



THE NOVA SCOTIA

Personal Directives
Reflection Guide

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This guide was prepared by Victoria Apold and Jocelyn Downie with plain language editing provided by Nicole Watkins Campbell (watkinscampbell.com). It was designed by Dean McNeill (deanmc.ca).

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LEGAL INFOⁱ
NOVA SCOTIA

This guide is not intended to serve as legal advice.
The content is intended as information only.

INTRODUCTION

A time may come when someone else will have to make decisions about your health or other personal care. You can name someone to make decisions on your behalf. You can record your instructions, wishes, values, and beliefs in a document called a personal directive. If you think ahead about what kinds of care you might want when that happens, you have a better chance of getting that care. You can also make it easier for the people who make those decisions for you.

This guide will help you make a personal directive. It will take you through the types of decisions you need to make.

The Legal Information Society of Nova Scotia has developed an app to record your decisions. At the end of the app, you will have created the document, which you can then print and sign, and give to the people who will care for you and make decisions for you when you cannot.

You can also print a wallet card that tells health care providers or emergency responders that you have a personal directive, where it is, and who to call to find it.

What is a personal directive?

A personal directive is a document through which you can name one or more people to make personal care decisions for you when you can no longer do it yourself. These people are called delegates.

You can also set out your instructions, wishes, values, and beliefs about personal care in the future.

Your personal directive will be used only when you cannot make personal care decisions, for example, if you were in a coma. That is called “losing capacity.” You can learn more about capacity in the “Involving people in your capacity assessment” section of this guide.

Your personal directive will no longer be in effect if:

- you regain capacity or
- you die or
- you cancel the personal directive or
- a court decides it is no longer in effect.

Personal directives are for personal care decisions only. Under the law in Nova Scotia, personal care decisions include health care decisions. Personal directives do not tell others how to make decisions about financial and property matters. For these decisions, you must use other legal documents, like an enduring power of attorney or a will. You can learn more about these from the Legal Information Society of Nova Scotia at legalinfo.org.

A five-minute video on YouTube will help you understand personal directives; you can find it by searching online for “CDHA Personal Directive.”



Why complete a personal directive?

A personal directive is one of the greatest gifts you can give yourself and those who care about you. It can help to make sure that you get the care you want. It can help the people who care about you by letting them know what kinds of care you want. Writing things down helps make sure what you want is clear to everyone.

The people who will most likely make your personal care decisions when you cannot are the people who care most about you—your family and friends. But family members may not know what care you want. A personal directive helps address this problem. As well, if family members disagree about care choices, having your wishes written down can let health care workers care for you as you want to be cared for.

You should make a personal directive while you can still make decisions for yourself. You cannot know how and when illness or an accident will take away your ability to make personal care decisions for yourself.

How does this guide help?

This guide can help you think about the decisions that go into making a personal directive. It will help you choose a delegate or delegates. It will also help you be clear about your instructions, wishes, values, and beliefs about your personal care.

The guide explains some of the rules for personal directives and tells you about medical conditions, possible treatments, and other forms of personal care that you may want to make decisions about.

It also asks you questions that will help you gather your thoughts and information in order to complete the online personal directives app. The app is available at legalinfo.org.

PREPARE TO COMPLETE YOUR PERSONAL DIRECTIVE

Naming someone to make decisions for you

One of the most important choices you can make about your personal care is about who will make decisions for you if you cannot do that for yourself. Personal care decisions include decisions about health care as well as nutrition, hydration (fluids), shelter, clothing, hygiene, comfort, recreation, support services, and moving to a continuing care home or using home care services.

In Nova Scotia, the person you name to make personal care decisions for you is called a delegate. You may hear them referred to as a proxy, substitute decision maker, surrogate, or statutory decision maker. You may name more than one person as a delegate, and you will find more about this on page 7.

Your delegate must follow any instructions or wishes you may have written in your personal directive. However, they can also consider any conversations with you since you wrote your personal directive. If the delegate believes that certain medical advances or technologies would have changed your instructions if you had known about them, they should think about this when making decisions about your care.

If you do not leave any instructions or wishes, your delegate must make decisions according to the values and beliefs written in your personal directive.

