

ADVANCE HEALTH-CARE DIRECTIVE

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]*, Newfoundland and Labrador, on the ____ day of _____, _____.

1. Appointment of Decision Maker and Alternate

I appoint the following person as my substitute decision maker pursuant to the Advance Health-Care Directives Act:

Name: _____

Address: _____

Phone Number: _____

In the event the person named above dies or is otherwise unable or unwilling to act for any reason, I appoint the following person as my substitute decision maker in his/her place:

Name: _____

Address: _____

Phone Number: _____

2. Coming Into Effect

- (a) This Directive will be in effect only if and only for as long as I am unable to make or communicate my own health care or personal care decisions due to lack of capacity.
- (b) A declaration by _____ *[insert name of person to determine your capacity]*, of _____, Newfoundland and Labrador, will be sufficient proof that I lack the capacity to give directions about or make health-care or personal-care decisions for myself.
- (c) If _____ is unable or unwilling to make the determination regarding my capacity, or cannot be contacted after every reasonable effort has been made to do so, then a written declaration signed by two (2) physicians familiar with my circumstances will be sufficient proof of my incapacity.

3. How Decisions are to be Made

- (a) If I am able to communicate my wishes in any way, whether verbally, in writing or by gestures, then this Directive will have no effect and my instructions are to be followed.
- (b) If I am unable to communicate, my decision maker is to follow the instructions I have set out in this Directive .
- (c) If I have not given instructions regarding a particular matter, my decision maker shall make decisions I would have made for myself, based on his/her knowledge of my wishes, values, and beliefs.
- (d) If my decision maker does not know what my wishes, values and beliefs are with respect to a particular matter, he/she shall make decisions based on what he/she believes to be my best interests in the circumstances.

4. Instructions for End-of-Life Treatments

[Read this section carefully and choose only the clause(s) that fit with your wishes. Delete the others. Alternatively, if none of these examples reflect your wishes, add your own clauses.]

I give the following instructions with the expectation that my decision maker will use his/her own good judgment in making decisions, given the circumstances at the time, taking into consideration the following guidelines wherever possible:

THIS IS A 7-PAGE FILE.