

ADVANCE CARE PLANNING CONVERSATIONS

Patient Name:	HCN:
Date of Birth:	Phone (Home):
Address:	Phone (Cell):

- Asked patient to think about SDM(s) and will follow up at the next visit
- E-form given to patient: Printed copy Email

Resources:

- SDM hierarchy: <https://advancecareplanningontario.ca/substitute-decision-makers/who-is-my-sdm/sdm-categories>
- When do SDMs make decisions? <https://advancecareplanningontario.ca/substitute-decision-makers/when-do-sdms-make-decisions>
- Attorney General's Office free Power of Attorney for Personal Care (POAPC) document: <https://www.publications.gov.on.ca/300975>

Substitute Decision Maker #1	
Name:	
Relationship:	Phone (Home):
Attorney for Personal Care: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone (Cell):
Copy of POAPC document in chart? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
Substitute Decision Maker #2	
Name:	
Relationship:	Phone (Home):
Attorney for Personal Care: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone (Cell):
Copy of POAPC document in chart? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
Substitute Decision Maker #3	
Name:	
Relationship:	Phone (Home):
Attorney for Personal Care: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone (Cell):
Copy of POAPC document in chart? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:

Understanding	
<ul style="list-style-type: none"> ▪ What do you understand about your health or illness? ▪ What have you been told by your healthcare providers? ▪ What do you expect to happen over time? <ul style="list-style-type: none"> ○ Do you expect to get better, be cured, get worse? ○ Do you think you may have difficulty with memory, swallowing, walking or other things that are important to you? 	
Information	
<ul style="list-style-type: none"> ▪ What information about your health or illness would be helpful or important for you to know? ▪ Is there information that you don't want to know? ▪ What can be expected in the future 	

Values, Beliefs, Life Goals & Quality of Life

- **What brings quality to your life?**
 - **What do you value?**
 - What does each value mean to you? Why is it important to you?
 - What comes to mind when you think of no longer having the value?
 - **What is important to you and gives your life meaning?**
(e.g., being able to live independently, recognize important people in your life, communicate, interact with others, enjoy food, spend time with family and friends, engage in activities/interests, achieve life goals, e.g., attend an important event such as a wedding, etc.)
- For clinicians (see scenarios):**
- *How might this influence the patient's healthcare decision making?*
 - *Ask the patient to consider how they have made healthcare decisions in the past and what values and/or beliefs guided them*
 - *How would an SDM use this information to make healthcare decisions in the future?*

- Examples of values:
- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Independence | <input type="checkbox"/> Dignity | <input type="checkbox"/> Family |
| <input type="checkbox"/> Clear-mindedness | <input type="checkbox"/> Wellness | <input type="checkbox"/> Spirituality |
| <input type="checkbox"/> Hard work/dedication | <input type="checkbox"/> Strength | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Not being a burden | <input type="checkbox"/> Other: | |

Trade-offs

- Describe for SDM(s) the **quality of life you would consider acceptable or unacceptable and why**
- What would you be willing to **trade for the chance of gaining more of what you value or what is important to you** (e.g., more time)?
(e.g., would you trade the ability to communicate, interact with others, control bodily functions, walk or other physical function, be independent, etc.?)
- Does this **change** if the condition is **permanent** or if there is **little or no chance of recovery**?

Worries & Fears

- Is there anything that you currently worry about or might **worry about** if you were **critically ill or near the end of your life**?
(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.)
- For clinicians:**
- *May give guidance on what might be important to avoid, prevent or aggressively manage*

Sources of Strength

- What gives you **strength** as you think about the future with your illness?

Near the End

- If you were near the end of your life, what would be **important** to you?
- What would make this time **meaningful** or **peaceful** for you?
(e.g., family and friends nearby, dying at home, having spiritual rituals performed, listening to music, having books read to you, etc.)

MRP (Family Physician):

Signature:

Wilson Medical Group
343 Wilson Avenue, Suite 303 Toronto, ON M3H 1T1
Phone: 416-785-8412 Fax: 416-785-8324

Advance Care Planning: Scenarios for Consideration

Below you will find some scenarios to help you:

- **Think** about what is most important to you in relation to your health
- **Share** your values, beliefs and overall life goals with your substitute decision maker(s) (SDMs)
- **Prepare** your SDM(s) with information that they can use to help guide healthcare decision-making in the future if you were not capable of making a healthcare decision

Please consider the questions for each scenario below and share your thoughts with your SDM(s) and family physician.