If you do not leave any instructions, wishes, values, or beliefs in your personal directive, your delegate must make decisions according to what they believe would be your instructions, wishes, values, or beliefs. If they cannot do that, they must make decisions according to what they believe to be your best interests.

Why name a delegate

Your personal directive lets you name someone you trust, your delegate, to make health and other personal care decisions for you.

You can choose not to name a delegate. You can just leave a statement of your instructions, wishes, beliefs, and values about your personal care. These options come up later in this guide.

But what if you do not name a delegate and do not leave instructions or wishes that are clear and related to a decision that must be made? Your care providers will turn to a “statutory decision maker” to make certain personal care decisions for you. A statutory decision maker is someone chosen under the law rather than someone you choose. That person would have the power to make many decisions for you, including accepting an offer to place you in a continuing care home or to receive home care services.

You can also name a person or people who you do **not** want to be asked to make health and other personal care decisions for you.



How to choose delegates

Delegates do not have to be your relatives. In fact, there are only two rules about who can be named as a delegate. A delegate must be:

- 19 years of age or older (unless they are your spouse) and
- able to make important decisions

There are a few questions you should think about in choosing a delegate:

- Do I trust this person to make personal care decisions for me?
- Will this person respect my values and beliefs and act on my instructions and wishes, not on their own?
- Does this person know me well enough to make decisions for me?
- Can this person communicate clearly?
- Can this person make difficult decisions in stressful situations?
- Will this person speak for me if I cannot make health and other personal care decisions for myself?

Now that you have thought about what may happen if you don't choose a delegate, and the useful qualities of a delegate, you can answer the question Do you want to name a delegate?

If you **do not want to name a delegate**, go to "Expressing your instructions, wishes, values, and beliefs" on page 10.

If you **do** want to name a delegate, **who do you want to be your delegate?**

Make sure you have their name, address, phone number, and email address handy to record them in the online app.

In most cases, it is best to name only one delegate. However, the law allows you to name more than one person to act as delegates for you. If you name more than one delegate, you must clearly give each delegate authority for different matters. This makes sure that only one person can make decisions in any area and avoids conflicts between decision makers.

For example, you can name your spouse to make all health care decisions for you and name your sister to make all decisions about continuing care home placement. You cannot name your spouse and sister to both make all health and other personal care decisions for you.

If you want to name more than one delegate, make sure you have their names, addresses, phone numbers, and email addresses handy to record them in the online app. Be ready to say what kinds of decisions each can make.

Naming alternate delegates

In Nova Scotia, you may also name another delegate who can make decisions about your personal care if your delegate cannot, will not, or is not available. This person is called an alternate delegate. You may also name more alternate delegates to make decisions in case your first alternate cannot. An alternate delegate must be at least 19 years old (unless they are your spouse) and able to make important decisions.

Do you want to name any alternate delegates?

If you answered yes, make sure you have their name, address, phone number, and email address handy to record them in the online app. Be ready to say who they are an alternate for.

Giving delegates power to choose a replacement delegate

You may allow your delegates to give their responsibilities for your personal care decisions to someone else. This is called sub-delegating their authority to another person. That person will have all the power your delegates give them. Your delegates may sub-delegate only if you say in your personal directive that they may do so.

Do you want to allow your delegates to sub-delegate their authority to other people?

If so, you will need to write in the app the name of the delegates and alternate delegates who may sub-delegate their decision-making authority.

Allowing a former spouse to be a delegate after divorce

If you named your spouse to act as a delegate or alternate delegate and then they stopped being your spouse, your former spouse may only act as your delegate if you say so in your personal directive. Otherwise, since your former spouse is no longer your spouse, that part of your personal directive will no longer be valid.

If your spouse is your delegate, do you wish them to continue to act as a delegate or alternate delegate even if they are no longer your spouse?

You will be given the chance to record your answer to this question in the app.

Excluding decision makers

Even if you do not choose delegates or leave personal care instructions, wishes, values, and beliefs, personal care decisions might still need to be made for you. In that case, health care workers must find someone who can be named as your delegate. This kind of delegate is called a statutory decision maker, and Nova Scotia law says who can be asked. The person must be an adult who has been in personal contact with you over the past year and who is willing to make decisions on your behalf.

