

## Appendix 2 (as supplied by the authors): Sample personal directive

### PERSONAL DIRECTIVE

John Doe  
{put city and province}  
(hereinafter referred to as "the Maker")

1) Cancel Previous Advance Health Care Directive

1.1 I cancel all Personal Directives, Advance Health Care Directives or Living Wills that I have already given.

2) Appoint an Agent

2.1 I APPOINT my wife, Jane Smith, to be my Agent and in the event of death or refusal or inability of my wife, Jane Smith, to continue to act, I APPOINT my son, Jim Doe to be my Agent in accordance with the *Personal Directives Act* for Alberta (hereinafter referred to as my "Agent").

3) Come into effect

3.1 This directive will have effect only when I lack capacity to make decisions about my personal matters.

3.2 I will lack capacity when two medical practitioners authorized to carry on practice in the Province of Alberta or authorized to carry on practice in whatever jurisdiction I may be residing declares that I lack capacity to make decisions about my personal matters.

4) Personal decision

4.1 My Agent has authority to make personal decisions on my behalf.

4.2 In this directive, "personal decisions" means any matter of a non-financial nature that relates to my person and without limitation includes:

4.2.1 my health care;

4.2.2 my accommodation;

- 4.2.3 with whom I may live and associate;
- 4.2.4 my participation in social, educational and employment activities;
- 4.2.5 legal matters that do not relate to my financial affairs.

5) Agent's Authority

5.1 My Agent must instruct my health care service providers based on the following guidelines:

5.1.1 In general, I do not wish my life to be prolonged by artificial means when I am in a coma or a persistent vegetative state and, in the opinion of my physician and other consultants, have no known hope of regaining awareness and higher mental functions, no matter what is done. In this circumstance, I wish to be kept comfortable and free from pain. This means that I may be given pain medication even though it may dull consciousness and indirectly shorten my life.

5.1.2 Further decisions regarding my care at the end of life should be guided by my Agent's knowledge of my wishes, beliefs and values (see attached document)

6) Dated, signed and witnessed

I make this Personal Directive on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, at {City, Province}.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
John Doe

## My Wishes, Beliefs, and Values

1) Is there any condition or quality of life that you would consider 'unacceptable'. For example, many people say "I would rather die than live in a nursing home where I am totally dependent on others." Think about what health states or conditions would be unacceptable to you and write them in the space provided.

Personal Response: {For example: If I lose my cognitive abilities (can't think, can't remember, can recognize family), I would rather be dead. If I had reduced physical function to the point where I was a burden on family and others (quadriplegic or dependent on others for feeding and self care), I would also rather be dead. In other conditions where the disability is not so drastic, I defer to my agent to decide if the condition is acceptable.}

2) Do you have unfinished business that really want to get done before you die (assuming you are well enough)? Please describe.

Personal Response: {For example: I would like to live long enough to see my children get married. After that, the answer to this question would be 'no.'}

3) If life were represented by a straight line where birth is represented on the far left of the line and death is represented on the far right of the line, place an 'x' on the line where you see yourself on this life line.

Birth ----- Death

4) It is very important for the health care team to understand how individual patients who are seriously ill would view the goals of their care. At one end of the spectrum, treatments offered are intended to reduce symptoms such as pain and shortness of breath. Symptom management treatment is not targeted to extend life and may actually shorten it. At the other end of the spectrum, treatments such as breathing machines and dialysis are offered with the primary goal of extending life. These treatments can cause additional pain and discomfort. Please indicate on the line below where you feel would best represent your wishes regarding treatments that *either* extend life as much as possible or reduce symptoms (far left patient would value treatments that extend life as long as possible; far right patient would value treatments that relieve distressing symptoms, even if they hasten death).

Extending Life ← patient would value                      patient would value → Symptom Relief

EL\_\_\_\_\_SR

(Page Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_)

Certificate of Legal Advice

I, {Lawyer's name}, Barrister and Solicitor, practising in the City of, \_\_\_\_\_ in the Province of \_\_\_\_\_, do hereby certify that:

1. On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, John Doe, the Maker, attended before me concerning the attached Personal Directive.
2. The Maker appeared to me to understand that this Personal Directive gives the Agent named therein, the power to make personal decisions on his behalf.
3. The Maker signed the Personal Directive, or acknowledged the signature, in my presence.
4. The Maker acknowledged to me that he gave the Personal Directive voluntarily.

Dated at the City of \_\_\_\_\_, in the Province of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

---

{Lawyer's name},  
Barrister and Solicitor

**AFFIDAVIT OF EXECUTION**

I, {Lawyer's name}, of the City of \_\_\_\_\_, in the Province of \_\_\_\_\_,  
MAKE OATH AND SAY:

1. I was personally present and did see John Doe who is known to me to be the person named in the attached Personal Directive, duly signed the instrument.
  
2. The instrument was signed at the City of \_\_\_\_\_, in the Province of \_\_\_\_\_, and I am the subscribing witness thereto.
  
3. I am not named as an Agent, nor am I the spouse of a person named as Agent, nor am I the spouse of the Maker, named in the attached Personal Directive.
  
4. I believe the Maker whose signature I witnessed is at least 18 years of age.

SWORN BEFORE ME at the City of \_\_\_\_\_ )  
\_\_\_\_\_, in the Province of \_\_\_\_\_ )  
\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ )  
\_\_\_\_\_, 20\_\_ )  
)  
)  
)  
)  
)  
\_\_\_\_\_  
A Commissioner for Oaths in and )  
for the Province of Alberta. )

\_\_\_\_\_  
{Lawyer's name},

**DECLARATION OF MEDICAL DOCTOR**

I, \_\_\_\_\_, Medical Doctor, hereby certify that I have examined **John Doe**, the Donor named in the attached Enduring Power of Attorney, and I do hereby declare that he is mentally incapable of making reasonable judgments with respect to all or any matters pertaining to his estate, and that the contingency specified in the attached Enduring Power of Attorney has occurred in order to bring the Enduring Power of Attorney into effect.

DATED at \_\_\_\_\_, in the Province of \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, A.D. 2\_\_\_\_.

\_\_\_\_\_  
Medical Doctor Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

**DECLARATION OF MEDICAL DOCTOR**

I, \_\_\_\_\_, Medical Doctor, hereby certify that I have examined **John Doe**, the Donor named in the attached Enduring Power of Attorney, and I do hereby declare that he is mentally incapable of making reasonable judgments with respect to all or any matters pertaining to his estate, and that the contingency specified in the attached Enduring Power of Attorney has occurred in order to bring the Enduring Power of Attorney into effect.

DATED at \_\_\_\_\_, in the Province of \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, A.D. 2\_\_\_\_.

\_\_\_\_\_  
Medical Doctor Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address