

# HEALTH-CARE DIRECTIVE

**THIS IS A LEGAL DOCUMENT. READ THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE SIGNING. IF YOU ARE UNABLE TO SIGN YOURSELF, A SUBSTITUTE MAY SIGN ON YOUR BEHALF, IN FRONT OF YOU AND A WITNESS. YOUR PROXY OR YOUR PROXY'S SPOUSE CANNOT BE EITHER THE SUBSTITUTE OR THE WITNESS.**

**THIS HEALTH CARE DIRECTIVE** is given by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Manitoba

Postal Code: \_\_\_\_\_

Telephone \_\_\_\_\_

I make this Directive voluntarily and of my own free will.

In the event that my attending physicians believe that there is no reasonable expectation that I will recover from disease, illness or injury, I do not wish my life to be artificially continued by means of life support systems and/or medical therapy. I believe that such an extension of my life will be contrary to my right of autonomy.

It is my wish and my intention that this Directive be respected by my physician, my family, and my friends, if I am no longer capable of consenting to or refusing health care on my own behalf.

No person participating in making or carrying out this Directive, whether it be a health care provider, hospital administrator, spouse, relative, friend or any other person, shall be held responsible in any way, legally or professionally, for any consequences arising from the implementation of my wishes.

## Part 1 - Appointment of Proxy

*[In this section, you can appoint a health care proxy who will have the power to make decisions about your medical treatment if you are unable to do so. If you do not wish to name a proxy, skip this part.]*

1. I hereby appoint:

Name: \_\_\_\_\_ *[give full name]*

Address: \_\_\_\_\_ *[street address]*  
\_\_\_\_\_, Manitoba

as my proxy under the *Manitoba Health-Care Directives Act* (the "Act").

2. If the above named proxy dies, or is otherwise unable or unwilling to act, then I appoint:

Name: \_\_\_\_\_ *[give full name]*

Address: \_\_\_\_\_ *[street address]*  
\_\_\_\_\_, Manitoba

**THIS IS A 7-PAGE DOCUMENT.**