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Personal Directive Planning

WORKBOOK

Ross Estate Law

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Welcome to Personal Directive Planning

THIS WORKBOOK WILL HELP YOU CREATE A PERSONAL DIRECTIVE—A LEGAL DOCUMENT IN NOVA SCOTIA THAT LETS YOU NAME SOMEONE TO MAKE PERSONAL CARE DECISIONS FOR YOU IF YOU'RE EVER UNABLE TO SPEAK FOR YOURSELF.

INSIDE, YOU'LL FIND CLEAR STEPS, PROMPTS, AND SPACE TO REFLECT ON YOUR VALUES AND WISHES. PLANNING AHEAD MEANS YOUR CHOICES ARE RESPECTED AND YOUR LOVED ONES AREN'T LEFT GUESSING.



PERSONAL DIRECTIVE PLANNING

CHECKLIST

- Who will be the delegate in your personal directive?
- Do you have an alternate delegate?
- Is there anyone you want your delegate to consult with?
- Do you have a family doctor or other medical professional you want to do you capacity assesement?
- Do you want any Core Values & Beliefs included?
- Do you want any Goals & Priorities for Care included?
- Do you want any End of Life Hopes included?
- Do you have any other personal care wishes you want included?
- Have you registered your personal directive with your Health Records Department?



CHOOSING A PERSONAL DELEGATE

A delegate is someone you choose—who is at least 19 years old and legally authorized in your Personal Directive—to make personal care decisions for you if you’re ever unable to make them yourself. This should be a person you trust, who knows you well, understands your values, and is willing to make tough decisions on your behalf, even in stressful situations.

WHO WOULD YOU LIKE TO APPOINT AS YOUR DELEGATE?

Provide their full legal name, address, phone number and email address below

DO YOU HAVE A PERSON TO APPOINT AS AN ALTERNATE DELEGATE?

If so, provide their full legal name, address, phone number and email address below



CORE VALUES & BELIEFS

Your core values and beliefs are the foundation of your Personal Directive. They help guide the decisions others may need to make on your behalf—especially in situations where you can't speak for yourself. By clearly expressing what matters most to you—whether it's maintaining independence, staying close to family, practicing your faith, or avoiding certain medical treatments—you give your delegate the direction and confidence they need to respect your wishes. Including your values helps ensure that future care aligns not just with what you want, but with who you are.



GOALS & PRIORITIES FOR MEDICAL CARE DECISIONS

Listing your goals and priorities for medical care in a Personal Directive helps ensure that any treatments or interventions you receive reflect your wishes and quality-of-life preferences. Whether you value comfort over prolonging life, want to avoid certain procedures, or wish to try all available options, clearly outlining your priorities helps your delegate and healthcare providers make decisions that align with what's most important to you. It also reduces uncertainty and stress for loved ones during difficult times, giving them clear guidance rooted in your own words.

Goals & Priorities for Care

WHAT IS MORE IMPORTANT TO YOU- THE LENGTH OF YOUR LIFE OR THE QUALITY OF LIFE THAT YOU'RE LIVING?

Consider whether it is more important to you to have good pain control or being fully alert?

ARE THERE ANY TREATMENTS YOU ARE CERTAIN YOU DO NOT WISH TO HAVE UNDER ANY CIRCUMSTANCES?

List any treatments and/ or interventions that you know you do not want used in future care.

Goals & Priorities for Care

WHAT CONDITIONS ARE ACCEPTABLE TO YOU?

In the list below, rate each condition from 1-5

- 1- Definitely would want treatments that might keep me alive
- 2- Probably would want treatments that might keep me alive
- 3- Not sure of what I would want
- 4- Probably would NOT want treatments that might keep me alive
- 5- Definitely would NOT want treatments that might keep me alive

Can no longer get outside, spend your days at home	1	2	3	4	5
Can no longer contribute to your family's well-being	1	2	3	4	5
Are in severe (very bad) pain most of the time	1	2	3	4	5
Are in severe discomfort most of the time (like nausea [upset stomach] or diarrhea [loose, watery poop])	1	2	3	4	5
Are on a feeding tube to keep you alive	1	2	3	4	5
Are on a kidney dialysis machine to keep you alive	1	2	3	4	5
Are on a breathing machine to keep you alive	1	2	3	4	5
Need someone to take care of you 24 hours a day	1	2	3	4	5
Can no longer control your bladder or bowels	1	2	3	4	5
Live in a nursing home	1	2	3	4	5
Can no longer think or talk clearly	1	2	3	4	5
Can no longer recognize your family or friends	1	2	3	4	5
Need to be sedated (given medication to relax or sleep) to control your pain	1	2	3	4	5



END OF LIFE HOPES

Listing your end-of-life hopes is an important part of your Personal Directive because it helps ensure your final days are lived in a way that feels meaningful and respectful to you. Whether you have preferences about where you want to be, who you want with you, spiritual or cultural practices, or the kind of care you do or don't want—sharing these wishes helps your loved ones and care providers support you with dignity, clarity, and compassion. It also gives peace of mind to those around you, knowing they are honouring your values at a deeply personal time.

End of Life Hopes

HOW WOULD YOU PREFER TO SPEND YOUR LAST DAYS OR MONTHS IF IT'S POSSIBLE FOR YOU?

