

# My Voice

## Advance Care Plan



## *A message from the Prince Edward Family Health Team...*

Since its beginning in 2006 the Prince Edward Family Health Team (PEFHT) has been striving to provide comprehensive, accessible and coordinated health care services in our community. Advance care planning (also called advanced directives or living wills) is a component of this service.

Advance care planning for future health care choices is a wise thing for all capable adults to do. It involves thinking about the kind of health care you would like if you ever became too sick to communicate your wishes. It is important to think about your choices and to share this information with those closest to you. By talking with your doctor or nurse practitioner you can make sure that your health care choices are medically sound and individually suited for you. We hope the **My Voice** booklet helps you to prepare for this discussion.

The Prince Edward Family Health Team wishes to recognize and thank Fraser Health Authority (BC) for their leadership in Advance Care Planning across Canada. We would also like to thank them for generously allowing us to adapt their publication for use in our community.

Dr. Greg Higgins  
President, PEFHT Board  
2009

Dr. Cliff Rice  
Vice President, PEFHT Board  
2009

The information in this publication is designed to be a general reference for Advance Care Planning. While care has been taken to ensure accuracy of the information as of the date of publication, it is not intended to provide specific medical or legal advice, or replace the specific recommendation of health care or legal professionals, nor is it intended to act as a substitute for any prescribed treatment.

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# My Voice

## *Advance Care Plan*

None of us know what tomorrow will bring. Some of us write a will and plan our own funeral so that family members know our wishes. But few of us give much thought to situations that might leave us injured or fatally ill and unable to communicate. We don't often consider what kind of medical treatments we would want or not want then.

We all have the right to make decisions about our own health care. The **My Voice** booklet can help you, as a capable adult, have discussions about your future health care choices and make your wishes known by creating an Advance Care Plan (also called Living Will). Health care providers respect Advance Care Plans and do their utmost to follow them, whenever possible. Your written wishes also provide valuable information for your family or Attorney\* for Personal Care in the event they have to act for you because you are unable to speak for yourself. Your plan gives them strength and confidence at a difficult time.



*\*The word "attorney" does not mean lawyer in this instance.*

**My Voice** is divided into 2 parts:

**Part 1 – Thinking and Talking:** *This part guides you through the initial steps and gets you started.*

**Part 2 – Acting:** *This part is for communicating your choices. Pages 7 through 13 can be easily removed and copied for those closest to you and for your health care providers.*



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## Introduction: Planning in advance is important

In today's health care system, the doctors and nurses who treat you may not know you.

For example:

- The doctor you see in the emergency department may not be your family doctor.
- Your family doctor might not know you well enough to speak for you.
- If you are admitted to a hospital, the doctors and nurses who look after you may not have met you before.

However, as long as you are able to understand and communicate for yourself, the doctors and nurses will explain your treatment choices to you. But, if **you are unable to communicate for yourself or are unable to understand** what the care providers are saying to you, an Advance Care Plan will help them know your wishes.

Conversations about Advance Care Planning help you think about your choices for future health care, they also help you determine who would be able to communicate for you if you were unable to communicate for yourself. This planning document can assist you to begin a conversation about your wishes with family and trusted friends. Talking now about the kind of care you do and do not want will reduce any anxiety that your family and friends may feel. It will also give them confidence to make decisions for you if that should become necessary.

It is important to know that the choices you make now for future health care may not be ideal if you become very ill. Your doctor will consider your wishes, but will not offer you treatment that is of no benefit.

Remember too, the information in this plan would **only** be used to help communicate your wishes if you were **not** capable of communicating for yourself. For example: if you were unconscious or had suffered a severe stroke, then this Advance Care Plan would provide direction.

You may change any of the choices you make in this plan at any time. As long as you are capable, health care providers will consult directly with you.

In order to make an Advance Care Plan in Ontario, you must be able to understand the kind of health care choices you are making and what they mean. If you do not understand the meaning of the treatment choices that are explained in this planning booklet, you should ask your doctor or other health care provider for advice and information.



