Catholic Health
Association of Saskatchewan

A Faith-Based Advance Health Care Directive

Is it important to you that other people know and respect your health care wishes?

If yes, you are invited to complete this Advance Health Care Directive. The purpose of this document is to direct others (medical staff, health proxy, family members) about treatment decisions *if, and only if, you are no longer able to make decisions about your own care*.

It is also valuable to have discussions with your family members about your health care wishes.

An Advance Health Care Directive informs you, your family, friends, health care professionals, and appointed proxy/proxies of your wishes about your health care.

RESOURCES

- **Health Ethics Guide, Third Edition. Catholic Health Alliance of Canada, Novalis, 2012. Print.**
- **Euthanasia and Assisted Suicide – Urgent Questions. Catholic Organization for Life and Family, 2005. Digital and print. www.colf.ca**
- **Ethicist for St. Paul's Hospital and Catholic Health Association of Saskatchewan, Saskatoon: 306-655-5197.**

This document draws on:

- *A Faith-Based Advance Health Care Directive for Health Care: A Catholic Approach* by Father Mark Miller, CssR
- The work of the St. Paul's Hospital Ethics Committee (Saskatoon).

What is an Advance Health Care Directive?

An Advance Health Care Directive (also called a 'Living Will') is a legally binding document made while a person has the mental capacity to do so. In Saskatchewan, to have capacity[1] means that a person is able to understand information about a health care decision, able to understand the consequences of making a decision based on that information, and is able to communicate a decision. An Advance Health Care Directive speaks to a limited range of health care decisions and comes into effect only when a person lacks capacity.

Making an Advance Health Care Directive is optional and some people may be happier to leave these decisions to others. However, there are advantages to making an Advance Health Care Directive. It informs your family, friends, health care professionals, and appointed proxy/proxies about your treatment wishes when you lack the capacity to make health care decisions.

Making an Advance Health Care Directive might cause you to consider circumstances you have not thought about before. It gives you an opportunity to discuss your health care wishes with your physician, health care professionals, priest, minister, family members, or others. Tensions can arise within families when a person's health care wishes are unknown and he or she loses capacity. Making an Advance Health Care Directive and letting your loved ones know about your wishes prior to a potentially stressful time is encouraged, as it can be very helpful to families who may struggle with health care decisions.

Catholics, and Christians more broadly, believe that life is a gift of a loving God and that being disabled or ill does not diminish human dignity or the value of life.

Why complete a Faith-Based Advance Health Care Directive?

Making an Advance Health Care Directive gives you an opportunity to ensure the values, customs, and moral teachings of your faith will direct treatment decisions to be made when you lack capacity. Catholics, and Christians more broadly, believe that life is a gift of a loving God and that being disabled or ill does not diminish human dignity or the value of life. In light of this, we understand that life should never be terminated through euthanasia[2] or assisted suicide[3]. Respecting human dignity, however, does not mean that life must be preserved at all costs. Medical treatments and interventions can offer the benefits of cure and/or comfort, but in some situations (such as many life-threatening conditions and terminal illnesses), pursuing life-prolonging interventions may only increase the burden to the patient or prolong the process of dying. Making an Advance Health Care Directive gives you an opportunity to consider your wishes in such circumstances and discuss them with others.

Within the Catholic tradition, it is understood that medical treatments and interventions may be withheld when they do not offer a reasonable hope of benefit or would be too burdensome to the patient. Natural death is accepted as a part of life. However, there may be difficult decisions to make at the end of life or when life hangs in a critical balance. When a person decides to decline life-sustaining interventions because they would provide little or no benefit or would be too burdensome, it does not mean that he or she will be abandoned by health care staff. Palliative care[4] strives to relieve symptoms and to provide opportunities to focus on relationships and spirituality while neither promoting nor hindering death. Pain and symptoms will be managed using the principle of double effect [5].

Further to health care decisions, some individuals may wish to prepare for death with the practices and sacraments of their faith tradition, and inform their health care providers of their further comments and wishes.

What is a Proxy?

Advance Health Care Directives may not cover every decision about health care for a person without capacity. For this reason, others may need to make some decisions about your health care. A proxy[6] is a person you appoint while you have capacity. Your proxy makes health care decisions on your behalf when you lack capacity. A proxy acts according to your known wishes. This means that he or she acts to uphold the wishes you have expressed in your Advance Health Care Directive, conversations, and your known beliefs and values.

