Advance Care Planning

Once you have reviewed the information below and reflected on the questions, consider booking an appointment with your Primary Care Provider to discuss your Advance Care Plan.

What is Advance Care Planning?
Advance care planning is a process of reflecting, communicating, and planning for future medical care in the event that you are unable to make decisions for yourself.

Why is Advance Care Planning important?
If you get very sick or you are involved in an accident and cannot speak for yourself, communicating with loved ones and your primary care provider(s) beforehand can:

- Give you a say in who you want to make decisions on your behalf.
- Let your Substitute Decision Maker(s)/Power of Attorney(s) and primary care provider(s) know what is important to you.
- Give you peace of mind that your wishes about your healthcare are known.
- Help minimize loved ones stress if they need to make decisions about your care.

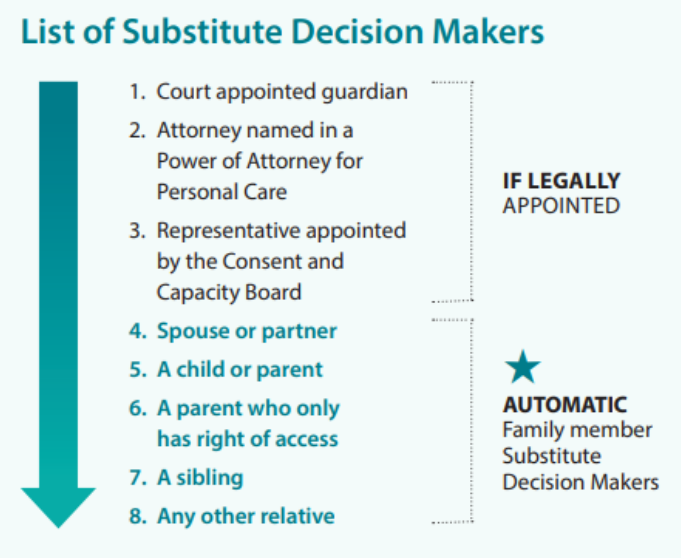
Advance Care Planning is a three-step process it includes:

- Confirming your Substitute Decision Maker(s) or Power of Attorney(s)
- Reflecting on your wishes, values, and goals of care
- Discussing your wishes, values, and goals of care with Substitute Decision Maker(s) or Power of Attorney(s) as well as your primary care provider

What is a Substitute Decision Maker and Power of Attorney?
A Substitute Decision Maker is the person who will make decisions about your care **on your behalf if you unable to make them for yourself.** Examples of when this could occur are if you were unconscious, you were very confused because of an infection, or you had advanced Alzheimer's Dementia. In those situations you are not able to understand the risks and benefits of a particular treatment or test and/or you are unable to communicate your decision to your healthcare provider. **The decision(s) your Substitute Decision Maker(s) or Power of Attorney(s) make should reflect what you would want and not their own personal care preferences.**

By law in Ontario, everyone has an automatic Substitute Decision Maker following the order in the list (see lines 4 to 8). People at the same level in the list share decision-making responsibility. For instance, if you do not have a spouse or partner but have three children, all three of your children would be your Substitute Decision Makers and would equally share responsibility for decision-making. To name just one person (or to

name a person who is not your automatic Substitute Decision Maker), you need to complete a Power of Attorney for Personal Care form. This form can be found online at https://www.publications.gov.on.ca/300975.



Advance care planning is not a legal document!
Advance care planning documentation has no legal value. Its purpose is to help guide decision-making for your Substitute Decision Maker or Power of Attorney, but doctors must still obtain their agreement for you to have specific treatments and diagnostic tests.

Does my Substitute Decision Maker(s) or Power of Attorney(s) need to honor my healthcare wishes?

Your Substitute Decision Maker(s) or Power of Attorney(s) should consider your wishes when making decision on your behalf; however, they may not be able to honor your wishes for a variety of reasons. For example, an individual may have communicated to their Substitute Decision Maker that they want to stay in their home, but their health declines to a point where they are no longer able to care for themselves. Moving to a retirement home or long-term care may be necessary for their safety and current care needs. Substitute Decision Maker(s) or Power of Attorney(s) should always make decision in your best interest.

Advance care planning versus a do-not-resuscitate order
A do-not-resuscitate order can (but does not have to be) part of advance care planning. By law, paramedics and doctors need to administer life-sustaining treatments like cardiopulmonary resuscitation (CPR) to patients if their heart stops beating. If you do not want CPR, you can ask your healthcare provider to complete a do-not-resuscitate form. A do-not-resuscitate form is a legal document and must be followed.

How should you prepare for discussions on Advance Care Planning?
Think about your hopes, values, priorities, what you would define as quality of life, and what you consider important. **These may change over time, and it will be important for you to communicate these changes with your loved ones and care providers.** Here are a few questions with examples to help you get started:

Who are the important people in your life? (spouse/partner**,** children**,** friends**,** parents, siblings…)

If unable to speak for yourself about medical decisions, who would you want to speak on your behalf?

Take a moment to reflect on your medical conditions.

- What are your medical conditions?
- How do they affect your ability to do everyday activities?
- Can you expect these medical conditions to get worse, stay the same, or get better in the future?
- If they get worst, could they affect your ability to walk, your memory, your ability to drive safely, your ability to care for yourself?

What makes your life meaningful?

- Spending time with family/friends
- Spending time with my pet
- Being able to work
- Practicing my spiritual beliefs
- Doing outdoor activities that include…
- Doing hobbies that include…
- Contributing to the community by….
- Travelling …

When reflecting on your personal values, what things are important to you?

- Maintaining dignity by…having people respect your choices, having people respect your privacy….
- Remaining independent by…walking independently, doing your own cooking, dressing yourself…
- Avoiding pain and suffering
- Living as long as possible…

If you were to get very sick, what would be important for you?

- Being able to spend time with family/friends
- Being in your own home/apartment/retirement home
- Being able to do ….(activity, hobby)
- Being able to communicate with loved ones…

If you were to get very sick, what would you be the most concerned about?

- Making sure that your spouse/partner is cared for
- Making sure that your children are cared for
- Not being able to see family/friends
- Finding someone to care for your pet
- Finding someone to take over your business
- Ensuring that your finances are in order
- Needing to leave your home or community to receive care
- Losing your independence
- Being a burden to family/friends
- Not being able to look after your own personal hygiene
- Being in pain…

Do you have funds set aside to finance care you may need? (Ex: retirement home, personal support workers…)

When nearing the end of life, I would want:

- Family/friends nearby
- My religious leader to visit me
- To be in my own home
- To have my pet by my side
- To hear people talking about my life's happy memories
- To listen to music I love
- To be able to look outside…

I would not want life support or life-prolonging medical interventions if it meant I could no longer:

- Enjoy life and activities the same way I do now
- Get out of bed or walk on my own
- Recognize and communicate meaningfully with family and friends…

References:

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