

## PERSONAL DIRECTIVE

THIS PERSONAL DIRECTIVE is given by me, (name of person making Directive) of (insert TOWN/CITY), ALBERTA, CANADA.

I CANCEL all Personal Directives, Advance Health Care Directives or Living Wills that I have already given, except for any Personal Directives dated on the same date as this document or equivalent documents executed at any prior date and in effect for any other Provinces or other jurisdictions.

1. This Personal Directive shall become effective when it is determined that I lack capacity in accordance with sections 9(1) and (2) of the Personal Directives Act of Alberta (the "Act").
2. I appoint my husband/wife/, (name of person) to be my agent as defined in the Act.
3. On the death, refusal or inability of (insert name from # 2) so to act or continue to act, I appoint my daughters/sons/friend, (insert names here.....) to act as my Agent.
4. In the situation where I have appointed two persons to act as my Agent, but only one of the Agents is able to act as my Agent, he/she shall have the authority to act or continue to act alone, as my sole Agent. Where there is a joint appointment, this means they must act together on my behalf. If they are unable to agree on any matter affecting my affairs, then either of them may make an application to the applicable court to resolve the issue and for any other order that may be appropriate in the circumstances.
5. My Agent has authority to make personal decisions on my behalf. In this Personal Directive, "personal decisions" means any matter of a non-financial nature that relates to my person.
  - i. I am a Roman Catholic and as I have sought to live my life faithfully as a Catholic, I wish to make it abundantly clear at the start of this directive that the values, customs and way of life of my Christian faith should direct any treatment decisions that must be made should I not

be competent to make them. I expect to follow the teaching of the Catholic Church – but not interpreted in a legalistic or severe and restrictive manner.

- ii. To begin with, I accept fully that my life on this earth is a gift of a loving God and that God alone knows the number of my days. In accordance with my Catholic Faith, I do not accept that my life should ever be actively terminated either through euthanasia or assisted suicide. I expect that pain will be controlled as far as possible and that the “principle of double effect” may be invoked should pain become a particularly horrendous issue. It is my wish that the best of palliative care would be available to me should I be dying and not be competent to make my own decisions. I trust that the medical personnel providing palliative care will discuss what is best for me with my proxy and as appropriate, my family.
- iii. I understand that death is part of the journey of life. When God calls me home, I wish to be prepared with the Sacraments of the Church, as far as possible. Should I be dying or suffering from some terminal illness, I am prepared to forego any treatment which would prolong a poor dying process or place undue burdens on me or those who care for me. If, on the other hand, I am in a critical condition and there is significant uncertainty about the outcome, I expect to receive all needed treatment until the clarity of the outcome is established.
- iv. Life is first and foremost a gift from God. It is a gift I cherish and many of its so-called ‘handicapped’ forms are not a diminishment of life for me, but simply part of the journey God calls me to and accompanies me on. Except in the case of severe or irreversible loss of cognitive ability, including permanent loss of consciousness, I do not consider handicaps such as amputation or impaired capacities (including mental capacities) to be sufficient reason for terminating necessary treatment.
- v. I realize nonetheless that there are often very difficult decisions to be made either at the end of life or when one’s life hangs in a critical balance. And to that end I wish to leave this directive as a form of my

instructions, based upon my commitment to God in faith, about the care that I would expect should I no longer be able to make decisions about my own care.

- vi. Morally there is no difference between not starting treatment and stopping or withdrawing treatment **if the circumstances are the same in either situation**. In other words, if treatment must be started in order to buy time for a truer prognosis, that is acceptable provided treatment will be stopped if the prognosis reveals no foreseeable progress.

## 6. General Instructions:

- i. If I am dying, I ask for good palliative care as mentioned above. I am fully prepared to forego, or have removed any treatment that will simply prolong my dying process or cause me undue burdens.
- ii. If I am in a persistent vegetative state or so severely and irreversibly brain damaged that I cannot communicate and, indeed, am not aware of others, then I do not wish to receive any medical treatment that will simply prolong my life. I may not be technically 'dying' (depending upon the definition of 'dying'), but I would not wish any life sustaining treatment when I am in such a state and my condition deteriorates. Comfort care is all I ask.
- iii. As stated above, if my condition is uncertain, particularly in an emergency, I expect complete treatment until some certainty is established. Then I am prepared to forego, or have withdrawn, any treatment that is burdensome, unduly prolonging the dying process, or simply sustaining me at an irreversible level of physical and/or mental deterioration. Of course, if the treatment has begun a process of healing or restoration, then I expect it to be continued.

