



MY VOICE (STANDARD FORM)

a workbook and personal directive for advance care planning

WHAT IS ADVANCE CARE PLANNING?

Advance care planning is a process for you to:

- think about what is important to you when making choices about future healthcare
- learn about medical information that is important to your health concerns
- choose someone to speak on your behalf
- tell your agent/representative and loved ones about your wishes and what is important to you
- write down your wishes so that your family and healthcare providers know them

Planning your care while you are healthy is a good idea. It is best to think about these issues when you are calm and your health is stable. It may take some time for you to choose who you would want to speak for you if you were unable to speak for yourself.

There may come a time when you cannot tell your healthcare providers what you want, or are unable to understand what they are saying to you. If that happens, your advance care plan will tell your healthcare providers what is important to you. As long as you are able to understand what your healthcare providers are telling you and can make your wishes known yourself, healthcare providers will talk with you about your choices for healthcare.

TALKING ABOUT YOUR WISHES

It is good planning to talk to your family and friends now about what is important to you to live well. It will help those who may need to make decisions about your treatment to know they are following your wishes. Talking about these decisions may be hard. It may bring up questions, concerns and uncomfortable feelings. You do not have to talk about your decisions all at once. Give yourself the time you need to make your decisions and to make sure your wishes are understood.

*To help you understand some of the words used in the workbook, a list of what the words mean can be found on pages 2-3.

We would like to thank Fraser Health for their support and collaboration with this program.

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leaders in health - a partner in care



calgary health region





WHAT SOME OF THE WORDS MEAN

Here is a list of the words we have used in this workbook that you may want to know more about.

- **Advance Care Plans** are verbal or written instructions made while you are still able to make your wishes known. These plans describe the kind of care you want (or do not want) if you become unable to speak for yourself. You make these plans. No one can make an advance care plan for another person. This workbook is one example of an advance care plan.
- **Agent** is the person(s) chosen in a personal directive to make personal decisions (as defined by the Alberta Personal Directives Act) on behalf of the **maker** (the person who writes the personal directive).
- **Capacity** is your ability to understand the information you need to know when making a personal decision, as well as the possible results (good or bad) of that decision.
- **Comfort Measures** include medicines, wound care, oxygen, positioning, and other psychological, social, or spiritual measures used to relieve pain.
- **CPR** (cardiopulmonary resuscitation) refers to a medical procedure that is used to restore a person's heart by pushing on their chest. This is started when a person has no pulse. Electrical shocks to the heart, medicines and machines that help or maintain breathing are generally required as well (see Resuscitation). These procedures usually involve life-support in the **Intensive Care Unit (ICU)**.
- **Goals of Care** refers to what you hope the treatments and interventions will achieve for you. Goals of care may include: 1) cure of a condition to restore functioning (to get better so you can do more things), 2) control of a condition in order to maintain functioning (to not get any worse) and 3) to alleviate symptoms, such as pain or discomfort.
- **Healthcare Provider** is a person who provides health services (for example, a doctor, nurse, social worker, or physiotherapist).
- **Intensive Care Unit (ICU)** is a unit in a hospital that gives advanced and very specialized care to patients who are very ill and need constant care with special equipment.
- **Informed Consent** refers to the permission you give to your healthcare providers that allow them to do medical investigations and/or treatments. Healthcare providers will give descriptions of the procedures and their risks before you sign the consent form.





