



fraserhealth

IDENTIFICATION OF SUBSTITUTE DECISION MAKER(S)



Form ID: ADDI106819B

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Page: 1 of 1

Date (dd/mm/yyyy)	Name & discipline of recorder:	Site/Location:	Signature:
Source of Information: (client / chart / other)			

Ensure the Substitute Decision Maker(s) (SDMs) understands the instructions or wishes in any Advance Care Planning (ACP) documents. Document conversations on ACP Record. Place a copy of any ACP documents in the Greensleeve.

A. Every adult is presumed capable and able to provide consent. The information below is to be used only if the adult has been determined to be incapable of making health care decisions.

B. Substitute Decision Maker (SDM) - Formally Appointed

Personal Guardian or Committee of Person	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* (see comments)	If Yes, obtain copy of court order and place in Greensleeve. See back for details.	Name:
			Phone:
Representation Agreement <input type="checkbox"/> Section 7 <input type="checkbox"/> Section 9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* (see comments)	If Yes, obtain copy of legal document and place in Greensleeve. See back for details.	Name:
			Phone:
*Comments:			

C. Advance Directive (legal document)

Advance Directive	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown* (see comments)	If Yes, obtain copy of legal document and place in Greensleeve. See back of form for health care provider responsibilities for Advance Directives.
*Comments:		

D. Temporary Substitute Decision Maker (TSDM): Consent must be sought following the order of the statutory list set out by BC law, and obtained from the first qualified person willing and able to act as the adult's TSDM (see list on back of form). To qualify as a TSDM the person listed must be 19, willing, capable, have no dispute with the adult and have been in contact with the adult in the last year. List all persons in the legal order and the health care provider will choose the first person who is qualified, available and willing to comply with the TSDM duties. For further details, please see Section 16(2) of the HCCCFAA.

Name:	Contact (past year):	Any Dispute:	Comments:
Relationship:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Phone:	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	
Name:	Contact (past year):	Any Dispute:	Comments:
Relationship:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Phone:	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	
Name:	Contact (past year):	Any Dispute:	Comments:
Relationship:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Phone:	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	
Name:	Contact (past year):	Any Dispute:	Comments:
Relationship:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Phone:	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	
Name:	Contact (past year):	Any Dispute:	Comments:
Relationship:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Phone:	<input type="checkbox"/> No	<input type="checkbox"/> No	
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	

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IDENTIFICATION OF SUBSTITUTE DECISION MAKER(s)

Temporary Substitute Decision Maker (TSDM) List: Consent must be sought following the order of this statutory list set out by BC law (see references) and obtained from the first qualified person willing and able to act as the adult's TSDM:

1. Spouse (married, common-law, same gender). Note: Length of time living together does not matter
2. Adult child (19 or older, birth order does not matter & all are equally ranked)
3. Parent (either, may be adoptive, & are equally ranked)
4. Brother or Sister (birth order does not matter & all are equally ranked)
5. Grandparent (equally ranked)
6. Grandchild (equally ranked)
7. Anyone else related by birth or adoption
8. Close Friend
9. A person immediately related by marriage (in-laws, step-parents, step-children, etc.)
10. Public Guardian and Trustee (PGT) or someone appointed by PGT

Duties and responsibilities of a Committee of Person:**

A Committee of Person is guided by the best interests of the adult under the *Patients Property Act*

Duties and responsibilities of a Representative:**

Representative means a person appointed by a capable adult in a Representation Agreement under Section 7 or 9 of the *Representation Agreement Act* and who has been authorized in such Representation Agreement to make health care decisions on their behalf if they become incapable (note: a Representative named under Section 7 is not authorized to refuse life-supporting care or treatment). A Representative must act honestly and in good faith; exercise the care, diligence and skill of a reasonably prudent person and act within the authority given in the Representation Agreement. The Representative must comply with those wishes or instructions the adult expressed while capable (see *below). As authority in agreements vary, health care providers must read the Representation Agreement and consult when questions arise.

Duties and responsibilities of a TSDM:

The major responsibilities are set out in detail in section 19 of the Health Care (*Consent*) and Care Facility (*Admission*) Act. It is the TSDM's duty to know these and to carry out these responsibilities. The section is reprinted in its entirety below:

- (1) A person chosen [as a TSDM] to give or refuse substitute consent to health care for an adult must:
 - (a) before giving or refusing substitute consent, consult, to the greatest extent possible,
 - (i) with the adult, and
 - (ii) if the person chosen [as the TSDM] is a person authorized by the Public Guardian and Trustee, with any friend or relative of the adult who asks to assist, and
 - (b) comply with any instructions or wishes the adult expressed while he or she was capable.
- (2) If the adult's instructions or wishes are not known, the person chosen [as the TSDM] must decide to give or refuse consent
 - (a) on the basis of the adult's known beliefs and values, or
 - (b) in the adult's best interests, if his or her beliefs and values are not known.
- (3) When deciding whether it is in the adult's best interests to give, refuse or revoke substitute consent, the person chosen [as the TSDM] must consider:
 - (a) the adult's current wishes,
 - (b) whether the adult's condition or well-being is likely to be improved by the proposed health care,
 - (c) whether the adult's condition or well-being is likely to improve without the proposed health care,
 - (d) whether the benefit the adult is expected to obtain from the proposed health care is greater than the risk of harm, and
 - (e) whether a less restrictive or less intrusive form of health care would be as beneficial as the proposed health care.

*An adult who has made an Advance Directive, has consented to health care in advance of a decision directly to the health care provider. A health care provider may provide/may not provide health care to an adult if the adult has, given consent/refused consent to that health care in the adult's Advance Directive and must stop or withdraw health care if they become aware of an Advance Directive. At all times, the health care provider must communicate with the family/SDM. Other Advance Care Planning documents are considered expressed wishes and must be honoured by the SDM.

**If a formal SDM is appointed (Committee or Representative), update in EMR.

Note: Once the SDM is identified and a consent decision is been made, the *Confirmation of Substitute Decision Maker* form should be completed and filed on the patients' health record in the Greensleeve.

References: Health Care (*Consent*) and Care Facility (*Admission*) Act (*HCCCFAA*) [RSBC 1996] and Health Care Providers' Guide to Consent to Health Care [July 2011, MOH]

**For more information or if you have any questions contact FH Advance Care Planning at:
1-877-825-5034 or advancecareplanning@fraserhealth.ca**