## Talking with trusted family and friends

When you plan for your future health care, you need to think and talk about your values and beliefs, as well as your personal goals for the rest of your life. This plan can help you do that. The Family Health Team recommends that you consider two areas of your future health care:

- The type of medical procedures that you want and don't want in certain situations.
- The people and experiences you want around you as you approach the end of your life.

The best people to talk with are your family members and trusted friends. The individuals you choose to have these conversations with should know you well.



If you want a family member or trusted friends to make medical decisions on your behalf if you became incapable to make your own decisions, then they must be at least 16 years of age and able to explain your wishes. They should be responsible and willing to respect your opinions and values.

If you already have a Living Will or an Advance Directive please review it at this time. Do you still agree with your earlier decisions?

**My Voice** will help you to make changes if necessary. Don't forget to let your family/friends and health care providers know about any changes you have made.



## Who can make decisions for you when you can't?

In Ontario, the Substitute Decisions Act, 1992 allows for two options— you can select a person(s) to make choices on your behalf (Power of Attorney for Personal Care) or you can follow the legal order set out in the Act (see below).

1. If you want a specific person to speak on your behalf you should complete a Power of Attorney for Personal Care. The Power of Attorney document allows you to legally appoint a person/s of your choice to be your health care decision-maker. Your representative must be an adult who is willing to make health care decisions for you and must sign the Agreement in front of two independent witnesses. To find out more about a Power of Attorney for Personal Care, contact the Ministry of the Attorney General (free brochures are available [www.attorneygeneral.jus.gov.on.ca](http://www.attorneygeneral.jus.gov.on.ca)) or your lawyer.
2. If you have not appointed a specific individual to make medical and treatment decisions on your behalf when you cannot speak for yourself, the Substitute Decisions Act, 1992 identifies who can make health care decisions for you. Your health care providers are required to approach your relatives in the legal order described below.

By completing **My Voice**, your health care providers will know your medical treatment choices and your wishes. They will make every effort to respect your choices in the event of a medical emergency if your family members or representative cannot be reached.

**The legal order** in which individuals will be approached to make health care decisions for you is as follows:

1. A **representative** named by you in a Power of Attorney for Personal Care
2. Your **nearest relative\*** in the following order:
  - a) Your spouse, either by marriage or a marriage-like (common law) relationship (even very short term), including same-sex relationships.
  - b) Your child (children equally ranked).
  - c) Your parent (parents equally ranked).
  - d) Your sibling (sisters and brothers equally ranked).
  - e) Anyone else related to you by birth or adoption.
  - f) The Office of the Public Guardian and Trustee.

\* This relative must be a capable adult (16 years of age or older)



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## What health care always provides...

When you are in pain or experiencing unpleasant symptoms like dizziness or feeling sick, health care providers will always give you medicine and treatment to relieve these symptoms.



When you reach the point where you no longer want life-saving care, medical treatment and nursing care will always be given to keep you comfortable. For example:

- Surgery to control pain (such as the repair of a broken hip).
- Antibiotics.
- Pain-relieving medicine.
- Medication to ease breathing difficulties.



## Word List

Here is a list of the words we have used in this booklet that you may want to know more about:

**Allow natural death** refers to decisions NOT to have any treatment or procedure that will delay the moment of death. It applies only when death is about to happen from natural causes.

**Advance Care Plans** (sometimes called advance directives) are verbal or written instructions made while you are still capable. They describe what kind of care you would want (or do not want) if you were unable to speak for yourself. These plans are made by you, for you. You cannot make an Advance Care Plan for someone else.

**Cardiopulmonary resuscitation (CPR)** refers to medical procedures used to restart a patient's heart and breathing when the heart and/or lungs stop working unexpectedly. CPR can range from mouth-to-mouth breathing and pumping of the chest, to electric shocks that restart the heart and machines that breathe for the individual.

**Dialysis** is a medical procedure that cleans your blood when your kidneys can no longer do so.

**End-of-life care** refers to health care provided at the end of a person's life. This type of care focuses on patients living the way they choose during their last weeks and on comfort care until the time of death.

A **feeding tube** is a way to feed someone who can no longer swallow food.

**Goals** refer to your personal goals at the time you complete this form. For example: spending more time with family and friends.

