

HEALTH CARE DIRECTIVE

I, *, **MAKE THIS DIRECTIVE** for the purpose of making known my desire that my dying shall not be artificially prolonged under certain circumstances.

If at any time I should have an incurable injury, disease or illness regarded as a terminal condition by my physician, such that I no longer have any brain function or I have lost my ability to communicate, and if my physician has determined that the application of life-sustaining procedures would only serve to prolong the dying process artificially and that my death will occur whether or not life-sustaining procedures are utilized, **I DIRECT** that such procedures be withheld or withdrawn and that I be permitted to die with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care. I accept the administration of drugs to aid in any reasonable hope of my recovery. However, I also ask that drugs be mercifully administered to me for terminal pain and/or suffering, even if in relieving pain and/or suffering they may hasten the moment of my death. I value life and the dignity of life, so that I am not asking that my life be directly taken, but that my dying not be unreasonably prolonged nor the dignity of my life destroyed.

In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this DIRECTIVE shall be honoured by my family*proxies. _____ and by my physicians as the final expression of my right to refuse medical and/or surgical treatment and that I accept the consequences of such refusal.

This Directive is made after careful reflection, while I am in good mental health and spirits. I understand the full import of this Directive and I am emotionally and mentally competent.

This Directive is made pursuant to *The Health Care Directives and Substitute Health Care Decision Makers Act*.

I hereby appoint * and * as my proxies to make health care decisions for me in the event I am unable to make these decisions for myself:

PROXY 1: Name: _____
 Address: _____
 Phone: _____

PROXY 2: Name: _____
 Address: _____
 Phone: _____

If I have named more than one proxy, they shall act jointly unless only one of them is available. When acting jointly, my proxies shall have authority to decide in the order listed if disagreements arise.

DATED at Saskatoon, Saskatchewan, this 4th day of April, 2007.

*

Witness

CANADA)
PROVINCE OF SASKATCHEWAN)
TO WIT:)

AFFIDAVIT OF EXECUTION

I, _____, of the City of Saskatoon, in the Province of Saskatchewan, MAKE OATH AND SAY AS FOLLOWS:

1. THAT I was personally present and did see *, named in the within instrument, who is personally known to me to be the person named therein, duly sign and execute the same for the purposes named therein.

2. THAT I know the said person and she is in my belief of the full age of eighteen (18) years or more.

3. THAT the same was executed at the City of Saskatoon, in the Province of Saskatchewan, and that I am the subscribing witness thereto.

SWORN before me at the City of)
Saskatoon, in the Province of)
Saskatchewan, this 4th day)
of April, A.D. 2007.)
)
)

Signature of Witness

A Commissioner for Oaths in and for
the Province of Saskatchewan.
My commission expires: _____.
- OR- Being a Solicitor.