

Your Care, Your Choices

PLANNING IN ADVANCE FOR MEDICAL CARE



First Nations Health Authority
Health through wellness



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Health through wellness

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Adapted with permission from
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ALASKA NATIVE
MEDICAL CENTER



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What is

ADVANCE CARE PLANNING?



Being Prepared is Important

Living in British Columbia, we spend a lot of time getting prepared. We plan and prepare for fishing, hunting, ceremony, weather, winter, school and travel. Being prepared is important because it helps us to plan for the things that may or may not happen—just in case. Being prepared does not create bad luck. Thoughtful and careful preparation helps protect us; it also gives peace of mind to ourselves and our families. The same is true when planning for medical care.

This conversation guide is your tool to learn about Advance Care Planning. The goal of planning is to support individuals, families and health care providers, to walk side-by-side through a person's illness and journey into the Spirit World. It helps you to make your own health care choices. Living life to the fullest means different things to different people, and it is important to talk about what this means to you.

The stories on the next three pages can be used to help you think and talk about what life means to you in the event that you became seriously sick or badly hurt. Although the stories are made up and do not represent real people, these are situations where Advance Care Planning can help.

Advance Care Planning is one way to be prepared for the unexpected. Advance Care Planning is about talking with your family, friends and health care team, so they know how you wish to be cared for if you ever become ill or badly hurt.



Be Prepared for the Unexpected:

David's story

David was a big, strong and healthy man who thrived in his community. He was always busy hunting, fishing and enjoying nature. David loved his family and community and would help anyone in need. One day, David and his brother went fishing. During the long boat ride, David did not see a log hidden just under the surface of the water until it was too late. The boat hit the log going full speed, knocking David off his feet and slamming him into the side of the boat.

David woke up lying in the bottom of the boat, bleeding from a cut on his head. His brother was crouched over him, calling his name. He told his brother he had a really bad headache.

David's brother drove the boat quickly back to land and brought him to the clinic for a checkup. While the nurse was stitching up his head, David started having a seizure and wouldn't wake up. David was rushed to the hospital, several hundred kilometers from home and family.

He stopped breathing so a breathing tube was put into David's windpipe and connected to a machine to help him breathe. A test showed massive bleeding in his brain. Doctors told David's family members that he might not survive his injury. They said if he did wake up he probably would not know himself or his family. He would likely need around the clock care that would make it difficult for him to live at home again and he would need a feeding tube to keep him alive.

David's family was stunned. They loved him very much. However, they knew what to tell the doctors because David always said he didn't want to suffer or linger on machines for life support.

***If you had an accident and weren't expected to wake up,
what would you want your family and your health care team to do?***

Be Prepared for the Journey:

Mary's story

Mary had colon cancer two years ago and had surgery to remove the tumor. During a checkup for a cold that wouldn't go away, doctors found the cancer had come back and spread into her lungs. Mary was told by the doctor that there was no cure.

Mary thought about her father, who died of cancer five years earlier. He traveled back and forth to Vancouver for cancer treatments. One day, her father made the decision to stop cancer treatment and stay at home with his family even though he knew his decision might shorten his life.

At the time, Mary was so angry at her father! She felt like he was giving up. He gathered the family together and spoke quietly.

"I'm tired of all of this," he said. "I just want to be home with my grandkids. Sleeping in my own bed, eating my traditional food and keeping my own schedule. I don't want to spend the rest of my life going to doctor appointments. I have a life left to live. I don't want to waste so much of my time and energy and be too sick to go home. I don't want to die in the hospital. For what? When it's my time, it's my time. This is my decision."

Mary smiled when she remembered him. He was so happy to be home snuggling with his grandkids on the couch and riding with his son to check the fishing nets. He was enjoying his life and was truly at peace with his choices. He died shortly after the holidays, but Mary was grateful for their time. It meant so much to her.

She thought about her cancer treatment and wondered how her journey would look. What was important to her? What did she want to do before she got too sick? Where did she want to be? What would she be willing to endure for the sake of more time? And, more importantly, when was enough, enough for her? Mary realized she needed to share her thoughts with her family.

"One must prepare to meet our ancestors in a good way."

Lucy Barney, T'it'q'et Nation

Be Prepared for the Transition:

John's story

John was a respected village Elder. His culture was so important to him. He loved to dance, tell stories and teach his language and the traditional ways of his ancestors. The community depended on John for his wisdom, knowledge and position as a knowledge keeper.

Sadly, John suffered from a bad heart and lungs over the past 20 years. Every year, he had more and more clinic visits. He stayed several months in the hospital, a long way from home and family. The doctors tried to help him feel better with medicine, but John still struggled. He was having more trouble breathing. Sometimes it made him anxious. Even on short walks he had to stop and catch his breath. He was tired all the time and it seemed like he was the first to catch every cold in the village. His health worried him.

John was sad because he couldn't do the things that he loved to do anymore. He was old and he lived a good long life, but John worried about his family, his village and all the knowledge that he held.

Who would watch over the village? Who would teach the traditional ways to the children?

One night, John's breathing was really bad. His treatments weren't helping. His wife was scared.

John knew he was very sick. The last time he went to the hospital the doctor told him if he got sick again, he might need a breathing machine.

John wondered if he went to the hospital, would he ever make it back out? Would he have access to his traditional medicines and ceremony? John loved his life and his family, he wanted to do everything he could to stay alive as long as possible. He believed that it was up to The Creator to decide his time to journey on to the Spirit world. He told his family to keep trying every reasonable treatment until it was his time to journey on.

If you were diagnosed with an illness that could not be cured, but could be managed for a period of time, what would be important to you?

Who are Substitute Decision Makers?

Your health care team will approach the following people in this order to ask to make medical decisions if you are unable.

