

LIVING WILL KIT

A **Living Will** is a personal statement of health care wishes. This type of document is also referred to as a Health Care Directive. A Living Will is not a formal legal document, it is a method of communicating your health care wishes to your family and doctor.

If you are not able to make health care decisions for yourself, a health care decision maker must be appointed to make your health care decisions for you. Your doctor cannot make health care decisions for you except in emergency situations.

Your health care decision maker is appointed under the British Columbia *Health Care Consent Act*. The order of priority for the appointment of a health care decision maker is as follows:

1. Your spouse (whether you are married or in a common law relationship)
2. Your adult children (if you do not have a spouse)
3. Your parents (if you do not have a spouse or adult children)
4. Your siblings (if you do not have a spouse, adult children or siblings)
5. Your next of kin (if you do not have any immediate family)

The person appointed to make health care decisions for you has an obligation to make decisions based on the instructions you gave them while you were able. You may have communicated your wishes to them verbally, in writing, or a combination of both. A Living Will provides a method of communicating your health care wishes.

In addition, having a Living Will to refer to may also make it easier on your family if they are required to make difficult decisions on your behalf, such as the decision to withhold treatment (“pull the plug”).

If you have not communicated your wishes to your family, then your decision maker must make decisions for you based on what they think your wishes would be.

You do not need to have a Living Will. You can simply communicate your health care wishes verbally to your family. It is a difficult topic, but you should let your family know what your wishes would be if you were in a situation where they had to make important health care decisions for you, in particular, the decision to administer or withhold treatment to prolong life when there is no reasonable hope of recovery.

SAMPLE LIVING WILL

The next page contains sample wording for a Living Will. We recommend that you read the Living Will and discuss it with your family. If you want a written Living Will and you feel the statement is appropriate for you, you can insert your name and sign it. If it is not appropriate for you, you can prepare your own personalized Living Will containing your wishes, by hand or typed, and sign it.

NOTE REGARDING REPRESENTATION AGREEMENTS

A **Representation Agreement** is created in accordance with the British Columbia *Representation Agreement Act*. It is a formal legal document in which you can make a legally binding appointment of a Representative who will have express authority to make health care decisions for you. If you have appointed a Representative, the *Health Care Consent Act* does not apply. You can also specify your exact health care wishes in a Representation Agreement.

A Representation Agreement must be prepared for you by a lawyer or notary public. It is much more complex and expensive to prepare than a Living Will. In our opinion, most people do not need a Representation Agreement. You don't need a Representation Agreement if you have typical health care wishes and are either married (or in a common law relationship) and trust your spouse to make decisions for you, or single but have adult children who you trust to make decisions for you.

You should have a Representation Agreement if you want someone other than the person with authority under the *Health Care Consent Act* to make your health care decisions (refer to the list above), if you want to give formal legally binding instructions about specific health care decisions, or you have health care wishes that are not popular with the medical community (such as a prohibition on the use of blood transfusions).

For more information on Representation Agreements, you can contact us (www.pommer.ca – www.easywill.ca – 1-866-333-WILL (9455) or the Representation Agreement Resource Centre (www.rarc.ca – 604-408-7414).

Living Will (Health Care Directive)

TO: My Family, My Physician, Any Medical Facility Whose Care I May Be In, Any Individual or Institution Who May Become Responsible For My Health, Welfare or Affairs, and Any Other Person Whom It May Concern:

I, _____ (name) Of _____ (address), wish to state my strongly held beliefs and convictions with regard to life-sustaining medical treatment.

If the time comes when I can no longer take part in decisions for my own future, I wish this statement to stand as an expression of my wishes while I am still of sound mind.

If a situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability and my death is otherwise imminent, I request that I be allowed to die and not be kept alive by artificial means or “heroic measures”. I request that my care be confined to relieving as much as possible any pain or suffering I may be experiencing and that no active resuscitation be undertaken.

This request is made after careful consideration. I hope that you who care for me will feel morally bound to follow its direction. I appreciate that any attempt to countermand this declaration will be well intentioned and, therefore, affirm that I fully understand the consequences and the implications of my decision. I have made this declaration also to ease the emotional anguish of those who might otherwise have to determine if intervention should be undertaken and place the responsibility for the decision solely upon myself.

Signature

Date: