

My Advance Care Planning Mini Guide

Because my wishes matter.

This plan was created by: _____

I was helped by: My decision maker

I last reviewed my plan on: _____

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During the process of developing these guides we found inspiration and guidance in many sources, too many to note. Where possible we have included citations and acknowledgements throughout the guide. Thank you for your inspiration and guidance.

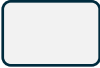
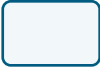

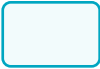

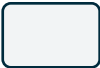



This guide is **not a legal document** and **cannot be used to provide consent for treatments**. For more information, visit advancecareplanning.ca.

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About Advance Care Planning

What is Advance Care Planning?

Advance Care Planning (ACP) is the process of thinking about what matters most to you in your life and what that means for your health and personal care. ACP helps you share your wishes and preferences with the people who are important to you. When everyone knows your wishes and preferences, they can help make sure you get the care you want.



What are wishes and preferences?

Your **wishes** are your hopes and desires about your health and personal care. Your **preferences** are the choices you would make in various situations. By sharing these with your loved ones, you help them understand and respect the decisions you would make for yourself.

Who is Advance Care Planning for?

Advance care planning is for people across Canada, from young to old, of all abilities. It is for people in good health and those who have health needs. No matter where you are in life, ACP is for you.



Salome is a 79-year-old Inuk woman with health concerns and wants to appoint one of her children as her decision maker.



Olívio is a 39-year-old man living with chronic pain and wants to be in control of his health decisions and choices.



Layla is a mom with two young kids. She doesn't live near her family and wants to appoint her friend Nicole to make choices for her.



To read more stories about ACP experiences, visit advancecareplanning.ca/resources.

Why Create a Plan?

Advance care planning is part of life planning and can help everyone, including healthcare providers, understand your values so that the care you receive respects your wishes and preferences.

Advance Care Planning helps you:

- **Think** about what is important to you
- **Learn** about the care you want
- **Choose** decision makers that you trust
- **Share** your wishes and preferences so the right people know what you want
- **Record** your preferences and decision maker(s)



When someone expresses their wishes and preferences, they are exercising their right to legal capacity or to make a choice. For more information about your rights and the legal requirements for planning for your future care, visit advancecareplanning.ca/acp-basics/acp-and-the-law.

How Can This Guide Help?

This guide will help you explore, identify, and share your wishes and preferences with the right people so that you get the care you want. Expressing wishes and preferences will look different for each person, and can change based on different situations. The mini guide is here to help you through the planning process, either on your own or with the support of others. **You can choose how to use it.**



It is important that an ACP guide supports your needs. We have multiple guides so you have a choice when participating in ACP.

If you are new to ACP and need more guidance, please review the [My Advance Care Planning Guide](#). If you are reviewing or updating your plan, or are only looking for a little guidance, this Mini Guide is right for you.

Completing this guide is one way to make a record of your advance care plan. Other ways could be making a video or audio recording or writing a letter, whichever feels most appropriate to you. Making a record means that everyone has access to the same information. When people know what matters to you and your choices, they can advocate for your wishes and preferences.

Your plan should change as your life changes. Make sure you review and update your plan regularly, especially after any big life events. **You are in control and can change your plan at any time.**

When you are done filling out the guide, you can learn about the next steps in your ACP journey in the My Next Steps section starting on page 18.

My Values and Wishes

Learning About Values

Values are things you believe. Wishes are things you desire for yourself. Your values guide important decisions in your life. While life is always changing, your values are likely to stay the same. In this section, we will ask you questions that will help you think about what you value most.

Activity: What is Most Important to Me

- ▶ What does a great day look like for you? What would you be doing?

- ▶ Are there activities that help you relax?

- ▶ Are there people who you enjoy spending time with?

- ▶ Do you have any spiritual or religious beliefs, or traditions that are important to you and that you feel others should know about?

Turning Values into Wishes

Look at what you've shared. They are probably the things you value most. Now, we will explore what would be most important to you if you were to get sick and what care you would want.

It can be hard to think about what matters most for your care. This is because every situation is different. When you think about the next set of questions, it might help to think about a healthcare experience such as going to the hospital for an emergency, or becoming very sick and having to choose between two treatments.

Answer based on how you feel today. Always remember, your answers can change in the future.



It's important to remember that although a change in ability might feel hard, people do adapt and you might not feel the same about a disability once you have lived with it for a while.



Activity: What Matters to Me for My Care

- ▶ If you were to become sick, how much would you want to know about how sick you are and what's going to happen?

- ▶ Have you thought about how you would manage pain?

- ▶ What does privacy look like for you?

- ▶ What kind of support would you like to be given now or in the future? This might be personal care, cooking, moving around or regular visits from people who care about you.

- ▶ If your abilities changed or you had to change how you lived your daily life, what would be most important for you to keep or maintain?

Congratulations, you have started to identify what matters to you when it comes to your health and personal care. You can also add a summary of your wishes and values to your ACP record on page 20.

In our next section, we will explore your support network and identify people who you may choose to be your decision maker(s) for your future care.