**Health care provider** describes a person licensed, certified, or registered in Ontario to provide health care. For example: a doctor, nurse or social worker.

**Informed consent** refers to the permission patients give to health care providers that allows medical investigations and/or treatments. Health care providers give detailed explanations of the investigations/treatments and their risks before you sign the consent form.

**An intravenous (IV)** is a way to give a person fluids or medicine, i.e. through a vein in your hand.

**Life support with medical interventions** refers to medical or surgical procedures such as tube feeding, breathing machines, kidney dialysis, some medications, and CPR. All of these use artificial means to restore and/or continue life. Without them, the patient would die.

**Symptoms** are signs that you are unwell. For example: pain, vomiting, loss of appetite, or high fever.

**Terminal illness** means an incurable medical condition caused by injury or disease. These are conditions that, even with life support, would end in death within weeks or months. If life support is used, the dying process takes longer.

A **ventilator** is a machine that helps people breathe when they cannot breathe on their own.



# My Advance Care Plan

*This section is designed to be separated from the rest of the document, photocopied, and given to your doctor, lawyer, family members, substitute decision-maker and/or trusted friends.*

First name: \_\_\_\_\_ Middle initial(s): \_\_\_\_\_

Last name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

OHIP Card #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Email address: \_\_\_\_\_

## The following people have copies of this Advance Care Plan:

Name	Relationship to me	Phone Number



## Family and friends to help with communication... (refer to p. 4)

*Initial and date your preferred option(s) ...*

1. I have discussed my wishes for future health care with the person named below. This person will be able to communicate my wishes if I am unable to communicate for myself or am unable to understand what the care providers are saying to me.\*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

*Initial:* \_\_\_\_\_ *Date:* \_\_\_\_\_

2. I have also discussed my wishes for future health care with the person named below.\*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

*Initial:* \_\_\_\_\_ *Date:* \_\_\_\_\_

\*Ideally these individuals are named in your Power of Attorney for Personal Care.



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## What I Want- Considering cardiopulmonary resuscitation (CPR)

**CPR** refers to medical procedures used to restart a patient's heart and breathing when the heart and/or lungs stop working. CPR can be successful in emergency situations when the heart stops and the person is otherwise healthy.

For individuals at the natural end of their lives or who have a serious injury or medical illness, restarting the heart is not effective in over 96% of cases. Therefore, doctors may not offer CPR- instead they will discuss choices for achieving a natural and comfortable death.

**You have the right to refuse CPR.** If this is your wish, you need to tell your doctor. If you are in a hospital or a residential care facility, your doctor can sign a doctor's order for "No CPR." If you are at home, your doctor or nurse can sign a provincially-recognized "No CPR" form which alerts emergency, ambulance and other health care providers about your decision.

*Choose the statement below that you want. You may choose only one. Initial and date your choice and draw a line through the two statements you don't want.*

*You can change this statement any time you wish, however you must ensure that your relatives and health care providers have a copy of your most recent statement.*

1. **YES, I want** cardiopulmonary resuscitation (CPR) attempted **unless my doctor determines one of the following:**
  - a) I have a terminal illness or injury.
  - b) My heart has stopped beating and I have no reasonable chance of survival even with CPR.
  - c) My heart has stopped beating and the results of CPR would cause me significant suffering.

*Initial:* \_\_\_\_\_ *Date:* \_\_\_\_\_

2. **NO, I do not want** cardiopulmonary resuscitation (CPR) under any circumstance. Please allow natural death to occur.

*Initial:* \_\_\_\_\_ *Date:* \_\_\_\_\_

3. **Other option-** please describe:

*Initial:* \_\_\_\_\_ *Date:* \_\_\_\_\_



## What I Want- Considering life support with medical interventions

In case of a serious illness or injury, there are a number of medical procedures called interventions, which can prolong life and delay the moment of death. These include ventilation, tube feeding, intravenous fluids, etc. (see page 6 for the Word List). It is important to think about and choose what you want from the following:

- Have full life support with medical interventions.
- Have a trial period of life support with medical interventions and, if unsuccessful, allow natural death to occur. The trial period could last several days or weeks and would be the result of a discussion between your substitute decision maker and your health care providers.
- Limit the use of life support with medical interventions and allow natural death to occur. Remember care and comfort will always be provided.

