



Advance Care Plan Statement of Choices

I understand that this Statement of Choices will be used to guide future medical decisions ONLY when I lose the ability to make or communicate medical treatment decisions. Medical treatment decisions will be made in my best interests and taking into account my expressed wishes. If I do not tell my doctors my wishes I expect to be cared for and provided treatment in my best interests.

I am aware that the law requires that this statement of wishes be taken into account when determining my treatment.

I _____ of _____
(person's name) (person's address)

am of sound mind, and I have read and understand the importance of this document. I have also had this document explained to me and had all my questions answered to my satisfaction. I request that my stated choices recorded below, are respected by my family, and by my doctors.

In addition I request that they respect my beliefs and values in life as we have previously discussed. I understand that it is most important to discuss my wishes with my family, doctor and significant others so that they are aware of them.

Plans for Life Prolonging Treatments (3 options)

Initial the boxes you want and cross out the boxes you don't want. You may write specific requests on the lines provided.

<input type="checkbox"/>	<p>1. I would like life-prolonging treatments to be commenced and continued, including Cardio Pulmonary Resuscitation (CPR), while they are medically appropriate, that is, they preserve my life or cure, improve or reduce any deterioration in any physical or medical condition I suffer, and they remain in my best interests</p> <p><i>You may write specific requests here:</i></p> <p>_____</p> <p>_____</p>
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AND/OR

<input type="checkbox"/>	<p>2. If I am acutely ill, and unable to communicate responsively with my family and friends, and it is reasonably certain that I will not recover, I do not want to be kept alive by treatments that I consider to be extraordinary, overly burdensome or not worthwhile to me. If any of these treatments has been started, I request that it be discontinued. I would like to be cared for with respect for my dignity and I want Palliative Care that includes medications, and other treatments to alleviate suffering and keep me comfortable, and to be offered food and drink.</p> <p><i>You may write here specific treatments that you want or don't want. (For example you may wish to consider cardiopulmonary resuscitation, ventilation, antibiotics, dialysis, etc)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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OR

If you do not wish to make a plan regarding life-prolonging treatments, please initial the box below.

<input style="width: 50px; height: 30px;" type="checkbox"/>	<p>3. I understand that if I do not initial any of the above boxes, that decisions regarding life-prolonging treatments may be made by those with legal authority under section 119 of the Guardianship and Administration Act in consultation with my treating doctors.</p> <p><i>You may write specific requests here:</i></p> <hr/> <hr/> <hr/>
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Other requests with regard to my medical care

e.g. Such as circumstances in which you do or do not want a particular treatment.

Other points that are important to me

If you have other end of life wishes, e.g. organ or body donation, you may wish to attach your documentation to this plan. NB. it is important to register as a donor and discuss your wishes with your next-of-kin/family.

I ask that the following persons be contacted about my health care decisions if there is time:

If I am nearing my death, I want the following (list things that would be important to you):

If I am nearing my death and cannot speak, please give my family and friends the following message:

If there is not enough room to write all your requests and wishes, please attach further pages as necessary. All additional pages need to be signed, dated and witnessed.

I _____ hereby declare that the information completed above is a true record of my wishes on this date.

Signature _____

Date _____

Witness signature _____

Date _____

Witness name _____

Relationship _____