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# You Can Speak, Through Your Own Advance Directive



**A**n Advance Directive—also known as a Living Will or Health Care Directive—is a document or form that is currently in use but that has not been approved in legislation.

In it, the individual gives instructions or guidelines for family and/or caregivers with respect to his or her future **health care**. Made at a time when the person is capable, the Advance Directive is a planning tool to

be used at a time when the individual needs medical attention but is no longer capable of making decisions.

Every day in our office, we see how people are benefitting from stating their wishes in advance. As an advocate for many ailing people, I have been able to show their Advance Directive, supported by a Representation Agreement, to their health care providers.

**For years, there was no legislative support for expressing end-of-life instructions.**

Together, those two documents give me the authority and support to make decisions to help a person die with dignity and grace—not subjected to myriad medical equipment and vigorous life-support attempts.

Many of my colleagues report similar experiences.

For years, there was no legislative support for expressing end-of-life instructions. With the *Representation Agreement Act* in 2000, its amendments in 2002, and the *Health Care Consent Act*, a window of hope opened when legislation introduced the term “expressed wishes.”

British Columbians have been waiting a long time for legislation to give some “teeth” to our end-of-life decision-making. On April 26, 2006, the Attorney General of British Columbia, the Honourable Wally Oppal, introduced Bill 32—the *Adult Guardianship and Personal Planning Statutes Amendment Act*.

The purpose of Bill 32 was to synchronize and support our existing planning documents—namely the Power of Attorney and the Representation Agreement—and to add a third document, the Advance Directive.

1. The Power of Attorney can be used only for **financial and property issues**.
2. The Representation Agreement is an agreement between parties that outlines **who** will make health care decisions for a person, should he or she become incapacitated.
3. When approved by legislation, the Advance Directive will outline, legally, a person’s wishes for health care, should he or she be unable to make decisions. The proposed Advance Directive will allow individuals to refuse consent, in advance, for health care in nonemergency situations, without the involvement of a substitute decision-maker.



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By introducing a common sense approach to a complicated and sensitive process, the *Adult Guardianship and Personal Planning Statutes Amendment Act* will eliminate some of the burdensome paper trail that was previously part of the planning process.

This Act ultimately will save BC taxpayers time and money.

Most important, when passed, the Act will provide a balanced and clear method of dealing with all aspects of adult guardianship and planning laws.

On May 10, 2006, the BC Government announced that Bill 32 would not proceed until further consultation with interested parties took place. The Society of Notaries Public submitted a written recommendation prior to the consultation deadline of December 6, 2006.

In our submission, BC Notaries encouraged the Attorney General and his ministry to continue to work with stakeholders to fine-tune this much needed legislation and to reconsider the legislation during the next sitting of the Legislature.

Even though the Act has not been proclaimed, BC Notaries believe that most physicians recognize the Advance Directive as an important document.

Information about Advance Directives should be made available in all health care settings, including outpatient clinics, home health agencies, pharmacies, and public health facilities. Physicians should be prepared and willing to discuss Advance Directives with their patients.

Death is as important an event as birth. Most births are planned. We should treat death with as much dignity and honour by giving the Advance Directive the legal authority to proclaim our end-of-life and emergency-care wishes. Without written guidance from you about the care you want, your family often can't agree on what to do. Conflicts will arise.

**If you are ready to prepare your own Advance Directive, here are some thought-provoking questions to ask yourself.**

If you are ready to prepare your own Advance Directive, here are some thought-provoking questions to ask yourself.

1. What do you consider **acceptable conditions** for which you would want medical treatment—trauma, shock, serious injuries?
2. What do you consider **unacceptable conditions** for which you would prefer to die sooner rather than later—dementia or other conditions and diseases that will quickly or eventually erode your mobility and your ability to communicate?
3. If you are in pain or under stress, should morphine be administered to comfort you toward a peaceful death?
4. When you are near death, do you want life support only if your physician believes it will help ease your passage or would you want to refuse life support if you were experiencing the following?
  - Coma—not expected to recover
  - Permanent and severe brain damage
  - Other “end-stage conditions”

Hospital treatment can vary from hospital to hospital. Emergency room decisions are based on available information. When time is short and the matter is urgent, easy access to the Representation Agreement and Advance Directive is essential. It is recommended that you give a copy to your physician and discuss it with him or her.

**Creating Your Advance Directive**

1. Consult with your physician, family, friends, and your representative so they won't feel

guilt or regret about making a decision for you later that is based on your expressed wishes in your Advance Directive.

2. Consider making a Representation Agreement so that your wishes are clear about **who** will be making these important decisions for you.
3. If health care providers are to be guided by the document, it must be kept current. Advance Directives should be updated every few years or if there is a change in your condition. This can be done by re-dating and re-signing the document, to confirm that you reviewed it.

**Remember:** If paramedics **cannot find** an original “Do Not Resuscitate” Order signed by a physician or a DNR Medic Alert Bracelet, they must administer life support.

**Tips for Storing Important Health Documents**

- Do **not** keep the document in a safety deposit box. Put a copy on the front of your fridge or in the freezer. Paramedics are trained to look there.
- Carry a wallet card with the name of your representative or next of kin, for emergencies.

There is much to learn and share on this important subject. I encourage you to consider what would happen if you were suddenly in a coma, with little likelihood of recovery. Who would look after your children and your business—and who would look after you?

Who knows what you would want in terms of medical care? Take the time to record your wishes and to make them known to your loved ones and colleagues. They will thank you for thinking ahead. ▲

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