

ADVANCE HEALTH CARE DIRECTIVE (LIVING WILL)

THIS IS A LEGAL DOCUMENT. READ THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE SIGNING. THE DIRECTIVE MUST BE SIGNED IN THE PRESENCE OF A WITNESS.

THIS DIRECTIVE is given by me, _____, [insert name] of _____ [insert address] in the Province of Saskatchewan, on the ____ day of _____, _____.

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.

Effectiveness of Directive

1. This Directive shall apply in the event that, and only so long as:
 - (a) I am unable to make or communicate decisions about my own health care due to lack of capacity; and
 - (b) there is no reasonable expectation of my recovery from extreme physical or mental disability, or if I am afflicted with irreversible injury, disease or illness.
2. For the purpose of determining whether the circumstances set out in paragraph 1 exist, I stipulate that, when possible, the opinion of two medical doctors who have examined me shall be determinative.
3. **If it is determined that my death is inevitable, I would accept the performance of any procedure or the administration of medication deemed necessary to provide me with compassionate care and comfort, even if such procedures or medication have the effect of shortening my life.**
4. If the application of medical procedures would primarily serve to delay the moment of my death or prolong my life in the circumstances set out in paragraph 1, I direct that such procedures be withheld or withdrawn and that I be permitted to die naturally.
5. I have indicated with an X beside all measures for extending life that are **NOT ACCEPTABLE** to me when there is no reasonable expectation of my recovery, and which are to be **withheld** or **withdrawn** in such case. I have **placed my initials** beside those measures which I would **ACCEPT** even if there is no real hope of my recovery.

THIS IS A 7-PAGE DOCUMENT.