
IT'S ALL ABOUT
THE CONVERSATION
ADVANCE CARE PLANNING
& HEALTH CARE CONSENT
CHAMPLAIN
HOSPICE PALLIATIVE
CARE PROGRAM
PROGRAMME
SOINS PALLIATIFS
CHAMPLAIN


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Some day,
We will all die,
Snoopy!
True,
but on all
the other days
we will not.


Advance care planning is often thought of as planning for the end of life. But advance care planning is really about planning for life, up to and including death. It is a process of thinking about what is important to you. What are your beliefs, values and wishes for your care?
Advance care planning is also about sharing those wishes so that your family and friends know how you would like to be cared for in the future if you couldn’t speak for yourself.

What's in a Name?

- Advance Directives
- Living Will
- Goals of Care
- Personal Directive
- Advance Care Plan
- Power of Attorney…

IN ONTARIO

Three terms you need to know:

- Health Care Consent (HCC)
- Substitute Decision Maker (SDM)
- Advance Care Planning (ACP)

HEALTH CARE CONSENT

For your health care, your doctor or other health care provider needs to have your **informed consent** to treatment.

To give informed consent you must be provided with information about:

- your condition and recommended treatment
- alternatives to the proposed treatment
- the likely outcome of accepting or refusing the treatment

…to make your treatment decision.

HEALTH CARE CONSENT

- You must also be mentally **capable** of making decisions about your treatment.
- To be mentally capable of making treatment choices means that:
  - you can understand information that is relevant to making a decision about your health care; and,
  - can grasp the likely results of making the decision or not making it.

…and if you are not mentally capable ?

HEALTH CARE CONSENT

What if, because of an accident, illness, dementia…you were no longer capable of making your own decisions or communicating consent about your personal care and medical treatments?

Your **Substitute Decision Maker (SDM)** would be required to **give consent** on your behalf.

Do you have a Substitute Decision Maker?

SUBSTITUTE DECISION MAKER

In Ontario, the Health Care Consent Act ensures that you will always automatically have an SDM for health care.

1. Guardian of the Person
2. Attorney named in a Power of Attorney for Personal Care (POA)
3. Representative appointed by the Ontario Consent and Capacity Board
4. Spouse or Partner
5. Child or parent or Children's Aid Society or other person lawfully entitled
6. A parent who only has right of access
7. Brother or sister
8. Any other relative

SUBSTITUTE DECISION MAKER

- ***OR*** you can decide who will speak on your behalf and name someone (or more than one person) to be your Substitute Decision Maker(s) (SDM) by preparing a Power of Attorney (POA) **for Personal Care** (POA).

- A POA is a document, in writing, in which you name someone to be your "attorney" (SDM)

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- Attorney named in a Power of Attorney for Personal Care (POA)

- Document **does not** need to be prepared by a lawyer.

SUBSTITUTE DECISION MAKER

WHAT DOES AN SDM DO?

Your SDM must try to make the same personal care choices that you would have made in that situation, and follow your instructions if you gave any.

Your SDM acts for you only when you are unable to make decisions yourself. That situation could be temporary, or it could last for the rest of your life.

This would be easier if they knew your Advance Care Plans…

ADVANCE CARE PLANNING

In Five Simple Steps

- ☑ THINK
- ☑ LEARN
- ☑ CHOOSE/(IDENTIFY)
- ☑ TALK
- ☑ RECORD/(SHARE)

ADVANCE CARE PLANNING

THINK about your wishes, values, beliefs

- your goals for quality of life and/or prolonging life
- personal values and beliefs that influence your healthcare wishes
- any conditions under which you do or do not want certain treatment
- where would you like to be cared for
- what would be meaningful for you at end of life?

ADVANCE CARE PLANNING

THINK about your wishes, values, beliefs…

- Independence
- Spirituality
- Dignity
- Courage
- Longevity
- Wellness
- Family
- Honour
- Status
- Autonomy
- Integrity
- Vitality
- Self-reliance
- Clear-mindedness
- Hard work
- Respect…

ADVANCE CARE PLANNING

LEARN about options and procedures

- Some people 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.

- But don't worry about the "what if scenarios" – focus on your values, how that would guide your decision-making and what you would be willing to sacrifice/trade-off.