- **Life-Support Interventions** are used to try to restore and support unstable bodily functions. This may include **CPR, resuscitation** and life-support with specialized equipment in the **Intensive Care Unit (ICU)**.
- **Life-Sustaining Measures** are therapies that can be used in the terminal stages of an illness in order to provide comfort or prolong life. Examples include tube feeding and hydration through an intravenous. These therapies may keep you alive a short time longer, without treating, controlling, or curing the medical problem that will eventually lead to your death.
- **Living Will** is a statement that addresses end of life situations and usually identifies specific **life-support interventions** that the individual does not want to have. “MyVoice” is a type of living will. Living wills come into effect when you are still alive but not able to make your wishes known. A living will is no longer valid after you die.
- **Palliative Care** refers to the treatment and care of people with a **terminal condition** and for those who are close to them. Treatment is not aimed at a cure. Quality of life, rather than length of life, is the goal. The person will be cared for by keeping them as comfortable and free from pain as possible while also meeting their emotional, mental, social, psychological, and spiritual needs.
- **Personal Directive** is a legal document you complete to name an **agent(s)** to make decisions for you about any (non-financial) personal matter, not just healthcare or end of life situations. A personal directive is only in effect when the **maker** of the personal directive lacks **capacity**. The document is a guide to help your **healthcare providers** and family make decisions for your care.
- **Resuscitation** means measures undertaken to reverse and stabilize major disturbances in the function of vital organs. This may include CPR when a person's heart stops, machines to assist with breathing, and medications to restore vital signs.
- **Terminal Condition** is an injury or illness that has no cure and from which physicians expect the individual to die, even with medical treatment.
- **Will** (Last Will and Testament) is a legal document in which you say who will get your belongings after you die. A will only comes into effect after your death.





WHY USE A WORKBOOK?

Information in this workbook would **only** be used to help others speak on your behalf if you were **not able to let others know your wishes** (for example, if you were in a coma or no longer able to understand what was happening).

This workbook has two parts: Part 1 gives information that will help you understand what you need to think about when filling in the workbook. Part 2 is the “My Voice” workbook and personal directive. Once filled in, it can be separated from Part 1. The workbook will be the guide for others to use when you cannot speak for yourself.

A personal directive form, if properly completed, is a legally binding document. If you want to complete the personal directive form attached to this workbook, there are steps to follow to make your instructions part of your legally binding personal directive:

- check off and complete the healthcare box on the personal directive form
- initial each page of the workbook
- attach the personal directive to the front of the workbook

If you complete the personal directive, the person you choose to speak on your behalf is called your agent. If you decide not to complete the personal directive, that person is called your representative. If you do not complete the personal directive, the workbook would still be used as a guide by your representative(s) and healthcare providers.

WHAT DO I DO IF MY WISHES CHANGE?

Your wishes may change over time. If you change your mind about any of the decisions you make in this workbook and do not wish to complete another workbook, you may:

- make the changes in the workbook and your personal directive
- cross out the old date and add the new date in both the workbook and the personal directive
- initial all the places where you made any changes
- tell your agent/representative, family and healthcare providers





WHO SHOULD I CHOOSE TO MAKE DECISIONS FOR ME?

Choosing someone to speak on your behalf is an important step in advance care planning. This person(s) will be responsible for making sure that your wishes are known to your healthcare team, and will take part in the decisions that are made for your care. You may want a family member(s) to have this role, or you may prefer someone who is not related to you. This workbook and the conversations that you have had with your agent/representative(s) will help them make their decisions and honour your wishes in the best way they can.

It is important to choose someone who:

- is at least 18 years old
- you trust, knows you well and knows your wishes
- is willing to respect your views and values
- is able to understand your values, beliefs and goals for living well
- is able to put your interests before their own
- is able to make decisions when the time comes that may be hard or stressful
- will be able to refuse or stop treatment if you choose not to have your life prolonged
- will be able to ask questions of doctors and others to get the information they need to make decisions
- can communicate well with your family and healthcare providers
- agrees to take this responsibility

Note: This person cannot be your doctor or an employee of a healthcare provider responsible for your treatment. This person may be a health care professional if they are a friend or family member not involved in your care.





PERSONAL DIRECTIVES

WHAT IS A PERSONAL DIRECTIVE?