1. Your spouse (married, common-law, same sex - length of time living together doesn't matter)
2. A son or daughter (19 or older, birth order doesn't matter)
3. A parent (either, may be adoptive)
4. A brother or sister (birth order doesn't matter)
5. A grandparent
6. A grandchild (birth order doesn't matter)
7. Anyone else related to you by birth or adoption
8. A close friend
9. A person immediately related to you by marriage (in-laws, stepparents, stepchildren, etc.)

If the list is not the order you wish, then fill out a **Representation Agreement** legal form at the end of this workbook p.21-26 or p.27-32.

<https://www.health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf>

Your substitute decision makers do not have to be a family member. They can be a close friend or neighbor. The person (or people) you choose as your substitute decision makers should be someone who:

- knows you well and willing to take the role
- will follow your medical wishes even if they disagree
- can make medical care decisions under stress
- you trust to speak as your voice
- can be easily reached
- is age 19 or older
- is not your health care provider or an employee of your health care provider

Complete your list at the back of this workbook p.33-34.

<https://www.health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf>

A substitute decision maker is a spokesperson or someone who will tell your story if you cannot. This person is able to make medical decisions for you based on what they know is important to you. You may choose one or more substitute decision makers. Be sure to tell the person plus your friends and family who you would like as your substitute decision maker.



What is an Advance Directive?

An Advance Directive is a form you fill out that says the treatments you want or do not want. When filled out properly, an Advance Directive becomes a legal record of your medical choices and helps your family and health care team get you the medical care you want or do not want. The Advance Directive form is found at the back of this workbook p.35-36.

<https://www.health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf>

Important things to know about Advance Directives:

- Sometimes people refer to this as a living will, but that is not the correct term
- Completing an Advance Directive is voluntary
- Anyone aged 19 and older may fill out an Advance Directive
- Once completed, your Advance Directive does not expire but should be reviewed regularly and when your life or health situation changes
- If you need to make changes, you may make a new Advance Directive at any time
- You cannot write a request in your Advance Directive which is illegal (e.g., stop offering me food).

***Talk with your friends,
family and health care
providers about your
Advance Directive.***

An Advance Directive is signed by you, and either two witnesses or a notary public or lawyer.

When two witnesses sign your Advance Directive:

- Both witnesses must be 19 years or older
- Neither witness can be your substitute decision maker
- Neither witness can be your health care provider or an employee of your health care provider

When using a Notary Public or lawyer:

- They will write up the document and charge you money
- It is important to first speak with a health care provider to make sure you have accurate information before you make this legal document

What are Expressed Wishes for Medical Care?

Expressing your wishes for medical care can:

- protect your medical care rights
- make your wishes known
- help your family make emotionally difficult medical treatment decisions
- help your health care team treat you in the best possible way according to your personal values, medical care goals and wishes

Quality of Life

Quality of life means different things to different people. The experiences, stories and culture of every person help define what is important to them. For some people, quality is measured by feeling well and being independent. For others, every minute of life is important, no matter what needs to be done to extend life. It is also important to share where you wish to spend your last days of life and how you wish to be cared for in your last days. Hospitals can be far away from family and territory. Staying at home means your family will need to help take care of you.

Speak to your substitute decision maker(s) as well as your friends, family and health care team about your medical care goals, values and preferences.

Some questions to ask when thinking about your wishes for medical care:

- What does quality of life mean to me?
- What brings me joy and makes my life worth living?
- What do I fear the most?
- Is there anything special I want my family and friends to know?
- Are traditional healing practices or ceremony important to me? What are they?



What is Cardiopulmonary Resuscitation (CPR)?

Cardiopulmonary Resuscitation (CPR) can be life saving for some people when their heart or breathing stops, such as in the event of cold water drowning, electrocution, or sudden heart attack. CPR is used to keep blood moving to the heart, lungs, brain and other vital organs. CPR includes chest compressions, mouth-to-mouth or artificial breathing, medications and, in some cases, electrical shocks.

CPR works best when:

- You are young and healthy
- It is started within a few minutes of the event
- Whatever caused the event can be reversed or cured
- Professional medical assistance is close

CPR does not work well if:

- You have chronic health problems
- You have a disease or illness that cannot be cured
- Your body is weak

Sometimes the doctor or nurse practitioner will decide that CPR will not work well for you. Providing CPR (or not) is written in a Medical Order for Scope of Treatment (MOST) or a No CPR form.

CPR is a medical procedure sometimes attempted when a person's heart or breathing stops. If you receive CPR, you will most likely need to be sent to a hospital. CPR can lead to the need for a breathing machine, critical care or a long hospital stay. Serious effects may include brain damage, rib fractures and/or organ injury. Even when CPR is given to a healthy person, it does not always work.

What is Life Support?

Life support treatments include any medical test, blood product, surgery, procedure, machine and/or medicine needed to help keep you alive. Life support is often given in large urban hospitals in an intensive care unit (ICU). Sometimes a trial of life support is useful to see if your body can get stronger, however, each treatment has risks. Life support does not work well if your body is weak and shutting down due to long term chronic health issues or if you are journeying to the Spirit world. Most ICUs have limited visiting hours. Clear communication with your substitute decision maker and family will help your doctors treat you the best way possible according to your personal values, medical care goals and wishes. Many large hospitals have an Indigenous Liaison who can assist you during your hospital stay. If you choose not to have life support treatments, your health care team will still continue to provide medical care for comfort.

Common forms of life support:

Mechanical ventilation

A machine, called a ventilator, that breathes for you so oxygen can move through your lungs. Mechanical ventilation is used when you are intubated. You will be unable to speak.

Intubation

A tube is placed in your windpipe that allows a ventilator to breathe for you if you cannot breathe by yourself. Medicines are often needed to keep you still and asleep for safety while you are intubated. You will not be able to eat or talk while intubated. Surgery for a permanent tube in your neck may be needed if you are on mechanical ventilation for a long period of time.