1. Pneumonia	
Imagine that you were to develop pneumonia and require hospitalization. You get very sick and need to be on life support in the intensive care unit.	
Scenario A	You would only need to be on life support for a short period of time and would likely recover. <ul style="list-style-type: none"> ▪ <i>What is it about the scenario that you find acceptable or unacceptable? Please explain what is most important to you.</i>
Scenario B	You would need to be on life support for a long period of time and would likely never fully recover. <ul style="list-style-type: none"> ▪ <i>What is it about the scenario that you find acceptable or unacceptable? Please explain what is most important to you.</i>
2. Stroke	
Imagine that you had a stroke and were paralyzed on one side of your body. You may also have some difficulty speaking. You have difficulty swallowing and need a feeding tube.	
Scenario A	Mild stroke: You have mild paralysis on one side of your body, but can walk with a cane or walker. You would be able to recognize family and friends and communicate easily with others. You have a temporary swallowing problem and would only need a feeding tube for a short period of time. You would be able to perform most activities of daily living on your own and only require some assistance. <ul style="list-style-type: none"> ▪ <i>What is it about the scenario that you find acceptable or unacceptable? Please explain what is most important to you.</i>
Scenario B	Severe stroke: You have severe paralysis on one side of your body, may be unable to walk and may need a wheelchair. You may not recognize all family and friends and have lost the ability to communicate. You have a permanent swallowing problem and would need a feeding tube for the rest of your life. You are not able to care for yourself and require assistance with all activities of daily living. <ul style="list-style-type: none"> ▪ <i>What is it about the scenario that you find acceptable or unacceptable? Please explain what is most important to you.</i>
3. Dementia	
Imagine that you have dementia and have difficulty with memory and thinking clearly.	
Scenario A	Mild dementia: You have poor short-term memory and difficulty with word-finding, but recognize family and friends and are able to have meaningful conversations. You live at home, but may need some assistance with activities and someone to accompany you when you go out so that you do not get lost. <ul style="list-style-type: none"> ▪ <i>What is it about the scenario that you find acceptable or unacceptable? Please explain what is most important to you.</i>
Scenario B	Severe dementia: You would not be able to recognize family and friends or have meaningful conversations. You live in a long-term care home, as you require supervision and assistance with all activities. <ul style="list-style-type: none"> ▪ <i>What is it about the scenario that you find acceptable or unacceptable? Please explain what is most important to you.</i>

Adapted from:

1. Advance Care Planning Ontario [Internet]. Toronto, ON: Hospice Palliative Care Ontario; c2022 [cited 2022 Aug 4]. Available from: <https://advancecareplanningontario.ca/>.
2. Hospice Palliative Care Ontario. Clinician's guide to advance care planning. Toronto, ON: Hospice Palliative Care Ontario; 2022. Available from: <https://www.pcdm.ca/acp/clinician-primer>. Accessed 2022 Aug 4.
3. Myers J, Steinberg L, Seow H. Controversies about advance care planning. *JAMA* 2022;327:684-685.
4. Incardona N, Myers J. Advance care planning conversation guide: Clinician primer. Toronto, ON: Hospice Palliative Care Ontario; 2016. Available from: <https://www.pcdm.ca/HPCO/Assets/Documents/PDFs/ACP-Conversation-Guide-Clinician-Primer-1.pdf>. Accessed 2022 Sep 1.
5. Incardona N, Myers J. Advance care planning conversation documentation template. Toronto, ON: Hospice Palliative Care Ontario; 2015. Available from: <https://www.pcdm.ca/HPCO/Assets/Documents/PDFs/ACP%20Conversation%20Template.pdf>. Accessed 2022 Aug 4.
6. Incardona N, Myers J. Advance care planning conversation guide – clinician version 2.0. Toronto, ON: Speak Up Ontario; 2018. Available from: <https://www.speakupontario.ca/wp-content/uploads/2018/07/ACP-Conversation-Guide-Clinician-Oct-4.pdf>. Accessed 2021 Jun 4.
7. Incardona N, Myers J. Advance care planning conversations: A guide for you and your substitute decision maker. Toronto, ON: Speak Up Ontario; 2016. Available from: <https://www.speakupontario.ca/wp-content/uploads/2018/07/Advance-Care-Planning-Conversations-A-Guide-for-You-and-Your-Substitute-Decision-Maker.pdf>. Accessed 2021 Jul 3.
8. Michael Garron Hospital. My health, my wishes: Advance care planning workbook. Toronto, ON: Michael Garron Hospital; 2016. Available from: https://www.tehn.ca/sites/default/files/file-browser/acp_workbook_mgh_final_feb_2016.pdf. Accessed 2021 Jun 7.
9. Ariadne Labs. Serious Illness Conversation Guide. Boston, MA: Ariadne Labs; 2015. In Sirianni G, Torabi S. Addressing serious illness conversations during COVID-19. *Can Fam Physician* 2020;66:533-536. Available from: <https://www.cfp.ca/content/66/7/533>.
10. Baycrest Health Sciences. Advance care planning: Making your health wishes known. Toronto, ON: Baycrest Health Sciences; 2016. Available from: https://www.baycrest.org/Baycrest_Centre/media/content/form_files/ACP_MAKING-WISHES-KNOWN.pdf. Accessed 2021 Jun 7.
11. Gallagher R. An approach to advance care planning in the office. *Can Fam Physician* 2006;52:459-464.
12. Singer PA. University of Toronto Joint Centre for Bioethics Living Will. Toronto, ON: University of Toronto Joint Centre for Bioethics; 2002.