Any capable adult over 18 years of age can be appointed as a proxy. A proxy may or may not be a family member and more than one proxy may be appointed. Health care providers would contact the first-listed proxy and move to the second-listed if the first was unable or unavailable to make a decision. Joint proxies, however, are appointed to make a decision together. Where joint proxies cannot reach a mutual decision the majority would decide. In the case of an evenly split decision, the first-listed proxy would make the decision, guided by your known wishes. It is advisable to discuss with your proxy/proxies what your wishes would be in different circumstances so that they are informed about them.

Any capable adult over 18 years of age can be appointed as a proxy.

Powers of Attorney and Health Care Decision Making

There is some confusion about the roles of powers of attorney and health care proxies. In Saskatchewan, if you have appointed someone to be your Enduring Power of Attorney, he or she makes financial and/or personal decisions on your behalf, **but not health care decisions**. If you want a specific person or persons to make health care decisions on your behalf when you are unable to do so, you will need to appoint a proxy. Your proxy can be the same person as your power of attorney, but the appointments should be made separately. When there is no appointed proxy, a substitute decision-maker is given authority

to make health care decisions under *The Health Care Directives and Substitute Health Care Decision-Maker's Act*, (SK, 1997).

The Act lists the people, in hierarchical order, who can make health care decisions on your behalf where no proxy has been appointed, and the decision has not already been made within an Advance Health Care Directive:

1. Spouse* or common law partner
2. Adult son or daughter
3. Parent or legal custodian
4. Adult brother or sister
5. Grandparent
6. Adult grandchild
7. Adult aunt or uncle
8. Adult nephew or niece

* Your legal spouse retains this authority, even if you are not living with them.

Under the Act, the eldest person is preferred in each category. For example, if you have several children and no spouse or common law partner, the first-born child will be your health care decision-maker (if you have no appointed proxy). Health care decision-makers, including any proxy or proxies you have appointed, act according to your known wishes. If your wishes are unknown, they act in your best interest.

How to complete the Advance Health Care Directive form in this booklet

Review the *Definitions* and *Footnotes* at the back of this booklet, then remove the form from the booklet before filling it out. You may change your Advance Health Care Directive at any time but all changes made to the form **must** be initialed and dated.

The form has four sections: 1) proxies; 2) interventions; 3) comments and wishes; and 4) declaration and signature.

What should I do with my Advance Health Care Directive?

Once completed, you might consider giving a copy to your proxy/proxies, physician, hospital or care home to which you are admitted, and family members or others you choose to make aware of your wishes. You might also consider placing a copy in or on your refrigerator, where it would be seen by paramedics if they were called to your home.

Questions or Consultation?

If you have any questions regarding the information in this booklet, or would like a consultation when completing an Advance Health Care Directive, you are invited to call the St. Paul's Hospital ethicist at 306-655-5197 or the Catholic Health Association of Saskatchewan office at 306-655-5330.

Definitions

Artificial Nutrition and Hydration Tubes Artificial nutrition and hydration can be provided in several ways. The type of intervention used is dependent on medical factors related to the specific patient's condition. For example, in situations where a patient is unable to swallow safely, a temporary feeding tube may be used which passes though the nose and down the throat to the stomach. A more permanent solution is to insert a feeding tube directly into the stomach through an incision in the abdomen. Receiving a feeding tube into the stomach involves a surgical procedure.

Decisions about whether to accept a feeding tube require careful deliberation. Feeding tubes can be beneficial in some circumstances, however, a feeding tube can also be an inappropriate intervention. For example, when a person who is near death can no longer process nutrition and hydration, a feeding tube can be burdensome. Legally, the patient has the authority to determine whether he or she will accept a feeding tube. Catholic teaching directs the patient to weigh the benefits of a feeding tube against the burdens imposed by the intervention. The weighing of benefits and burdens must take into consideration the patient's beliefs, wishes, values, specific medical conditions, and stage of life. The patient is encouraged to consult a health care professional and/or seek an ethics consultation.

CPR (Cardiopulmonary Resuscitation) An attempt to restart the heart when it has stopped beating. This may involve physical chest compressions and electric shocks to the heart. It may also involve medications and intubation which means a tube is

passed into the respiratory system to assist breathing. CPR aims to continue the circulation of blood throughout the body until further life-support measures can be implemented.

