My Voice

Expressing My Wishes for Future Health Care Treatment

Advance Care Planning Guide

BRITISH COLUMBIA

February 2013

The use of this guide is voluntary and is intended to supplement conversations with your close family or health care providers about the advance care planning options that may be right for you. In addition, the forms provided reflect the law at the date of publication. Laws can change over time. This guide does not replace medical or legal advice.

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Table of Contents

Introduction 2

Why is an Advance Care Plan Important? 3

Developing Your Advance Care Plan 5
- Beliefs, Values and Wishes 5
- Life Support and Life-Prolonging Medical Interventions 6

Advance Care Planning Options 8
- Temporary Substitute Decision Maker (TSDM) 9
- Representation Agreements 11
- Advance Directive 14
- A Representation Agreement and an Advance Directive 16
- Enduring Power of Attorney 19

Changing or Cancelling Your Advance Care Plan 20

Definitions of Terms 22

Putting Your Papers in Order 25

My Advance Care Plan

My Advance Care Plan - Summary 27
- My Temporary Substitute Decision Maker (TSDM) List 28
- My Beliefs, Values and Wishes 30
- My Representative: Standard (RA 7) and Enhanced Agreements (RA 9) 32
  - Representation Agreement (Section 7) 34
  - Form 1: Certificate of Representative or Alternate Representative 40
  - Form 2: Certificate of Monitor 41
  - Form 3: Certificate of Person Signing for the Adult 42
  - Form 4: Certificate of Witnesses 43
  - Representation Agreement (Section 9) 44
- My Advance Directive 50

Resources 52

Wallet Card 52

Introduction

Having a voice in decisions about your health care treatment is important. There may come a time when, due to illness or injury, you are incapable of expressing your treatment wishes to health care providers. By planning in advance, you can be sure that your family, friends and/or health care providers know your wishes, and can ensure these wishes are followed.

New incapacity (or personal) planning legislation came into force in B.C. on September 1, 2011, providing adults with more options for expressing their wishes about future health care decisions. The legislation allows capable adults to put plans into place that outline the health care treatments they consent to or refuse based on their beliefs, values and wishes. If no decision/plan is in place, B.C.'s health care consent legislation gives regulated health care providers specific direction regarding who they must choose to make decisions on a person's behalf.

This guide and workbook pages in the second half of this booklet will help you complete an advance care plan that outlines your wishes about health care decisions in the event you are unable to do so. It will help you consider what is important to you, help you document your beliefs and wishes, and help you develop the advance care plan that best suits you.

Depending on the advance care plan you choose, you may be required to complete legal forms to ensure that your wishes are followed. The guide includes forms that you can complete without the assistance of a lawyer or notary public, which will be legally valid if completed properly. For complex situations, you are encouraged to obtain legal advice to ensure the forms and what you write in them will meet your needs.

Why is an Advance Care Plan Important?

As long as you are capable of understanding and communicating with your doctor, nurse practitioner, registered nurse and/or other health care provider, you will be asked to make your own health care treatment decisions.

However, no one knows what tomorrow will bring. A serious accident or illness can result in you being incapable of making your own health care decisions at the time care is needed. An advance care plan allows for such a possibility. It provides family or close friends and health care providers with a guide to your care and treatment, based on your wishes.

An advance care plan can answer:

- Who do you want to make your health care decisions for you?
- What health care treatment(s) do you agree to, or refuse, if a health care provider recommends them?
- Would you accept or refuse life support and life-prolonging medical interventions for certain conditions?
- What are your preferences should you need residential care and not be able to be cared for at home?

Mary is 54 years old, divorced, likes sports and has two adult children. Two months ago she was struck by a car while riding her bike. She is still unconscious and needs a ventilator to breathe. The doctors say Mary has permanent brain damage and will not recover from her injuries. Even if she wakes up, she will never be able to walk, talk or breathe again on her own. Her daughters have been constantly at her side. Now Mary is fighting infection in both her lungs, is very uncomfortable, and the doctors say Mary may die in a few weeks. They recommend taking Mary off the ventilator and that it would be more comfortable to allow a natural death for Mary. One daughter thinks this is best but the other daughter, who is six months pregnant, wants every possible intervention until Mary's first grandchild is born.

If Mary had shared her wishes for future health care through advance care planning, it would help her daughters and health care providers know more about Mary's beliefs, values and wishes for her health care during this difficult time. It would guide the decisions about care and treatment Mary would make if she could decide for herself.

Advance care planning is about having conversations with your close family, friends and health care provider(s) so that they know the health care treatment you wish to have, or refuse, if you become incapable of expressing your own decisions.

Writing down your beliefs, values and wishes for future health care is an advance care plan. Your advance care plan may also include additional legal documents.

In British Columbia, health care providers are expected to respect an adult's wishes for health care that they expressed while capable. Whether you have expressed your wishes in an advance care plan or not, health care providers will make medically appropriate treatment recommendations for you.

Making an advance care plan lets others know the decisions you would make for yourself, and will give your family and friends the knowledge and tools they need for the future. An advance care plan is a choice. It is a choice that will help alleviate some of the stress your family and friends could face if they are asked to make important health care decisions for you.