In Alberta, a personal directive is a legal document that will let you choose an agent(s) to make decisions for you about any personal matter, not just healthcare or end-of-life situations. A personal matter is anything that is important to you but is not about money. It includes decisions about:

- healthcare
- where you will live or stay
- who you may live and be involved with
- non-financial legal matters (such as giving consent for the release of your medical records)
- any other personal matter

The agent(s) must be at least 18 years of age, mentally competent, able to understand your values and beliefs and be willing to make decisions on your behalf.

Your agent must make the decision that he or she believes you would have made, based on their knowledge and understanding of your wishes, beliefs and values. Healthcare providers must treat the decisions your agent makes on your behalf as though the decisions were your own.

WHEN DOES A PERSONAL DIRECTIVE COME INTO EFFECT?

A personal directive comes into effect only when a special form called a Declaration of Incapacity has been filled in. That means that at least two people (usually one is a physician or psychologist) have decided that you are not able to understand the decisions, or the possible results (good or bad) of making those decisions.

You do not have to make a personal directive. If you are no longer able to make your own decisions and have not made a personal directive, the court may choose to appoint a guardian for you.

HOW IS A PERSONAL DIRECTIVE DIFFERENT FROM A POWER OF ATTORNEY?

A Power of Attorney allows you to name someone to act for you if you cannot act for yourself. This person is called an attorney (not necessarily a lawyer). This person can make decisions and manage your property and financial affairs including real estate, personal property, bank accounts, investments, tax returns and all other property that is part of your estate. **They are not allowed to make healthcare or other medical decisions for you.**

The Personal Directive Act is being reviewed. The personal directive attached to this workbook is in accordance with the Personal Directive Act RSA 1997. Please check to see if the laws about personal directives have changed. Call: The Office of the Public Guardian - Calgary office: (403) 297-3364





TREATMENTS

TREATMENTS YOU WILL ALWAYS BE GIVEN

When you are in pain or are feeling sick, healthcare providers will work with you to determine the best treatment to deal with your pain or relieve your symptoms. If there comes a time when you no longer want life-support interventions or life-sustaining measures, *active care* that will make you as comfortable as possible will be offered. This may include:

- surgery to control pain (for example, if you had a broken hip)
- medicine to help manage pain
- medicine to help with breathing problems
- psychosocial and spiritual support

Clinically appropriate life-support interventions are provided when an individual has a life threatening event, unless they have been specifically refused.

FACTORS THAT AFFECT HEALTHCARE DECISIONS

Your healthcare provider will usually discuss treatments with you and get your consent prior to starting the treatment. Sometimes this may not happen because your condition has changed so fast that there is no time to talk, or because of your condition, you are no longer able to participate in the discussion. Several factors help you and your healthcare providers make decisions about your treatment.

- **goals of care**

Your values and your goals for living will affect the types of treatments you want to have or do not want to have. They will also determine the goals you have for your care - what you hope the treatments and interventions will achieve. Your values and goals may change over time. If they do change, make sure you update your workbook and talk to your healthcare provider(s), agent/representative(s) and your family.

Your values and goals for living may include:

- living as long as possible (for example, to go to a special event, to honour your faith)
- not having any pain (even if it means being unconscious)
- making the quality of your life better (for example, having procedures that may not cure you, but will allow you to do certain activities for a longer time)
- independence (for example, living in your own home)
- familiarity (being treated in your current environment)





Goals of care may include:

- cure of a condition to restore functioning (to get better so you can do more things)
- control of a condition in order to maintain functioning (to not get any worse)
- alleviate symptoms, such as pain or discomfort

There are times when conditions are not treated with a goal of recovery. Instead, the focus is on the control of symptoms where death is allowed to occur in a natural fashion. This situation is commonly encountered at the end of a terminal condition.