To find a statutory decision maker, the health care provider will start at the top of the list below and work their way down until they find someone who can fill this role:

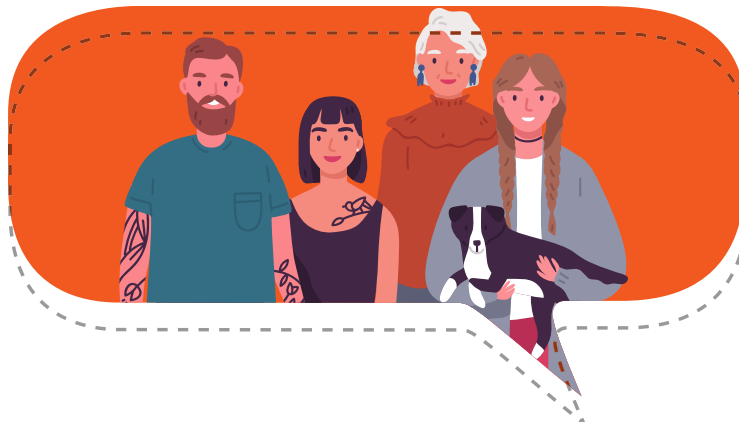
- your spouse (includes married, common law, registered domestic partners)
- your child
- a parent
- a person who stands in the place of a parent
- a brother or sister
- a grandparent
- a grandchild
- an aunt or uncle
- a niece or nephew or
- other relatives

If your health care provider cannot find one of these people to make a decision for you, they will ask the Public Trustee to do so.

If you have a relative you do **not** want to make health and other personal care decisions for you, you can say this in your personal directive.

Do you want to stop anyone from being asked to make any personal care decisions for you?

You will be given the opportunity to record in the app the names of any relatives you do not want to be asked.



Expressing your instructions, wishes, values, and beliefs

You can choose to not leave any instructions or wishes about your personal care decisions in a personal directive. If you do this, anyone who makes personal care decisions for you must base them on what they know about your wishes, values, and beliefs. If they do not know you well, they must decide based on what they think would be in your best interests. “Anyone” includes your delegates or statutory decision makers.

In this section, you will be asked to think about some of the big questions in life. These will help you prepare to write your instructions, wishes, values, and beliefs in your personal directive.

Begin by thinking about any important experiences you have had with the things that make up personal care. These include:

- health care
- nutrition
- hydration (fluids)
- shelter
- where you live
- clothing
- hygiene
- safety
- comfort
- recreation
- social activities
- support services

You can learn more about these terms in the “Useful Terms” section on page 19.

Then think about any situations you have seen relating to the personal care decisions of others and how they made you feel. Some examples might be the medical treatment a parent received at the end of their life or a close friend’s decision to go into a nursing home.

If possible, speak with your health care providers to be sure you have full information about your own health. This will help you understand what lies ahead so you can write about the medical care you want or do not want.

Finally, think about who you might want your delegate to talk to when making personal care decisions for you.

Instructions and wishes

When you think about health care when you are dying, what would you want doctors to try to do to help you live longer? What would you would not want them to do?

To help you answer these questions:

- watch this short video about CPR: <https://player.vimeo.com/video/48147363>
- learn more about CPR here: <https://www.thecarenet.ca/docs/ACPCPRTool.pdf>
- learn more about different kinds of health care that you might wish to think about (for example, a feeding tube) using the list of terms at the end of this guide

Write down what you would want your health care providers or statutory decision makers to do (and in what situations) so that you have it handy to record in the online app.

Write down what you would **not** want your health care providers or statutory decision makers to do (and in what situations) so that you have it handy to record in the online app.

Write down what comfort measures or comfort care you would want so that you have it handy to record them in the online app.

Some examples of comfort measures are:

- drugs for managing symptoms like pain
- oxygen for shortness of breath
- fluids for dehydration
- mouth care
- positioning
- warmth
- emotional and spiritual support

Write down anything else that could help others know your instructions or wishes about other personal care so that you have it handy to record in the online app. Some examples of the things people want to cover in a personal directive are below.

