

**FAQ's regarding Advance Care Planning  
documents / processes and Personal Directives:**

**1. Is this advance care planning initiative an AHS – Calgary area program only or is advance care planning being implemented elsewhere?**

The AHS – Calgary area launched work related to advance care planning in the spring of 2005. The initial work focused on developing advance care planning resources using five pilot groups within the Region. In January, 2006, a charter was approved to develop a policy that would provide a regional framework for determining goals of care using the advance care planning processes and resources to support decision-making.

In November 2008, the Advance Care Planning: Goals of Care Designation (Adult) policy was implemented only within the Calgary area of AHS.

Concurrently, advance care planning work has developed at a national level including the following:

- A national Symposium on advance care planning Symposium was co-sponsored by Fraser Health and the Calgary Health Region in May 2007.
- Health Canada has sponsored advance care planning work through several important research documents including: the [“Glossary Project”](#); [“Cross-Cultural Considerations In promoting Advance Care Planning In Canada”](#); and “Advance Care Planning: An Implementation Guide for health authorities in Canada”.
- Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC) has developed [“Facilitating Advance Care Planning: An Interprofessional Educational Program”](#).
- The Canadian Hospice and Palliative Care Association is developing project work related to advance care planning.

Health sector support:

A number of organizations are formally engaged in advance care planning. The work being done at [Gundersen Lutheran Medical Foundation](#) in La Crosse, Wisconsin, [Fraser Health](#) in British Columbia, and [Austin Health](#) in Melbourne, Australia have helped inform the Calgary area initiative.

For the past three years ‘National Hospice Palliative Care Week’ has focused on advance care planning. Professional health care journals have included articles highlighting the need for and importance of advance care planning in providing high quality health care.

**2. Is a lawyer required to complete a “My Voice” workbook and the attached personal directive?**

Alberta law does not require that a lawyer be involved in the completion of a personal directive or an advance care planning document such as the “My Voice” workbook. The workbook has been designed as a “user friendly” tool to support kitchen table conversations regarding advance care planning. The “My Voice” workbook helps individuals think about, record and communicate their health care preferences to their loved ones and their healthcare providers.

By completing the workbook, an individual’s stated care preferences will be considered. However completing the workbook without completing the Personal Directive does not

constitute a legal document. The workbook includes a Personal Directive form. A Personal Directive must meet the legal requirements, as set out in legislation, to be valid.

For information about personal directives please go to:

<http://www.seniors.gov.ab.ca/opg/personaldirectives/>

**3. What is the duty of a Calgary area AHS staff member to comply with a Personal Directive?**

The [Regional Personal Directives policy #1407](#) (pending revision) states that "Alberta Health Services staff shall comply with the wishes of patients/clients regarding their care and treatment as specified in a Personal Directive, or at the request of an authorized Agent, unless the provision of such services is deemed to be unwarranted or illegal."

The new "Advance Care Planning: Goals of Care Designation (Adult)" policy indicates the following:

**Personal Directive or Patient Request**

- 4.1 Where a Patient's Personal Directive is known to exist, staff shall make reasonable effort to obtain a copy for placement on the health record (see also [Personal Directives policy #1407](#)- pending revision).
- 4.2 During care provision within the health care sectors defined in this policy, the Most Responsible Health Professional (or designate) shall be notified of the following when clinically relevant:
  - when a Patient makes a request limiting Life Support Interventions; or
  - a Personal Directive contains clear and relevant instructions requesting limits to Life Support Interventions.
- 4.3 In the circumstance that a known Personal Directive or Patient request includes a limit on care and treatment, it is the Most Responsible Health Professional's (or designate's) responsibility to promptly translate such preferences into a relevant Goals of Care Designation Order, after discussing these limitations with the Patient, where possible. If a Goals of Care Designation Order is not available, the requests to limit care and treatment as outlined in a Personal Directive, or which has been expressed by the Patient, shall be followed, notwithstanding the provisions included in 4.4 below.
- 4.4 Where the provisions of a Personal Directive or a Patient gives clear and relevant instructions requesting interventions that Certainly will not Benefit, those interventions are not provided (See also Decision Support and Dispute Resolution Resources, Section 8).

**4. What is the correct course of action if a patient's verbal wishes contradict what they had written earlier in their 'My Voice' workbook or Personal Directive (PD)?**

This question points out the importance of reviewing the individual's documentation to clarify any problems with consistency. A patient/client who is competent to make decisions regarding

their care may change their mind at any time. If the patient is competent, they should always be included in decision making – if they are competent then the PD should not be enacted.

If the individual still has capacity, and the personal directive has not been activated, it would be best to identify the inconsistency to the individual. They would then have an opportunity to update their personal directive and/or their “My Voice” workbook, to ensure they are consistent.

If the individual does not have capacity, and the personal directive has been activated, the personal directive stands as the document for guidance. In this situation, if the personal directive provides specific instructions regarding medical interventions, these directions must be followed. If there are no specific instructions regarding medical interventions, the agent would be responsible for making decisions based on what they believe the individual would have wanted. In this case, they would rely on the most recent conversations they had with the individual.

**5. Is it permitted for an AHS staff member to witness the signing of a Personal Directive by a patient or client?**

According to the AHS Legal Services, staff members may sign as a witness to the signature of the person making the Personal Directive.

