Advance Care Planning Conversation Guide

Patient Name: ______________________________

Today's Date: ___ ___ ________
MM DD YYYY

Who should be Substitute Decision Makers (SDMs)
The patient should think about the person(s) who would make healthcare decisions on patient's behalf if patient is incapable. Ask if the future SDM(s) are:

- Willing to make future healthcare decisions for patient
- Willing to talk with patient to understand his/her wishes, values & beliefs
- Willing to be present and understand care needs and patient's condition when consent needs to be provided
- Willing to honour and follow patient's wishes to the extent possible when they apply
- Able to ask questions and advocate for patient
- Able to make hard decisions

Have SDM(s) been legally appointed? In Ontario, there is a ranked list of SDMs outlined in the Health Care Consent Act. The **three highest ranked SDM(s)** would be appointed through formal legal processes. They are:

1. A court appointed Guardian
2. Attorney(s) for Personal Care
3. A representative appointed by Consent and Capacity Board

A patient may choose SDM(s) by appointing one or more **Attorney(s) for Personal Care**. If SDM(s) have been appointed **please enter the name and contact information** of the Guardian, Attorney(s) for Personal Care or representative on the right.

If there is no SDM from the 3 highest rankings (i.e. no SDM has been appointed) then the following ranked list outlines who the **automatic SDM(s)** will be:

4. Spouse or partner
5. Children or Parents (all have equal ranking)
6. Parent with right of access only
7. Siblings (all have equal ranking)
8. Any relative
9. Public Guardian and Trustee

The patient's SDM(s) is the highest ranking individual(s). A patient may have more than one SDM.

Please enter name and contact information of the **highest ranking** SDM (or SDMs, if there is more than one individual at the highest rank):

Name(s) of highest ranking SDM(s): ______________
____

Contact Info: ________________________________
____
____

Please enter name and contact information of the **next highest ranking** SDM (or SDMs if more than one individual at the next highest rank):

Name(s) of next highest ranking SDM(s): _________
____

Contact Info: ________________________________
____
____

Has the patient previously expressed wishes for future healthcare with anyone? ☐ Yes ☐ No

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 conversation ☐ Reflects changes and replaces previous

Where are previously recorded wishes? ☐ Within POAPC* document ☐ Paper record ☐ Another institution

Capacity to participate in an Advance Care Planning Conversation:

A person understands and appreciates that:

■ These responses are to provide guidance for the SDM(s) who will be asked to provide consent for future, not current, health care decisions in the event the person is not capable of decision-making for him or herself

■ Their SDM(s) will be required to interpret these wishes to determine if they: (1) are the most recent (2) expressed when the person was capable (3) are applicable to the decision that needs to be made. Finally, the SDM(s) must interpret what the wishes mean in the context of the healthcare decision that needs to be made

■ As long as the person 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 person has capacity for advance care planning at the time of updating or changing

■ Healthcare wishes expressed by the capable person at a future date will take precedent over relevant wishes that are documented here, regardless of how wishes are expressed i.e. verbal, written, in a video etc.

*POAPC = Power of Attorney(s) for Personal Care (wishes may be recorded when completing POAPC documents)

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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.

Understanding Based on previous discussions with healthcare providers, what do you understand about your health or illness if you have any? What have you 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?)	
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?	
Values, Beliefs & Quality of Life 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.)	
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, being a burden to your family and friends, being given up on too soon etc.)	
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. would you trade the ability to communicate, the ability to interact with others, the ability to 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?	
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.)	

Note to Healthcare Providers:
If this patient lacks capacity to make healthcare decisions in the future, this conversation may be used to guide SDM(s) in providing informed consent. It may outline information about prior capable wishes and best interests of the patient. Therefore, **this form must not include healthcare 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 this statement**

Health Care Provider Name: ________________________ Health Care Provider Signature: ___________________________