Developing Your Advance Care Plan

Beliefs, Values and Wishes

Advance care planning begins by thinking about your beliefs, values and wishes regarding future health care treatment, and talking about them with family or friends, and health care provider(s). When the people you trust know what is important to you with regard to future health care treatment, it is easier for them to make decisions on your behalf.

The following examples may help you figure out what is important to you.

These things make my life meaningful:

- Spending time with my family and friends
- Love for my pet/music/art/garden/work/hobbies/fresh air/sports
- Practising my faith

When I think about what my death could be like, I take comfort in:

- Knowing any pain I have will be treated
- Believing I will have good care and my family continues to be with me
- Believing there is something after death, even if I don't know what

When I think about dying I worry that:

- I may struggle to breathe
- I may have uncontrolled pain
- I might be alone

When I am nearing the end of my life I want:

- My family nearby
- Someone holding my hand
- My religious leader to visit me
- To hear people talking gently about my life's happy memories
- To listen to the music I love
- A window kept open no matter what the weather

Life Support and Life-Prolonging Medical Interventions

Thinking and talking about your wishes for life support and life-prolonging medical interventions is very important, especially if you have a serious or life-threatening illness. Your advance care plan can address different situations, such as your hospital care during and after routine surgery, care in the event of an accident, or end-of-life care decisions.

Physicians and other health care providers will always offer medically appropriate health care based on clinical assessment. Health care providers will want to ensure any symptoms like pain, dizziness, nausea, bleeding or infection are always understood and addressed. As long as you can understand and communicate, your health care provider will explain the medically appropriate care best for you, including any risks, benefits or alternatives. They will also ask if you have any questions and if you wish to accept or refuse the health care treatment.

Some of the hardest decisions deal with the use of life support and life-prolonging medical interventions. Medical interventions can include a ventilator to help with breathing, tube feeding, kidney dialysis, or cardiopulmonary resuscitation to restart the heart and lungs. These treatments are offered when a health care provider believes they are medically appropriate.

The questions below can help you think about the life support or life-prolonging medical interventions you may wish to accept or refuse in future.

If you have a chronic condition:

- What stage is my health condition at and how might it progress?
- Can my condition affect my memory or ability to decide for myself in the future?
- Will it become life-threatening?
- What life support or life-prolonging medical interventions might I need due to this condition?
- What does my health care provider suggest I consider and address in my advance care plan?

If you have a life-threatening illness or injury, do you want to accept or refuse:

- Cardiopulmonary resuscitation (CPR)?
- All, some, or no life support or life-prolonging medical interventions when a health care provider says the health care treatments are medically appropriate?
- A trial period of life support and life-prolonging medical interventions, allowing a natural death to occur if your condition is not going to improve?

You may wish to ask yourself, "Would I want life support or life-prolonging medical interventions if it means I could no longer":

- Enjoy my life and activities the same way I do now?
- Get out of bed, walk or go outside on my own?
- Recognize and communicate meaningfully with my relatives or friends?
- Think for myself?

Advance Care Planning Options

There are a number of options available to communicate your wishes and instructions in the event that you are not capable of doing so yourself. Your personal circumstances, and the type of advance care plan you wish to create will influence the options you choose.

Advance Care Planning Basics

Every advance care plan should consist of these three things:

- Conversations with family or friends and health care providers about your beliefs, values and wishes.
- Writing down your beliefs, values and wishes for future health care treatment.
- Writing down the contact information for the people who qualify to be on your Temporary Substitute Decision Maker list.

Advance Care Planning Options

The following items are optional depending on your advance care planning needs:

Standard Representation Agreement: Section 7	Allows you to name a person to make routine financial management decisions, personal care decisions and some health care decisions. Does not allow the person to refuse life support or life-prolonging medical interventions for you.
Enhanced Representation Agreement: Section 9	Allows you to name a person to make personal care decisions and some health care decisions, including decisions to accept or refuse life support or life-prolonging medical interventions for you.
Advance Directive	Allows you to state your decisions about accepting or refusing health care treatments, including life support or life-prolonging medical interventions, directly to a health care provider. The advance directive must be followed when it addresses the health care decision needed at the time. No one will be asked to make a decision for you.
Enduring Power of Attorney	Allows you to appoint someone to make financial and legal decisions on your behalf if you become incapable.

Temporary Substitute Decision Maker (TSDM)

A temporary substitute decision maker (TSDM) is chosen if you have not legally named an individual (representative) to make health care decisions for you when you are incapable of making them yourself.

The TSDM is chosen by your doctor or other health care provider from a list you can fill out. The order of the people who qualify to be on the list is determined by B.C. law. To be able to act as a TSDM, the person must be 19 or older, be capable, have no dispute with you, and have been in contact with you in the past year.

One person on the list below must be approached in the order given:

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, step-parents, step-children, etc.)

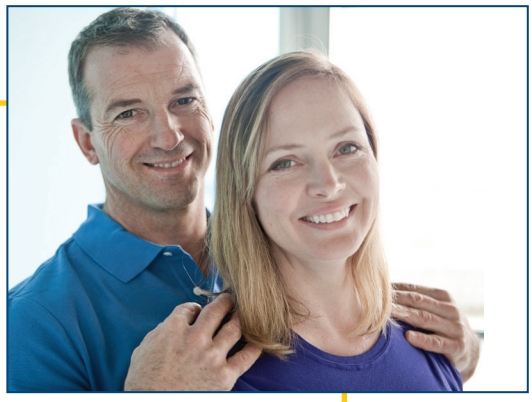
You may not change the order of the list. A person lower down on the list may only be chosen as your TSDM by your health care provider if all the people above them do not qualify or are not available.