## 7. Specific Instructions:

- i. **Aggressive Treatment:** If I am dying or severely and irreversibly mentally compromised, I am prepared to forego (or have withdrawn,

if the treatment is already in place) any surgery or aggressive medical treatment, use of mechanical life support (such as ventilators, dialysis, etc.), and even diagnostic tests. I expect my agent to make any decisions about these treatments in conjunction with the palliative care personnel. Any treatment for comfort care is acceptable to me.

- ii. **Modes of Feeding:** If I am in a persistent vegetative state, or irreversibly and severely demented, or dying slowly, I would not want a feeding tube. If it is needed for comfort care, it may be used temporarily. If hydration is necessary for comfort or proper treatment, it may be given in medically appropriate ways; but I understand that there are times when hydration does nothing more than prolong the dying process and I would be prepared to forego artificial hydration in accord with good palliative care.
- iii. **CPR:** If I am dying, I expect that a **Do Not Resuscitate order** would be appropriate. Certainly, if I am in palliative care, I do NOT wish to have CPR in any form, including the use of paddles. On this note, if I should have a pace maker or inserted defibrillator, I would expect that either instrument could be turned off if they are interfering with and/or prolonging my dying.
- iv. **Pain Relief and Sedation:** I would be willing to put up with some pain if I could be more aware. If I am not competent but troubled by pain, please control the pain.
- v. **Amputation:** If I have a reasonable potential to return to awareness and an ability to relate to those around me, I would ask my agent to make the decision on the basis of my prognosis. An amputation would be acceptable if I had several months of wakeful life to live, but not acceptable if it were just one more procedure which would do little to change the dying process. If I am dying or severely mentally impaired, I would not accept an amputation.
- vi. **Home Care:** To the extent that it is practicable and not an undue hardship upon my family, I would prefer to die at home or in a congenial supportive care facility such as a hospice rather than a

hospital. I fully endorse palliative care and its goals, even if directed from a hospital, and I trust that the best place for me – home or palliative care – would be worked out between my agent and the palliative care staff.

- vii. **Antibiotics:** Since antibiotics are a medical treatment, I expect that they (and any other treatment) would be used only as appropriate. I would not want antibiotics if I were dying and suddenly developed pneumonia, for example. However, circumstances play a critical role here and I would expect my agent to make the decision for me.
  
- viii **Organ Donation:** Although organ donation is not legally covered under personal care directives legislation, I wish to make it abundantly clear that I am quite prepared to donate any part of my body that can be used for donations to assist the living, with the exception of brain cells. I ask my family to respect these wishes should tragic circumstances ever make such a donation a possibility.
  
- ix. **Research Possibilities:** Even if my condition is medically hopeless, I would accept any diagnostic tests or valid research protocols which might assist in the analysis of my disease or an eventual possible cure, or may someday assist doctors in helping others, including members of my own family, who may be prone to the same disease.

**Dated** at ( name of city / town ) ,  
in the Province of Alberta, on  
( insert date ) 202\_\_ .

\_\_\_\_\_  
(name of witness)

\_\_\_\_\_  
(name of deponent)

## ACKNOWLEDGMENT

I, **(insert name here)** being the Maker named in the attached Personal Directive, hereby acknowledge that I have read (or have had read to me) and understand the nature and effect of the attached Personal Directive and the Schedules which are attached and that I am of the full age of eighteen (18) years, and that I am voluntarily giving the attached Personal Directive on \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
(Normal signature)

## AFFIDAVIT OF EXECUTION

I, ( name of witness ), of ( insert town/city ), in the Province of Alberta, MAKE OATH AND SAY THAT:

1. I am the witness to the signature of ( name ) in this Personal Directive.
2. I was present and saw ( name ) sign and seal this document at ( town/city ), Alberta.
3. On the basis of identification, I believe that ( name ) to be the person named in this Personal Directive.
4. I am not named as an Agent, nor am I the spouse of a person named as an Agent, nor am I the spouse of ( name ), the person named in this Personal Directive.
5. I believe ( name ) is over 18 years of age.

SWORN BEFORE ME, at ( insert the town/city ), in the Province of Alberta on ( insert date ), 202\_\_ .

\_\_\_\_\_  
A Commissioner for Oaths, etc.

\_\_\_\_\_  
Witness