Dialysis

Treatment used when your kidneys are not working and cannot balance the water and waste in your blood. A dialysis machine is used to clean your blood and remove wastes. This treatment takes many hours several times each week. Some types of dialysis can only be done in hospital.

Antibiotics

Medicines that help fight infection. During a critical illness, antibiotics may need to be given directly into the blood stream through an intravenous line (IV). Antibiotics do not work well if the immune system is weak.

Blood products

Includes red blood cells, platelets and other important things that are needed to transport oxygen and help stop bleeding. Blood products are often donated by other people and are put directly in the blood stream through an intravenous line (IV). Blood products are given if your blood counts go too low due to sickness or bleeding from an injury.

***Talk to your substitute decision maker as well as your friends, family and health care team about your thoughts on life support treatments.
This can be reflected in a MOST form or Advance Directive.***

What is Tube Feeding?

If there comes a time when you are not able to speak for yourself and you cannot eat or drink safely, would you want tube feeding to keep you alive? The tube can be inserted through the nose or surgically inserted through the gut or a blood vessel. Tube feeding can sometimes extend life for some, but may be harmful for others. The tube is not comfortable. Tube feeding may have side effects including bloating, swelling, diarrhea and an increased risk for infections such as pneumonia. The desire to eat remains strong but all pleasure while eating is lost.

Tube feeding works best when:

- It is needed for a short time to help recover from a surgery, injury or sudden illness
- You have lost your ability to swallow due to a short term illness

Tube feeding does not work well and may be harmful when:

- You have chronic health problems and are journeying to the Spirit world
- You have a non-curable cancer or advanced dementia

***Talk to your substitute decision maker
as well as your friends, family and
health care team about your
thoughts on tube feeding.***

It is natural to want to feed people who are journeying to the Spirit world. People who are close to crossing over are less hungry and thirsty and do not become stronger or live longer when more food or fluid is given. Food and fluids are no longer useful. In fact, food and fluid could make the person feel worse. Swallowing can also become difficult and the person can choke.

How do I Share My Wishes with Others?

- Talk to your family and friends about your medical care choices and wishes. Include any ceremony or traditional protocols important to you for the journey to the Spirit world.
- Consider who you would want to make medical care decisions if you are ever unable and let others know. Make a Representation Agreement if your preferred substitute decision makers are not closely related family.
- Create an Advance Directive if you have very strong values for or against specific treatments. Give a copy of your Advance Directive to your substitute decision maker(s) and health care provider(s).
- Keep a copy of any papers (Representation Agreement, Advance Directive, MOST, No CPR form, list of medications) at home in a safe place where it is easy to find. Your health care provider can give you a greensleeve to store all papers on your fridge where paramedics will look.
- Talk to your doctor or nurse practitioner about a MOST form.
- Take a copy of all your papers with you when you travel for medical treatments.
- Review your medical care wishes and if they change, make sure to tell your substitute decision maker(s), family, friends and health care team.
- Complete a checklist for putting your papers in order p.37. <https://www.health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf>

My wishes

I have given these people a copy of my advance care plan (wishes, values, Representation Agreement, Advance Directive)

"It is a gift to help someone transition from this world to the Spirit world."

Denise Lacerte, Nadleh Whuten

What are My Rights?

Your rights to your medical care and choices are supported by provincial and federal laws.

You have a right to:

- have your wishes respected and to be treated with dignity
- know about your health condition
- know about your treatment options, including the risks and benefits of treatment
- say yes or no to any offered medical tests or treatments
- change your mind
- have your pain and symptoms treated

Definitions

Advance care plan is a written summary of a capable adult's wishes or instructions to guide a substitute decision maker if that person is asked by a physician or other health care provider to make a medical care treatment decision on behalf of the adult.

Advance care planning is a process by which a capable adult talks over their beliefs, values and wishes for medical care with their close family/friend(s) and a health care provider in advance of a time when they may be incapable of deciding for themselves.

Advance directive is a capable adult's written instructions that speak directly to their health care provider about the medical treatment the adult consents to, or refuses. It is effective when the capable adult becomes incapable, and only applies to the medical conditions and treatments noted in the advance directive.

Allow a natural death is when the patient receives medically appropriate care for symptoms, such as pain or shortness of breath, as the journey to the Spirit world approaches.

Cardiopulmonary resuscitation (CPR) is an emergency procedure used to revive someone when their heart and/or lungs stop working unexpectedly. CPR can include repeated compressions to the person's chest and rescue breathing to inflate the person's lungs and provide oxygen.

Dialysis is a medical intervention that cleans a person's blood when their kidneys can no longer do so.

End-of-life care is provided in the final stage of life. Care provided during this time may be called supportive care, palliative care or symptom management. End-of-life care addresses physical, psychological, and Spiritual concerns and focuses on comfort, respect for decisions, and support for the family. It is provided by an interdisciplinary group of health care providers.

Enduring power of attorney is a document in which an adult authorizes another person (called their attorney) to make decisions in relation to the adult's financial affairs, business and property. The person (attorney) is authorized to act when the adult becomes incapable, or to continue to act when the adult remains incapable. Attorneys may not make medical treatment decisions.

Definitions continued

Representative is a person 19 years or older who is named by a capable adult, in a representation agreement, to make medical treatment decisions on their behalf when they are incapable of deciding.

Representation agreement (RA) is the document in which a capable adult names their representative to make health care and other decisions on his/her behalf when incapable. There are two types:

1. Section 7 RA: Adult may authorize a representative to make decisions about the routine management of financial affairs, personal care and some health care decisions on behalf of the adult, excluding decisions about the refusal of life support and/or life-prolonging medical interventions.
2. Section 9 RA: Adult may authorize a representative to make personal care and health care decisions on behalf of the adult, including decisions about the acceptance or refusal of life support and life-prolonging medical interventions.

