

 <p>SASKATOON DISTRICT HEALTH</p>	<p>POLICIES & PROCEDURES</p> <p>Number: 7311-60-005 Title: ADVANCE CARE DIRECTIVES</p>
<p>Authorization</p> <p><input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Senior Leadership Team <input type="checkbox"/> Vice President</p>	<p>Source: Administration Cross Index: Date Reaffirmed: Date Revised: Date Effective: September 1998 Scope: SDH Agencies & Affiliates</p>

1. POLICY

- 1.1 Advance Care Directives shall be an integral part of the care of clients in the District.
- 1.2 The District will help clients complete an Advance Care Directive when requested to do so.
- 1.3 The policy shall apply to all agencies and to Home and Palliative Care.

2. PURPOSE

- 2.1 To facilitate the use of Advance Care Directives in Saskatoon District.
- 2.2 To interpret *The Health Care Directives and Substitute Health Care Decision Makers Act* for clients and caregivers in simple terms.
- 2.3 To ensure that caregivers are aware of their obligations under the Act.

3. PROCEDURE

- 3.1 General Principles:
 - 3.1.1 All actions of member agencies shall conform with the provisions in the statute *The Health Care Directives and Substitute Health Care Decision Makers Act* of the Government of Saskatchewan, assented to on May 21, 1997, and effective from September 1, 1997.
 - 3.1.2 Advance Directives may be executed only by the client himself or herself. The client must sign and date the Directive except as detailed in Clause 3.1.3.
 - 3.1.3 Advance Directives are valid only if they are executed by a competent client with normal cognitive function. If a client is competent but unable to sign the

directive, another person, who is not the designated proxy, may sign the directive on the client's behalf, and this person's signature must be witnessed.

- 3.1.4 In the situation where the client is incompetent, is in a chronic care facility, and has not executed an Advance Directive, the provisions of section 16 of the Act shall apply.

3.2 Types of Advance Directives:

Advance Directives may be of two basic types:

- 3.2.1 A direction concerning the care to be given to the clients if s/he becomes unable to make decisions for himself or herself. The Directive may be:

3.2.1.1 Specific, listing medical procedures and interventions the client directs be refused or accepted in specific circumstances, or

3.2.1.2 General, listing medical procedures and interventions the client does not wish carried out, and/or listing the care the client wishes to receive.

- 3.2.2 Naming a person or persons to be the proxy decision-maker for the client should the client become unable to make decisions for himself or herself.

- 3.2.3 The directive may incorporate both types of directive detailed in 3.2.1 and 3.2.2.

3.3 Completing Advance Directives

- 3.3.1 All agencies of the District shall afford clients the opportunity of completing an advance directive at any time during the client's residence in the agency, provided that:

3.3.1.1 No client shall be required to complete an advance directive, and

3.3.1.2 No undue influence shall be exerted on a client concerning the terms of the advance directive

- 3.3.2 If a client needs help in executing an advance directive, a member of the staff of the agency shall be available to assist the client.

3.4 Recording the Advance Directive

- 3.4.1 All advance directives, duly signed, and witnessed when required, shall be retained in the client's medical record or agency file. The advance directive shall accompany the client if the client is transferred to another facility.

- 3.4.2 A suitable label or flag shall be attached to the medical record or agency file to indicate clearly that it includes an advance directive.
- 3.4.3 All caregivers shall have the responsibility of noting when a medical record or agency file is marked as in 3.4.2, and of familiarizing themselves with the provisions of the advance directive contained in the record or file.
- 3.5 Implementation of Advance Directives: As long as they are applicable to the circumstances, the provisions of the advance directive shall be respected at all times. However:
- 3.5.1 If the client's condition is one requiring an immediate decision and a proxy decision-maker or an advance directive is not immediately available, the caregivers shall make a decision based on the client's best interests, or
- 3.5.2 If the client's condition is not one requiring an immediate decision, and
- 3.5.2.1 The designated proxy decision-maker or the advance directive is not available, the caregivers shall make decisions at the direction of the nearest relative as defined in section 15 of the Act, or
- 3.5.2.2 The client has not designated a proxy decision-maker or executed an advance directive, the caregivers shall make decisions at the direction of the nearest relative as defined in the Act.
- 3.6 Disputes
- If any dispute arises concerning the application of an advance directive, and if the dispute cannot be resolved by the parties themselves, the matter shall be referred to the Saskatoon District Health Ethics Committee or the St. Paul's Hospital Ethics Committee.
- 3.7 Changes to an Advance Directive
- Only the client or the courts can rescind or alter a properly executed advance directive.