



# My Health: How To Support My Decision Making

Inclusion Saskatchewan's Supported Decision Making Series





# INCLUSION SASKATCHEWAN

supporting individuals with intellectual disabilities

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# MY HEALTH: HOW TO SUPPORT MY DECISION MAKING

It is your right to have support to make decisions and to learn more information so you can make informed choices about your life. This is called Supported Decision Making. This document can help people understand how you make decisions. You get to decide who you include and how you want them to support you. The people you include are called your supporters. You can tell your supporters which decisions you want support with and how you want them to support you. See the Supported Decision Making Workbook for more information.

Use the chart to explain your level of comfort with making medical decisions. Use the emojis as a guide to organize your thoughts/feelings. This document can help your supporters, doctors, and other healthcare workers to learn more about how you want them to support you to be safe and healthy. You may be comfortable making some decisions but not others. Your ideas can change over time so this document can be used as you learn and grow.



You are comfortable making these decisions on your own and understand the consequences and impact of the decision.



You are comfortable making some of the decisions but not others. You would like to receive support in making some of these decisions.



You need support to make these decisions all of the time and would like to receive support in making these decisions.



## When A Doctor Says You Need Support Making A Medical Decision

While you may feel that you can make certain decisions about your health, a doctor may decide you need support. If this happens, there is a process they have to follow for who should be involved. If you are under 16, your legal guardian will consent (give permission) for your medical care. If you are over 16, doctors may ask your nearest family member to consent to your medical care unless you have a legal Co-Decision Maker or Legal Guardian. If necessary, a doctor can also consult with another doctor to make decisions about your care.

List Your Supporters:	Their Relationship To You:	How They Can Support You:

My Name: \_\_\_\_\_ Date: \_\_\_\_\_



<p><b>Do you know how to keep yourself generally healthy?</b></p> <p><i>For example, keeping a healthy sleep schedule and making healthy food choices.</i></p>			
<p><b>Can you cook and prepare your own meals?</b></p>			
<p><b>Can you take your medication as directed?</b></p> <p><i>For example, if you have medication that you have to take, do you remember to take it and follow the instructions?</i></p>			



<p>Are you able to keep good hygiene on your own?</p> <p><i>For example, brushing your teeth and bathing.</i></p>			
<p>Can you make and communicate decisions about medical treatment?</p> <p><i>For example, do you understand what will happen if you do not get medical treatment?</i></p>			
<p>Can you understand the impact of having a high risk lifestyle?</p> <p><i>For example, alcohol or drug use, overeating or high-risk sexual activities.</i></p>			
<p>Do you know how to seek help in an emergency if you need it?</p> <p><i>For example, when to call the police, a support, or a doctor.</i></p>			



<p><b>Are you able to be on your own without the risk of serious harm or injury to yourself?</b></p> <p><i>Are there certain things you need with you while you are alone such as a phone?</i></p>			
<p><b>Are you able to access community resources on your own?</b></p> <p><i>For example, your doctor's office, public transportation, the bank, grocery stores or emergency services.</i></p>			
<p><b>Do you feel comfortable going to the doctor's on your own or speaking with your doctor directly?</b></p> <p><i>If you prefer to have someone with you, how would you like them to support you?</i></p>			
<p><b>Do you understand what consent means?</b></p> <p><i>For example, if you are giving consent for someone to share information about you on your behalf.</i></p>			



<p>Do you know how stay safe by avoiding common dangers?</p> <p><i>For example, traffic, sharp objects, hot stovetop, or poison.</i></p>			
<p>Are you able to tell if someone is abusing or hurting you?</p> <p><i>This can include physical, sexual, emotional or financial abuse.</i></p>			
<p>Are you able to understand and communicate consent for legal documents?</p> <p><i>For example, signing contracts, designating a medical proxy, filling out a Health Care Directive or being presented with a co-decision-making or guardianship order.</i></p>			
<p>Notes:</p>			