

# ADVANCE MEDICAL DIRECTIVE

This is the Living Will and Medical Directive of \_\_\_\_\_,  
currently resident at \_\_\_\_\_.

## 1. Effective:

- a. I recognize that a time may come when by reason of illness or mental incapacity I cannot participate in my medical care or health decisions. This directive will be in effect only while I am unable to make or communicate my own decisions by speaking, by writing, or by gesturing.

## 2. My Agent:

- a. I appoint as my Agent to make personal and health and medical care decisions on my behalf when I no longer have the capacity to make such decisions \_\_\_\_\_  
\_\_\_\_\_,  
currently resident at \_\_\_\_\_.

- b. If \_\_\_\_\_ is unwilling or unable to act as my Agent, then I appoint the first person on the following list who is able and willing to serve as my Alternate Agent:

\_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_

- c. If my spouse has been designated as an Agent or Alternate Agent above, and if after the execution of this document, my spouse and I are legally separated or divorced, any rights and powers granted to my spouse by this document shall immediately terminate on such legal separation or divorce.
- d. Any reference to Agent in this document shall include the meaning Alternate Agent where such Alternate Agent is acting as provided in this document.

### **3. Power of Agent:**

- a. I grant to my Agent the full power and authority to make all decisions affecting my health care and living arrangements and I request that my Agent follow my Wishes as indicated in this document. If I have not included instructions on any particular matter that may arise, I hereby empower my Agent to act as he or she thinks best, but in accordance with his or her comprehension of my wishes, values, and beliefs.
- b. I grant to my Agent the full power and authority to:
- sign documents, including but not restricted to releases, permissions, or waivers;
  - review and disclose medical records;
  - hire or discharge caregivers;
  - authorize admission to or release from medical facilities;
  - consent, refuse, or withdraw consent to any form of health care.

### **4. Visiting Rights:**

I hereby request that all medical or care facilities in which I may be placed give to my Agent primary visiting rights as well as the right to admit or exclude other visitors.

### **5. My Wishes:**

- a. If the situation should arise in which there is no reasonable expectation of my recovery from physical or mental disability, then I request that medication be mercifully administered to me to alleviate suffering and that I be allowed to die and not be kept alive by artificial means. I do not fear death itself as much as the indignities of deterioration, dependence, and hopeless pain. In particular, I have the following instructions:

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- b. If it becomes necessary for a Guardian of my person to be appointed under the appropriate law of the province, then I nominate my Agent, as appointed under clause 2 of this document, as my choice for Guardian.

- c. If any dispute arises about the interpretation of my Wishes or about the validity of this Directive, then I encourage my Agent to seek to avoid litigation and to pursue all reasonable ways to resolve the dispute, including mediation.

**6. Additional matters:**

- a. I hereby revoke any previous living wills, personal directives, or advance medical directives.
- b. I hereby indemnify and hold harmless my Agent and anyone who acts in good faith at the behest of my Agent in fulfilling my Wishes as expressed in this document.

**7. Signature:**

I, \_\_\_\_\_, of \_\_\_\_\_, being of sound mind, confirm that I understand the content of this document and the power that it gives to my Agent and further confirm that this document represents my Wishes.

DATED at \_\_\_\_\_,  
on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

SIGNED \_\_\_\_\_ ( \_\_\_\_\_ )

in the presence of:

WITNESS \_\_\_\_\_ ( \_\_\_\_\_ )

WITNESS \_\_\_\_\_ ( \_\_\_\_\_ )