Substitute decision maker is a capable person with the authority to make medical treatment decisions on behalf of an incapable adult, and includes a personal guardian (committee of the person), representative and/or temporary substitute decision maker.

Temporary substitute decision maker (TSDM) is a capable adult chosen by a health care provider to make medical treatment decisions on behalf of an incapable adult when care is needed. A TSDM is not chosen if the adult has an advance directive that addresses the care needed at the time, or if the adult has an available personal guardian or representative.

Tube feeding is a method of providing nutrition to a person who cannot eat using their mouth. Tube feedings involve the temporary or permanent placement of a tube that is used for liquid food, either through the person's nose or into their stomach through the abdominal wall.

Ventilator is a machine used to provide air into and out of the lungs when a person is not able to breathe on their own.

Will is a legal document by which a person describes how their property is to be distributed once the person journeys to the Spirit world. One or more persons are named to be the executor, to manage the estate until everything is distributed.



Legal Forms

Representation Agreement 7

Pages 21 - 26

Representation Agreement 9

Pages 27 - 32

Temporary Substitute Decision Maker list

Pages 33 - 34

Advance Directive

Pages 35 - 36

Checklist for papers

Page 37

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

REPRESENTATION AGREEMENT (SECTION 7)

Made under Section 7 of the *Representation Agreement Act*.

The use of this form is voluntary. Be advised that this form may not be appropriate for use by all persons, as it provides only one option of how a Representation Agreement may be made. In addition, it does not constitute legal advice. For further information, please consult the *Representation Agreement Act* and Representation Agreement Regulation or obtain legal advice.

This form reflects the law at the date of publication. Laws can change over time. Before using this form, you should review the relevant legislation to ensure that there have not been any changes to the legislation or section numbers.

The notes referenced in this Representation Agreement are found at the end of this Agreement and are provided for information only.

1. THIS REPRESENTATION AGREEMENT IS MADE BY ME, THE ADULT:

Full Legal Name of the Adult	Date (YYYY / MM / DD)
Full Address of the Adult	

2. REVOCATION OF PREVIOUS REPRESENTATION AGREEMENTS

I revoke all previous Representation Agreements granting authority under section 7 of the *Representation Agreement Act* made by me.

(See Note 1 – actions that must be taken to revoke a previous Representation Agreement)

(See Note 2 – effect of revocation on a previous section 7 Representation Agreement)

3. REPRESENTATIVE

(See Note 3 – naming a Representative)

I name the following person to be my Representative:

Full Legal Name of Representative
Full Address of Representative

4. ALTERNATE REPRESENTATIVE (OPTIONAL)

(See Note 3 – naming a Representative)

(Strike out this provision if you do not want to appoint an Alternate Representative.)

If my Representative

- dies,
- resigns in accordance with the *Representation Agreement Act*,
- is my spouse, as defined in the *Representation Agreement Act*, at the time that I make this Representation Agreement, and our marriage or marriage-like relationship subsequently terminates as set out in the *Representation Agreement Act*, or
- becomes incapable,

then I name the following person to be my Alternate Representative:

Full Legal Name of Alternate Representative
Full Address of Alternate Representative

5. EVIDENCE OF AUTHORITY OF ALTERNATE REPRESENTATIVE

(See Note 4 – statutory declaration for evidence of authority of Alternate Representative)

(Strike out this provision if you are not appointing an Alternate Representative.)

A statutory declaration made by my Representative, my Alternate Representative (if one is named), or the Monitor (if one is named), declaring that one of the circumstances referenced in section 4 of this Representation Agreement has occurred, and specifying that circumstance, is sufficient evidence of the authority of my Alternate Representative to act in place of my Representative.

6. AUTHORITY OF REPRESENTATIVE

(See Note 5 - what a Representative may and may not be authorized to do under a section 7 Representation Agreement)

Pursuant to section 7 of the *Representation Agreement Act*, I authorize my Representative to:

(If you want your Representative to have both types of authority, do not strike out either of the following provisions. If you want your Representative to have authority over only one of the following matters, strike out the provision over which you do not want your Representative to have authority. You may not strike out both types of authority.)

- a. help me make decisions
- b. make decisions on my behalf

about the following:

(Strike out any of the following matters for which you do not want your Representative to have authority.)

- a. my personal care;
- b. the routine management of my financial affairs, as set out in the Representation Agreement Regulation;
- c. major health care and minor health care, as defined in the *Health Care (Consent) and Care Facility (Admission) Act*;
- d. obtaining legal services for me and instructing counsel to commence proceedings, except divorce proceedings, or to continue, compromise, defend or settle any legal proceedings on my behalf.

7. MONITOR

(See Note 6 - what a Monitor is and whether one is required)

(Strike out this provision if a Monitor is not required and you do not want to name a Monitor.)

I name the following person as Monitor of this Representation Agreement:

Full Legal Name of Monitor
Full Address of Monitor

8. EFFECTIVE DATE

This Representation Agreement becomes effective on the date it is executed.

9. SIGNATURES

ADULT AND WITNESS SIGNATURES

ADULT'S SIGNATURE

- The Adult must sign and date in the presence of both Witnesses.

Signature of Adult	Date Signed (YYYY / MM / DD)
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Print Name	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	

WITNESSES TO ADULT'S SIGNATURE

(See Note 7 – information for witnesses)

WITNESS NO. 1

- Witness No. 1 must sign in the presence of the Adult and Witness No. 2.

Signature of Witness No. 1	Date Signed (YYYY / MM / DD)
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Print Name	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Address	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below: <input type="checkbox"/> lawyer <input type="checkbox"/> member of the Society of Notaries Public of British Columbia	

WITNESS NO. 2

- Not required if Witness No. 1 is a lawyer or member in good standing of the Society of Notaries Public of British Columbia.
- Witness No. 2 must sign in the presence of the Adult and Witness No. 1.

