



# MY VOICE (SHORT FORM)

a workbook and personal directive for advance care planning

## WHAT IS ADVANCE CARE PLANNING?

Advance care planning is a process for you to:

- think about what is important to you when making choices about future healthcare
- learn about medical information that is important to your health concerns
- choose someone to speak on your behalf if you become unable to
- tell your agent/representative and loved ones about your wishes and what is important to you
- write down your wishes so that your family and healthcare providers know them

## WHY SHOULD I MAKE AN ADVANCE CARE PLAN?

Advance care planning allows you to make decisions about your own healthcare and choose someone to speak on your behalf. This workbook will help you to think about choices for your future healthcare and to make your wishes known.

This workbook has two parts: Part 1 gives information that will help you understand what you need to think about when filling in the workbook. Part 2 is the “My Voice” workbook and personal directive. Once filled in, it can be separated from Part 1. The workbook will be the guide for others to use when you cannot speak for yourself.

**This workbook lets you have a say about how you want to be treated if you get very sick.**

leaders in health - a partner in care





## WHAT IS A PERSONAL DIRECTIVE?

In Alberta, a **personal directive is a legal document that will let you choose an agent(s) to make decisions for you** about any personal matter, not just healthcare or end-of-life situations. A personal matter is anything that is important to you but is not about money. It includes decisions about:

- healthcare
- where you will live or stay
- who you may live and be involved with
- non-financial legal matters (such as giving consent for the release of your medical records)
- any other personal matter

## WHEN DOES A PERSONAL DIRECTIVE COME INTO EFFECT?

A personal directive comes into effect only when a special form called a Declaration of Incapacity has been filled in. That means that at least two people (usually one is a physician or psychologist) have decided that you are not able to understand the decisions, or the possible results (good or bad) of making those decisions.

You do not have to make a personal directive. If you are no longer able to make your own decisions and have not made a personal directive, the court may choose to appoint a guardian for you.

## A PERSONAL DIRECTIVE IS ATTACHED AT THE END OF THIS WORKBOOK.

A personal directive form, if properly completed, is a legally binding document. If you want to complete the personal directive form attached to this workbook, there are steps to follow to make your instructions part of your legally binding personal directive:

- check off and complete the healthcare box on the personal directive form
- initial each page of the workbook
- attach the personal directive to the front of the workbook

If you complete the personal directive, the person you choose to speak on your behalf is called your agent. If you decide not to complete the personal directive, that person is called your representative. If you do not complete the personal directive, the workbook would still be used as a guide by your representative(s) and healthcare providers.





## WHO SHOULD I CHOOSE TO MAKE DECISIONS FOR ME?

This person(s) will be **responsible for making sure that your wishes are known to your healthcare team**. They will also take part in the decisions that are made for your care.

You may want a family member(s) to have this role, or you may prefer someone who is not related to you. This is an important decision and one you should talk to them about. **It is important to choose someone who:**

- is least 18 years old
- knows you well, and knows your wishes
- you trust to do what is best for you
- is able to make decisions when the time comes that may be hard or stressful

## WHAT DO I DO IF MY WISHES CHANGE?

If you change your mind about any of the decisions you made in this workbook, and do not wish to complete another workbook you may:

- **make the changes in the workbook and your personal directive**
- **cross out the old date and add the new date in both the workbook and the personal directive**
- **Initial all the places where you made any changes**
- **tell your agent/representative, family and healthcare providers.**

## WHAT DO I DO WITH THIS WORKBOOK AFTER I FILL IT OUT?

**Give a copy of your workbook to:**

- you agent/representative
- your doctor and other healthcare providers
- family and friends that you want to have this information





## INSTRUCTIONS FOR COMPLETING THIS WORKBOOK AND PERSONAL DIRECTIVE:

- Get the information you need to make informed choices about the medical treatments you would or would not like to have
- Think about your values and beliefs and what quality of life means to you. What is important to you to live well? What would you want, or not want if you were dying?
- Speak with those close to you about your thoughts, concerns and wishes
- Choose someone (agent/representative) to speak on your behalf if you were to become unable to communicate and make decisions for yourself
- Talk to your doctor about different treatments. If you have a chronic condition, get information about the medical decisions you may need to make in the future
- Complete the “My Voice” workbook
- Always keep your original document. Put it with your personal files where others can find it

**Do not put these documents in a safety deposit box, they must be easy to get to!**

- Give a copy to your doctor(s) and clinic staff
- Take a copy to the hospital every time you are admitted
- Give a copy to your agent/representative. Tell them the meaning and purpose of your advance care plan, and talk about your goals of care and what you would want if you were not able to make your wishes known
- You may want to give a copy of “My Voice” to your:  
✓Family ✓Friends ✓Spiritual advisor ✓Lawyer ✓other
- Review your “My Voice” workbook at least once a year. If your wishes have changed
  - make the changes in the workbook and your personal directive
  - cross out the old date and add the new date in the workbook and the personal directive
  - initial all places where you made any changes
  - tell your agent/representative, family and healthcare providers
- You may also decide to write the changes in a new “My Voice” workbook.
  - If you do this, destroy the old version and any existing copies and give copies of your new workbook to those who had a copy of the version you are replacing





