

HEALTH CARE SUBSTITUTE DECISION-MAKING



WHY THIS?

CANADIANS ARE
INCREASINGLY
MOBILE

CANADIANS
WANT TO MAKE
PERSONAL
HEALTH
CHOICES

KEY GROUPS
(GOV'T, CBA
SECTIONS ETC) -
PRIORITY ISSUE



SHIFTS IN DEMOGRAPHY

Canadian seniors now outnumber children



Adults indicate < interest in Health SDM

WHY NOW?

- Baby boom has arrived
- Public and social expectations
- Highly topical and relevant

ORIENTATION

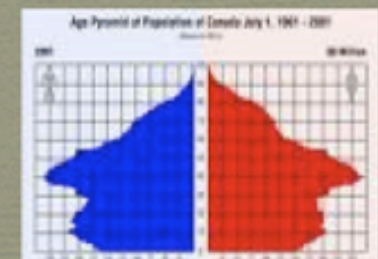


33 MILLION POP

1:8 OVER 65 NOW

1:4 BY 2041

**CANADIAN
SERVICES NOT
PREPARED**



LEGISLATIVE HISTORY

- Uniform / harmonized law of interest previously
- Significant development & refinement in legislation (1990s-2000s)
- Legislation has now settled into generally agreed principles



clearer
legislative
direction

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many
paths



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WHO BENEFITS?

- Adults - younger and older
- Families and supporters
- Health Care Providers
- Health Systems
- Lawyers / Notaries
- Government Systems...





PROJECT PROPOSAL

- The proposed project includes 2 Phases:
- 1. A Phase 1 ‘landscaping’ of current legislation and areas of possible harmonization for health care substitute decision-making in Canada
- 2. A Phase 2 development of uniform or standardized processes, forms or legislation based on the findings of Phase 1.

PROPOSED RESOLUTION

That the proposal on Health Care Substitute Decision-making be referred to the Advisory Committee for Program Development and Management and if appropriate, that a Working Group be formed to proceed with Phase 1 of the proposed project.

Que la proposition au sujet du Processus décisionnel substitutif pour soins médicaux soit référée au Comité consultatif pour le développement et la gestion des programmes et, dans la mesure du possible, qu'un atelier soit mis sur pied dans le but de poursuivre la première étape du projet proposé.