[http://iweb.calgaryhealthregion.ca/legal/legal\\_services/faqs.htm#personaldirectives](http://iweb.calgaryhealthregion.ca/legal/legal_services/faqs.htm#personaldirectives)

**6. Is it permitted for an AHS staff member to be named as an agent for a patient or client?**

An agent is defined as an individual authorized to act on the maker’s behalf and make non-financial personal decisions for them when are unable to do so.

AHS Legal Services states that staff should ensure that they are not named as an agent as this is in conflict with the role of providing health care services. This does not apply if the staff member is an agent for their own family member.

[http://iweb.calgaryhealthregion.ca/legal/legal\\_services/faqs.htm#personaldirectives](http://iweb.calgaryhealthregion.ca/legal/legal_services/faqs.htm#personaldirectives)

**7. Does the Advance Care Planning: Goals of Care Designation (Adult) policy that became effective on November 25, 2008 require the completion of the “My Voice” workbook? My patient has a Personal Directive (PD), an Enduring Power of Attorney (EPOA) and a will that were drawn up by her lawyer. She and her family feel that everything has been attended to and are reluctant to consider any additional documentation.**

Your patient and her family can be commended for the important planning they have already done. It is always helpful to review an existing PD to see if it is still relevant and reflects your patient’s wishes in light of her current situation.

The “My Voice” workbook is not mandatory; however it does provide additional information that may enhance the information in the PD.

**8. Can the ‘My Voice’ workbook be completed if an existing PD has been activated?**

When an existing PD has been activated, it is the legal document that must be followed. No one can make a personal directive for another person. However, they may still wish to use the “My Voice” workbook as a tool to support them in making decisions regarding the individual’s care. The questions in the workbook can help the agent recall events experienced, or statements that the individual made in the past, that might help to clarify their values and wishes regarding health care choices.

If a PD has not been activated, the individual may wish to complete a “My Voice” Workbook as well as a new PD.

**9. How important is it for my patients to complete the “My Voice” workbook and a personal directive if they have already talked with their families and everyone seems to be in agreement?**

It is wonderful that the conversations have occurred, however, in order for someone to legally make decisions and give consent for health procedures for another person, they must have legal authority to do so. Completing the Personal Directive is one way of doing this.

Many people believe that a spouse or other designated family member (such as a patient’s adult child, or the parent of an adult patient) have the automatic right to speak for that person and to provide consent for health procedures, should that individual not be able to do so for him or herself. That is not the case in Alberta.

In Alberta, family members do not automatically have the right to make decisions for, or speak on behalf of adult patients, unless they are legally appointed to do so. However, they may be consulted by the health care team for information about the wishes, values and beliefs of an individual who is no longer able to make reasonable judgments about personal matters, either temporarily or permanently (AHS [Personal Directives policy # 1407](#) – pending revision).

Legally appointing an agent, and documenting one’s values and beliefs as they related to health care preferences, provides an opportunity for their wishes to be considered, in light of medically relevant interventions. In urgent or emergency medical situations, there may not be sufficient time or opportunity to engage family members, agents or health care clinicians who know the individual, in a discussion about the person’s care wishes.

**10. How will the ‘My Voice’ workbook and the Goals of Care Designations inform the care of an individual who must access health care outside Calgary Health Region boundaries - in Alberta or another province?**

The Calgary area policy is an AHS policy and may differ from other policies in other jurisdictions.

In the event that an individual with a completed Personal Directive requires care outside of the Calgary area, and was not able to make reasonable care decisions or make their wishes known, the information contained in a “My Voice” workbook and a PD (if outside Alberta) would provide useful guidance to that health care team.

By completing and carrying a "[My Voice](#)" wallet card individuals have an opportunity to inform others that they have prepared documents to communicate their wishes to a health care team in an emergency situation. The card will alert them to the existence of PD documents and will also provide the agent's contact information.

**11. The person I am caring for already has an Enduring Power of Attorney document. When they ask about the need to complete a "My Voice" workbook and a Personal Directive, what should I tell them?**

They need to know that the documents have different purposes. Both the Enduring Power of Attorney (EPOA) and the Personal Directive (PD) allow an individual to make plans for a future loss of capacity which may be temporary or permanent. However, the person named in each of these documents has different responsibilities.

An EPOA allows an individual to name someone to make decisions and manage property and financial affairs. That individual is not permitted to make health care or other medical decisions.

A Personal Directive allows an agent to make personal decisions on behalf of an individual – should they become unable to do so for themselves. A personal matter is defined in the [Personal Directives Act](#) as being anything of a non-financial nature including: health care; accommodation; with whom the person may live and associate; participation in social, educational and employment activities; non-financial legal matters such as providing consent for the release of medical information and any other personal matter.

More information is available about Personal Directives at:  
<http://www.seniors.gov.ab.ca/opg/PersonalDirectives/>

More information is available about Enduring Powers of Attorney at:  
[http://www.justice.gov.ab.ca/dependent\\_adults/enduring\\_powers\\_of\\_attorney.aspx](http://www.justice.gov.ab.ca/dependent_adults/enduring_powers_of_attorney.aspx)

PLEASE NOTE: The Alberta Health Services Personal Directives policy #1407 is pending revision.