Oral nutrition and hydration are the food or drink you may wish to have. You may want to receive a certain type of diet (for example, vegetarian). You may want to receive food consistent with your cultural or religious beliefs (for example, kosher or halal). You may want to request that all food and drink be withheld.

Shelter is where you live. You may want to say where you would like to live, especially if you cannot be cared for at home. Do you prefer a certain continuing care home? Do you prefer a certain community?

Clothing: You may want to wear clothing that has religious or cultural significance, or you may want to look a certain way.

Support services help a person with daily activities. They include housekeeping, preparing meals, laundry, toileting, dressing, feeding, mobility, and transportation (for example, helping with grocery shopping and going to appointments).

Dying plan

This section is to help you to think about what an ideal death would look like for you.

Do you have any spiritual or religious beliefs that would affect your personal care at the end of life? If so, what are they?

When nearing death, what would you want if possible?

- having family and friends nearby
- being at home
- having music played (name something specific)
- having photos around (describe the photos you want)
- other comments

Where would you prefer to die if possible?

- at home
- in the hospital
- in a palliative care/hospice setting
- other

What might change your mind about where you would prefer to die?

You can include all of this information in your personal directive in the “Instructions and wishes” section of the app.

Write down your answers to these questions so that you have the information handy to record them in the online app.

Values

Before working on this section, take a few minutes to look at a list of values at the back of the guide. Write down or circle the ones that matter to you. Add any other values that are not on the list and that matter to you.

You may have a long list of values that matter to you. If you do, take your list and put a star next to the values that are most important to you. You may also want to add some comments below the list to explain why these values are most important to you.

You will have the chance to record this information about your values in the “Values and beliefs about personal care” section of the app.

Meaning and happiness

In this section, take a few minutes to think about what gives your life meaning and brings you happiness. Write down or circle the ones that are important to you. Put a star next to the ones that are most important to you. Add anything else that is not on the list but is important to you. You may also want to add some comments below the list to explain why these things are most important to you.

- work
- being able to live independently
- being able to recognize others
- being able to communicate with others
- travel
- having my privacy
- being able to do my hobbies
- keeping my dignity
- having family and friends nearby
- birthdays and celebrations
- reading
- being able to practice my faith
- being physically active
- music
- other things that give you meaning and happiness

You can record this information in the “Values and beliefs about personal care” section of the app.

Worries and fears about the end of life

When you think about dying, are there things that you worry about and would want to avoid if you could? What else causes you worry or fear about the end of life?

- losing all or most of my mobility
- having to rely on others for all or most of my care
- being unable to communicate with others
- being a burden to family members
- losing my privacy
- being alone
- losing control of my bodily functions
- being in pain
- struggling to breathe
- being unconscious most of the time
- losing my dignity
- being kept alive by machines with no chance of survival
- other things that cause you worry or fear

You can also answer these questions in the “Values and beliefs about personal care” section of the app.

Talking to people when making personal care decisions

You can say in your personal directive that your delegate must talk with other people when making personal care decisions for you. You can do this by naming the people your delegate should talk with.

Instructing your delegate to talk with other people when making care decisions for you can help in two ways.

- First, people who knew you when you could make decisions may know about your instructions, values, beliefs, and wishes.
- Second, family members who have not been named as delegates may take comfort in being asked about personal care decisions.

Do you want to instruct your delegate to talk with family members or friends before making a decision?

If so, make sure you have their name, address, phone number, and email address handy to record them in the online app.

Involving people in your capacity assessment

Your personal directive takes effect when you can no longer make personal care decisions for yourself. This is called “losing capacity.” You have capacity when you can

- understand information you need to make a personal care decision, and
- appreciate what could happen if you make or do not make a decision.

To decide if you have lost capacity, a health care professional will assess (or test) your ability to make decisions. This might include talking with people who know you well.

Consultation when assessing capacity

You may name people for the health care provider to talk to when they assess your capacity.

The people you name may be able to give information that helps the person who is assessing your capacity. It also helps the people who care about you to feel included in your care.

Do you want the person assessing your capacity to talk with someone about your capacity?

If so, make sure you have their name, address, phone number, and email address handy to record them in the online app.

Telling people about your loss of capacity

You may give instructions about who must be told when you lose capacity to make personal care decisions.