If you know that you want someone lower on the list to make your health care decisions, then you should name that person legally as your representative using a representation agreement form. There are two different types of representation agreement forms at the back of this guide. Be sure to use the one that meets your needs. More information on the differences between these two types of representation agreement follows in the next section.

Your TSDM is legally required to make decisions that respect your wishes. If you have had discussions about advance care planning and written down your beliefs, values and wishes, your TSDM will know and be able to speak to your wishes when asked to make health care treatment decisions for you.

If you are happy with a TSDM being chosen in the event one is needed, your advance care plan will consist of the following:

- Discussing your beliefs, values and wishes with close family or a trusted friend;
- Writing down your beliefs, values and wishes (p.30); and
- Filling out your TSDM list (p.28) with the contact information of people who may be approached, in order, by a health care provider if a TSDM is needed.



Pat, 47, is an office worker in good health who lives in a small northern town. She has been married to Tom, 49, for 24 years and they have three children aged 20, 17 and 14. The two youngest live at home and the eldest moved away last year to attend college. After losing a number of family and friends over the past few years, Pat began to think about her future health care decisions. She spoke about her feelings and concerns with Tom. It turned out Tom was having many of the same thoughts as Pat. Together they decided to do advance care planning so that each would know the other's wishes for future health care decisions.

Pat and Tom chose to document their beliefs, values and wishes and simply fill out their TSDM lists because:

- Pat and Tom are in a long term, stable relationship;
- They trust each other to make good decisions for each other by honouring their beliefs, values and wishes;
- As spouses, they are at the top of each other's TSDM list; and
- Pat has discussed her beliefs, values and wishes with her adult child and her mother, who would qualify as the two next TSDMs if Tom is not available.

Representation Agreements

Adults in British Columbia may name a representative in a representation agreement if they want a specific person to make certain types of decisions on their behalf. There are two types of representation agreements.

Standard Agreement: Section 7 Representation Agreement

A section 7 representation agreement allows you to name a representative to make decisions about the routine management of your financial affairs, your personal care, and some health care treatment decisions. It does not allow your representative to make health care treatment decisions for you that involve refusing life support or life-prolonging medical interventions.

A standard agreement may be an option for adults who are assessed by a health care provider as being incapable of making an enhanced (section 9) representation agreement. A section 7 representation agreement allows adults with lower levels of capability (e.g., due to some developmental disabilities or injuries/illnesses of the brain that affect cognitive ability) to do some advance care planning.

Adults who have the capability to make a section 9 representation agreement may choose to make a section 7 representation agreement if it addresses their needs.

Completing a section 7 representation agreement as part of your advance care plan involves the following:

- Discussing your beliefs, values and wishes with close family or a trusted friend;
- Writing down your beliefs, values and wishes (p.30);
- Naming your representative and writing down your instructions in a representation agreement, using a section 7 form (p.34); and
- Filling out your TSDM list with the contact information of people who may be approached by a health care provider if a TSDM is needed, in the event your representative resigns or is unavailable, or a decision about life support or life-prolonging medical interventions is required (p.28).

Michael, 38, was in a serious motorcycle accident 10 years ago. He suffered a head injury, became paralyzed and has ongoing memory problems as a result of the accident. He is single, his parents are deceased, and he has one younger brother he is close to who lives outside the province. Michael has been living alone in his own apartment for the last eight years. Specialized equipment and visiting home support workers enable him to be as independent as possible. His best friend, Ben, takes him shopping every week and to medical appointments. Michael's health has been good although he says his memory has worsened in the last year, making decision-making difficult. He has become increasingly dependent on Ben to ensure his bills are paid on time and to schedule and attend his medical appointments with him. Michael's community nurse has suggested he name a representative to help him manage his personal, financial and some health care decisions.

Michael is eligible to complete a section 7 representation agreement because, in consideration of all relevant factors, he:

- Can communicate his desire to have a representative to help him make decisions about his personal care, routine finances and some health care, and he understands that his representative may make, or stop making, decisions that will affect him;
- Trusts his friend Ben and knows Ben cares about him;
- Knows and understands that he does not want Ben to make decisions about refusing life support or life-prolonging medical interventions;
- Ben qualifies and has agreed to be named as his representative; and
- Although his brother lives outside B.C., he does stay in touch and would qualify as Michael's TSDM if health care decisions were needed about life support.

Enhanced Agreement: Section 9 Representation Agreement

A section 9 representation agreement allows you to name a representative to make decisions about personal care and health care treatments, including decisions about accepting or refusing life support and life-prolonging medical interventions. A representative named in a section 9 representation agreement may not make decisions about your financial matters. In order for someone to make financial decisions for you in the event you become incapable, you can appoint a person (called an attorney) using an enduring power of attorney form (see p.19 for more information).

Completing a section 9 representation agreement as part of your advance care plan involves the following:

- Discussing your beliefs, values and wishes with close family or a trusted friend;
- Writing down your beliefs, values and wishes (p.30);
- Naming your representative and writing down your instructions in a representation agreement, using a section 9 form (p.44); and
- Filling out your TSDM list with the contact information of people who may be approached by a health care provider if a TSDM is needed, in the event your representative resigns or is unavailable (p.28).

