



Do you have a Living Will?

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The patient is lying in bed quietly and has not moved on her own in a week. A major stroke felled her eight days

ago. A machine breathes for her; another feeds her; a third monitors her life signs—they are very weak. Brain activity? Negligible. The doctors agree: she will not be recovering. Family members are gathered around the bed. Some cry; others are stoic. Now what?

If that scene gives you chills, you are not alone as this is not an uncommon event. Should you be the one lying in that bed, you could have done something for yourself, and for your family. A living will could be helpful both for family, and for your physician. It can be used to put a swift end to intolerable suffering, or to endorse the use of experimental treatment to try and save your life if at all possible.

A living will gives you some say in the way you will be treated before you die in situation where death is otherwise inevitable. It can also help your surrogate or agent to represent your wishes.

The name “living will” refers to the fact that it is a document used during life. And since you can change it any time, it can also refer to a “living” document.

This document contains your specific written instructions about what level of medical treatment you want in the event that you are unable to express your wishes verbally. For instance, you may want all possible measures taken to keep you alive—or you could instruct that nothing be done to keep you alive. You can be as specific as you wish about what treatments you want, depending on the condition you are in. You could also specify whether you wanted to donate your organs when you die.

This brings us to the central problem of the living will: it cannot anticipate every eventuality. No matter

how thorough, there will be situations where your instructions do not guide. This is why most people also designate an agent or proxy who can make decisions that you would make if you could.

The most valuable part of preparing a living will should be the discussion it initiates with family members. What do you value most? Fear most? How do you want to be treated when death is inevitable? In addition to involving your family in this conversation, consider talking to your family physician, your pastor or priest and your lawyer. In doing so, you will have had the opportunity to clearly identify what matters to you, and what you would decide yourself if only you were capable. Not only is this helpful to your proxy and medical staff, it will also minimize disagreement within the family at a time when they need each other’s support, not acrimony.

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In British Columbia, the concept of living wills is encompassed within the Representative Agreement Act (2000) which allows you to appoint someone to make financial, legal, health and personal care decisions for you if you cannot. As such, it addresses in one document all the powers of attorney: healthcare, financial and property. But, the RAA has no effect unless it is registered by the registrar.

So, is a living will the answer? Not for everyone in every circumstance.

However, it does provide a powerful and useful tool for initiating discussion within a family about what to do when thrust into such a difficult situation. Most importantly, the discussion and document are not just for the elderly getting ready to move into a care facility. After all, such trauma can occur at any age—right? Perhaps today is a good day to have the living will conversation.