

# Health Care Directive

Please type or print legibly

## This is the Health Care Directive of:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

### Part 1 – Designation of a Health Care Proxy

You may name one or more persons who will have the power to make decisions about your medical treatment when you lack the ability to make those decisions yourself. If you do not wish to name a proxy, you may skip this part.

I hereby designate the following person(s) as my Health Care Proxy:

#### Proxy 1

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (     ) \_\_\_\_\_

#### Proxy 2

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (     ) \_\_\_\_\_

*(Check  one choice **only**.) For an explanation of “consecutively” and “jointly” please see the reverse side of this form).*

#### If I have named more than one proxy,

I wish them to act:

consecutively    OR     jointly

My Health Care Proxy may make medical decisions on my behalf when I lack the capacity to do so for myself (check  one choice **only**):

With **no restrictions**

With **restrictions as follows:**

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

### Part 2 – Treatment Instructions

In this part, you may set out your instructions concerning medical treatment that you do or do not wish to receive and the circumstances in which you do or do not wish to receive that treatment. REMEMBER – your instructions can only be carried out if they are set out clearly and precisely. If you do not wish to provide any treatment instructions, you may skip this part.

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

### Part 3 – Signature and Date

**You must sign and date** this Health Care Directive. No witness is required.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If you are unable to sign yourself, a substitute may sign on your behalf. The substitute must sign in your presence and in the presence of a witness. The proxy or the proxy's spouse cannot be the substitute or witness.

Name of substitute: \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of witness: \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Health Care Directives in Manitoba

## What is the purpose of a Health Care

### Directive?

As a Manitoba citizen you have the right to accept or refuse medical treatment at any time. The *Health Care Directives Act* allows you to express your wishes about the amount and type of health care and treatment you want to receive should you become unable to speak or otherwise communicate this yourself. It also allows you to give another person the power to make medical decisions for you should you ever be unable to make them yourself.

## Why should I fill out a form?

Due to accident or illness, you may become unable to say or show what treatment you would like, and under what conditions. If you have signed a directive, those close to you and the health care professionals treating you are relieved of the burden of guessing what your wishes might be.

## How do I make a Health Care Directive?

The Manitoba government has prepared a form for your convenience (see reverse). The form serves as a guide for providing the appropriate information. However, **any paper that is signed, dated and provides the same information may be used.** A directive may be made by anyone capable of making a health care decision and understanding the consequences of that decision.

## Who do I talk to about these decisions?

It is strongly recommended you talk to your doctor before completing the directive. This will ensure your instructions are clear and easily understood by those who provide treatment. Your choices should then be clearly typed or printed.

## What is a proxy?

A proxy is someone you choose and name in your directive to act for you in the event you are not able to make such judgments and speak on your own behalf. Because it is not possible to anticipate every set of circumstances, your proxy has the power to make health care decisions for you based on what you have told your proxy about your wishes and the information in your directive.

## Who do I choose as my proxy?

The choices you make in a directive are very personal. The person(s) you choose to represent you should be close friends or relatives who are willing to accept this responsibility. You should discuss your wishes openly and in detail with them. It is wise to name more than one proxy in case one is not available when needed.

If you designate two proxies, you must decide how you want them to work, either independently or together as a team. If you decide the two proxies should act **jointly**, they will act together on your behalf. If you decide they should work **consecutively**, the second proxy will be contacted if the first is not available or is unwilling to make the required decision at the required time.

It is important to make sure that your proxy (or proxies) understand(s) what is expected and is willing to speak and act for you.

## Can I change my mind about my directive?

A Health Care Directive should be a record of your current wishes. If at any time you wish to change the content or the proxies you have listed, all copies of your old directive should be destroyed and a new directive written.

## What is the effect of a Health Care Directive?

The wishes you express in your directive are binding on your friends, relatives and health care professionals (unless they are not consistent with accepted health care practices) and will be honoured by the courts. However, health care professionals treating you are not obliged to search for or ask about a signed directive. It is important to be sure that family, friends, your doctor and your proxy know you have a directive and know where it can be found.

For more information contact:  
**your regional health authority**