

Thinking about my wishes for future health care

This document is meant to help you think about your beliefs, values and wishes for future health care. It is not intended to be a document that tells your doctors what to do in the future. It is meant to help prepare you for talking to your Substitute Decision Maker(s) and healthcare team about the kinds of medical treatments you may or may not want if you develop a serious illness. Also, it can help reduce the stress on your substitute decision maker(s) who will be asked to provide consent for decisions if the time arises when you are mentally incapable to make decisions for yourself. There is also a space where you can record who your substitute decision maker is. Remember that you can change your mind at any time – just be sure that you talk to your substitute decision maker(s) about any changes.

You can find more information in *Speak Up: Advance Care Planning Workbook* found at www.SpeakUpOntario.ca.

1. These first questions are intended to help you think about the use of medical treatments as a part of your care.

Please circle one number for each question where 1 means that this is not at all important and 10 means that it is very important.

| | | | | |
|---|----------------------|----------------------|----------------|----------|
| How important is it that I be comfortable and suffer as little as possible? | Not at all important | 1 2 3 4 5 6 7 8 9 10 | Very important | Not sure |
| How important is it that I have more time with my family? | Not at all important | 1 2 3 4 5 6 7 8 9 10 | Very important | Not sure |
| How important is it that I live as long as possible? | Not at all important | 1 2 3 4 5 6 7 8 9 10 | Very important | Not sure |
| How important is it that I avoid being attached to machines and tubes? | Not at all important | 1 2 3 4 5 6 7 8 9 10 | Very important | Not sure |
| How important is it that my death is not artificially extended? | Not at all important | 1 2 3 4 5 6 7 8 9 10 | Very important | Not sure |
| How important is a belief that nature should be allowed to take its course? | Not at all important | 1 2 3 4 5 6 7 8 9 10 | Very important | Not sure |
| How important is the belief that life should be preserved? | Not at all important | 1 2 3 4 5 6 7 8 9 10 | Very important | Not sure |
| How important is it that I respect the wishes of other family members regarding my care? | Not at all important | 1 2 3 4 5 6 7 8 9 10 | Very important | Not sure |

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2. Now, here are some questions to help you think about the kind of care you would want if your Substitute Decision Maker(s) had to give consent for your future health care if you were mentally incapable to do so yourself. (please check off all that apply):

Life-sustaining treatments

- I would likely not want life-sustaining treatments (including CPR) started. If life-sustaining treatments are started, I want them stopped.
 - I would want the life-sustaining treatments that my doctors think are best for me.
Other wishes (please describe)
-
-

Artificial nutrition and hydration

- I would not want artificial nutrition and hydration started if they would be the main treatments keeping me alive. If artificial nutrition and hydration are started, I want them stopped.
 - I would want artificial nutrition and hydration even if they are the main treatments keeping me alive. *Other wishes (please describe)*
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-

Comfort care

- I would want to be kept as comfortable and free of pain as possible, even if such care prolongs my dying or shortens my life. *Other wishes (please describe)*
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-

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3. Now here are some questions to help you think about the kind of care you would want if you were ever in a persistent vegetative state. (Please check off all that apply.)

Life-sustaining treatments

- I would not want life-sustaining treatments (including CPR) started. If life-sustaining treatments are started, I want them stopped.
 - I would want the life-sustaining treatments that my doctors think are best for me.
Other wishes (please describe)
-
-

Artificial nutrition and hydration

- I would not want artificial nutrition and hydration started if they would be the main treatments keeping me alive. If artificial nutrition and hydration are started, I want them stopped.
 - I would want artificial nutrition and hydration even if they are the main treatments keeping me alive. *Other wishes (please describe)*
-
-

Comfort care

- I would want to be kept as comfortable and free of pain as possible, even if such care prolongs my dying or shortens my life.
Other wishes (please describe)
-
-

Adapted from SpeakUp/Advance Care Planning in Canada material

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4. Is there any condition or quality of life that you would consider 'unacceptable'?

For example, some people say "I would rather die than live in a healthcare facility where I am totally dependent on others."

Think about what health conditions would be unacceptable to you and write them down here.

Do you have any other questions for your health care providers?

Write them down here.

Any other thoughts or comments?

After you have filled out this document, make sure to give a copy of it to your future substitute decision maker(s), family members, doctor, nurse practitioner, and any other health or legal professionals.

Most important, talk to your future substitute decision maker(s) about your wishes. They may have questions about your wishes. Remember, this person only speaks on your behalf if you are mentally incapable to make decisions for yourself.

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Your first name:

Your middle name:

Your last name:

Date of birth:

Address:

Phone number:

Email address:

I have had ACP conversations about my future health care wishes with the following people:

| Name | Relationship to me | Phone number | Email |
|------|--------------------|--------------|-------|
| | | | |
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My Substitute Decision Maker(s)

I have discussed my wishes for future health care with the person(s) named below:

My Substitute Decision Maker(s)* is/are:

Name: _____ Phone number: _____

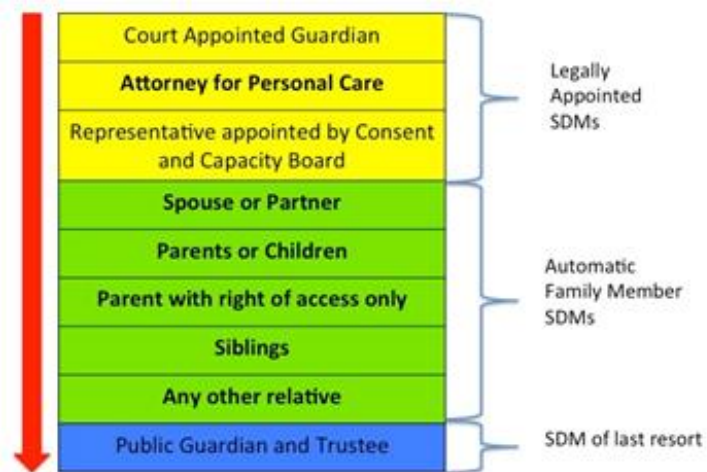
Address: _____

Email address: _____

The relationship of this Substitute Decision Maker(s) to me is: _

*If you have more than one Substitute Decision Maker, write down the names and contact information of each of them below.

| Name | Phone Number | Address | Email |
|------|--------------|---------|-------|
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Ontario Health Care Consent Act, 1996

My Other Documents

My other documents:

In addition to this document, I have also completed the following documents. (Check all that apply and write down the location of the documents.)

Power of Attorney for Personal Care Location:

Will Location:

Funeral/burial/cremation plans Location:

I have registered for Organ Donation yes No

Other

Name of document: Location:

Name of document: Location:

Signature: _____ Date: _____

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