

Speak Up

Start the conversation
about end-of-life care



Advance Care Planning Quick Guide

Ontario Edition

It's about conversations.
It's about decisions.
It's how we care for each other.

www.advancecareplanning.ca 

About Advance Care Planning



Advance Care Planning is a process of reflection and communication. It is a time for you to reflect on your values and wishes, and to let others know what kind of health and personal care you would want in the future if you become incapable of consenting to or refusing treatment or other care.

Advance Care Planning means having discussions with family and friends, especially your future Substitute Decision Maker(s). A Substitute Decision Maker is the person or people who will provide consent or refusal of consent for care and treatments for you if you are not mentally capable to do so for yourself. Advance Care Planning can include determining your Substitute Decision Maker(s) as well as expressing your wishes about care that you want or may not want.

It can include discussions with your health care providers to ensure that you have accurate medical information on which to make decisions (consents) or to express wishes about future care and treatment. It can also include writing down your wishes, and may even involve talking with legal professionals.

It is a way to give those who will be required to provide consent for your medical treatment and care the confidence to make decisions on your behalf if you are mentally incapable to do that for yourself.

Your wishes can be changed at any time. Your Substitute Decision Maker(s) will be called upon to speak on your behalf only if you are not capable of speaking for yourself.

If you need someone to speak on your behalf, you'll be glad to know that your voice will be heard, and that your Substitute Decision Maker(s) will have the confidence to speak for you.

Note: This is a short form version of the Ontario Advance Care Planning workbook. For a more detailed version, visit www.advancecareplanning.ca

Let's get started

1. Think about what's right for you

Begin by thinking about your values, beliefs and goals for your life. Keep in mind any situations that you may have experienced with others and how it made you feel.

2. Learn about health care options and medical procedures

Some individuals want to prolong life as long as possible using medical interventions. Others would not want to be hooked up to machines at the end of life if there is no chance of recovery. Speak with your health care provider to learn about your health condition(s), both now and when new situations arise, and the procedures and treatments that may be offered. Learn about what might be right for you, your wishes.

3. Determine your Substitute Decision Maker

In Ontario, even if you do not appoint someone to act on your behalf, you always have a Substitute Decision Maker (SDM). A health professional must speak with your SDM(s) in order to get consent or refusal of consent to any treatments when you are no longer mentally capable to make the treatment decision. Establish who the law states is your SDM (as defined in the hierarchy of SDM's) and decide if this is someone who will follow your wishes when making medical decisions on your behalf. You may only choose or appoint a specific SDM(s) by completing a Power of Attorney for Personal Care document. For more information about substitute decision making in Ontario go to www.advancedcareplanning.ca. Click on 'Resources in your Province/Territory' under Quick Links, and go to the *Ontario Attorney General Resources* or *Community Legal Education Ontario*.

4. Begin the conversation

Talk with your family, friends, and especially your Substitute Decision Maker(s).

5. Communicate your wishes

You may make your wishes known through conversations, written or taped/video instructions or by any other means of communication (Braille, Blissymbols etc.). Tell your health care team and, if you have written or recorded your wishes, share it with them.

6. Review your wishes/plan regularly

It's important to review your wishes/plan regularly to make sure it continues to reflect your wishes, especially if something in your life changes. Continue the conversation.

My Advance Care Plan — Expression of Wishes

If you decide to write a plan or communicate your wishes by another means remember to give a copy to your Substitute Decision Maker(s). You may also choose to give a copy to your family members, your doctor and any other health or legal professionals.

Most importantly— have **conversations** with your Substitute Decision Maker(s) about your plan. They may have questions about your wishes.

Your information:

First name: _____ Middle Initial: _____

Last name: _____

Date of birth: _____

Address: _____

Telephone number: _____ Mobile number: _____

e-mail address: _____

NOTES _____

My Advance Care Plan

— Expression of Wishes *(continued)*

Consider the following questions to help guide the conversation(s) and expression of your wishes.

1. What do I value most in terms of mental or physical health? (independence, respect, communication etc)
2. What would make prolonging life unacceptable for me? (e.g. no control over my bodily functions, being kept alive with machines, etc.)
3. What am I concerned might happen to me when I think about death? (e.g. struggling to breathe, pain, spiritual rites etc.)
4. If I were nearing death, what would I want to make the end more peaceful for me?
5. Do I have any spiritual or religious beliefs that would affect my care at end of life?
6. What other thoughts and wishes might help others understand and support me at end of life?

NOTES

My Advance Care Plan

— Expression of Wishes *(continued)*

I have discussed my wishes/plan with the following people and/or they have copies.

(List all people who have copies, their relationship to you and their contact information)

Name	Relationship to me	Contact Information

I have discussed my wishes for future health care with the person(s) named below.

My Substitute Decision Maker(s) is:

1. Name: _____

This person was appointed through a Power of Attorney for Personal Care Document: Yes No

Location of the current Power of Attorney for Personal Care (original document): _____

OR

If no Power of Attorney for Personal Care document: The Substitute Decision Maker who is highest ranked person in the Hierarchy of Substitute Decision Maker(s).

My Advance Care Plan

— Expression of Wishes *(continued)*

Relationship of this Substitute Decision Maker to me: _____

Phone number: _____ Mobile number: _____

Address: _____

e-mail: _____

2. Name: _____

This person was appointed through a Power of Attorney for Personal Care Document: Yes No

Location of the current Power of Attorney for Personal Care (original document):

OR

If no Power of Attorney for Personal Care document: The Substitute Decision Maker who is highest ranked person in the Hierarchy of Substitute Decision Maker(s).

Relationship of this Substitute Decision Maker to me: _____

Phone number: _____ Mobile number: _____

Address: _____

e-mail: _____

My other planning documents:

In addition to this record of my wishes, I have also completed the following documents: (check all that apply, and note the location of each document)

_____ Power of Attorney for Personal Care

Location: _____

_____ Financial Information/Power of Attorney for Property

Location: _____

_____ Insurance

Location: _____

_____ Will

Location: _____

_____ Other (e.g. organ donation, specific bequests, etc.)

Document name: _____

Location: _____

Congratulations on participating in Advance Care Planning!

Now, be sure you **share** your wishes with your future Substitute Decision Maker(s), family members, friends and your health care team. Talking now will give them the confidence to better understand and communicate your wishes and help reduce anxiety.

The wishes you express are important. Make sure your voice is heard.

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