Signature of Witness No. 2	Date Signed (YYYY / MM / DD)
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Print Name	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Address	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	

REPRESENTATIVES' SIGNATURES

(See Note 8 - when a Representative may exercise authority under this Representation Agreement)

REPRESENTATIVE

Signature of Representative	Date Signed (YYYY / MM / DD)
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Print Name	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	

ALTERNATE REPRESENTATIVE

(Strike out if an Alternate Representative is not appointed.)

Signature of Alternate Representative	Date Signed (YYYY / MM / DD)
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Print Name	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	

(See Note 9 - additional forms required for this Representation Agreement to be effective)

STATUTORY DECLARATION FOR EVIDENCE OF AUTHORITY OF ALTERNATE REPRESENTATIVE

This statutory declaration may be completed by the representative, the alternate representative, or the monitor, as evidence of the authority of the alternate representative to act in place of the representative. This statutory declaration would be completed if one of the circumstances in which the alternate representative is authorized to act in place of the representative occurs to establish the authority of the alternate representative.

CANADA
PROVINCE OF BRITISH COLUMBIA

IN THE MATTER OF the *Representation Agreement Act* re: a Representation Agreement made by

_____ naming _____ as Representative
name of Adult name of Representative

TO WIT:

I, _____
Name

of _____
Full Address

SOLEMNLY DECLARE THAT:

a. I am the (*strike out the descriptions that do not apply*):

representative named under the representation agreement

alternate representative named under the representation agreement

monitor named under the representation agreement.

b. One of the circumstances referenced in the Representation Agreement in which the alternate representative is authorized to act in place of the representative has occurred, specifically (*describe the specific circumstance resulting in the alternate representative having authority to act*):

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME AT

_____ location

on _____
date

Declarant's Signature

Signature of Commissioner for taking Affidavits
for British Columbia

Commissioner for taking Affidavits for British Columbia
(Apply stamp, or type or legibly print name of commissioner)

NOTES RESPECTING THIS REPRESENTATION AGREEMENT MADE UNDER SECTION 7 OF THE REPRESENTATION AGREEMENT ACT

The notes provided below are for the purpose of providing information only, and do not constitute legal advice.

These notes are prepared for the purposes of this representation agreement form. They should not be considered a complete description of matters to be taken into account in making a representation agreement. A person making a representation agreement, or acting as a representative, alternate representative or monitor, should consult the *Representation Agreement Act* and the Representation Agreement Regulation to ensure that they understand their rights and duties.

NOTE 1: Actions that must be taken to revoke a previous Representation Agreement

To revoke a previous representation agreement, you must also give written notice of the revocation to each representative, each alternate representative, and any monitor named in that representation agreement. Revocation is effective when this notice is given, or on a later date stated in the notice.

NOTE 2: Effect of revocation on a previous section 7 Representation Agreement

If you have previously made a section 7 representation agreement that is still effective, it will be revoked by the revocation provision in this representation agreement.

NOTE 3: Naming a Representative

- (a) This form provides for the naming of one representative and one alternate representative. If you wish to name more than one representative to act at the same time, do not use this form.
- (b) The *Representation Agreement Act* sets out who may be named as a representative. If an individual is appointed, that individual must be 19 years of age or older, and must not be an individual who provides personal care or health care services to the adult for compensation, or who is an employee of a facility in which the adult resides and through which the adult receives personal care or health care services, unless the individual is a child, parent or spouse of the adult.
- (c) A representative must complete the Certificate of Representative or Alternate Representative in Form 1 under the Representation Agreement Regulation.

The information in this note also applies in respect of an alternate representative.

NOTE 4: Statutory declaration for evidence of authority of Alternate Representative

A statutory declaration that may be used is included with this form.

Additional evidence establishing the authority of the alternate representative to act in place of the representative may be required for some purposes.

NOTE 5: What a Representative may and may not be authorized to do under a section 7 Representation Agreement

Under a section 7 representation agreement, a representative may be authorized to help the adult make decisions, or to make decisions on behalf of the adult, about all of the following things:

- the routine management of the adult's financial affairs, as described in the Representation Agreement Regulation;
- obtaining legal services for the adult and instructing counsel to commence proceedings, or to continue, compromise, defend or settle any legal proceedings on the adult's behalf;
- the adult's personal care, and major health care and minor health care, as defined in the *Health Care (Consent) and Care Facility (Admission) Act*.

Under a section 7 representation agreement, a representative may not be authorized to do any of the following:

- to help the adult make decisions, or to make decisions on behalf of the adult, about the adult's financial affairs, other than the routine management of the adult's financial affairs as described in the Representation Agreement Regulation;
- to commence divorce proceedings on the adult's behalf;
- to help make, or to make on the adult's behalf, a decision to refuse health care necessary to preserve life;
- to help the adult make decisions, or to make decisions on behalf of the adult, about the kinds of health care prescribed under section 34 (2) (f) of the *Health Care (Consent) and Care Facility (Admission) Act*;
- despite the objection of the adult, to physically restrain, move or manage the adult, or authorize another person to do these things;

- to refuse consent to those matters in relation to the *Mental Health Act* set out in section 11 of the *Representation Agreement Act*.

(Please note that this list may not be complete.)

In addition, a representative must not do either of the following:

- consent to the provision of professional services, care or treatment to the adult for the purposes of sterilization for non-therapeutic purposes;
- make or change a will for the adult.

(Please note that this list may not be complete.)

NOTE 6: What a Monitor is and whether one is required

- A monitor is a person responsible for making reasonable efforts to determine whether a representative is complying with the representative's duties under the *Representation Agreement Act*.
- A monitor is required for this representation agreement if the representation agreement authorizes a representative to make, or help make, decisions concerning routine management of the adult's financial affairs, unless the representative is the adult's spouse, the Public Guardian and Trustee, a trust company or a credit union.
- A monitor must complete the Certificate of Monitor in Form 2 under the Representation Agreement Regulation.

