency, if your substitute decision maker or health care directive is not available, healthcare providers will start the treatment that seems most appropriate for your condition. If treatment is started that you did not want, it can be stopped. Substitute decision makers do not need to be there in person to make medical decisions – make sure contact information is on your proxy appointment.

On the next page, you can complete the form to choose one or more proxies.

If you feel someone could better share your wishes than your nearest legal relative, it is important to appoint them as your legal proxy. Your proxy can be anyone who knows you best—they do not have to be a blood relative.

Make sure the person is comfortable with being your proxy and knows your wishes and values. You can choose to have these documents witnessed, but witnesses cannot be your proxy or your proxy's spouse. Tell your proxy where your original documents are located, and give them a copy. If you choose to create a health care directive, you should also give a copy to your proxy.

ADDITIONAL INFORMATION:

In case of unexpected circumstances, I want my substitute decision maker, healthcare team, and loved ones to know the following information to help make decisions about my health care:

This is a legal document that should stay with you. The Advance Care Planning Program can provide a Yellow Sleeve to keep it in. Provide copies to any healthcare providers or loved ones who may need one.

You must sign and date this Health Care Directive. You do not need to have it witnessed to be considered legal; however, it is recommended if you travel outside of the province. Your proxy and their spouse cannot witness. If you cannot sign but can direct someone to sign for you, the person's signature must be witnessed.

I, _____ am thinking clearly, I understand the meaning of the questions and the choices I have made, and I have made this Health Care Directive/Proxy appointment voluntarily.

<input checked="" type="checkbox"/>	Signature:	Date:
<input type="checkbox"/>	Witness Name:	Date:
<input checked="" type="checkbox"/>	Witness Signature:	Relationship:

Use the spaces below to share any directions you have for specific situations. Your substitute decision makers and healthcare team will use this information if you are not able to make your own decisions. To make this directive legal, sign and date the bottom of the page when you are done.

You can add extra pages.

! If you are able to make your own health care decisions, this directive does not apply.
Your healthcare team must consult with you directly about the decision to be made.

Based on my conversations with my healthcare provider and my specific health condition
(which is laid out on the previous page of this document),

This is how I worry my health may worsen in the future:

(Large empty box for writing)

These are my most important goals and values for the future if my health worsens in this way:

(Large empty box for writing)

This is what I would or would not go through to achieve those future goals:

(Large empty box for writing)

This applies only to my current specific health context listed previously. Any health care decisions related to unanticipated other circumstances should be directed to my legal substitute decision maker, who I will have conversations with about my wishes and values. See the next page for any general directions.

X	Signature:	Date:
	Witness Name:	Date:
X	Witness Signature:	Relationship:

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IMPORTANT NOTE:

By completing this proxy appointment I revoke any and all previously completed proxy appointment forms.

You may appoint one person, or more than one person in case the first person you appoint is not able, willing, or available at some point in the future. Proxy(ies) may be appointed to act jointly or in succession.

I _____ having attained the age of 16, select this/these person(s) to be my proxy(ies) to act **successively** or **jointly** (*initial only one*) when I am unable to make my own medical decisions.

1. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Address: _____

Email: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Address: _____

Email: _____

3. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Address: _____

Email: _____

Name: _____

Signed: _____ Date: _____

Witness Name:
(Required if person cannot sign document.)

Signed: _____ Date: _____

Available as a stand
alone form—SHA 0326



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It is always your choice if you would like to create a directive or not. No one can require you to make one. If you want to write down some specific directions for your substitute decision maker and healthcare team, you can use the following pages (or any other form or template) to create your own health care directive. It is legal in Saskatchewan, as long as you sign and date the documents. If you need more room to write, you can add extra pages and sign and date them too.

Health care directives are important, and healthcare workers will do their best to follow your wishes whenever possible. The choices you make now for the future may not be an option. Your healthcare provider will consider your wishes, but will not order care that does not work for your condition.

It is important to ask your healthcare provider questions so you know about your health and possible future treatments. We cannot know everything about what our future medical treatments may be, or cover all options in a directive. **Be sure that your substitute decision maker understands what outcomes would be important to you so they can make the best choices they can for health care decisions you didn't plan for.**

In the following template, you are able to write your specific wishes for your condition on the second page and provide more general information to help guide your substitute decision maker and healthcare team in other unexpected situations on the third page.

If you create a health care directive, give a copy of your directive to anyone you want to have a copy. Make sure to include your proxy, anyone who may help you if there is an emergency in your home and keep the original in a safe place in your home. A Yellow Sleeve from the Advance Care Planning Program on the fridge is a good place. Tell your proxy where your copies are kept. In long term care or in hospital, your care team can place a copy of your health care directive on your chart.

Organ and tissue donation
may be something you are interested in. At the back of this booklet, you can find information about donation and how to register in the "More Information" section.



**Saskatchewan
Health Authority**

**My Health Care Directive
Advance Care Planning Program**



IMPORTANT NOTE: By completing this directive, I cancel all previously completed Health Care Directives I completed before this date. By completing this directive, I am creating a new directive. It is a legal document that belongs to me.

This is the Health Care Directive of:

My First Name: _____ Middle Initial(s): _____

My Last Name: _____

My Date of Birth (month/day/year): _____

My Saskatchewan Hospitalization Number: _____

My Address: _____

My Home Phone Number: _____ My Cell Phone Number: _____

My Family Practitioner: _____

Did anyone help me create this directive? If so, who?

What do I understand about my current health condition and why I am creating this directive?

READ AND INITIAL:

- I understand that this directive is only in effect if I am unable to make decisions for myself.
- I understand that the next page of this directive applies only to the specific health condition mentioned above. The following page can be used to provide general directions for other unrelated situations.