# MY VOICE

## a workbook for advance care planning

*\*This section can be separated from the rest of the document, photocopied and given to your doctor, family members, representative/agent and trusted friends.*

A personal directive form, if properly completed, is a legally binding document. If you want to complete the personal directive form attached to this workbook, there are steps to follow to make your instructions part of your legally binding personal directive:

- check off and complete the healthcare box on the personal directive form
- initial each page of the workbook
- attach the workbook to the back of the personal directive

### PERSONAL INFORMATION

First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Alberta Personal Health Number: \_\_\_\_\_

Male  Female

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

Telephone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Date: \_\_\_\_\_

I have reviewed and updated this workbook on the dates below:

\_\_\_\_\_  
\_\_\_\_\_

### APPOINTING MY REPRESENTATIVE

I have discussed my wishes for future healthcare with the person(s) named below and select this person(s) to be my representative(s) if I cannot speak for myself:

Name: \* \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

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

Name: \* \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

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

**\*If you complete the personal directive, you must name the same person(s) as your agent(s).**





## MY MEDICAL SITUATION

Is there anything that your healthcare providers should know about you, such as asthma, a chronic condition, or allergies?

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Do you have any religious or cultural beliefs that may affect your treatment choices?

Yes                       No

If yes, how does this affect your healthcare choices? **For example:** *Because of my religious beliefs, I do not want to receive any blood transfusions or organ transplants.*

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## MY OTHER PLANNING DOCUMENTS

Each of the documents listed below has a different purpose. An advance care plan does not replace them. Write your initials in front of all documents you have. Draw a line through those you do not have.

Along with this personal directive/advance care plan, **I have the following documents:**

\_\_\_\_\_ **Enduring Power of Attorney** – You have appointed someone to deal on your behalf with your financial and estate matters while you are alive.

Where you put the Enduring Power of Attorney:

\_\_\_\_\_

\_\_\_\_\_ **Will** – You have decided how your financial and estate matters will be handled after your death.

Where you put your Will:

\_\_\_\_\_

\_\_\_\_\_ **Other** – For example, signed Alberta Personal Health Card showing your decision for organ/tissue donation for transplant or research purposes.

Document(s):

\_\_\_\_\_

\_\_\_\_\_

Where you put them:

\_\_\_\_\_

## ORGAN AND TISSUE DONATION

There is no right or wrong answer when deciding if you want to be an organ and/or tissue donor. Organ/tissue donation is a personal choice and should be based on your own beliefs and values. **If you wish to be considered as an organ/tissue donor, please talk with your family and your agent/representative about your wishes. It is also important to complete the back of your Alberta Personal Health Card to indicate your interest in being a donor.**





## THINGS THAT ARE IMPORTANT TO ME

Talk with your agent/representative about what is important to you. They will use this information to make decisions that will respect your wishes.

What makes each day meaningful for you? **For example:** *Life has meaning when I can communicate with my friends, and loved ones. Life has meaning when I can enjoy nature.*

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If there are any beliefs or values that you think will help your agent/representative know what is important to you, please write them here. **For example:** *I would like to stay home as long as it is not too hard on my family or caregivers. Do everything possible to keep me alive until I can say goodbye to family who are coming to see me. It does not matter if I live until my next birthday.*

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## MY THOUGHTS AND WISHES ABOUT DEATH AND DYING

When you think about death, what do you worry about? **For example:** *I worry that I will be in pain. I worry that I will be alone. I worry that my family will not know what to do. I worry that I will struggle to breathe.*

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When you are nearing death, are there things you would wish for (or do not wish for)? **For example:** *I would like music, prayer, religious or spiritual rituals/readings in my native language, which is \_\_\_\_\_.* *I do not want music or flowers in my room.*

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## MY HEALTHCARE PREFERENCES

Write your initials beside the **one** statement (of the three statements in this section) that you agree with **and** draw a line through the **two** statements that you do not want for yourself.

If there are any treatments you do not want, please indicate them under “Other Instructions” at the bottom of this page

If my status/condition changes and I am unlikely to recover so that I can experience the quality of life as I have described on pages 3 and 4 of this workbook:

\_\_\_\_\_ **I want** to have life support interventions and/or life sustaining measures and be kept alive as long as possible within the limits of generally accepted medical treatment standards. This may include such things as CPR, a ventilator (breathing machine), feeding tube, intravenous fluids, or dialysis, etc. I will also receive medicine and treatments that will ease my pain and keep me comfortable.

\_\_\_\_\_ **I want a trial period** of life support interventions and/or life sustaining measures. This may include such things as CPR, a ventilator (breathing machine), a feeding tube, intravenous fluids, or dialysis, etc. If the trial period does not help me get better, then I want these treatments stopped to allow natural death to occur. I understand that even though the treatments keeping me alive will stop, I will receive medicine and treatments that will ease my pain and keep me comfortable.