Gurdeep, 74, moved to Canada 10 years ago with his wife Rani, who speaks little English. Gurd's health has been poor for seven years. He has kidney disease, diabetes and high blood pressure. He needs kidney dialysis three times a week, and has congestive heart failure that worsens every few months. He and Rani live with their oldest son, Jeet, who helps with his care and goes to Gurd's doctor's appointments with him. Gurd has five other children who live nearby, and has a good relationship with all of them. As Gurd's health is clearly declining, his doctor suggests he do advance care planning so that his wishes are known and it is clear who will make decisions for Gurd if he becomes incapable of deciding for himself.

Gurd talked with his wife and children, and identified that he would prefer to stay at home to the end of his life, rather than in hospital or a residential care facility. He worries about being in pain, and would not want to be hooked to machines to prolong his life. Despite his health concerns, he would also like to be an organ donor. He decides that he would like Jeet to make health care treatment decisions for him, if he is incapable.

Gurd chose to complete a section 9 representation agreement because:

- Jeet is not at the top of the TSDM list and must be named as Gurd's representative in order to be asked to make his health care decisions;
- Gurd knows Jeet can talk easily with his doctor without a translator;
- Gurd trusts Jeet will make health care treatment decisions that honour his beliefs, values and wishes, and that he will include Rani in important conversations; and
- A section 9 representation agreement will allow Jeet to accept or refuse life support and life-prolonging medical interventions.

Gurd may wish to name one of his other children as his alternate representative in case Jeet resigns. In addition, or alternatively, Gurd could make an advance directive, noting on the section 9 representation agreement form that his advance directive may be followed directly by a health care provider without his representative being asked to decide. These options would ensure Gurd's wishes and instructions for health care treatments are followed.

Advance Directive

An advance directive allows a capable adult to clearly state their decisions about accepting or refusing health care treatments, including life support and life prolonging medical interventions, and provides those instructions and decisions directly to a health care provider(s). Your advance directive must be followed as long as it addresses the health care treatment you need at the time. A TSDM will be chosen only when a health care treatment decision is needed that is not addressed by your advance directive.

Completing an advance directive as part of your advance care plan involves the following:

- Discussing your beliefs, values and wishes with close family or a trusted friend;
- Writing down your beliefs, values and wishes (p.30);
- Outlining your decisions for future health care treatment in an advance directive (p.50); and
- Filling out your TSDM list with the contact information of people who may be approached by a health care provider if a TSDM is needed to make a health treatment decision which is not addressed in your advance directive (p.28).

Jenny, 58, moved to Canada 24 years ago from China. She is unmarried with no close family. She is a private person with a cat and a small group of friends, including her close friend Rose who travels frequently. Jenny has been healthy all her life until one month ago when she felt strong chest pains while walking up a steep hill. After several tests, Jenny's doctor said her arteries are becoming blocked, her cholesterol is too high, and she is at serious risk of a heart attack. He prescribed medication for her condition, suggested she quit smoking and referred her to a heart specialist for further care. He suggested she think about doing advance care planning to ensure her health care decisions are known and respected by her health care providers since she has no close family. After thinking over what life support and life-prolonging medical interventions she might need if her condition worsens, Jenny chose to make an advance directive.

Jenny chose to complete an advance directive because:

- Jenny does not have any family and her close friend may not be available for a health care provider to choose as her TSDM;
- Jenny can set out her wishes and instructions for life support and life-prolonging medical interventions and when she may want them to be started, continued or stopped; and
- Jenny's doctor knows Jenny and her hopes and wishes for the future much better after having an advance care planning conversation with her, and having a copy of her advance directive.

Jenny may wish to talk with her friend Rose or someone else she trusts about her wishes, and ensure they are identified in her list of contacts to act as TSDM if needed. She may also wish to make an enduring power of attorney to provide for someone to manage her finances and property if she becomes incapable of doing so herself (see p.19 for more information).

A Representation Agreement and an Advance Directive

Different personal circumstances may influence whether an adult chooses to make a representation agreement, an advance directive, or simply to discuss their beliefs, values and wishes with close family and friends and identify contact information for a TSDM. British Columbia's personal planning laws also provide the option of choosing to have both a representation agreement and an advance directive.

If you have both a representation agreement and an advance directive, and want your advance directive to be followed by your health care provider without your representative being asked for a decision, then you must state this in your representation agreement.

Completing a representation agreement and an advance directive as part of your advance care plan involves the following:

- Discussing your beliefs, values and wishes with close family or a trusted friend;
- Writing down your beliefs, values and wishes (p.30);
- Naming your representative in a representation agreement using a section 7 (p.34) or section 9 (p.44) form;
- Outlining your decisions for future health care treatment in an advance directive (p.50) [note: you will need to state in your representation agreement that a health care provider may act in accordance with the instructions in your advance directive without the consent of your representative if this is your wish]; and
- Filling out your TSDM list with the contact information of people who may be approached by a health care provider when a TSDM is needed to make a health treatment decision if your representative resigns or is unavailable and your advance directive does not apply (p.28).