NOTE 7: Information for witnesses

- The following persons may not be a witness:
 - A person named in the representation agreement as a representative or alternate representative;
 - A spouse, child or parent of a person named in the representation agreement as a representative or alternate representative;
 - An employee or agent of a person named in the representation agreement as a representative or alternate representative, unless the person named as a representative or an alternate representative is a lawyer, a member in good standing of the Society of Notaries Public of British Columbia, the Public Guardian and Trustee of British Columbia, or a financial institution authorized to carry on trust business under the *Financial Institutions Act*;
 - A person who is under 19 years of age;
 - A person who does not understand the type of communication used by the adult unless the person receives interpretive assistance to understand that type of communication.
- Only one witness is required if the witness is a lawyer or a member in good standing of the Society of Notaries Public of British Columbia.
- A witness must complete the Certificate of Witnesses in Form 4 under the Representation Agreement Regulation.
- Section 30 of the *Representation Agreement Act* provides for a number of reasons to object to the making and use of a representation agreement. If you believe that you have grounds to make an objection at this time, you must not witness the representation agreement or execute the Certificate of Witnesses, and you may report your objection to the Public Guardian and Trustee of British Columbia.

NOTE 8: When a Representative may exercise authority under this Representation Agreement

Before a person may exercise the authority of a representative under a representation agreement, that person must sign the representation agreement.

NOTE 9: Additional forms required for this Representation Agreement to be effective

The following certificates must be completed, if applicable:

- Form 1 (Certificate of Representative or Alternate Representative);
- Form 2 (Certificate of Monitor), if the Representation Agreement names a Monitor;
- Form 3 (Certificate of Person Signing for the Adult), if a person is signing the Representation Agreement on behalf of the Adult;
- Form 4 (Certificate of Witnesses).

These certificates can be found in the Representation Agreement Regulation.

REPRESENTATION AGREEMENT (SECTION 9)

Made under Section 9 of the *Representation Agreement Act*.

The use of this form is voluntary. Be advised that this form may not be appropriate for use by all persons, as it provides only one option of how a Representation Agreement may be made. In addition, it does not constitute legal advice. For further information, please consult the *Representation Agreement Act* and Representation Agreement Regulation or obtain legal advice.

This form reflects the law at the date of publication. Laws can change over time. Before using this form, you should review the relevant legislation to ensure that there have not been any changes to the legislation or section numbers.

The notes referenced in this Representation Agreement are found at the end of this Agreement and are provided for information only.

1. THIS REPRESENTATION AGREEMENT IS MADE BY ME, THE ADULT:

Full Legal Name of the Adult	Date (YYYY / MM / DD)
Full Address of the Adult	

2. REVOCATION OF PREVIOUS INSTRUMENTS

(See Note 1 – actions that must be taken to revoke a previous Representation Agreement)

(See Note 2 – effect of revocation on previous Representation Agreements)

I revoke all of the following made by me.

- all previous Representation Agreements granting authority under section 7 of the *Representation Agreement Act*;
- all previous Representation Agreements granting authority under section 9 of the *Representation Agreement Act*.

3. REPRESENTATIVE

(See Note 3 – who may be named as Representative)

I name the following person to be my Representative:

Full Legal Name of Representative
Full Address of Representative

4. ALTERNATE REPRESENTATIVE (OPTIONAL)

(See Note 3 – who may be named as Representative)

(Strike out this provision if you do not want to appoint an Alternate Representative.)

If my Representative

- dies,
- resigns in accordance with the *Representation Agreement Act*,
- is my spouse, as defined in the *Representation Agreement Act*, at the time that I make this Representation Agreement, and our marriage or marriage-like relationship subsequently terminates as set out in the *Representation Agreement Act*, or
- becomes incapable,

then I name the following person to be my Alternate Representative:

Full Legal Name of Alternate Representative
Full Address of Alternate Representative

9. SIGNATURES

ADULT AND WITNESS SIGNATURES

ADULT'S SIGNATURE

- The Adult must sign and date in the presence of both Witnesses.

Signature of Adult	Date Signed (YYYY / MM / DD)
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Print Name	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	

WITNESSES TO ADULT'S SIGNATURE

(See Note 7 – information for witnesses)

WITNESS NO. 1

- Witness No. 1 must sign in the presence of the Adult and Witness No. 2.

Signature of Witness No. 1	Date Signed (YYYY / MM / DD)
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Print Name	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Address	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
<p>If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below:</p> <p><input type="checkbox"/> lawyer</p> <p><input type="checkbox"/> member of the Society of Notaries Public of British Columbia</p>	

WITNESS NO. 2

- Not required if Witness No. 1 is a lawyer or member in good standing of the Society of Notaries Public of British Columbia.
- Witness No. 2 must sign in the presence of the Adult and Witness No. 1.

Signature of Witness No. 2	Date Signed (YYYY / MM / DD)
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Print Name	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Address	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	

REPRESENTATIVES' SIGNATURES

(See Note 8 - when a Representative may exercise authority under this Representation Agreement)

REPRESENTATIVE

Signature of Representative	Date Signed (YYYY / MM / DD)
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Print Name	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	

ALTERNATE REPRESENTATIVE

(Strike out if an Alternate Representative is not appointed.)

Signature of Alternate Representative	Date Signed (YYYY / MM / DD)
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Print Name	
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	

STATUTORY DECLARATION FOR EVIDENCE OF AUTHORITY OF ALTERNATE REPRESENTATIVE

This statutory declaration may be completed by the adult, the representative, or the alternate representative, as evidence of the authority of the alternate representative to act in place of the representative. This statutory declaration would be completed if one of the circumstances in which the alternate representative is authorized to act in place of the representative occurs to establish the authority of the alternate representative.

