



# HEARTLAND HEALTH REGION

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Dear Client,

The intent of this letter and attachments is to provide you with information about how to make sure that your health care treatment wishes are respected even if you become affected by dementia, are unconscious for any number of reasons, or unable to communicate your wishes yourself. This is important information to assist you in planning.

You can ensure that you receive the health care treatment you want regardless of your ability or capacity to communicate by appointing a trusted person as your **substitute health care decision maker**, also referred to as your **health care proxy**.

If you do not appoint a substitute health care decision maker or health care proxy, and become incapable of voicing your choices, then the person who makes decisions about the health care treatment you receive is outlined in *Saskatchewan's Health Care Directives and Substitute Health Care Decision Makers Act (1997)*. The people listed below, in the order they appear in the list are, automatically designated to make decisions about your care:

- a) your spouse or cohabiting partner
- b) an adult son or daughter
- c) a parent or legal custodian;
- d) an adult brother or sister
- e) a grandparent;
- f) an adult grandchild
- g) an adult aunt or uncle
- h) an adult nephew or niece

If you are comfortable with having the people named in the list above, and in the order specified, as your substitute decision makers, then you do not need to appoint a substitute health care decision maker (proxy).

If, however, there is a particular person in your life whom you think is the best person to make health care decisions for you if and when you can't, then you may wish to appoint that individual as your substitute health care decision maker (proxy). You should also inform the automatically designated person on the list above that you have decided to appoint another individual as your substitute health care decision maker (proxy).

If you want to appoint a substitute health care decision maker you can complete the attached form. There is no obligation, however, for you to do so. It is entirely your decision as to whether appoint a substitute health care decision maker (proxy).

We recommend you talk with the person who will be making the decisions for you and agree about your values and any specific treatment preferences you have, or might have if choices have to be made and you are unable to communicate your wishes. Attached is information which may assist you in a discussion about your wishes regarding your health care. Additionally, you will find a Health Care Directive form should you choose to write down your specific wishes. On the reverse side of this form you will find the Appointment of Substitute Health Care Decision Maker. There is no obligation for you to complete either side of the form. If you have any questions, please contact your Client Care Coordinator.