- **prognosis - medical condition and chance of recovery**

- Illness/conditions from which there is a good likelihood of recovery
- Illness/conditions from which the likelihood of recovery is uncertain or unknown
- Illness/conditions from which there is no reasonable chance of recovery

- **will the treatment be of benefit to you?**

- **Likely to benefit:** There is a good chance that the treatment will restore and/or maintain organ function.
- **Benefit is uncertain:** It is uncertain or unknown if the treatment will restore functioning. Your prognosis or the chance of something happening (good or bad) is also unknown or uncertain.
- **Certainly will not benefit:** There is no reasonable chance that the treatment will help you.

- **treatment options**

Treatment options will be discussed with you with regard to the three factors above (your goals of care, the prognosis of the condition, and the likelihood of benefit of the treatment being considered). Treatments that certainly will not benefit you will not be offered.

It is important to understand that when life-threatening events occur, treatments are offered automatically unless:

- someone has refused them
- the treatment certainly will not benefit you, or it will cause harm

It is not possible to discuss every situation that may happen to you. However, there are some treatments that are part of the care that may be considered. It is important to understand what these treatments are so you can be better informed when making your advance care plan.





Life-Support Interventions are used to support the vital functions of the body while a healing process occurs. The goals of care would be for cure or control of the condition to maintain and/or restore function. This type of care might include CPR and specialized life-support equipment. To receive these types of treatments you need to be admitted to the **Intensive Care Unit (ICU)**. If your condition cannot be treated, these types of treatments will not benefit you, and they will not be offered.

Note: If you are expected to benefit from medical treatment that will keep you alive, be successfully treated, or if benefit is uncertain, you will be given the treatments unless you specifically refuse them.

Life-Sustaining Measures: In some cases, such as with serious illness or injury, cure may not be likely. In this case, medically appropriate treatments that may provide comfort or prolong life may be available. The goal of care would be to control your symptoms and to provide comfort.

UNDERSTANDING CARDIOPULMONARY RESUSCITATION (CPR)

CPR may include: pushing on the chest, machines that help or maintain breathing and medicines which are started when a person has no pulse. The act of CPR rarely occurs in isolation. Usually, if CPR is successful, these patients will require life-support machines to attempt to stabilize their condition. Patients who are not accepting of life-support equipment should not receive CPR.

You may have seen CPR performed on TV and in the movies. In these situations the person is usually young and healthy and they get better. In real life, patients are usually older and have a chronic or a life threatening condition. Even if they survive, they may be in a worse condition than before their heart stopped. The side effects may include broken ribs from pushing on the chest and brain damage due to a lack of oxygen to the brain.

CPR works best in emergency situations where the heart stops but the person is otherwise healthy. For people at the natural end of their lives or when there is a serious medical illness, CPR works only four percent of the time (if someone saw the event and provided CPR). If no one was there when the heart stopped, but later found the person and provided CPR, it works less than one percent of the time. In situations when the person is nearing the end of their life, CPR may not be offered. Choices for supporting a natural and comfortable death will be discussed.

You have the right to refuse CPR. If this is your choice you need to tell your doctor.

ARE THERE SPECIFIC TREATMENTS YOU DO NOT WANT TO HAVE?

It is your choice to refuse (limit) any treatments that may be offered to you. If you do not want particular treatments, it is important to make your wishes known to your healthcare team and to write them down in this workbook. Advance care planning discussions with your healthcare provider can help you understand your options and make informed decisions.

Limiting aspects of your healthcare interventions is not about getting less care, it is about getting the type of care that is right for you.





INSTRUCTIONS FOR COMPLETING THIS WORKBOOK AND PERSONAL DIRECTIVE:

- Get the information you need to make informed choices about the medical treatments you would or would not like to have
- Think about your values and beliefs and what quality of life means to you. What is important to you to live well? What would you want, or not want if you were dying?
- Speak with those close to you about your thoughts, concerns and wishes
- Choose someone (agent/representative) to speak on your behalf if you were to become unable to communicate and make decisions for yourself
- Talk to your doctor about different treatments. If you have a chronic condition, get information about the medical decisions you may need to make in the future
- Complete the “My Voice” workbook
- Always keep your original document. Put it with your personal files where others can find it

Do not put these documents in a safety deposit box, they must be easy to get to!