*Choose the statement below that you want. You may choose only one. Initial and date your choice and draw a line through the remaining statements that you don't want. You can change this statement any time you wish, however you must ensure that your relatives and health care providers have a copy of your most recent statement.*

Even if I would be unlikely to recover my ability to recognize my family and friends, and/or I would not be able to communicate with them, and/or I would not be able to enjoy life the way I did before.

1. **I want life support** with all necessary medical interventions, such as a feeding tube, intravenous fluids, a ventilator (breathing machine), CPR, or kidney dialysis, etc.      *Initial:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**OR**

If life support would delay the moment of my death and I would be unlikely to recover my ability to recognize my family and friends or communicate with them, or I would not be able to enjoy life the way I wish, then.

2. **I want a trial period** of life support with medical interventions, such as a feeding tube, intravenous fluids, a ventilator (breathing machine), CPR, or kidney dialysis, etc. If the trial period does not help me recover, then I want these interventions stopped to allow natural death to occur.  
*Initial:* \_\_\_\_\_ *Date:* \_\_\_\_\_
3. **I do not want life support** with medical interventions. If any of these interventions have been started, I want them stopped to allow for natural death.  
*Initial:* \_\_\_\_\_ *Date:* \_\_\_\_\_
4. **Other Option** (Please describe):  
*Initial:* \_\_\_\_\_ *Date:* \_\_\_\_\_



## My other planning documents

Check beside the documents that you currently have. Refer to Word List (page 6) for definitions.

In addition to this Advance Care Plan, I have the following planning documents:

### Power of Attorney for Personal Care

Attorney's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Location of Document: \_\_\_\_\_

### Continuing Power of Attorney for Property

A Continuing Power of Attorney is a legal document in which a person gives someone else the legal authority to make decisions about their finances if they become unable to make those decisions themselves. The person who is named as the attorney does not have to be a lawyer. The power of attorney is called "continuing" because it can be used after the person who gave it is no longer mentally capable. Some people use the word "durable" which means the same as 'continuing'. (Attorney General, Ontario)

**Will** Location of Document: \_\_\_\_\_

**Other** (For example, organ donation for transplant or research purposes)

Name of document(s): \_\_\_\_\_

Location of Document: \_\_\_\_\_



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## Signing, witnessing, and dating

1. You must sign and date this Advance Care Plan to indicate to your health care providers and those close to you that you are in agreement with the wishes you have expressed.
2. You should have someone witness this plan. The witness must watch you sign your Advance Care Plan and the dates must be the same.
3. If you cannot sign, but can make your mark or direct someone to sign for you, then your mark or that person's signature must be witnessed. Under these circumstances, the following people cannot be a witness: your spouse, partner, child, someone that you treat as your child, or anyone under the age of 18.

**I am thinking clearly, I understand the meaning of the questions and the choices I have made, and I have made this Advance Care Plan voluntarily.**

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My signature or mark

---

Witness's signature

---

Print your name here

---

Print witness's name here

---

Date

---

Date



## Last Page First ... Expressing my wishes

*This page does not have to be completed or attached to your Advance Care Plan unless you choose to do so. If there is not enough space, please write on the back of this page or add additional pages.*



**This is what makes life meaningful for me:** For example: “*Spending time with my family and friends*”, or “*Fresh air*”, or “*Practicing my faith*”, or “*My dog/cat*”, etc.

**When I think about death, I worry about the following possible situations:** For example: “*I worry I will struggle to breathe*”, or “*I worry that I will be alone*”, etc.

**If I am nearing my death, I want (and/or do not want) the following:** For example: “*I want soft music playing*”, or “*I want someone to hold my hand*”, or “*I want my religious advisor to perform the necessary ceremonies or rituals*”, etc.

**When I am nearing my death and cannot communicate, I would like my family and friends to know and remember these things:** For example: “*I love you*”, or “*I forgive you*”, etc.

My name: \_\_\_\_\_ Date: \_\_\_\_\_



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