

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA



Advance Care Planning

RESOURCE FOR PATIENTS

“We born dyin’ ... But you ask a man an’ he talk like he gonna live forevah.”

— Novelist Walter Mosley

“It’s important in life to conclude things properly. Only then can you let go.”

— Yann Martel, *Life of Pi*

Like the man in Walter Mosley’s quote, we don’t like to think ahead to death. Many of us only think about end-of-life decisions when we’re nearly there.

But sometimes we are sick or injured as we approach that stage of life. We might be too sick or injured to speak for ourselves about the kind of care we want. We have to rely on someone else to figure out what we want and to speak on our behalf.

This is why an [advance care plan](#) — also called an [ACP](#) — is important. It helps you to decide what you would like at the end of your life. It also helps you to communicate those decisions to others. It lets you name a person who can speak for you and who will honour your wishes. An ACP can help you conclude things properly.

What Is Advance Care Planning?

An ACP is simply a plan you make in advance, for your care at the end of your life.

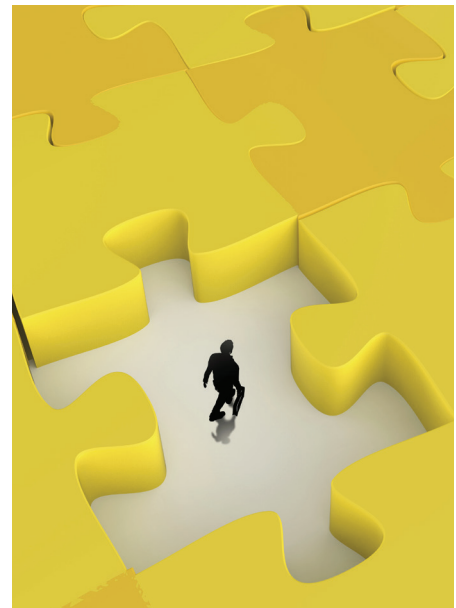
[Advance care planning](#) gives you time to consider and reflect on the kind of health and medical care you would consent to, or refuse, in a crisis. The best time to make an ACP is when you are younger and your health is still good.

What’s right for you? Like all important life decisions, there are details to consider.

For example:

- What arrangements do you expect?
- What cultural or traditional practices are important to you?
- Do you wish the plans to observe certain religious or non-religious beliefs?
- Have you thought about how your decisions will affect those closest to you?
- What decisions about your life might others need to make, if you can’t make them yourself?

The answers you come up with will help to form your ACP.



What Is a Substitute Decision Maker?

Who would you like to speak for you if you can't make decisions? This person is your [substitute decision maker](#).

Your substitute decision maker can be your spouse, a family member, or a good friend.

If you like, you can have more than one substitute decision maker.

Think carefully about who you would like to play this role. Your substitute decision maker should be someone you trust to honour your wishes.



Talking About Advance Care Planning

FAMILY AND FRIENDS

Your advance care plan starts with you and involves your family and friends. Talking to them about your ACP should start long before you have a health crisis.

Your family and friends may find talking about your end of life hard. But like many families, they may also feel relieved to know what kind of care you would like.

If you have written down your wishes, make sure that your family and your substitute decision maker have copies of your notes. If your wishes change, update your notes and share the changes with these important people.

When you communicate your wishes, you help to prepare your substitute decision maker to act with confidence on your behalf.

YOUR FAMILY DOCTOR

Your family doctor is another important person to talk to as you make your ACP.

Your family doctor can help by:

- Giving you clear and accurate information about health conditions
- Answering questions about medical interventions
- Discussing fears you may have about dying



Your family doctor can also be the trusted health care professional who simply listens to you and understands your needs and values.

Sometimes it's not the outcome of the discussion but the discussion itself that is worth exploring.