- Give a copy to your doctor(s) and clinic staff
- Take a copy to the hospital every time you are admitted
- Give a copy to your agent/representative. Tell them the meaning and purpose of your advance care plan, and talk about your goals of care and what you would want if you were not able to make your wishes known
- You may want to give a copy of “My Voice” to your:
✓Family ✓Friends ✓Spiritual advisor ✓Lawyer ✓other
- Review your “My Voice” workbook at least once a year. If your wishes have changed
 - make the changes in the workbook and your personal directive
 - cross out the old date and add the new date in the workbook and the personal directive
 - initial all places where you made any changes
 - tell your agent/representative, family and healthcare providers
- You may also decide to write the changes in a new “My Voice” workbook.
 - If you do this, destroy the old version and any existing copies and give copies of your new workbook to those who had a copy of the version you are replacing

If you complete the personal directive, the person you choose to speak on your behalf is called your agent. If you decide not to complete the personal directive, that person is called your representative. If you do not complete the personal directive, the workbook would still be used as a guide by your representative(s) and healthcare providers.





MY VOICE

a workbook for advance care planning

**This section can be separated from the rest of the document, photocopied and given to your doctor, family members, representative/agent and trusted friends.*

A personal directive form, if properly completed, is a legally binding document. If you want to complete the personal directive form attached to this workbook, there are steps to follow to make your instructions part of your legally binding personal directive:

- check off and complete the healthcare box on the personal directive form
- initial each page of the workbook
- attach the workbook to the back of the personal directive

PERSONAL INFORMATION

First Name _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Alberta Personal Health Number: _____

Male Female

Address: _____

Telephone: Home: () _____ Work: () _____ Cell: () _____

Date: _____

I have reviewed and updated this workbook on the dates below:

APPOINTING MY REPRESENTATIVE

I have discussed my wishes for future healthcare with the person(s) named below and select this person(s) to be my representative(s) if I cannot speak for myself:

Name: * _____ Relationship: _____

Telephone: () _____ Cell Phone: () _____

Address: _____

Name: * _____ Relationship: _____

Telephone: () _____ Cell Phone: () _____

Address: _____

***If you complete the personal directive, you must name the same person(s) as your agent(s).**





MY MEDICAL SITUATION

Are there any special conditions that your healthcare providers should know about, such as asthma, a chronic condition or allergies?

Do you have any religious beliefs or cultural affiliation that may affect your treatment choices?

- Yes No

If yes, how does this affect your healthcare choices? **For example:** *Because of my religious beliefs, I do not want to receive any blood transfusions or organ transplants.*

ORGAN AND TISSUE DONATION

There is no right or wrong answer when deciding if you want to be an organ and/or tissue donor. Organ/tissue donation is a personal choice and should be based on your own beliefs and values. **If you wish to be considered as an organ/tissue donor, please talk with your family and your agent/representative about your wishes. It is also important to complete the back of your Alberta Personal Health Card.**





MY OTHER PLANNING DOCUMENTS

Each of the documents listed below has a different purpose. **An Advance Care Plan does not replace them.**

Write your initials in front of all documents you have. Draw a line through those you do not have.

Along with this Personal Directive/Advance Care Plan, **I have the following documents:**

_____ **Power of Attorney** – (This legal document does not apply to healthcare decisions). Power of Attorney enables you to appoint someone to deal on your behalf with your financial and estate matters, such as banking and paying bills after you become incapable. You must be competent at the time this document is written in order for it to be valid.

Where you put your Power of Attorney:

_____ **Will** – (This legal document does not apply to healthcare decisions.) A will applies only to your financial and estate matters and comes into affect only after your death.

Where you put your will:

_____ **Other** – For example, signed Alberta Personal Health Card showing your decision for organ/tissue donation for transplant or research purposes.

