## Where should I keep my wishes?

If you have chosen to record your wishes in writing, it's important that your SDM is aware of where to find this information. If you have chosen to fill out a POAPC, keep this paperwork somewhere that your SDM can easily access. You can make several copies to share. For example, you can:

- Keep 2 or 3 copies at home.
- Give a copy to your SDM.
- Give a copy to your family doctor to include in your file.

## Can I change my wishes?

Over time, your wishes, values, and beliefs about your future health or personal care may change. Sharing what is important to you is a continuous process.

As long as your are mentally capable of making decisions, you may share what is important to you anytime. Remember to share any new wishes you have with your family or SDM and the healthcare team.

## Resources for Advance Care Planning

### HRH Patient & Family Resource Centre

https://www.hrh.ca/resources/patient-family-resource-centre
Obtain free copies of the Power of Attorney for Personal Care, Substitute Decision-Makers and other publications.

### Power of Attorney for Personal Care Kit

Web: https://www.ontario.ca/page/make-power-attorney
Tel: 1 (800) 668-9938

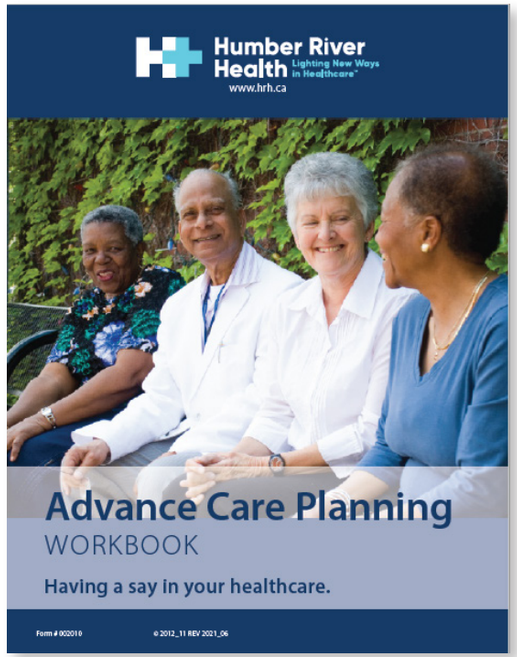
Obtain a copy of the Ontario Ministry of the Attorney General's Power of Attorney for Personal Care Kit

### Substitute Decision-Makers (SDM)

Learn about an SDM's role in making decisions about your healthcare and treatment when you are no longer mentally capable to do so.

### Advance Care Planning Workbook

Work through the process of advance care planning. This workbook highlights the steps you can follow to help you think about and communicate your values, wishes, and preferences for your healthcare.




## For more information:

If you wish to know more about advance care planning or obtain a copy of the Advance Care Planning workbook, please contact your doctor, social worker, or nurse at HRH.

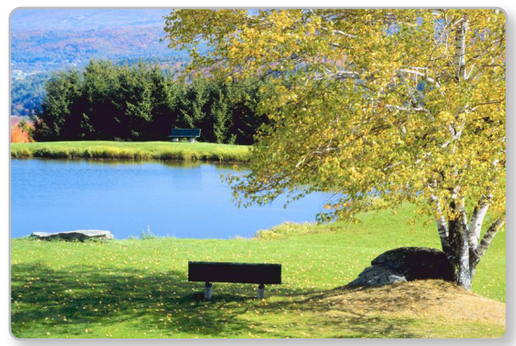
HUMBER RIVER HEALTH
1235 Wilson Ave., Toronto, Ont., M3M 0B2

Form # 002020


Humber River Health

# Advance Care Planning

Having a say in your healthcare



**English**
This information is important! If you have trouble reading this, ask someone to help you.

**Italian**
Queste informazoni sono importanti! Se ha difficoltà a leggere questo, chieda aiuto a qualcuno.

**Spanish**
¡Esta información es importante! Si tiene dificultad en leer esto, pida que alguien le ayude.

**www.hrh.ca**

## What is Advance Care Planning?

**Advance care planning (ACP)**:

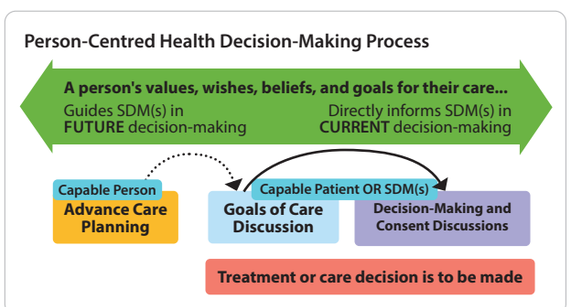
- Is a way of preparing you for your future health and personal care needs. It involves reflecting on your values and wishes and letting people know the kind of care you would want if you were not able to speak for yourself.
- Helps you understand who is legally entitled to make decisions for you if you cannot speak for yourself. You can also choose who you want to make decisions for you. For more information, please see HRH's handout on **Substitute Decision Makers (SDM)**.
- Can include conversations with your healthcare provider (HCP). HCPs can play an important role in advance care planning, especially if you have a chronic illness. They can help you understand what the illness is and what the future may bring.
- Allows you to clearly communicate your wishes, values, and beliefs for future personal or health care so that your caregivers will not have to wonder or guess about the kind of care you should be receiving if you are unable to tell people what you want.

## What are Goals of Care?

While advance care planning is a longer drawn out process, **goals of care** discussions are likely to happen at various points along the way.

For example, if you have just been diagnosed with an illness and need medical treatment, you may have a goals of care discussion with your doctor to talk about the outcomes you are aiming for. Knowing your goals of care will help your healthcare team identify the treatment options that are best for you.

But what if you could not speak for yourself at the time of your diagnosis? Having advance care planning conversations with your family and friends when you are well can help them have informed goals of care discussions with your healthcare team for you when you are not able to.




## Where do I start?

There are 3 steps to follow when engaging in advance care planning:

### 1 THINK about your values and beliefs.

When considering your future healthcare, you need to think about your values, beliefs, and personal goals.

You can prepare yourself for advance care planning conversations by writing down your thoughts to these questions:

- What is most important to you about your physical or mental well-being?
- What makes each day meaningful to you?
- When you are nearing death, are there things you would wish for (or would not wish for)?
- How do you feel about healthcare treatments that you may need to consider for your care (such as, living on a breathing machine)?

### 2 TALK about it with family and friends.

Discussing your values, wishes, and beliefs with loved ones may be an uncomfortable conversation, but it can help reduce pressure and stress during challenging times.

The best people to talk with are your family members and/or trusted friends. Make sure your SDM is one of these people. The people you choose to have these conversations with should know you well.

Also remember that your healthcare team is an excellent source of information about your health and future healthcare choices.

### 3 SHARE your wishes. Make sure your SDM knows and understands your wishes, values, and goals.

By sharing your wishes for your future healthcare and treatment with loved ones and your healthcare team, you are making sure that they know about and respect what is important to you.

How you share your wishes, values, and goals with others is up to you - you can verbally share your wishes, write them down, record them on a video or computer, or display them on a picture board. You can also change your wishes using your preferred method of communication.

In addition to expressing your wishes, values, and beliefs, remember to also confirm your SDM. According to the Health Care Consent Act, everyone has a default SDM. However, if you are not happy with the default SDM, then you may choose to appoint an Attorney for Personal Care to act as your SDM. You can fill out the Power of Attorney for Personal Care (POAPC) paperwork that identifies this person.