

## **Do Not Euthanize (DNE)**

### **Advance Directive**

#### **Form Instructions**

Made under the '*Substitute Decisions Act, 1992*', and '*Ontario Health Care Consent Act, 1996*'.

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. It is particularly important to obtain legal advice if you also have a Power of Attorney for Personal Care under the Ontario Substitute Decisions Act, 1992, S.O. 1992, c.30, as it may affect the enforceability and/or applicability of provisions set out in this Advance Directive. Hereinafter, 'Attorney' means the person or persons appointed pursuant to your Power of Attorney for Personal Care, while 'immediate family' will mean any family member or members to whom the 'Adult' signing this Advance Directive has expressed their desires for medical treatment and/or health care decisions which align with the provisions of 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.)

#### **Disclaimer**

Medical Assistance in Dying ("MAiD") may not be available for those who do not have capacity; meaning that another person (ie. your Attorney or other individual(s) to whom you have expressed your medical treatment and health care desires to) may not be legally empowered to consent to MAiD on your behalf. The informed consent requirements under 'An Act to Amend the Criminal Code (medical assistance in dying), S.C. 2021, c.2', requires consent to MAiD after you have received all information needed to make the decision at the time of request and immediately before MAiD, unless you qualify for a "Waiver of Final Consent' under the Act.

The MAiD provisions as outlined in this Advance Directive, which presume that an Attorney or other individual(s) could consent to MAiD on your behalf, might not currently be legal in Canada and this Advance Directive addresses provisions which may or may not ever become legal in Canada.

# DO NOT EUTHANIZE (DNE)

## ADVANCE DIRECTIVE OF [ADULT], DESIRING A NATURAL DEATH WITH DIGNITY

“Adult” refers to the person signing this document.

### 1. This is the Advance Directive of the “Adult”

Full Legal Name of the Adult

Date (YYYY/MM/DD)

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Full Address of the Adult

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Personal Health Card Number

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Date of Birth (YYYY / MM / DD)

### 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 or refuse consent to health care as set out in this Advance Directive.

### 4. Instructions Regarding Life-Sustaining and Life-Terminating Medical and non-Medical Treatment

I wish to state my strongly held beliefs and convictions regarding life-sustaining treatment. I believe that if death is imminent, it should be allowed to come naturally, mercifully and painlessly.

I have made this Advance Directive, in part, to ease any emotional anguish that may impact those who have to determine whether intervention should be undertaken and to place the responsibility for the decision solely upon myself.

If there is no reasonable expectation of my recovery from extreme physical or mental disability and my death is clearly imminent, I wish to be allowed to die naturally and my care is to be limited to support and comfort.

I, \_\_\_\_\_, consent to my health care provider administering medication to me to alleviate my suffering even though this may hasten my death. However, I do not consent to any active intervention, by medicine or other means, that is administered or undertaken with the overt or covert intention of ending my life. This may include opiates, or other drugs, used to deliberately bring about my death.

In no circumstances do I want to receive euthanasia, medical assistance in dying (otherwise known as “MAiD”), or assisted suicide and I hereby expressly refuse any and all such interventions or procedures.

#### **4.a Health Care Provision Clause – (Brandon’s Clause)**

In the event that it has been determined my death is imminent, I direct and demand that life sustaining and humane practices be continued. I request nutrition, oxygen and pain relief continue to be administered, by any means necessary, until such time that my death be naturally complete. Unilateral decisions by healthcare providers or facilities that induce starvation, dehydration or asphyxiation, and thereby might hasten my death, will be considered homicidal in intent, and legal recourse may be pursued by my Attorney under any Power of Attorney for Personal Care signed by me and/or my immediate family and their chosen medical advisor(s), to whom I have expressed my desires for medical treatment and/or health care decisions.

#### **5. Refusal Binding on Health Care Provider**

I acknowledge, fully understand and accept any consequences that might arise because a health care provider cannot provide any health care or procedures to me for which I have refused consent in this Advance Directive.

#### **6. Acknowledgement**

The instructions given in this Advance Directive apply regardless of any change in medical knowledge, practice or technology, and even if there have been significant changes in medical knowledge, practice or technology that might substantially benefit me. I understand that euthanasia, “MAiD”, or assisted suicide cannot be consented to under current Canadian law by another on my behalf and I make this directive to address the potential of a change in the laws of Canada that will permit any substitute decision maker to consent to euthanasia, “MAiD” or assisted suicide on my behalf.

#### **7. Representation Agreement**

I acknowledge that if I have also signed a Power of Attorney or Directive pursuant to any other federal or provincial Act which covers the same matters covered in this Advance Directive and, in the case of any conflict between these two documents, this

Advance Directive will be treated as my final expressed wishes and take precedence over any such Power of Attorney, Directive or Agreement.

## **8. Severability**

Any provision or part provision of this Advance Directive determined to be invalid or unenforceable will be severed from this Advance Directive, and the remaining part, if any, of that provision and all other provisions of this Advance Directive will continue in full force and effect. The invalidity or unenforceability of any provision, or part provision, in any particular jurisdiction will not affect its validity or enforceability in any other jurisdiction where it is valid or enforceable.

## **9. Specific Health Care Instructions**

If I am not capable of giving instructions at the time health care is required, I give or refuse consent as follows:

### **I give consent to the following healthcare:**

I request and consent to care, treatment, services and procedures, including hospice/palliative care, which are appropriate to my condition and are beneficial for me. The meaning of the words “appropriate” and “beneficial,” for the purpose of this direction, are those which I have discussed with my appointed Attorney under any Power of Attorney for Personal Care signed by me or, in the absence of such appointees, shall be determined solely by my immediate family and their chosen medical advisor(s), to whom I have expressed my desires for medical treatment and/or health care decisions.

I request that I receive hospice/palliative care when it is necessary to alleviate pain and other symptoms so that I can live to the limits of my potential. I also request that, if possible, this care be provided in a facility where euthanasia or “MAiD” is not permitted.

### **I refuse to consent to the following:**

I refuse all treatment, services and procedures which are not appropriate to my condition and are not beneficial to me. The meanings of the words “not appropriate” and “not beneficial,” for the purpose of this advance direction, are those which I have discussed with my appointed Attorney under any Power of Attorney for Personal Care or, in the absence of such appointees, shall be determined solely by my immediate family and their chosen medical advisor(s) to whom I have expressed my desires for medical treatment and/or health care decisions.

I specifically direct that my life is not to be ended by euthanasia or “MAiD”.

If I should ask for an assisted death, I direct that it be recognized only as a plea for symptom management or a plea for emotional, spiritual or psychological support, and not as a request that my life is to be ended by euthanasia or “MAiD”.

**10. Execution**

This Advance Directive was consented to and signed on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

**[Set out name of Adult below signature]**

We then signed as witnesses in his/her presence and in the presence of each other at the City of \_\_\_\_\_, in the Province of Ontario, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Witness #1

\_\_\_\_\_  
Signature of Witness #2

\_\_\_\_\_  
Printed Name of Witness #1

\_\_\_\_\_  
Printed Name of Witness #2

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
City

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Province

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

## 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 '*Substitute Decisions Act, 1992*' and the 'Ontario Health Care Consent Act, 1996, S.O. 1996, c. 2.' 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 of the '*Substitute Decisions Act, 1992*' and the 'Ontario Health Care Consent Act, 1996, S.O. 1996, c. 2', with respect to the consent, capacity and best interests of the individual providing the Advanced Directive.

### **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; or
  - 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 Adult to make the Advance Directive, or to change or revoke a previous Advance Directive.