You can also say who must not be told. You do not need to provide their contact information, as they will not be contacted.

Do you want someone to be told if it is determined that you lack capacity to make personal care decisions?

If so, make sure you have their name, address, phone number, and email address handy to record them in the online app.

Do you want someone to NOT be told if it is determined that you lack capacity to make personal care decisions?

If so, make sure you have their name handy to record it in the online app.

Authorizing payments to your delegates

Paying delegates to care for you

You might name someone who is not your spouse or relative to be your delegate. If you do and you wish to pay them for personal care services they provide to you, you must say this in your personal directive.

Have you named someone to be your delegate who is not your spouse or relative? If yes, do you wish them to be paid for personal care services?

You will have a chance to say you want someone to be paid for personal care services in the app.

Paying delegates to make decisions

Nova Scotia law says that delegates cannot be paid to make decisions for you unless you say in your personal directive that you want to pay them. You must also say in what cases you want to pay your delegates; this is called the “terms.”

Do you want any delegates to be paid for making decisions under this personal directive?

If yes, be ready to write the names and terms of payment in the app.

Repaying your delegates' expenses

If you want your delegate to be repaid for any out-of-pocket expenses (costs they pay for, like parking) they must pay while acting as your delegate, you should say that.

Even if you do not say so in your personal directive, your delegates can be repaid for reasonable costs while acting as your delegates. However, the law is not completely clear about this. To be sure that your delegates can be repaid for their costs, you should say so in your personal directive.

Do you want any delegates to be repaid for their costs while acting as your delegates?

If yes, be ready to record the names of the delegates who should be repaid for their costs in the app.

COMPLETE YOUR PERSONAL DIRECTIVE

Now that you have thought through what you want to talk about in your personal directive, you are ready to make one now. You can make your personal directive using the app on the Legal Information Society of Nova Scotia website (legalinfo.org).

The app will let you record your decisions and print the final document so you can sign it. The app can also email the document to you.

You will need to sign it or have someone sign for you if you cannot. You will also need one person to witness your signature.



TELL PEOPLE ABOUT YOUR PERSONAL DIRECTIVE

Your personal directive helps other people make decisions about your care, so it's important that you tell them about it. The most important people to talk with are your delegates.

You might also want to talk with family members who are not delegates.

Below is a wallet card that you can print off, complete, and carry with you. It will be found if you are in an emergency situation and cannot speak for yourself.

Giving copies to the right people

- Keep your signed and witnessed personal directive in a special place where you live. Tell people where it is. Make sure they can reach it easily. You may want to keep it in a coloured folder in a place such as top of the fridge, kitchen cupboard, or a desk so it can be found quickly in an emergency.
- Give a copy to your delegates if you named any.
- Give copies to other trusted family members and friends.
- Give a copy to your doctor and other people who will be caring for you.
- If you are traveling, take a copy with you. Many provinces and territories and US states will honour your wishes. Some will follow the rules in place in their province or territory or state.
- If you are going into a hospital or a continuing care home, take a copy with you.

Carrying a wallet card

FRONT	BACK	Cut along dashed line ✂
<p>In Case of Medical Emergency Please contact the following person who can make decisions about my care if I cannot make them myself:</p> <p>Name:</p> <p>Telephone:</p> <p>Email:</p>	<p>In Case of Medical Emergency My personal directive is stored:</p> <p>.....</p> <p>The following people have a copy of my personal directive</p> <p>Name:</p> <p>Telephone:</p> <p>Name:</p> <p>Telephone:</p>	
^ Fold on dotted line		

REVIEW YOUR PERSONAL DIRECTIVE FROM TIME TO TIME

You should look at your personal directive from time to time. In fact, it's a good idea to look at it again each time you experience one of the 5 Ds:

- a new **decade** of life
- the **death** of a loved one
- a **divorce**
- a new **diagnosis** or
- a significant **decline in health**

Ask yourself if it still reflects your instructions, wishes, beliefs, and values. Think about your delegate, if you have named one: are they still the person you want to make decisions for you? Are they still willing and able to make decisions for you if you cannot make them yourself?

You can make a new personal directive any time you want. You can also change your personal directive any time you want. Make any changes in writing. Add the date you changed your directive, and have witnesses sign the document to show they know that you made the changes.