Please note that CPR is an intervention with a very limited success rate. Sometimes people believe it will bring terminally ill people back to life or that it can be performed time and time again to avoid death. However, when CPR is performed in a hospital, a small percentage of people who receive resuscitation will survive. Of the few who survive, some may experience side effects associated with lack of oxygen to the brain or broken bones, lung punctures, and severe discomfort. A person who receives CPR which successfully restarts the heart may be placed on a ventilator. CPR can be a useful intervention in some cases. For instance, if a person experiences a cardiac arrest, and CPR is quickly implemented, the person may recover and enjoy many more years of life. Thus, a person's state of health, and possibly their age, is exceedingly relevant when making decisions about CPR.

Mechanical Ventilator A machine that moves air into and out of the lungs to provide the mechanism of breathing for a patient who is physically unable to breathe or has difficulty in breathing sufficiently.

Sometimes a person might be placed on a ventilator during or after a medical intervention such as surgery. The ventilator aids breathing until the body is strong enough to take over the task of breathing. In critical situations or at end of life, and sometimes after a person has received CPR, mechanical ventilation may be requested. The decision to have CPR and be placed on a ventilator is a very serious one. A person might request mechanical ventilation where there is a reasonable chance of recovery from an illness. A person might also refuse it if it offers no reasonable chance of a return to breathing on one's own.

Footnotes

[1] **Capacity** To have "capacity" means the ability:

(i) to understand information relevant to a health care decision respecting a proposed treatment;
(ii) to appreciate the reasonably foreseeable consequences of making or not making a health care decision respecting a proposed treatment; and
(iii) to communicate a health care decision about a proposed treatment.

Capacity may be lost due to disease, medications, loss of consciousness, or other factors. In some illnesses, capacity may fluctuate. For example, persons in the early stages of dementia may have capacity at times and not at others.

[2] **Euthanasia** The deliberate ending of someone's life, with or without that person's consent, in order to eliminate suffering. The individual who commits euthanasia must, therefore, **intend** to kill the person and must **cause** the death – for example, by lethal injection.

Euthanasia does not include:

- Respecting a person's refusal of treatment or request to discontinue treatment;
- Letting someone die naturally by withholding or withdrawing medical treatment when its burdens outweigh its benefits; and
- The administration of drugs appropriate for the relief of pain and suffering even if some anticipate that the unintended effect might be the shortening of life. (*Catholic Organization for Life and Family*)

[3] **Assisted Suicide** Knowingly and intentionally providing a person with the knowledge or means required to commit suicide, including counselling about lethal doses of drugs, prescribing such lethal doses or supplying the drugs. Catholic teaching considers assisted suicide or euthanasia unacceptable due to the belief that life is a gift from God, and that we are stewards of this gift, not owners of life. Just as we do not decide the time and

circumstances of our births, nor do we decide this of our deaths. To do so impacts the nature of this gift of life, both to ourselves and to those around us.

[4] **Palliative Care** Palliative care, as a philosophy of care, is the combination of active and compassionate therapies intended to comfort individuals and their support communities who are facing the reality of impending death. It strives to meet physical, social, emotional, and spiritual expectations and needs, while remaining sensitive to personal, cultural and religious values, beliefs and practices. Palliative care is not limited to the end of life when a person has only days, weeks or months to live. Persons with progressive incurable illnesses may benefit from palliation of symptoms and other problems much earlier in their illness, even when they are receiving treatments such as chemotherapy to control their illness.

[5] **Principle of Double Effect and Pain Control** This principle may be used when a person's pain is difficult to control. Double effect tells us that where an action will have two outcomes – one that is good and the other unintended – we can act to bring about the good outcome. For example, some drugs that are used to relieve pain (such as morphine) can also weaken respiration. Increasing the dose of pain medication to relieve pain is usually necessary if there is no other way to control the pain. In doing so, death may be unintentionally hastened. The drug must be given with the intention of relieving pain and never with the intention of causing death. This is not assisted suicide.

[6] **Proxy or Proxies** Any capable adult over 18 years of age, appointed while you have capacity, who makes health care decisions on your behalf if you lose capacity to do so. A proxy acts according to your known wishes.

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To fill in this form, first remove it from the centrefold of this booklet.

Advance Health Care Directive

PLEASE NOTE
This legally binding Advance Heath Care Directive can only be made by a person with capacity and is only in effect when that person lacks capacity. Please review the *Definition* and *Footnote* sections in the booklet prior to filling out this form. A person with capacity may change his or her directive at any time but must **initial and date any changes**.

To my family, friends, physicians and health care professionals, and all others whom it may concern:

It is my intention that this directive be respected by my family, friends, physicians and health care professionals if I am no longer capable of consenting to health care on my own behalf.