A Section 7 Representation Agreement and an Advance Directive

Making an advance directive in addition to a section 7 representation agreement provides specific instructions directly to your health care provider(s), as long as you write in your representation agreement that your advance directive may be acted on without your representative being asked to make health care decisions for you.

Marie, 34, was diagnosed and treated for early psychosis when she was 16. Most of the time she functions well, manages her symptoms, and can look after herself. She is married to Tony, who works away from home periodically. Her sister, Jeanne, lives nearby and helps Marie whenever she can. When Marie is unwell, it is usually due to recurring symptoms of psychosis. When this happens, she becomes incapable of looking after herself and her home. Assessment and treatment of her symptoms may be done at home, but at other times she is admitted to an inpatient psychiatric unit at the local hospital. This cycle has repeated itself every year or two, and when Marie's symptoms are severe, she sometimes refuses the treatment that can make her stable.

After her last stay in hospital, Marie spoke with Tony, her psychiatrist and Jeanne about longer-term planning for her care during these events. On her last visit, Marie's family doctor suggested she do advance care planning to make future health care treatment and personal planning decisions. It was suggested that Marie name a representative to ensure her care and routine financial needs are looked after if she needs to be in hospital and Tony is not home. She was also advised to make an advance directive to ensure that she is treated as early as possible whenever her symptoms of psychosis recur. Marie chose to make a section 7 representation agreement and an advance directive.

Marie chose to complete a section 7 representation agreement and an advance directive because:

- Marie's representative, Jeanne, will be able make decisions about Marie's routine finances when she is ill and Tony is away. Marie may limit Jeanne's authority to make health care decisions to only those times when the symptoms of psychosis reach a particular stage.
- Marie does not want Jeanne to make decisions to refuse life support.
- Marie's advance directive allows her to provide detailed instructions for her own health care directly to her health care provider(s).
- An advance directive will ensure Marie gets the medically appropriate care she requires, even if she refuses the treatment at the time the care is needed.

A Section 9 Representation Agreement and an Advance Directive

Making an advance directive in addition to a section 9 representation agreement provides specific instructions directly to your health care provider(s), as long as you write in your representation agreement that your advance directive may be acted on without your representative being asked to make health care decisions for you.

Don, 68, is a businessman who found out two months ago that he has prostate cancer. Don has no other health concerns – although he has smoked cigarettes for over 50 years, has a chronic cough and is a little overweight. He lost a friend to prostate cancer last year and his brother died from colorectal cancer five years ago. Don has been divorced twice, has three adult daughters who live in the same city, is still close friends with his first wife, and moved in two months ago with his new partner Sheila, whom his daughters don't know well. He gets along well with his youngest daughter, Karen and she knows his wishes. Don visited his doctor for a routine test and discussed his concerns. His doctor suggested he think about advance care planning and consider who his decision-maker would be if he is incapable of making his own health decisions. Don chose to make a section 9 representation agreement and an advance directive.

Don chose to complete a section 9 representation agreement and an advance directive because:

- Don has more than one close relationship with many people who care deeply for him. If Don becomes ill and incapable of deciding for himself, there is a possibility that many people may believe they can best express Don's wishes.
- Without a named representative, Don's health care providers must choose Sheila as TSDM to decide, which may concern his daughters.
- By setting out his instructions for health care in an advance directive, Don's health care provider(s) will know his wishes.

If Don wants his first wife and/or his youngest daughter Karen to be his representative(s), he may name one as his representative and one as his alternate.

Enduring Power of Attorney

An enduring power of attorney allows an adult to appoint another person (called their attorney) to make decisions regarding their financial and legal affairs. The person (attorney) is authorized to act when the adult becomes incapable.

The powers provided to the attorney can be tailored to suit your needs. For example, this may range from the ability to deposit cheques into your chequing account to complete access to all of your assets.

Attorneys may not make health care treatment decisions. A representation agreement is the only way to appoint someone to act on your behalf for health care treatment decisions.

Resources

The enduring power of attorney form can be found at: www.ag.gov.bc.ca/incapacity-planning/pdf/Enduring_Power_of_Attorney.pdf

More information can be found on the Public Guardian and Trustee of British Columbia website at: www.trustee.bc.ca

The Lawyer Referral Service (www.cba.org/BC/Initiatives/main/lawyer_referral.aspx) is operated by the Canadian Bar Association's British Columbia branch. It offers an initial consultation with a lawyer for up to 30 minutes for a small fee. Operators are available 8:30 am to 4:30 pm, Monday to Friday. Phone 604 687-3221 in the Lower Mainland or toll-free in B.C. at 1 800 663-1919.

Changing or Cancelling Your Advance Care Plan

Your personal circumstances change over time. As long as you are capable, you can change or cancel (revoke) your advance care plan at any time. This includes representation agreements and advance directives.

It is important to regularly review and make changes to your advance care plan when you believe it is necessary. During a review, ask your representative or possible TSDM if they are still willing and able to make health care treatment decisions for you. Review the wishes you wrote in your advance care plan, including any specific instructions you wrote in your representation agreement or advance directive.

Before changing or cancelling your advance care plan, be sure you have up-to-date knowledge about your current health condition and any new health care treatments available to you.

The instructions below tell you what to do if you want to change and update, or cancel your advance care plan, including your representation agreement or advance directive if you made them.