My Support Network

Who is in My Support Network?

Your support network are the people who are there for you when you need help. This might include family, friends, neighbours, spiritual leaders, healthcare teams, or other professionals. A good question to ask yourself is, **who do you turn to for support during hard times?** Remember, your support network is unique to you and may change over time.

Activity: Naming My Support Network

Think of the people and relationships in your life.

- ▶ Who are the people you look forward to seeing, talking to, or being around? This could be family members, friends, or a community group.

- ▶ Who do you turn to for emotional comfort, physical help, or friendship? Think about the different relationships you have with family, friends, healthcare providers, or community support.

Emotional comfort:

Physical help:

Friendship:

Think about a time when life was hard or when you were sick.

- ▶ Who was there to support you? How did they help you?

Choosing My Decision Maker

Once you know who is in your support network, it is time to choose a person (or people) to be your decision maker(s). Identifying how the different people in your support network can be a part of your advance care plan is an important step in the ACP process.

A **substitute decision maker** is someone you choose to make decisions about your care only if you are unable to make those decisions yourself. A **supportive decision maker** can provide resources and support that allow you to participate in decisions that affect your life.

A substitute decision maker can be the same person as a supportive decision maker but they can also be different people.

You may need a substitute or supportive decision maker to support you in expressing your wishes and preferences over a short or long period of time.



If you do not legally name someone to be your **substitute decision maker**, your healthcare team will use a legal hierarchy instead. It can look like this:

1. Your spouse or partner
2. An adult child
3. Your parent
4. Your sibling(s)
5. Any other relative

The hierarchy might be different where you live. Check in your local area or visit advancecareplanning.ca/acp-basics/acp-and-the-law to find out what hierarchy is used.

This section will help you choose the right person or people to be your decision maker(s). As you answer the next set of questions, consider who you trust to make healthcare decisions that reflect your wishes and preferences, or who could make tough decisions during stressful times.

Answer based on how you feel today. Always remember, your answers can change in the future.



Activity: Choosing My Decision Maker

- ▶ If you were in a health emergency, who would you want the doctor to call?

Write down the first 2-3 names that you think of.

- ▶ Looking at the names you wrote down, who do you think would do a good job of making choices? Who do you think would be good at sharing your values and preferences?

- ▶ How would you want your decision maker to act in stressful times? Do you want them to be calm under pressure, good at making decisions, or able to understand how you would feel?

- ▶ Who in your list of people has the qualities you have listed?

- ▶ Think about the qualities of this person (these people) and how they deal with hard choices. Are these the qualities that you want in your decision maker(s)? **Pick one:**

Yes

Maybe

No

- ▶ Do you trust this person (these people) to express your choices if you were ever unable to express yourself? **Pick one:**

Yes

Maybe

No

Amazing, you have taken another very important step in your advance care planning journey. You will need to ask the people you identified in the "Choosing My Decision Maker" activity if they agree to be your decision maker. Make sure you are clear if you would like them to be a **substitute decision maker**, **supportive decision maker**, or both.

Once someone has agreed to be your decision maker, you will need to learn more about legally appointing them. This is important to make sure your wishes and preferences are supported and respected. We will explain this more in My Next Steps on page 18.



If someone is not able to take on the role or is not comfortable being your decision maker, you may need to find a different person or people.

You can use the next section to help you plan how you might ask people to be your decision maker(s) and how you will share your wishes and preferences with them.

Sharing My Wishes

How to Start Sharing Your Wishes

Now it is time to start sharing with your decision maker(s), your support network and even your healthcare team. Sharing your wishes and preferences will help to make sure that everyone knows what you want and would choose for yourself. When everyone knows, they can support and honour your choices.

For some people, sharing your wishes and preferences can be hard. It might bring up a lot of emotions, or you might worry about what other people will say or think. Being prepared is one way to help everyone to feel more at ease.

Here are some things you can do to get ready to share:

- **Find a quiet and comfortable place** that works for everyone.
- **Give yourself time** to talk and answer questions.
- **Bring this guide and your record of your wishes and preferences.**
- **Plan to meet more than once** so everyone can process things in their own way.

Even when you are ready to share, knowing how to begin can be hard. These are some of the ways that you could start:

Can we talk about...?

Will you help me think about my future?

I am fine right now but I have been thinking a lot about what would happen if I got sick...

from [The Conversation Project](#)

How you share might be different from one person to the next. You can have conversations with people one at a time or as a group. You can also ask someone who supports you to help you with sharing. The next activity can help you plan the conversations you want to have with your decision maker(s) and your support network.



Activity: Sharing Wishes with My Support Network

- ▶ Who are you sharing with, and will anyone support you during this conversation?

- ▶ What is a good time and place to meet?

- ▶ What will you bring with you, and how will you get started?

You can refer to the support network activity to make sure you share your wishes with everyone important to you. Some people are ready to listen, while some might find these topics difficult. It is ok for people not to be ready – give them time and let them know you would like to try sharing again soon.