I am aware that this directive **shall apply only when I lack capacity**. I would like the following information to help direct my care. Carefully read the five separate situations (A, B, C, D, and E) on the Intervention page of this form.

I understand that the health care team will meet with my appointed proxy or proxies or substitute decision-maker to discuss my prognosis, available interventions, and their value in my circumstances.

The values, customs, and moral teachings of my faith should direct any treatment decisions that must be made should I lack capacity to make them. **I do not accept that my life should ever be terminated through euthanasia or assisted suicide.**

I recognize that medical treatments may be refused or withdrawn if they do not offer a reasonable hope of benefit. I request that the best of palliative care be provided. I have no moral objection to the use of medication or procedures necessary to relieve severe pain or symptoms, even if they unintentionally shorten my life.

This Advance Health Care Directive is to direct those who will make difficult decisions on my behalf in a crisis or at the end of life. I thank my family, friends, physicians and health care professionals for their care and concern.

Name _____ Date (YYYY / MM / DD) ____ / ____ / ____

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Proxies

PLEASE NOTE

To appoint more than one proxy, you can list up to three names on this form. If you wish to appoint more than three proxies, you may attach a separate piece of paper to this form. Circle the word **'AND'** after the proxies if you wish the appointed proxies to act jointly on your behalf. Circle the word **'OR'** if you wish the proxies to act successively (independently). If appointing successive proxies, your preferred proxy should be listed first.

The proxy or proxies listed below is/are authorized to consent to my health care when I am no longer able to understand health care information and communicate my own decisions. The *proxy or proxies has/have an obligation to act according to my known wishes.*

Proxy 1

Name | Phone

Address | Email

AND OR (circling AND indicates joint proxy status; circling OR indicates successive proxy status)

Proxy 2

Name | Phone

Address | Email

AND OR (circling AND indicates joint proxy status; circling OR indicates successive proxy status)

Proxy 3

Name | Phone

Address | Email

In addition to my proxy or proxies, I have also spoken to the following people about my wishes:

Name | Phone

Address | Email

Name | Phone

Address | Email

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Interventions

For EACH intervention in ALL of the situations (A, B, C, D, and E), indicate which interventions you **Accept** or **Decline** by placing a check mark in the circle, then adding your initials to the right of your choice as per the example below.

Example

Mechanical Ventilation A machine to help one breathe	✓ Accept CH ❍ Decline	✓ Accept CH ❍ Decline	✓ Accept CH ❍ Decline	❍ Accept ✓ Decline CH	❍ Accept ✓ Decline CH
	SITUATION A It is an emergency and my health condition may not be clear.	**SITUATION B** I have been diagnosed with an illness from which I am likely to recover.	**SITUATION C** I suffer from a health condition that may require many months or even years from which to recover. During that time, life support may be required to ensure the continuation of my life.	**SITUATION D** I have a long-term, chronic or terminal illness from which I am unlikely to recover. During that time, life support may be required to support the quality or continuation of my life.	**SITUATION E** My death is inevitable within 6 months, and I would only be alive on life support no matter what treatment is provided.
Interventions					
Cardiopulmonary Resuscitation (CPR)* (includes chest compressions)	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline
Mechanical Ventilation A machine to help one breathe	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline
Artificial Feeding A feeding tube inserted surgically directly into the stomach	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline
Artificial Feeding A temporary feeding tube inserted nasally (from the nose) to the stomach	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline
Other: _____ _____ _____	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline
Other: _____ _____	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline	❍ Accept ❍ Decline

* Cardiopulmonary Resuscitation (CPR) might include chest compressions, electric shocks (in an attempt to restart the heart), and medications. What occurs during a CPR attempt will be dependent upon both the medical demands of a situation and the context (such as, at home, in public, or in a health care setting). When CPR is attempted by health care professionals, intubation usually occurs. If CPR is successful in restarting the heart, advanced life support including mechanical ventilation will be required in many instances. Some people may prefer not to receive aspects of CPR, such as chest compressions. Limiting the options, however, may mean that the CPR may not be attempted or will fail.

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My Further Comments and Wishes

Declaration and Signature

Name (please print)

Signature

Date (YYYY / MM / DD) / /

Witness Name (A witness is only necessary if the person making the directive cannot sign for themselves. A witness cannot be an appointed proxy or the proxy's spouse or common-law partner.)

Witness Signature

Witness Address

PLEASE NOTE

Consider supplying copies of your directive to your proxy or proxies and physician to review it with them. Also, consider providing copies to your family members or health care facilities to which you are admitted.

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