1. Changes to your advance care plan summary, TSDM contact list and/or beliefs, values and wishes for health care, including life-prolonging medical interventions:

   Destroy the old pages and fill out new ones. Be sure to sign and date your new pages where required. If you did not name a representative or make an advance directive before and still do not want to, skip to 4.

   If you want to name a representative [section 7 (p.34) or section 9 (p.44)] or make an advance directive (p.49), complete the forms and inform your family, friends and health care providers.

2. Changes to your representation agreement (section 7 or 9) and/or advance directive
   You have two options:
   - Make the changes directly in your existing representation agreement or advance directive and then sign and date them in front of witnesses in the same manner as you did the originals, or
   - Create a new representation agreement or advance directive to replace the old ones and cancel your old representation agreement or old advance directive (see 3).

3. Cancelling an existing representation agreement or advance directive

   To cancel (revoke) an existing representation agreement or advance directive you must:

   - Destroy the original or make another document and express your intention to cancel the old one; and
   - Give a written notice of the cancellation (revocation) to the person named as your representative, including any alternate representative or monitor.

4. Notification of changes

   After changing or cancelling your advance care plan, you should:

   - Inform any family, friends and health care providers you have changed or cancelled your advance care plan, including changes to your representation agreement or advance directive if you completed the forms.
   - Ask your family, friends, representative (if you have one), and health care providers to give you back the old copies of your advance care plan, including copies of your old representation agreement and advance directive if relevant, so you can destroy them.
   - Provide copies of your newly changed advance care plan, including representation agreement and advance directive (if you completed them), to your close family or friend, and health care provider(s).
   - It is important to ensure that your physician and other health care providers are aware of your most up-to-date wishes and instructions about your care. Please ensure that if you update your advance care plan, including your representation agreement or advance directive, that you advise all relevant health care providers. Be sure to ask them to review and update or cancel as appropriate any medical orders that no longer apply.

Definitions of Terms

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 health 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 health 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 health care treatment the adult consents to, or refuses. It is effective when the capable adult becomes incapable and only applies to the health care 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 death 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 health care treatment decisions.

Health care provider is a professional licensed, certified, or registered to provide health care under the *Health Professions Act* (e.g., physician, nurse practitioner, registered nurse) and *Social Workers Act*.

Health care treatment is anything done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health care purpose and may be a series of similar treatments or care (e.g., administration of blood pressure pills, wound care) given over time or a plan for a variety of care purposes for up to one year.

Incapable (incapability) is determined by a health care provider who must base their decision on whether or not the adult demonstrates that they understand:

1. The information given about their health condition;
2. The nature of the proposed health care including risks, benefits and alternatives; and
3. That the information applies to their situation.

Life support and life-prolonging medical interventions are health care treatments like tube feedings, ventilators (breathing machines), kidney dialysis, medications, and cardiopulmonary resuscitation. They are considered medically appropriate care when the goal of care is to continue or prolong life.

Medically appropriate care is health care treatment offered by a health care provider that is consistent with the patient's condition and goals of care, based on the health care provider's health assessment.

Monitor is a person that may be appointed in a representation agreement to ensure the representative carries out his/her duties.

Nurse practitioner is a registered nurse who has met the requirements of the profession to be registered and to use the title of nurse practitioner. They provide expanded nursing services including diagnosing, prescribing, ordering tests and managing common acute illnesses and chronic conditions.

Personal guardian (committee of the person) is a person appointed by the court to make health and personal decisions for the benefit of the adult when they are incapable of deciding on their own.

Personal care refers to the daily living needs of individuals, such as living arrangements, diet, clothing, hygiene, exercise, and safety.

Power of attorney is a document that appoints a person (called an attorney) who is authorized by a capable adult to make financial, business and/or property decisions on their behalf. Attorneys may not make health care treatment decisions.

Representative is a person 19 years or older who is named by a capable adult, in a representation agreement, to make health care 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.

Spouse is a person who:

a. is married to another person, and is not living separate and apart, within the meaning of the *Divorce Act* (Canada), from the other person; or
b. is living and cohabiting with another person in a marriage-like relationship, including between persons of the same gender.

Substitute decision maker is a capable person with the authority to make health care 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 health care 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.

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:

_____

_____

_____

_____

My Advance Care Plan

This section provides all of the necessary tools and forms you need to develop your advance care plan. Instructions at the top of each page will help you determine which pages you need to fill out. The pages have been designed so you can tear off the ones you need.

Only fill out the pages you need for the legal documents you choose. If needed, refer back to the descriptions of the different advance care plan options in the first part of this guide to help you decide what documents you need to fill out for your future health care needs.

My Advance Care Plan - Summary

This summary is the cover of your advance care plan.