Consider what kind of life you would hope to have in your final days.

WHAT WOULD A 'GOOD DEATH' LOOK LIKE TO YOU?

Consider if you have any preferences regarding where and in what circumstances your life ends, if possible?

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OTHER PERSONAL CARE INSTRUCTIONS

A Personal Directive can include more than just medical care—it can also outline your wishes for other personal decisions if you're ever unable to make them yourself. This might include where you want to live, who you'd like to live with, what kind of daily routine or activities are important to you, and how your personal, cultural, or spiritual practices should be respected. You can also include instructions about your care preferences at home or in a facility, and how your finances should support your personal needs (though financial decisions themselves are handled separately). Including these details helps your delegate make choices that reflect your life, your values, and your preferences as fully as possible.

Other Personal Care Wishes

DO YOU HAVE ANY WISHES REGARDING WHERE YOU LIVE?

Consider how important living at home is to you and when you would consent to admission into a care home.

DO YOU HAVE ANY WISHES REGARDING YOUR DIET, CLOTHING, OR HYGIENE?

Consider any preferences you might have with respect to your diet, clothing and hygiene.

Other Personal Care Wishes

DO YOU HAVE ANY WISHES REGARDING YOUR SAFETY AND COMFORT?

Consider if there any any people you do not want visiting you at the hospital, or other personal safety concerns.

DO YOU HAVE ANY WISHES REGARDING SOCIAL ACTIVITIES OR SERVICES IN THE COMMUNITY?

If you have any social activities, friends that are very important to stay in contact with or other community supports you would like to see continue, list them here.

What to do with your Personal Directive?

WHERE SHOULD I KEEP MY PERSONAL DIRECTIVE? WHO SHOULD HAVE A COPY?

- KEEP A COPY IN A CLEARLY MARKED ENVELOPE ON OR NEAR YOUR FRIDGE. THIS IS WHERE PARAMEDICS AND FAMILY MEMBERS ARE MOST LIKELY TO LOOK IN AN EMERGENCY.
- STORE THE ORIGINAL IN A SAFE PLACE, SUCH AS A SECURE FILE OR LOCKBOX OR WITH ROSS ESTATE LAW.
- GIVE COPIES TO YOUR DELEGATE(S) AND ANYONE ELSE WHO MAY BE INVOLVED IN YOUR CARE DURING A HEALTH CRISIS.
- SHARE A COPY WITH YOUR PRIMARY HEALTH CARE PROVIDER.
- BRING A COPY WITH YOU TO ANY SPECIALIST APPOINTMENTS OR TO THE EMERGENCY DEPARTMENT SO IT CAN BE ADDED TO YOUR ELECTRONIC HEALTH RECORD.
- YOU CAN ALSO SUBMIT A COPY IN PERSON TO THE HEALTH RECORDS DEPARTMENT AT YOUR LOCAL HEALTH CENTRE TO HAVE IT ADDED TO YOUR ELECTRONIC HEALTH RECORD.

How to Register your Personal Directive

IF YOU CAN'T DROP OFF YOUR PERSONAL DIRECTIVE IN PERSON YOU CAN MAIL OR FAX A COPY OF YOUR PERSONAL DIRECTIVE, BUT YOU MUST INCLUDE A COPY OF YOUR GOVERNMENT-ISSUED PHOTO ID (SUCH AS A DRIVER'S LICENSE).

FOR NORTHERN, EASTERN, AND WESTERN ZONES:

MAILING ADDRESS:

HEALTH RECORDS DEPARTMENT

VALLEY REGIONAL HOSPITAL

150 EXHIBITION ST, KENTVILLE, NS B4N 5E3

ATTENTION: HUNTER HAAS

FAX: 902-679-0557

PLEASE INCLUDE A COVERSHEET ADDRESSED TO HUNTER HAAS.

FOR CENTRAL ZONE:

MAILING ADDRESS:

HEALTH RECORDS DEPARTMENT

RM 5031, DICKSON BUILDING

VICTORIA GENERAL, QE II

5820 UNIVERSITY AVE, HALIFAX, NS B3H 2A7

ATTENTION: KERI GREEN

FAX: 902-473-6999

PLEASE INCLUDE A COVERSHEET ADDRESSED TO KERI GREEN.

Conclusion: Planning with Confidence

TAKING THE TIME TO COMPLETE YOUR PERSONAL DIRECTIVE IS A MEANINGFUL STEP TOWARD PROTECTING YOUR VOICE, YOUR VALUES, AND YOUR FUTURE CARE. BY MAKING YOUR WISHES KNOWN, YOU'RE HELPING YOUR LOVED ONES AND HEALTHCARE PROVIDERS MAKE DECISIONS THAT TRULY REFLECT WHO YOU ARE AND WHAT MATTERS MOST TO YOU.

REMEMBER, YOUR PERSONAL DIRECTIVE CAN BE UPDATED AS YOUR LIFE AND PREFERENCES CHANGE. KEEP IT IN A SAFE BUT ACCESSIBLE PLACE, AND BE SURE TO SHARE IT WITH YOUR DELEGATE AND HEALTHCARE TEAM. YOU'VE TAKEN AN IMPORTANT STEP—THANK YOU FOR PLANNING AHEAD WITH CARE AND INTENTION.



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