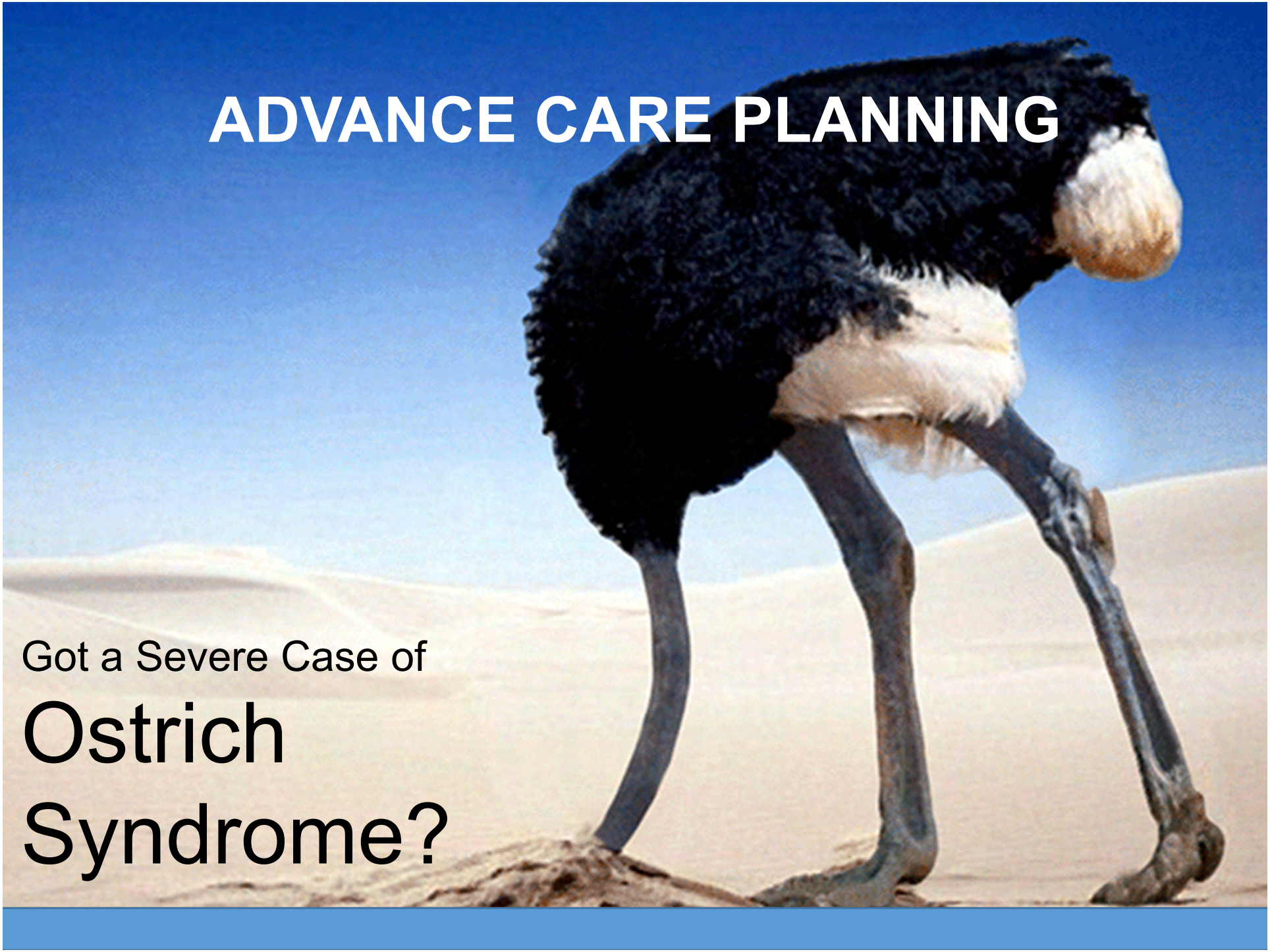
ADVANCE CARE PLANNING

CHOOSE/IDENTIFY your SDM(s)

- Know who your SDM(s) would be on the hierarchy of SDMs
- If you want to identify your own SDM(s) then you can do so in a Power of Attorney for Personal Care.


…It’s All About the Conversations

ADVANCE CARE PLANNING



Got a Severe Case of

Ostrich Syndrome?

ADVANCE CARE PLANNING

Advance Care Planning
Starting the Conversation

BE STRAIGHT FORWARD

- "My health is good right now but I want to talk to you about what I'd want if I was sick and needed you to make decisions for me."

"BLAME" SOMEONE ELSE

- "My doctor asked me about advance care planning and whether I'd shared my wishes with my family or substitute decision maker. Could we talk?"