Document(s):

Where you put them:





MY THOUGHTS AND WISHES

It is usually not possible to think about all of the types of healthcare decisions that may need to be made for you. The information you provide here will help others know what is important to you. Make sure your agent/representative knows your values and beliefs about life and death. They will use this information to make decisions that will respect your wishes.

What is most important to you about your physical or mental well-being? **For example:** *It is important for me to be able to communicate in some way, even if I cannot speak. I enjoy reading, writing and singing. It is important for me to be able to taste and touch.*

What makes each day meaningful for you? **For example:** *Life has meaning when I can communicate with my friends and loved ones, when I can enjoy nature and when I can practice my faith. I need to know I am making a difference to the well-being of others. Creative activities are important to my daily routine.*

If there are any beliefs or values that you think will help your agent/representative know what is important to you, please write them here. **For example:** *I would like to stay home as long as it is not too hard on my family or caregivers. Do everything possible to keep me alive until I can say goodbye to family who are coming to see me. It does not matter if I live until my next birthday.*





If you have a memory of a loved one who has died, what did you learn from that experience?

When you think about death, what do you worry about? **For example:** *I worry that I will be in pain. I worry that I will be alone. I worry that my family will not know what to do. I worry that I will struggle to breathe.*

When you are nearing death, are there things you would wish for (or do not wish for)? **For example:** *I would like music, prayer, religious or spiritual rituals/readings in my native language, which is _____; I do not want music or flowers in my room.*

When you are nearing death and cannot speak or be understood, are there things you would like your family and friends to know? **For example:** *I love you. I forgive you. Please forgive me. Thank you.*





MY HEALTHCARE PREFERENCES

“MyVoice” gives you a chance to think about, talk about and write down your values and beliefs. Your agent and healthcare providers will use this information to care for you in a way that respects your values and wishes. Several factors will be considered when these decisions are made. These factors include: how you are doing, your goals of care, the chance that you will get better, how treatments may or may not help and what else can be done for you.

If there are any treatments you do not want, please indicate them under “other instructions” on the next page.

Write your initials beside the **one** statement (of the three statements in this section) that you agree with **and** draw a line through the **two** statements that you do not want for yourself.

If my status/condition changes and I am unlikely to recover so that I can experience the quality of life as I have described on pages 4 and 5 of this workbook:

_____ **I want** to have life-support interventions and/or life-sustaining measures and be kept alive as long as possible within the limits of generally accepted medical treatment standards. This may include such things as CPR, a ventilator (breathing machine), feeding tube, intravenous fluids, or dialysis, etc. I will also receive medicine and treatments that will ease my pain and keep me comfortable.

_____ **I want a trial period** of life-support interventions and/or life-sustaining measures. This may include such things as CPR, a ventilator (breathing machine), a feeding tube, intravenous fluids, or dialysis, etc. If the trial period does not help me recover, then I want these treatments stopped to allow natural death to occur. I understand that even though the treatments keeping me alive will stop, I will receive medicine and treatments that will ease my pain and keep me comfortable.

_____ **I do not want** life-support interventions or life-sustaining measures to prolong my life. If any of these treatments have been started, I want them stopped to allow natural death to occur. I understand that even if I choose not to have treatments that will keep me alive, I will receive medicine and treatments that will ease my pain and keep me comfortable.

“MyVoice” lets your healthcare providers take your wishes into account. When it is clear that certain treatments would not help you, or would cause harm, they will not be given.





OTHER INSTRUCTIONS

If you have any other thoughts or wishes about your medical care, such as the location of your care, the situations when you do or do not want a certain treatment (for example, if I am in a coma and there is no chance I will recover then I want/do not want _____), or specific medical treatments you do not want to have (CPR, a ventilator (breathing machine), a feeding tube, intravenous fluids, or dialysis, etc.), please write them here.