CANADA
PROVINCE OF BRITISH COLUMBIA

IN THE MATTER OF the *Representation Agreement Act* re: a Representation Agreement made by

_____ naming _____ as Representative
name of Adult name of Representative

TO WIT:

I, _____
Name

of _____
Full Address

SOLEMNLY DECLARE THAT:

- a. I am the *(strike out the descriptions that do not apply)*:
- adult who made the representation agreement
 - representative named under the representation agreement
 - alternate representative named under the representation agreement.
- b. One of the circumstances referenced in the Representation Agreement in which the alternate representative is authorized to act in place of the representative has occurred, specifically *(describe the specific circumstance resulting in the alternate representative having authority to act)*:

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME AT

_____ Declarant's Signature
location

on _____
date

 Signature of Commissioner for taking Affidavits
 for British Columbia

 Commissioner for taking Affidavits for British Columbia
(Apply stamp, or type or legibly print name of commissioner)

NOTES RESPECTING THIS REPRESENTATION AGREEMENT MADE UNDER SECTION 9 OF THE REPRESENTATION AGREEMENT ACT

The notes provided below are for the purpose of providing information only, and do not constitute legal advice.

These notes are prepared for the purposes of this representation agreement form. They should not be considered a complete description of matters to be taken into account in making a representation agreement. A person making a representation agreement, or acting as a representative or alternate representative, should consult the *Representation Agreement Act* and the Representation Agreement Regulation to ensure that they understand their rights and duties.

NOTE 1: Actions that must be taken to revoke a previous Representation Agreement

To revoke a previous representation agreement, you must also give written notice of the revocation to each representative, each alternate representative, and any monitor named in that representation agreement. Revocation is effective when this notice is given, or on a later date stated in the notice.

NOTE 2: Effect of revocation on previous Representation Agreements

The revocation provision in this representation agreement will do all of the following:

- if you have previously made a section 7 representation agreement that is still effective, it will be revoked;
- if you have previously made a section 9 representation agreement that is still effective, it will be revoked.

NOTE 3: Who may be named as Representative

- (a) This form provides for the naming of one representative and one alternate representative. If you wish to name more than one representative to act at the same time, do not use this form.
- (b) The *Representation Agreement Act* sets out who may be named as a representative. If an individual is appointed, that individual must be 19 years of age or older, and must not be an individual who provides personal care or health care services to the adult for compensation, or who is an employee of a facility in which the adult resides and through which the adult receives personal care or health care services, unless the individual is a child, parent or spouse of the adult.

The information in this note also applies in respect of an alternate representative.

NOTE 4: Statutory declaration for evidence of authority of Alternate Representative

A statutory declaration that may be used is included with this form.

Additional evidence establishing the authority of the alternate representative to act in place of the representative may be required for some purposes.

NOTE 5: What a Representative may and may not do

The authority of a representative appointed under this representation agreement includes the power to give or refuse consent to health care necessary to preserve life.

A representative appointed under this representation agreement must not do any of the following:

- give or refuse consent on the adult's behalf to any type of health care prescribed under section 34 (2) (f) of the *Health Care (Consent) and Care Facility (Admission) Act*;
- make arrangements for the temporary care and education of the adult's minor children, or any other persons who are cared for or supported by the adult;
- interfere with the adult's religious practices.

(Please note this list may not be complete.)

If you want your representative to be authorized to do the things on the above list, you should obtain legal advice.

In addition, under the *Representation Agreement Act*, a representative:

- may not be authorized to refuse consent to those matters in relation to the *Mental Health Act* set out in section 11 of the *Representation Agreement Act*;
- must not consent to the provision of professional services, care or treatment to the adult for the purposes of sterilization for non-therapeutic purposes;
- must not make or change a will for the adult.

(Please note that this list may not be complete.)

NOTE 6: Consultation with a health care provider

If you choose to include instructions or wishes in your representation agreement about your health care, you may wish to discuss with a health care provider the options and the possible implications of your choices.

NOTE 7: Information for witnesses

(a) The following persons may not be a witness:

- i. A person named in the representation agreement as a representative or alternate representative;
- ii. A spouse, child or parent of a person named in the representation agreement as a representative or alternate representative;
- iii. An employee or agent of a person named in the representation agreement as a representative or alternate representative, unless the person named as a representative or alternate representative is a lawyer, a member in good standing of the Society of Notaries Public of British Columbia, or the Public Guardian and Trustee of British Columbia;
- iv. A person who is under 19 years of age;
- v. A person who does not understand the type of communication used by the adult unless the person receives interpretive assistance to understand that type of communication.

(b) Only one witness is required if the witness is a lawyer or a member in good standing of the Society of Notaries Public of British Columbia.

(c) Section 30 of the *Representation Agreement Act* provides for a number of reasons to object to the making and use of a representation agreement. If you believe that you have grounds to make an objection at this time, you should not witness the representation agreement and you may report your objection to the Public Guardian and Trustee of British Columbia.

NOTE 8: When a Representative may exercise authority under this Representation Agreement

Before a person may exercise the authority of a representative under a representation agreement, that person must sign the representation agreement.

My Temporary Substitute Decision Maker (TSDM) List

If needed, this list will be used by your health care provider(s) to choose a TSDM for you. The order of the people on the list is set out in B.C. law and may not be changed.

To qualify as a TSDM, the person listed must be 19, capable, have no dispute with you, and have been in contact with you in the year before you need the health care. If a TSDM is needed to make a health care decision for you, your health care provider will choose the first person on the list who is qualified and available. If you want to specify one person to make health decisions for you, you must fully complete either a standard (p.34) or enhanced (p.44) representation agreement.

