

# ADVANCE HEALTH CARE DIRECTIVES

## NLNPEA

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# Topics for Discussion

- What is an Advance Health Care Directive? What is it not?
- What is the purpose/benefits of having a Health Care Directive? Is it necessary?
- Requirements/considerations when drafting your Directive?
- What triggers a Health Care Directive to make it operative?
- Can you change your Directive? If so, how?
- Who should you tell about your Health Care Directive? Where should it be kept? Is a Health Care Directive effective when you travel?

# What is an Advance Health Care Directive

- An AHCD is a document which outlines your **prior wishes** regarding future health care in the event of your **mental incapacity**
- It can be **tailored** specifically for you
- It may be **simple** and only appoint a substitute decision maker or more **complex** and give details about your wishes in specific circumstances or eventualities

# What an Advance Health Care Directive is not

- An Advance Health Care Directive is **NOT a substitute for consent** to medical treatment
- **Consent is always required** for medical treatment whether or not an AHCD exists
- Consent must be obtained from the **patient** (where competent) or their **substitute decision maker** (where incompetent)
- In **emergency**, consent not required but AHCD should be considered

# Advantages of a Health Directive

- Clearly sets out **your wishes** regarding future health care
- Without it, your SDM will have to make decisions in accordance with your “**best interests**”
- Allows you to **specifically appoint** your SDM or alternate SDM
- Otherwise, **left to the workings of the AHCDA** which may or may not be who you would like to appoint

# Advantages of a Health Directive

- **Relieves your family** or SDM from making hard choices on their own
- **Avoids tension** that arises between family members in determining what you would have wanted
- **Not necessary** to have one – **but** if you choose to there are **legal requirements** to ensure it is enforceable

# Making an Effective Directive

- **Must** be **mentally competent** at time of making (presumption at 16+ years old)
- **Must** be in **writing** and **signed** by you
- **Must** be **witnessed** by **two independent** witnesses (not SDM or spouse of SDM)
- **Must** be **accepted in writing** by appointed substitute decision-maker (**19+ years old**)- consider their suitability for making serious health care decisions for you

# Making an Effective Directive

- **Should** speak with your **physician** – can help explain medical issues that you will likely face given your current health conditions as well as the medical terminology that you will need to understand
- **Should** speak with a **lawyer** – to ensure that your Directive has been drafted to meet all the legal requirements to be effective and accurately expresses your wishes



# Considerations when making a Health Directive

- Do you have **chronic condition** for which you would want the treatment to remain the same? (e.g. diabetes, emphysema, chronic leukemia)
- If your physician can **predict future medical problems** that you will likely face, you should deal with them. (e.g. dialysis, organ transplant)

# Considerations when making a Health Directive

- **End-of-Life Care** should be dealt with either in the form of a statement of **general principles** or **specific instructions**.
- **Consider the following:**
  - **What level of care do you want to receive?**
  - **What diagnostic interventions do you want?**
  - **What medical treatments do you want?**
  - **Do you want to be resuscitated if you stop breathing? or your heart stops?**

# Considerations when making a Health Directive

- Do you want to receive blood transfusions?
- Do you want to be hospitalized, stay at home or go elsewhere if you are seriously or terminally ill?
- Do you have any special requests when you are dying?
- Do you want to donate any vital organs or tissue at the time of your death?
- Would you like to donate your body for medical research or educational purposes?

# Considerations when making Directive

- Must give **express authorization** in the health directive to your SDM to consent to:
  - medical treatment for the primary purpose of research;
  - sterilization that is not medically necessary for the protection of the health of the maker; and
  - the removal of tissue from the maker's body while living for transplantation to another person or for the purpose of medical education or medical research

# Considerations when making a Health Directive

- Statement of **General Principles**:
  - All necessary diagnostics and treatments be carried out to keep me alive including **all life support with medical intervention**. This would include all surgeries, intensive care, use of a ventilator, CPR, dialysis, blood transfusion, tracheotomy and feeding tube if required.

# Considerations when making Directive

- **Compare with:**
  - I be allowed to die and not be kept alive artificially by any extraordinary medical or technical measures or extraordinary treatment. Use only measures that enhance comfort and relieve pain (**Comfort Care/Palliative Care**). Do not use feeding tubes or intravenous lines unless pain relieving medications can be given in no other way. Do not perform X-rays, blood tests or other diagnostic procedures unless absolutely necessary to relieve discomfort. Do not perform surgery or use intensive care, CPR, ventilator, dialysis, blood transfusion, tracheotomy or feeding tubes.

# What triggers a Health Directive

- A health directive becomes operative when you **no longer have the mental capacity** to make health care decisions for yourself.
- Whether you have mental competency is a medical question which must be answered by a **physician upon examination** of you.
- The physician makes a note in your **medical record** regarding the nature and extent of your incompetency

# Changing your Health Directive

- You can change your health directive at any point as long as you are **still mentally competent**.
- **Consider changing where :**
  - Your medical condition changes
  - Your wishes change
  - Your SDM is no longer available or willing to act
  - Your marital status changes



# Changing your Health Directive

- **Methods to change/cancel** a prior Directive :
  - Make a new directive
  - Write a document saying you want to cancel your existing Directive (must be signed and witnessed in same manner as original)
  - Destroy the directive through shredding, burning
- **Divorce revokes** the appointment of your prior spouse as SDM (unless expressed otherwise)

# What to do with your Directive

- **Keep original in a safe place** (e.g. safety deposit box)
- **Give a copy to your SDM** and communicate your expressed wishes
- **Give a copy to your GP** and discuss how best to make it part of your health record
- **Consider bringing it to the Health Records** department of Health Authority

# What to do with your Directive

- **Consider keeping a copy in your wallet** in case of emergency care
- **Bring a copy when you travel** and inform your travel partner in case of emergency care. Effectiveness will depend on law in place of travel.
- **Emergency care** will be administered quickly to preserve life so Directive will need to be **easy to access**

# Advance Health Care Directives

## QUESTIONS/COMMENTS

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