Full name (please print): _____ Signature: _____

Date this advance care plan was completed: _____
dd/mm/yyyy

This is an update of my advance care plan: ❑ Yes ❑ No

My advance care plan includes (tick all that apply):

- ❑ My beliefs, values and wishes
- ❑ My TSDM list
- ❑ My standard representation agreement (section 7) **- optional**
  - ❑ Form 1 - Certificate of Representative or Alternate Representative
  - ❑ Form 2 - Certificate of Monitor
  - ❑ Form 3 - Certificate of Person Signing for the Adult
  - ❑ Form 4 - Certificate of Witnesses
- ❑ My enhanced representation agreement (section 9) **- optional**
- ❑ My advance directive form **- optional**

I have given copies of this advance care plan to:

_____ Relationship to me: _____ Phone: _____

_____ Relationship to me: _____ Phone: _____

_____ Relationship to me: _____ Phone: _____

_____ Relationship to me: _____ Phone: _____

_____ is my health care provider. Phone: _____

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

My Beliefs, Values and Wishes

Complete this page for all advance care plans, regardless of whether you choose to complete a representation agreement form or advance directive form. If needed, this information will help your substitute decision maker (court appointed personal guardian, representative or TSDM) make future health care treatment decisions for you.

Note: If you want to make an advance directive or name a representative in a representation agreement with specific instructions about your health care treatment decisions, be sure to write your instructions directly on those forms. The information you write on these pages is not a representation agreement or an advance directive.

My beliefs (what gives my life meaning)

My values (what I care about in my life)

My wishes (for future health care treatment, life support and life-prolonging medical interventions)

Name (print)	Signature	Date signed

My Representative - Standard Agreement (section 7)

Section 7 Representation Agreement Form (p.34-39)

Use a section 7 form **if you want** your representative to be authorized to make decisions about your routine financial affairs, your personal care and some health decisions.

A section 7 form does not provide a representative with the authority to refuse life support and life-prolonging medical interventions.

In addition to a Section 7 Representation Agreement form, the following certificates must be completed (if they apply) for the agreement to be effective:

Form 1: Certificate of Representative or Alternate Representative (p.40)

Form 2: Certificate of Monitor (p.41)

Form 3: Certificate of Person Signing for the Adult (p.42)

Form 4: Certificate of Witnesses (p.43)

My Representative - Enhanced Agreement (section 9)

Section 9 Representation Agreement Form (p.44-49)

Use a section 9 form **if you want** your representative to be authorized to make decisions about accepting or refusing life support and life-prolonging medical interventions on your behalf, in addition to other health and personal care decisions.

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

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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)
Print Name	

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)
Print Name	
Address	
If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below: ☐ lawyer ☐ 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)
Print Name	
Address	

REPRESENTATIVES' SIGNATURES

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

REPRESENTATIVE

Signature of Representative	Date Signed (YYYY / MM / DD)
Print Name	

ALTERNATE REPRESENTATIVE

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

Signature of Alternate Representative	Date Signed (YYYY / MM / DD)
Print Name	

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

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STATUTORY DECLARATON 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

_____ Declarant's Signature

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)

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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) 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*.

(b) 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.

(c) A monitor must complete the Certificate of Monitor in Form 2 under the Representation Agreement Regulation.

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 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*;

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) A witness must complete the Certificate of Witnesses in Form 4 under the Representation Agreement Regulation.

(d) 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.

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Form 1 - Certificate of Representative or Alternate Representative

To be completed by each representative and alternate representative named in a representation agreement made under section 7 of the *Representation Agreement Act* [sections 5 (4) and 6 (2)].

Part I - Identification of representative or alternate representative

1. This certificate applies to the representation agreement made _____ *[date]*

   by _____ *[name of adult]*.
2. I am named in the representation agreement as representative or alternate representative.
3. My contact information is as follows:

   _____ *[name]*

   _____ *[telephone number]*, of

   _____ *[address]*,

   _____ *[city, province, postal code]*,

   _____ *[date of birth, if not a trust company or credit union]*.

Part 2 - Certifications made by representative or alternate representative

I certify that

(a) I am an adult [does not apply to a trust company or credit union],

(b) I do not provide, for compensation, personal care or health care services to the adult who made the representation agreement, or I do provide the services described in this paragraph, but I am a child, parent or spouse of the adult,

(c) I am not an employee of a facility in which the adult who made the representation agreement resides and through which he or she receives personal care or health care services, or I am an employee described in this paragraph, but I am a child, parent or spouse of the adult,

(d) I am not a witness to the representation agreement,

(e) I have read and understand, and agree to accept, the duties and responsibilities of a representative as set out in section 16 of the *Representation Agreement Act*, and

(f) I have read and understand section 30 of the *Representation Agreement Act* and have no reason to make an objection as described in that section.

_____ _____

signature of representative, alternate representative or authorized signatory of a trust company or credit union *date*

Form 2 - Certificate of Monitor

To be completed by the person named as monitor as set out in section 12 (5) of the *Representation Agreement Act*.

Part I - Identification of monitor

1. This certificate applies to the representation agreement made _____ *[date]*

   by _____ *[name of adult]*.
2. I am named in the representation agreement as monitor.
3. My contact information is as follows:

   _____ *[name]*

   _____ *[telephone number]*, of

   _____ *[address],*

   _____ *[city, province, postal code]*.

Part 2 - Certifications made by monitor

I certify that

(a) I am an adult,

(b) I have read and understand, and agree to accept, the duties and responsibilities of a monitor as set out in section 20 of the *Representation Agreement Act*, and

(c) I have read and understand section 30 of the *Representation Agreement Act* and have no reason to make an objection as described in that section.

_____ _____

signature of monitor *date*

Form 3 - Certificate of Person Signing for the Adult

To be completed by the person who signs a representation agreement made under section 7 of the *Representation Agreement Act* [section 13 (4) (d)] for the adult making the agreement, if the adult is physically incapable of signing.