Spouse (includes married, common-law, same-sex - length of time living together does not matter)

Name	Phone

Children (any - birth order does not matter)

Name	Phone	Name	Phone

Parents (either - may include adoptive)

Name	Phone	Name	Phone

Brothers or Sisters (any - birth order does not matter)

Name	Phone	Name	Phone

Grandparents (any)

Name	Phone	Name	Phone

Grandchildren (any - birth order does not matter)

Name	Phone	Name	Phone

Anyone else related to me by birth or adoption

Name	Phone	Name	Phone

Close friend

Name	Phone	Name	Phone

A person immediately related to me by marriage (ranked equally)

Name	Phone	Name	Phone

I know a TSDM will not be chosen to make health care decisions for me if I complete an optional representation agreement form and/or an advance directive form which addresses the health care condition I have when the care is needed. I also know a TSDM will be chosen to make health care decisions for me if I have no representative, if my representative is unavailable, or if my optional representation agreement and/or advance directive does not address the health care condition I have when the care is needed.

☐ I agree.

Name (print)	Signature	Date signed



ADVANCE DIRECTIVE

Made under the *Health Care (Consent) and Care Facility (Admission) Act*

The use of this form is voluntary. Before completing this Advance Directive, it is advisable to obtain legal advice and the advice of a health care provider about the possible implications of this Advance Directive, and your choices about the types of health care for which you might give or refuse consent under this Advance Directive.

The notes referenced in this Advance Directive are found at the end of this Advance Directive and are provided for informational purposes only. (See Note 1 – limitations on the effect of this Advance Directive.)

1. THIS IS THE ADVANCE DIRECTIVE OF THE “ADULT”:

Full Legal Name of the Adult		Date (YYYY / MM / DD)	
Full Address of the Adult			
Date of Birth (YYYY / MM / DD)		(OPTIONAL) Personal Health (CareCard) Number	

2. REVOCATION OF PREVIOUS ADVANCE DIRECTIVES:

I revoke all previous Advance Directives made by me.

3. CONSENT TO HEALTH CARE AND REFUSAL OF CONSENT TO HEALTH CARE:

If I need health care and I am not capable of giving or refusing consent to the health care at the time the health care is required,

I give the following instructions:

[Note: If a health care decision is required while you are incapable but the type of health care is not addressed in this Advance Directive, the decision will be made by a substitute decision maker.]

I consent to the following health care:

I refuse to consent to the following health care:

4. ACKNOWLEDGMENTS

I know that as a result of making this Advance Directive

- a. I will not be provided with any health care for which I refuse consent in this Advance Directive, and
- b. No one will be chosen to make decisions on my behalf in respect of any health care matters for which I give or refuse consent in this Advance Directive.

(See Note 1 – limitations on the effect of this Advance Directive)

5. SIGNATURES

ADULT'S SIGNATURE

- The Adult must sign and date in the presence of both Witnesses.

	Date Signed (YYYY / MM / DD) <div style="border-bottom: 1px solid black; width: 100%;"></div>
--	--

WITNESSES TO ADULT'S SIGNATURE - SEE NOTE 2, INFORMATION FOR WITNESSES

WITNESS NO. 1

- Witness No. 1 must sign in the presence of the Adult and Witness No. 2.

Signature of Witness No. 1	Date Signed (YYYY / MM / DD) <div style="border-bottom: 1px solid black; width: 100%;"></div>
Print Name	
Address	

WITNESS NO. 2

- Not required if Witness No. 1 is a lawyer or notary public.
- Witness No. 2 must sign in the presence of the Adult and Witness No. 1.

Signature of Witness No. 2	Date Signed (YYYY / MM / DD) <div style="border-bottom: 1px solid black; width: 100%;"></div>
Print Name	
Address	

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NOTES RESPECTING ADVANCE DIRECTIVES

The notes provided below are for the purposes of providing information only.

These notes should NOT be considered complete: a person making an Advance Directive should consult the *Health Care (Consent) and Care Facility (Admission) Act* to ensure that they understand their rights and duties.

NOTE 1: LIMITATIONS ON THE EFFECT OF THIS ADVANCE DIRECTIVE

Note that the effect of this Advance Directive and the giving and refusing of consent under it is subject to the limitations set out in sections 19.2 (2), 19.3 (1) and 19.8 of the *Health Care (Consent) and Care Facility (Admission) Act*.

NOTE 2: INFORMATION FOR WITNESSES

- (a) The following persons may not be a witness:
 - i. A person who provides personal care, health care or financial services to the adult for compensation, other than a lawyer or notary public;
 - ii. A spouse, child, parent, employee or agent of a person described in paragraph (a);
 - iii. A person who is under 19 years of age;
 - iv. A person who does not understand the type of communication used by the Adult, unless the person receives interpretive assistance to understand that type of communication.
- (b) Only one witness is required if the witness is a lawyer or notary public.
- (c) You should not witness the Advance Directive if you have reason to believe that
 - i. the Adult is incapable of making, changing or revoking an Advance Directive, or
 - ii. fraud, undue pressure or some other form of abuse or neglect was used to induce the Adult to make the Advance Directive, or to change or revoke a previous Advance Directive.

Putting Your Papers in Order

Advance care planning is a good time to put all of your personal planning papers together where they can be easily found. This will help those you have put in charge of your affairs to find them if needed. Read the list below and fill in the boxes and lines that apply to you.

I am an organ donor (register at www.transplant.bc.ca): ☐ Yes ☐ No

I have appointed an attorney under a power of attorney: ☐ Yes ☐ No

Name of attorney: _____

I have appointed an attorney under an enduring power of attorney: ☐ Yes ☐ No

Name of attorney: _____

Where to find my power of attorney and/or enduring power of attorney documents:

I have a will: ☐ Yes ☐ No

Where to find my will: _____

I have a lawyer: ☐ Yes ☐ No

Name of lawyer: _____ Phone: _____

I have a life insurance policy: ☐ Yes ☐ No

Company: _____

I have made funeral and burial/cremation arrangements: ☐ Yes ☐ No

Company: _____ Phone: _____

Other papers:

Notes

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



First Nations Health Authority
Health through wellness

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