If you make a new personal directive or simply make changes, destroy all the old copies. Give copies of your new or updated personal directive to the people who already had a copy—your delegates, family members and doctors. Ask them to destroy the old copies.

OTHER DOCUMENTS TO PREPARE

Making your personal directive is part of being ready for the future. Two other documents are also important: your will and your enduring power of attorney.

An enduring power of attorney allows you to name someone to look after your money, property, and other financial affairs in two situations:

- when you cannot make decisions about money, property, and other financial affairs
- when you want help with your money, property, and other financial affairs even though you are still capable.

An enduring power of attorney is only in effect when you are alive.

A will allows you to say how you want your personal, property, and financial assets, like bank accounts or bonds, handled after you die.

You can learn more about these documents at legalinfo.org.

USEFUL TERMS

The following terms may be used to help you write and explain your instructions, wishes, values, and beliefs.

Antibiotics are drugs that may be provided to treat an infection. For example, a person with a serious illness like cancer may develop pneumonia. If left untreated, it can lead to death. A person may refuse antibiotics so that they die of pneumonia rather than the cancer.

A **blood transfusion** is the transfer of blood products into the bloodstream through an intravenous line (a needle in your vein). You might get a blood transfusion to replace blood cells or blood products lost through bleeding or because of the effect of drugs you are taking.

Chemotherapy refers to drugs given to treat cancer.

Comfort measures or **comfort care** focuses on care not cure. Some examples of comfort measures are drugs to help manage symptoms like pain; oxygen for shortness of breath; fluids for dehydration; mouth care; positioning; warmth; emotional and spiritual support. Comfort measures do not include treatment to try to cure the illness.

Continuing care services are provided to eligible Nova Scotians who need care. Care can be provided on a long- or short-term basis and include: home care, long-term care, home oxygen services, Aboriginal Continuing Care, Caregiver Benefit, HELP-Bed Loan, supportive care, Specialized Equipment Program, and respite. For more information visit novascotia.ca/dhw/ccs.

Continuing care homes are homes under the authority of the Departments of Health and Wellness or Community Services (for example, nursing homes and group homes).

CPR (cardiopulmonary resuscitation) means medical procedures to try to restart your heart and breathing when your heart or lungs stop working unexpectedly. CPR can range from mouth-to-mouth breathing and pumping your chest to electric shocks that attempt to restart your heart and machines that breathe for you.

Defibrillation is giving the heart an electric shock. Sometimes this is used as part of CPR to start your heart. Other times it is used to make an irregular heartbeat become regular.

Dementia is a term for symptoms of many illnesses that cause you to lose your memory, judgment, ability to think clearly or to recognize people, and to communicate, as well as changes in behaviour and mood. These symptoms may be temporary and related to another condition, like dehydration, or they may slowly get worse over time. Symptoms can range from mild to severe. The most common form of dementia is Alzheimer's disease.

End-of-life care refers to health care provided at the end of your life.

A **feeding tube** is to feed you if you can no longer swallow food. The tube is inserted into your stomach either through the nose or a small hole cut into the abdomen.

Health care means any examination, procedure, service, or treatment that is done for a health-related purpose. It includes a course of health care or a care plan.

Health care decision includes instructions, consent, and refusal and withdrawal of consent about health care.

Health care providers are people who are licensed or registered under provincial law to provide health care. Most patients see doctors, nurses, or social workers.

Informed consent is the permission you give to health care providers that allows them to care for you. Health care providers must offer you detailed explanations of the investigations and treatments and their risks, benefits, and side effects; other options besides these treatments; and what would likely happen if you do nothing. Health care providers must also answer any questions you have about the treatments before you give verbal consent or sign a consent form.

Intravenous therapy (IV) means that a needle is inserted into a vein, usually in your hand, arm, or foot. This needle is connected to a tube that can carry fluids and medications directly into your blood stream.

Intubation means a tube is inserted down your throat to help you breathe when you cannot breathe on your own. Some people may want doctors or other health care providers to try cardiopulmonary resuscitation, but might not want to be intubated.

Kidney dialysis cleans the blood of toxins by machine (hemodialysis) or by fluid passed through your abdomen (peritoneal dialysis). You need dialysis when your kidneys stop working.