Part I - Identification of the person signing on behalf of the adult

1. This certificate applies to the representation agreement made _____ *[date]*

   by _____ *[name of adult]*.
2. I signed the representation agreement on behalf of the adult.
3. My contact information is as follows:

   _____ *[name]*

   _____ *[telephone number]*, of

   _____ *[address]*,

   _____ *[city, province, postal code]*.

Part 2 - Certifications made by the person signing on behalf of the adult

I certify that

(a) I am an adult *[does not apply to a trust company or credit union]*,

(b) the adult who made the representation agreement was present when I signed the representation agreement on his or her behalf, and directed me to sign because he or she was physically incapable of signing,

(c) I understand the type of communication used by the adult who made the representation agreement when he or she directed me to sign the agreement,

(d) I am not named in the representation agreement as a representative or an alternate representative, and

(e) I am not a witness to the representation agreement.

_____ _____

signature of person signing for the adult *date*

Form 4 - Certificate of Witnesses

To be completed by each person witnessing the signing of a representation agreement made under section 7 of the *Representation Agreement Act* [sections 13].

Part I - Identification of, and certifications made by, first witness

1. This certificate applies to the representation agreement made _____ *[date]*

   by _____ *[name of adult]*.
2. I witnessed the signing of the representation agreement by, or on behalf of, the adult.
3. My contact information is as follows:

   _____ *[name]*

   _____ *[telephone number]*, of

   _____ *[address]*,

   _____ *[city, province, postal code]*.

4. I certify that

(a) I am an adult *[does not apply to a trust company or credit union]*,

(b) the adult who made the representation agreement was present when I witnessed the representation agreement,

(c) I understand the type of communication used by the adult who made the representation agreement, or had interpretive assistance to understand that type of communication,

(d) I am not named in the representation agreement as a representative or an alternate representative,

(e) I am not a spouse, child, parent, employee or agent of a person named in the representation agreement as a representative or an alternate representative *[does not apply to an employee or agent of the Public Guardian and Trustee, or a trust company or credit union]*, and

(f) I have read and understand section 30 of the *Representation Agreement Act* and have no reason to make an objection as described in that section.

_____ _____

signature of witness *date*

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

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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 me, my Representative, or my Alternate Representative (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 do)

Pursuant to section 9 (1) (a) of the *Representation Agreement Act*, I authorize my Representative to do anything that the Representative considers necessary in relation to my personal care and health care.

7. INSTRUCTIONS OR WISHES (OPTIONAL)

(See Note 6 - consultation with a health care provider)

The following are my instructions or wishes with respect to decisions that will be made within the areas of authority given to my Representative under this Representation Agreement:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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)
Print Name	

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)
Print Name	
Address	
If witness is a lawyer or member of the Society of Notaries Public of British Columbia, check relevant box below: ☐ lawyer ☐ 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)
Print Name	
Address	

REPRESENTATIVES' SIGNATURES

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

REPRESENTATIVE

Signature of Representative	Date Signed (YYYY / MM / DD)
Print Name	

ALTERNATE REPRESENTATIVE

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

Signature of Alternate Representative	Date Signed (YYYY / MM / DD)
Print Name	

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STATUTORY DECLARATON 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

_____ _____
location — Declarant's Signature

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)

PUBLISHED BY THE ATTORNEY GENERAL OF BRITISH COLUMBIA, SEPTEMBER 2011

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.

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BRITISH COLUMBIA | Ministry of Health

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)

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)
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)
Print Name	
Address	

HLTH 3988 PAGE 2 OF 2

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.

Resources

Advance Care Planning

For more information about advance care planning, visit:
SeniorsBC - www.gov.bc.ca/advancecare
HealthLink BC (www.healthlinkbc.ca)and search for advance care planning, or call 8-1-1.

Your local health authority:
Fraser Health - www.fraserhealth.ca/your_care/advance_care_planning
Interior Health - www.interiorhealth.ca/YourCare/EndOfLife/AdvanceCarePlanning
Northern Health - www.northernhealth.ca/YourHealth/AdvanceCarePlanning.aspx
Vancouver Coastal Health - www.vch.ca/your_health/health_topics/advance_care_planning
Vancouver Island Health Authority - www.viha.ca/advance_care_planning

Legislation

For information on B.C.'s incapacity planning legislation, visit the Ministry of Attorney General at: www.ag.gov.bc.ca/incapacity-planning

Personal Planning

The Public Guardian and Trustee - www.trustee.bc.ca/services/adult/personal_planning_tools.html
Nidus Personal Planning Resource Centre - www.nidus.ca

Health Care Needs

If you need a family doctor, the College of Physicians and Surgeons of British Columbia provides a directory of physicians accepting new patients at: www.cpsbc.ca/node/216

Legal Needs

If you need a lawyer, the Canadian Bar Association British Columbia branch operates the Lawyer Referral Service. For details, visit: www.cba.org/BC/Initiatives/main/lawyer_referral.aspx

My full name is _____

In case of emergency, call:

_____ (name) _____ (phone)

My health care provider is _____

I have an advance care plan ❑
- ❑ with a representation agreement [❑ sec 7 ❑ sec 9]
- ❑ with an advance directive

I am an organ donor ❑

My important papers are located _____

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