



Information sheet for planning your Health Care Directive

For discussion purposes only

Developing a Health Care Directive is a way to prepare for your future care and medical treatment and can include end of life care. It is important that your medical treatment be YOUR CHOICE.

When making a Health Care Directive remember:

- It only comes into effect when you can NO LONGER MAKE YOUR WISHES KNOWN
- You have the right to accept or refuse any health care treatment
- Do what is right for you not what someone else might want
- It is best to plan BEFORE you are seriously ill
- You can change or revoke at any time as long as you are able to make your wishes known

There are several ways you can make your wishes known

You can:

- Appoint a Proxy who will make the decisions on your behalf
 - You and the proxy should have discussions about your beliefs and feelings regarding your health care
 - The proxy should have a clear understanding of what care YOU would prefer
 - It is a good idea to discuss a number of various situations and what you would prefer for your care

And / or

- Write a Health Care Directive
 - This is a legal document
 - Only comes into effect when you can not speak for yourself
 - Should be as specific as possible regarding the circumstances and the care you would prefer
 - Copies should be given to family, physician and agency that is providing care

The following are some suggestions for questions you could be discussing with your family, proxy or both.

What would you say is your overall attitude towards life?

What things give meaning and quality to your life?

- What most concerns you about being seriously ill or injured?
- What does "having quality of life" mean to you?
- What is most important for you to be able to do and to feel for you have quality of life?
 - How important is it to you to be able to be physically active?
 - How important is it to you to be able to socially interact with your family and friends?
 - What activities would you miss if you could no longer do them?
 - What goals do you have for the future?
- What do you fear most?
- What frightens or upsets you?

What are your thoughts about independence and being self-sufficient?

- **How do you feel about:**
 - Being fed via tube or mechanically
 - Having to wear incontinent garments
 - Being unable to walk by yourself
 - Being unable to move independently in bed or in a chair

What kind of care best fits with your beliefs?

- How do you feel about illness and death?
- How do you feel about pain and suffering?
- Do you believe medical treatment should be used to keep a person alive as long as possible?
- Do you believe there is a time when medical treatments should stop and the goal should be to keep a person comfortable?
- When do you believe life stops?
- Are there questions you want to discuss with your spiritual care provider?

What do you want medical treatment and the care providers to do for you?

- Do you want to be kept alive as long as possible?
- Do you want to be transferred to a facility outside of your home community for treatment or tests?
- Do you want to have your symptoms and pain controlled regardless of your quality of life?
- Do you want treatment only as long as you have quality of life?
- If you cannot eat or swallow do you want artificial nutrition and hydration?
- Would you agree to being restrained in order to prevent you from pulling at the tubes?
- Do you want to be kept comfortable even if it means you have long periods of sedation?
- Would you prefer to be somewhat uncomfortable if you could be alert and awake for longer periods of time?

Are there some treatments that you would want and others that you would not want?

- *Not all treatments are helpful to everyone all the time*
- *Sometimes the discomfort caused by a test or treatment is greater than the benefit gained from it and it may not change how you feel, live or die.*

➤ **How do you feel about:**

- CPR (cardiopulmonary resuscitation)
 - being resuscitated if you stop breathing or your heart stops beating
 - receiving an electrical shock to make your heart start beating
 - having a tube inserted to help with your breathing
 - being attached to a machine (respirator) to help with your breathing (life support)
 - your life being prolonged to the greatest extent possible
- End of Life care (Palliative Care)
 - being comfortable - is it your top priority
 - unpleasant symptoms – which would bother you the most
 - pain
 - nausea
 - constipation
 - shortness of breath
- Spiritual, religious or emotional care
 - religion and visits from clergy
 - funeral preparations
 - grief and grief counselling
 - spirituality
 - peace, contentment, pleasure
 - what gives you these feelings
- Diagnostic tests
 - Blood tests
 - X-rays
 - CAT scan or MRI
- Intravenous (IV) therapy
 - for medications including those for pain or infections
 - for fluids only
- Tube feedings
 - nutrition given through a tube that could be in the nose, the stomach or in a blood vessel
 - may be due to temporary or permanent problems with swallowing or chewing
- Transfusion of blood or blood products
- Medications
 - that may prolong your life
 - that may assist to keep you comfortable and minimize pain
 - that control symptoms such as seizures, tremors, nausea etc.
- Pain management
 - may be given by IV, injection, in muscle or tissue, by mouth or by skin patch
 - alternate therapies such as massage, heat or cold pack, music, visualization, acupuncture, etc.

Would you want different care for different conditions?

➤ **Reversible Conditions**

- Problems that are not permanent such as:
 - Pneumonia
 - Blood clot in the leg
 - Urinary tract infection
 - Broken bone or hip

➤ **Non-Reversible Conditions**

- An illness that can not be cured
 - Alzheimer's disease
 - Other types of progressive dementia
- Conditions that result in permanent loss of function
 - Stroke
 - Diseases that cause ongoing deterioration of the nervous system
 - Chronic diseases
- Terminal illnesses that will cause death even if treated
 - Advanced cancer
 - ALS

➤ **Life Threatening Conditions**

- Illness that can cause a sudden death
 - Your heart stops beating but there may be a chance you could be resuscitated (CPR).
 - Your heart is still beating but you need assistance to breathe (life support)