It is very important that you speak with your healthcare provider so that you understand these treatments and what they could do for you. It is also important that you understand how your decision to limit (refuse) any treatment may affect you.

SIGNING AND DATING YOUR WORKBOOK

This workbook tells others what your wishes are if you are unable to speak for yourself. When you sign and date this workbook, it tells your loved ones, agent/representative(s), and healthcare providers that you agree with the wishes written in it.

I am thinking clearly and I agree with everything that is written in this workbook.

My Printed Name	My Signature
My Initials	Date

I have talked to the following people about my workbook/personal directive and given them a copy of “My Voice”:

Name	Relationship	Phone Number





PERSONAL DIRECTIVE

I, _____, of Alberta, do hereby:
(Name of Maker)

1. Revoke all previous personal directives granted by me.

2. Appoint _____ as my agent, or if
(First Name, Last Name)
_____ should predecease me or be unable or unwilling
(First Name, Last Name)

to act, then I appoint _____ to be my agent in the event that a written
(First Name, Last Name)

declaration that I lack capacity is signed in accordance with the Personal Directives Act.

3. Grant to my agent the authority to make decisions in the following areas:

Healthcare (according to my instructions (provided that these instructions are clear and relevant to the decision to be made) as documented in the attached planning document entitled "My Voice" A Workbook for Advance Care Planning dated _____).

(Workbook must be attached to this personal directive.)

Where I would live (please specify):

With whom I will live and associate (please specify):

Social, educational and employment activities I will participate in (please specify):

Legal matters of a non-financial manner (please specify):

Other (please specify):

Dated at the _____, in the Province of Alberta, this _____ day of _____ 20____.
(City or Town)

Maker Signature

Witness Signature

Witness Printed Name

Witness Address

This document, when signed, is a valid personal directive pursuant to the Personal Directives Act of Alberta in force as of November 2006. The Personal Directives Act is currently under review. If the Personal Directives Act is changed, this personal directive may no longer be valid. Prior to signing this personal directive please contact the Office of the Public Guardian at (403) 297-3364 to ensure that the Act has not been amended.





As referenced throughout this workbook, the workbook will only meet the requirements of a legally valid personal directive when it is attached to and referenced within a valid personal directive.

Personal Directives in Alberta are governed by the Personal Directives Act¹. The Act governs validity requirements, provides direction respecting who can be an agent, outlines what a personal directive can contain and limits who can witness the document.

Section 5(1) of Act stipulates that a valid personal directive must:

- (a) be in writing,
- (b) be dated,
- (c) be signed at the end,
 - (i) by the maker in the presence of a witness, or
 - (ii) if the maker is physically unable to sign the directive, by another person on behalf of the maker, at the maker's direction and in the presence of both the maker and a witness, and,
- (d) be signed by the witness referred to in clause (c) in the presence of the maker.

Section 5(2) of the Act states that the following persons may not sign a personal directive on behalf of the maker:

- (a) a person designated in the directive as an agent;
- (b) the spouse or adult interdependent partner of a person designated in the directive as an agent.

Section 5(3) of the Act states the following persons may not witness the signing of a personal directive:

- (a) a person designated in the directive as an agent;
- (b) the spouse or adult interdependent partner of a person designated in the directive as an agent;
- (c) the spouse or adult interdependent partner of the maker;
- (d) a person who signs the directive on behalf of the maker; and,
- (e) the spouse or adult interdependent partner of a person who signs the directive on behalf of the maker.

Section 7 of the Act states a personal directive may contain information and instructions respecting any personal matter, including, without limitation, the following:

- (a) respecting the designation of agents and their authority;
- (b) designating one or more persons to determine the maker's capacity under section 9;
- (c) naming the persons who are and the persons who are not to be notified of the coming into effect of the personal directive;
- (d) providing instructions with respect to access to confidential information about the maker.

Section 7(2) of the Act states that if a personal directive contains any instruction that is prohibited by law, that instruction is void.

¹Chapter H-15