You may also want to share your wishes and preferences with your healthcare or social support team, especially what matters most to you or what you're not willing to risk. Working with your healthcare team can help you get the care and treatment that match your wishes and preferences. Here are some things you can do when you are sharing with someone on your healthcare or social support team.

- **Make a list of things you want to express** to help guide the conversation.
- **Be open and honest** about your wishes and preferences.
- **Ask questions** if something does not make sense.
- **Be a partner** and let them know you want to work with them and know your options.

It can feel intimidating to share what you want with your provider. In many cases, the best way is to be upfront and direct with them:

I made a list about some things I want to share. I want to talk about this today.

Did you understand what I was sharing?

Could you say that again, but in plain language?

The next activity will help you think about what to say when you are sharing with your healthcare or social support team.

 **Activity:**
Sharing Wishes with My Healthcare or Social Support Team

- ▶ Which parts of your wishes and preferences are most important for your healthcare or social support team to understand?

- ▶ Do you have any questions or concerns about your health? For example, your diagnosis, treatment options and what you can expect.

- ▶ How will you start your conversation with your healthcare or social support team?

Storing My Record

Now it is time to put your plan and your legal documents in one place. Choose a safe and easily accessible place for your decision maker(s) to locate. You can store them digitally or as paper documents together in a physical folder.

Activity: Storing My Record

► Where will you store your ACP Record?

► Will people need to know a password to access your record?

Yes

If you answer yes, make sure your decision maker(s) has the password.

No

► Will people need a key to access your record?

Yes

If you answer yes, make sure your decision maker(s) has the key or its location.

No

► Will you store other documents with your ACP Record? If so, make a list of all the documents you plan to store together.

My will

My legal documents

My support network contact list

My Next Steps

Congratulations, you have taken an important step for you and your loved ones. Recording your wishes and preferences and sharing them with the people who matter to you will ensure that your voice is heard. Let's take a look at some of the next steps you can take to continue your advance care planning journey.

Update Your Plan Regularly

Keeping your plan up to date is important. You want to be sure your wishes and preferences match what's happening in your life. Answer these questions to make sure you remember to review your plan.

► When will you review your plan? Set a date, such as New Year's Day or your birthday.

► Who will you check in with to make sure you remember to review your plan?

► How will you set a reminder?

Looking at the Legal Side

Once you have a plan and have chosen your decision maker(s), you will need to legally appoint them. Remember, this guide is not a legal document. The legal process will look different depending on where you live, as each province and territory has its own laws and terms for a decision maker.



While we used **Substitute Decision Maker (SDM)** in this guide, they may also be known as a Proxy, Representative, Power of Attorney for Personal Care or Mandatory in different parts of Canada.

No matter what term is used, you need to identify someone who can share your preferences and advocate for the care you would want. Learn more about your rights and the legal requirements for planning your future care at advancecareplanning.ca/acp-basics/acp-and-the-law.

You may decide to seek legal advice to explore requirements. Legal representatives can help to make sure you have the right documents. You can also find free or inexpensive forms online.



The information in this guide and on our website is intended as guidance only and is not legal advice.

Additional Resources

If you enjoyed using this guide, there are more resources you can explore and share with your loved ones such as the [My Advance Care Planning Guide](#), which offers more support and guidance to meet different planning needs.

For a full library of resources, visit advancecareplanning.ca/resources.

My ACP Record

Use this summary section to gather and organize what you've shared in the ACP activities. This will be a record of your plan and make it easier to share with your decision maker(s) and the people who matter most to you.

My Wishes and Preferences

▶ These are my favourite activities to do on a great day:

▶ These are the activities that help me relax:

▶ I enjoy spending time with: _____

▶ These are the beliefs and/or traditions that are important to me:

These are my preferences for my health and personal care:

▶ This is how much I would want to know about how sick I am and what will happen:

▶ This is how I would want to manage pain:

▶ This is what privacy looks like for me:

▶ These are the kinds of support I would like to have:

▶ If my abilities changed how I lived my daily life, I would:

My Support Network

These are the people in my support network:

Name _____ How I know them _____

Contact information _____

Name _____ How I know them _____

Contact information _____

My Decision Maker(s)

Name _____ How I know them _____

Contact information _____

They are my: Substitute Decision Maker Supportive Decision Maker

I have legally appointed them as my decision maker

Name _____ How I know them _____

Contact information _____

They are my: Substitute Decision Maker Supportive Decision Maker

I have legally appointed them as my decision maker

► In addition to the above, I have shared my ACP guide and record with the following people:

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

Thank You

Thank you for going on this journey with us.

If you enjoyed using this guide to make your advance care plan, please let us know. We want to hear from you and learn how we can do better to meet your advance care planning needs.

You can connect with us in a few ways:

Email: info@advancecareplanning.ca

Mailing address:

Advance Care Planning Canada
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M332 – 1554 Carling Ave
Ottawa, ON K1Z 7M4

Telephone: 613-241-3663 or 1-800-668-2785 (toll free)

**For more information about advance care planning,
please visit our website at advancecareplanning.ca.**