Life support with medical interventions refers to medical or surgical procedures such as tube feeding, breathing machines, kidney dialysis, some medications, and CPR. All of these use artificial means to restore or continue life. Without them, you might die.

Life-limiting illness is an incurable medical condition that will shorten your life.

Nutrition is the food or drink you may wish to have. You may want to receive a certain type of diet (for example, vegetarian); you may want to receive food consistent with your cultural or religious beliefs (for example, kosher or halal).

Out-of-pocket expenses are things a delegate pays for while acting as your delegate. It often includes parking at the hospital, but could include, for example, the cost of sending you to hospital in an ambulance.

Palliative care is care for people who have a life-limiting illness. It focuses on making you comfortable rather than curing you. It takes into account your social, spiritual, and relationship needs along with physical needs. Palliative care always involves the best possible pain control and control of other symptoms such as shortness of breath, nausea, anxiety, or depression. Palliative care may use medicines, treatments, physical care, psychological or social services, and spiritual support for you and the people who are helping to care for you.

You are in a **permanent coma** when you are unconscious and not likely to regain consciousness. You would need to be in bed and receive nourishment through a feeding tube. You would need 24-hour care.

Radiation is an x-ray beam pointed at a spot on your body (for example, a tumour).

Stroke is when a blood vessel bleeds or when a blood clot blocks a blood vessel in or near the brain. It stops the brain from getting oxygen. A stroke can have a mild or severe physical and mental effect on you. Stroke may affect your ability to walk—you might need a cane or a wheelchair, or you might have to stay in bed or in a chair. Stroke may affect your ability to speak or to understand what other people say. You may be able to live at home with support or you might need to live in a continuing care home.

Support services means services that help a person with daily activities such as housekeeping, preparing meals, laundry, toileting, dressing, feeding, mobility and transportation (for example, for grocery shopping and going to appointments).

Surgery could include minor surgery (such as having a feeding tube inserted) or major surgery (such as having your gall bladder removed).

Symptoms are signs that you are unwell, like pain, vomiting, loss of appetite, or high fever.

A **terminal illness** is usually a life-limiting illness that has brought you to the end of your life.

A **ventilator** is a machine that helps you breathe when you cannot breathe on your own.



VALUES TO CONSIDER

Abundance	Dedication	Inspiration	Responsiveness
Acceptance	Dependability	Intelligence	Recognition
Accountability	Determination	Intuition	Risk Taking
Achievement	Discipline	Joy	Safety
Action	Diversity	Kindness	Security
Advancement	Effectiveness	Knowledge	Self-control
Adventure	Empathy	Leadership	Selflessness
Advocacy	Encouragement	Learning	Service
Ambition	Energy	Love	Simplicity
Appreciation	Enthusiasm	Loyalty	Spirituality
Attractiveness	Equality	Liveliness	Stability
Autonomy	Ethics	Making a Difference	Status
Balance	Excellence	Mindfulness	Success
Benevolence	Expressiveness	Money	Teamwork
Boldness	Fairness	Motivation	Thankfulness
Calmness	Faith	Optimism	Thoughtfulness
Caring	Family	Open-mindedness	Tolerance
Challenge	Flexibility	Originality	Tradition
Charity	Friendships	Passion	Trustworthiness
Cheerfulness	Freedom	Peace	Truth
Clarity	Fulfillment	Perfection	Understanding
Collaboration	Fun	Performance	Uniqueness
Comfort	Generosity	Persistence	Usefulness
Commitment	Grace	Philanthropy	Versatility
Community	Growth	Playfulness	Vision
Compassion	Happiness	Popularity	Vitality
Competition	Harmony	Power	Warmth
Connection	Health	Preparedness	Wealth
Consistency	Honesty	Proactivity	Well-being
Contribution	Honor	Professionalism	Wisdom
Control	Humility	Punctuality	Other values:
Cooperation	Humor	Quality
Courage	Inclusiveness	Recognition
Creativity	Independence	Relationships
Credibility	Individuality	Reliability
Curiosity	Innovation	Resilience
Daring	Integrity	Resourcefulness
Decisiveness	Intimacy	Responsibility	