

Advance Care Planning Conversation

Patient Name: _____

Today's Date: _____
MM DD YYYY

Choosing your Substitute Decision Maker (SDM)

Think about the person(s) who will make healthcare decisions on your behalf if you are unable to. Ask yourself if the person(s) are:

- Willing to make future healthcare decisions for you
- Willing to talk with you to understand your goals, values and beliefs
- Willing to be present and understand your care needs and your condition when decisions need to be made
- Willing to honour and follow your wishes to the extent possible when they apply
- Able to ask questions and advocate for you with doctors
- Able to make hard decisions

Substitute Decision Maker(s)

In Ontario, a substitute decision maker may be appointed through a formal process. You may choose your decision maker by appointing an Attorney for Personal Care. The other two categories are appointed by the legal system. If an SDM has been appointed please indicate below and fill in the contact information of the Guardian, Attorney for personal care or representative as the **Primary SDM**.

- A court appointed Guardian
- My Attorney(s) for Personal Care (POA)
- A representative appointed by Consent and Capacity Board

If you do not appoint a Power of Attorney for Personal Care, in Ontario the following list outlines the rank order of who your automatic Substitute Decision Maker(s) will be:

1. Spouse or partner
2. Children or Parents
3. Parent with right of access only
4. Siblings
5. Any relative
6. Public Guardian and Trustee

Your primary Substitute Decision Maker (SDM) is either the person you have appointed as your POA for personal care or the person(s) who are highest on the list above. Alternate SDMs will either be people you have appointed or the next people from the list above. Please enter contact information for your primary Substitute Decision Maker as well as Alternates:

Primary SDM: _____
Alt SDM: _____
Alt SDM: _____

This is the first documented ACP Conversation: Yes No **If "No":** Date of most recent ACP: _____
MM DD YYYY

Today's documentation: Affirms a previous version Reflects changes and replaces the previous version

Where is the previous version documented? Within POA PC document Paper record Another institution's chart

Capacity to participate in an Advance Care Planning Conversation:

The person understands and appreciates that:

- These responses are to provide guidance for the SDM who will give consent for future, not current, health care decisions in the event that the person is not capable of speaking for himself or herself
- Their SDM will be required to interpret these wishes to determine if they: (1) are the most recent (2) expressed when the patient was capable (3) are applicable to the decision that needs to be made. Finally, the SDM must interpret what the wishes mean in the context of the healthcare decision that needs to be made
- As long as the patient remains capable, he or she will be asked to make his or her own decisions
- These responses can be updated or changed at any time as long as the patient retains capacity for advance care planning



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This document serves to record wishes, values and beliefs for future healthcare. It is NOT consent for treatment. It will be viewed as a representation of a person's capable thoughts and reflections therefore please use their own words:

1. Understanding

Based on previous discussions with healthcare providers, what is your understanding of your illness? Tell me what you have been told about your illness. What do you expect to happen in the future?

(E.g. Do you expect to get better, be cured, or is your illness expected to get worse over time? Do you think you may develop difficulty with memory, swallowing, walking or other things that are important to you?)

2. Information

What information about your illness that you don't know would be helpful or important for you to know? Is there information about your illness that you don't want to know?

3. Values, Beliefs & Quality of Life

Quality of life means something different to everyone. As you reflect on the questions below and your answers to them, it may help to think of activities you enjoy and then think about how they impact your quality of life. For example, if you enjoy family gatherings, quality of life might mean being able to communicate with others, share a meal with loved ones, be aware of yourself and your environment, read stories to your children or grandchildren etc. What would it look like if you felt to be a burden on your family or loved ones? What would make you feel undignified? Consider how you have made health related decisions in the past and what beliefs or values may have guided you.

What brings quality to your life? What do you value, or what is important in your life that gives it meaning?

(E.g. being able to live independently, being able to recognize important people in your life, being able to communicate, being able to eat and taste food, spending time with friends and family etc.)

4. Worries & Fears

Think about the care you might need if you have a critical illness or if you are near the end of your life.

What worries or fears come to your mind? (E.g. struggling to breathe, being in pain, being alone, losing your dignity, depending entirely on others or being a burden to your family and friends etc.)

5. Trade Offs

If you have a critical illness, life support or life extending treatments might be offered to you with the chance of gaining more time. Think about what brings quality to your life and what you value:

- What would you be willing to trade for the chance of gaining more time or more of what's important to you? (E.g. if you were unable to communicate, unable to interact with others, had lost control of your bodily functions)
- Or are the burdens of these treatments acceptable to you if there is even a slight chance of gaining more time?
- Do your thoughts or feelings change if your condition was permanent or if there was little or no chance of recovery?

6. Near the End

If you were near the end of your life, what might make the end more meaningful or peaceful for you?

(E.g. family and friends nearby, dying at home, having spiritual rituals performed, listening to music etc.)

Is there anyone who would provide valuable information to your SDM to help them make future care decisions? _____

Is there anyone you would not want to provide information to your SDM? _____

Note to Healthcare Providers:

In the event that this person lacks the capacity to make healthcare decisions in the future, this conversation will be used to guide the SDM to provide informed consent. It may provide information for the SDM to consider prior capable wishes and best interests of the patient. Therefore, this form must not include health care provider interpretations. The patient to whom this applies has reviewed this document and is in agreement with its contents. I have provided copies to the patient and their SDM(s).

I agree with the above statement

Health Care Provider Name: _____

Health Care Provider Signature: _____