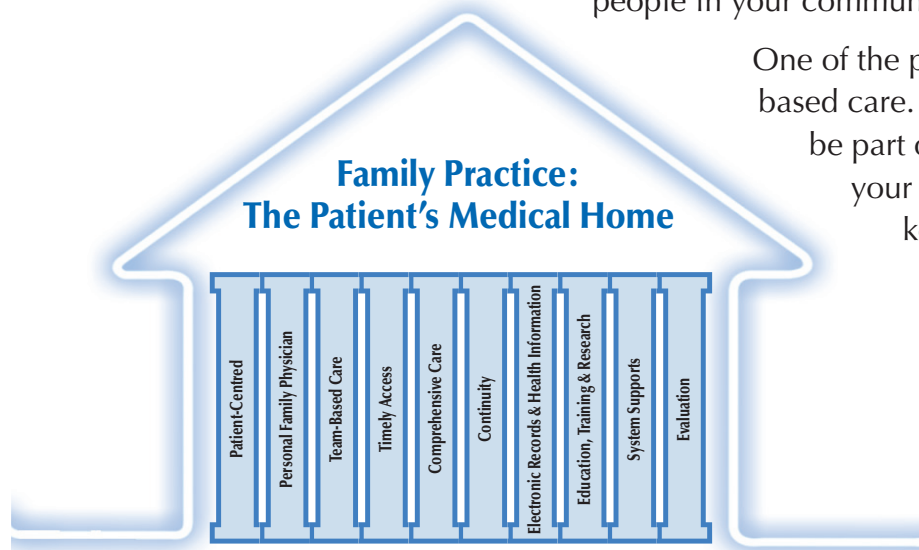
Keep your family doctor informed about your wishes. Your family doctor should keep a record of your ACP.

Over time, you might want to revise your plan. Give your doctor updated versions of your ACP that reflect your changing needs, wishes, and values.

YOUR MEDICAL HOME TEAM

The [CFPC's Patient's Medical Home \(PMH\)](#) is where you can present and discuss your personal and family health concerns and receive a full range of care. Relationships between you and your family doctor and other health care workers are developed and strengthened over time as they work together towards the best possible health outcomes for you and the people in your community.

One of the pillars of the PMH is team-based care. The PMH team should also be part of the ACP discussion and your team of providers should be kept informed of your wishes.



How Do I Begin?

Many people find the thought of discussing the end of life awkward. It can sometimes seem overwhelming. It may take a few conversations to get more comfortable with the subject.

Here are some questions you could discuss with your family doctor and with your family and friends:

1. If you were in a coma or had severe dementia, who would speak on your behalf and what would you like your family doctor to know about your wishes?
2. What end-of-life options are available?
3. What are your values and beliefs about death and dying?
4. What kind of medical interventions could you expect and would you want them (artificial ventilation, nutritional support, hydration, and cardiopulmonary resuscitation or CPR)?
5. Where would you prefer to die? At home, or in a hospice?
6. What does suffering mean and what makes life worth living?
7. Do you want future health care to focus on comfort care rather than on life-sustaining or prolonging measures?

In this [video](#), families and health care providers share some feelings about end of life. They describe how advance care plans can help people prepare for and cope with end-of-life questions and decisions.

Documenting Your Plan

There are many excellent advance care planning tools and resources available for Canadians.

[Speak Up*](#) is a website that can help you explore questions about ACPs. It also provides forms for documenting your wishes and naming your substitute decision maker. For example, it includes a wallet card you can download to have with you in case of emergency.

* The information on this webpage is adapted from [Speak Up](#), an excellent resource on advance care planning for Canadians. Please visit www.advancecareplanning.ca/ for more information.



Speak Up describes some of the steps in advance care planning:

- Discussing your wishes with your family and friends, especially with your substitute decision maker (or makers) — the person (or people) you want to speak for you when you cannot
- Talking with your health care providers to make sure that you have accurate medical information for your decision-making
- Writing down your wishes
- Talking with financial and legal professionals (if you wish or need to)
- Reviewing your plan regularly, and updating your family and doctor on any changes

Get the discussion started today!

Resources for Patients

For more information about advance care planning, visit **Speak Up**:
www.advancecareplanning.ca/making-your-plan/how-to-make-your-plan.aspx

For advance care planning resources in your province or territory, please visit this page:
www.advancecareplanning.ca/making-your-plan/how-to-make-your-plan/provincialresources.aspx

Note that different laws apply in different jurisdictions. It is best to search for materials from your own province or territory first. If you use another province's or country's materials, those materials will need to be adapted to reflect the laws where you live.

Resources for Doctors and Other Health Care Professionals

www.advancecareplanning.ca/media/110070/acp_just_ask_card_final_april_2014-web.pdf