FIND AN EXAMPLE FROM THE NEWS

- "That story about the family fighting about their mom's care made me realize that we should talk about these things so the same thing doesn't happen in our family…"

ADVANCE CARE PLANNING

RECORD/REVIEW

- You should record who your SDM is
- In Ontario you can share your wishes any way you want – you can write them down, share them in a conversation, send an e-mail…
- You can change your mind at any time
- You should periodically review and reflect on your wishes (and communicate any changes to your SDM)
- Your most recently expressed wishes apply
- Your wishes expressed through advance care planning will only be used be if you are incapable of giving informed consent

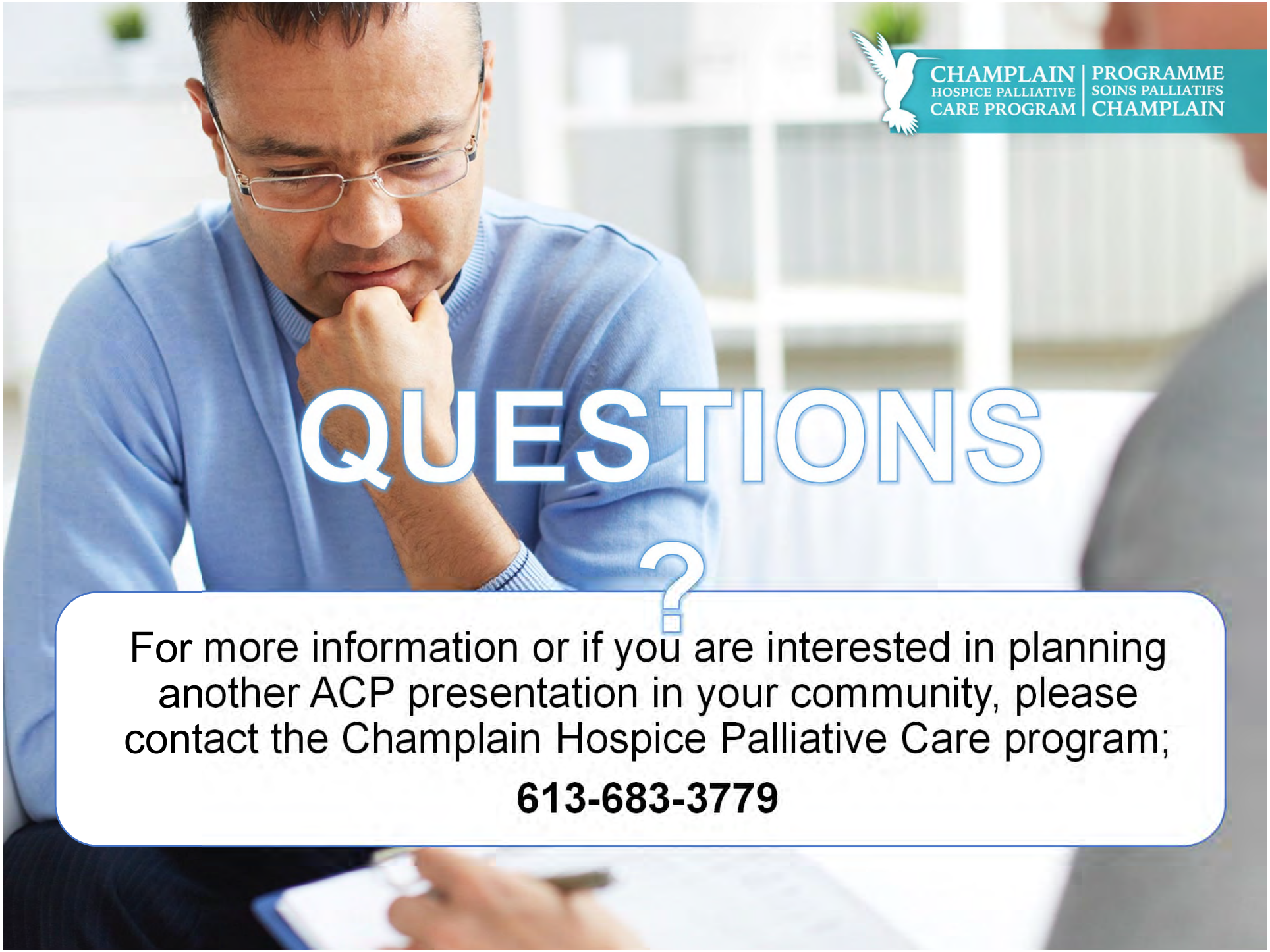
SUMMARY

Health Care Consent is about the NOW

Advance Care Planning is about the FUTURE

- You provide informed consent for your health care and treatment unless you are mentally incapable of doing so.
- If you are not mentally capable, your SDM(s) must give informed consent on your behalf.
- Everyone has an SDM through the Ontario Health Care Consent Act.
- If you want to designate your SDM(s) you can do so in a POA for Personal Care.
    - Your advance care planning discussions about your values, wishes and beliefs will help your SDM(s) make health care decisions on your behalf & interpret your wishes if needed.

THINK LEARN CHOOSE/IDENTIFY TALK RECORD/SHARE


CHAMPLAIN HOSPICE PALLIATIVE CARE PROGRAM
PROGRAMME SOINS PALLIATIFS CHAMPLAIN
QUESTIONS ?
For more information or if you are interested in planning another ACP presentation in your community, please contact the Champlain Hospice Palliative Care program;
613-683-3779