

Questions to Ask When Drafting Your Advance Medical Directives: A Practical Guide for Effective Planning

Advance medical directives allow you to specify your healthcare preferences in the event that you become incapable of giving consent to care in **specific clinical situations**, whether you are at the end of life or in an advanced state of dementia.

These directives guide healthcare professionals and your loved ones in making medical decisions if you are no longer able to do so.

When you draft your advance medical directives, they carry the same legal weight as if you had expressed your wishes verbally, unlike a protection mandate which specifically addresses the issue of therapeutic persistence.

These directives are registered with the RAMQ (Régie de l'assurance maladie du Québec) and must be respected, even if some family members or hospital staff object.

If you prepare your directives with your notary, they will handle registering them with the RAMQ. This is the best way to ensure that your advance medical directives will be accessible and respected in case you become unable to consent to care.

Choices | Partner 1

First Name:

Last Name:

01. I am at the end of life

Care A:	I consent to	I refuse cardiopulmonary resuscitation
Care B:	I consent to	I refuse assisted ventilator-assisted breathing or breathing assisted by another device
Care C:	I consent to	I refuse to receive dialysis treatment
Care D:	I consent to	I refuse forced or artificial feeding
Care E:	I consent to	I refuse forced or artificial hydration

02. I have a serious and irreversible illness leading to a vegetative state

Care A:	I consent to	I refuse cardiopulmonary resuscitation
Care B:	I consent to	I refuse assisted ventilator-assisted breathing or breathing assisted by another device
Care C:	I consent to	I refuse to receive dialysis treatment
Care D:	I consent to	I refuse forced or artificial feeding
Care E:	I consent to	I refuse forced or artificial hydration

03. I have a serious and irreversible illness affecting my cognitive functions (Alzheimer's, dementia, etc.)

Care A:	I consent to	I refuse cardiopulmonary resuscitation
Care B:	I consent to	I refuse assisted ventilator-assisted breathing or breathing assisted by another device
Care C:	I consent to	I refuse to receive dialysis treatment
Care D:	I consent to	I refuse forced or artificial feeding
Care E:	I consent to	I refuse forced or artificial hydration

Choices | Partner 2

First Name:

Last Name:

01. I am at the end of life

Care A:	I consent to	I refuse cardiopulmonary resuscitation
Care B:	I consent to	I refuse assisted ventilator-assisted breathing or breathing assisted by another device
Care C:	I consent to	I refuse to receive dialysis treatment
Care D:	I consent to	I refuse forced or artificial feeding
Care E:	I consent to	I refuse forced or artificial hydration

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