\_\_\_\_\_ **I do not want** life support interventions and/or life sustaining measures to prolong my life. If any of these treatments have been started, I want them stopped to allow natural death to occur. I understand that even if I choose not to have treatments that will keep me alive, I will receive medicine and treatments that will ease my pain and keep me comfortable.

## OTHER INSTRUCTIONS

If you have **any other thoughts or wishes** about your medical care, such as the location of your care, or specific medical treatments you do not want to have (CPR, a ventilator (breathing machine), a feeding tube, intravenous fluids, or dialysis, etc.), please write them here.

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## SIGNING AND DATING YOUR WORKBOOK

This workbook tells others what your wishes are if you are unable to speak for yourself.

**When you sign and date** this workbook, it tells your loved ones, agent/representative, and healthcare providers **that you agree with the wishes written in it.**

**I am thinking clearly and I agree with everything that is written in this workbook.**

\_\_\_\_\_  
My Printed Name

\_\_\_\_\_  
My Signature

\_\_\_\_\_  
My Initials

\_\_\_\_\_  
Date

I have talked to the following people about my workbook/personal directive and given them a copy of “My Voice”:

Name	Relationship	Phone Number





## PERSONAL DIRECTIVE

I, \_\_\_\_\_, of Alberta, do hereby:  
(Name of Maker)

1. Revoke all previous personal directives granted by me.

2. Appoint \_\_\_\_\_ as my agent, or if  
(First Name, Last Name)  
\_\_\_\_\_ should predecease me or be unable or unwilling  
(First Name, Last Name)

to act, then I appoint \_\_\_\_\_ to be my agent in the event that a written  
(First Name, Last Name)

declaration that I lack capacity is signed in accordance with the Personal Directives Act.

3. Grant to my agent the authority to make decisions in the following areas:

Healthcare (according to my instructions (provided that these instructions are clear and relevant to the decision to be made) as documented in the attached planning document entitled "My Voice" A Workbook for Advance Care Planning dated \_\_\_\_\_).

**(Workbook must be attached to this personal directive.)**

Where I would live (please specify):

\_\_\_\_\_  
 With whom I will live and associate (please specify):

\_\_\_\_\_  
 Social, educational and employment activities I will participate in (please specify):

\_\_\_\_\_  
 Legal matters of a non-financial manner (please specify):

\_\_\_\_\_  
 Other (please specify): \_\_\_\_\_

Dated at the \_\_\_\_\_, in the Province of Alberta, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
(City or Town)

\_\_\_\_\_  
Maker Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Address

This document, when signed, is a valid personal directive pursuant to the Personal Directives Act of Alberta in force as of November 2006. The Personal Directives Act is currently under review. If the Personal Directives Act is changed, this personal directive may no longer be valid. Prior to signing this personal directive please contact the Office of the Public Guardian at (403) 297-3364 to ensure that the Act has not been amended.





As referenced throughout this workbook, the workbook will only meet the requirements of a legally valid personal directive when it is attached to and referenced within a valid personal directive.

Personal Directives in Alberta are governed by the Personal Directives Act<sup>1</sup>. The Act governs validity requirements, provides direction respecting who can be an agent, outlines what a personal directive can contain and limits who can witness the document.

Section 5(1) of Act stipulates that a valid personal directive must:

- (a) be in writing,
- (b) be dated,
- (c) be signed at the end,
  - (i) by the maker in the presence of a witness, or
  - (ii) if the maker is physically unable to sign the directive, by another person on behalf of the maker, at the maker's direction and in the presence of both the maker and a witness, and,
- (d) be signed by the witness referred to in clause (c) in the presence of the maker.

Section 5(2) of the Act states that the following persons may not sign a personal directive on behalf of the maker:

- (a) a person designated in the directive as an agent;
- (b) the spouse or adult interdependent partner of a person designated in the directive as an agent.

Section 5(3) of the Act states the following persons may not witness the signing of a personal directive:

- (a) a person designated in the directive as an agent;
- (b) the spouse or adult interdependent partner of a person designated in the directive as an agent;
- (c) the spouse or adult interdependent partner of the maker;
- (d) a person who signs the directive on behalf of the maker; and,
- (e) the spouse or adult interdependent partner of a person who signs the directive on behalf of the maker.

Section 7 of the Act states a personal directive may contain information and instructions respecting any personal matter, including, without limitation, the following:

- (a) respecting the designation of agents and their authority;
- (b) designating one or more persons to determine the maker's capacity under section 9;
- (c) naming the persons who are and the persons who are not to be notified of the coming into effect of the personal directive;
- (d) providing instructions with respect to access to confidential information about the maker.

Section 7(2) of the Act states that if a personal directive contains any instruction that is prohibited by law, that instruction is void.

<sup>1</sup>Chapter H-15

