



ADVANCE CARE PLANNING

Making sure that my future health care choices will be respected in the event that I am no longer able to make decisions*

Alice has a history of strokes in her family. She has strong opinions about how she would like to be cared for if she were to experience a serious stroke.

Sean is 90 and has lived a fiercely independent life. He has recently been diagnosed with Alzheimer's disease, and lives in his own home and wants to continue to do so, despite safety concerns.

Lilly is a woman of strong religious convictions and believes that "where there's life, there's hope." If she were to become comatose, she would want to continue receiving life-sustaining treatments.

Solomon has had Schizophrenia for many years. He has recently been diagnosed with colon cancer. He has no living relatives and can no longer be cared for in the boarding home where he lives. They do not tolerate pain well and would like to apply for Medical Assistance in Dying when the pain becomes intolerable for him.

In each of the above scenarios, the individuals have expressed a number of wishes about living

and the kind of health and personal care that they wish to receive if they become incapable.

Healthcare providers may encounter individuals who have already engaged in advance care planning or may be called upon to assist individuals in this activity. This guide outlines some key information that patients, families and healthcare team members need to know.

WHAT IS ADVANCE CARE PLANNING?

Advance care planning allows individuals to express personal choices about how they wish to be cared for in the future. It may also include appointing someone to make decisions on their behalf.

WHY IS ADVANCE CARE PLANNING IMPORTANT?

There may come a time when an individual is unable to make decisions for him or herself. The inability to make decisions for oneself may happen suddenly, as with a serious stroke, or gradually, as with dementia.

Advance care planning can help to ensure that individuals receive the kind of care they want. Having made decisions in advance may help to reduce the stress for family members and healthcare providers in times of crisis.

WHAT KINDS OF CHOICES CAN BE MADE?

Individuals can make choices about any personal care matter including healthcare, food, living arrangements, clothing, hygiene, and safety. Financial and property decisions are managed through a different process.

HOW CAN THESE CHOICES BE COMMUNICATED?

Individuals can express their wishes verbally, in an audio or videotape, or in any written form. The wishes should be expressed to the individual's substitute decision-maker (SDM). Individuals may also choose to communicate their wishes to family members, friends,



their lawyer and others.

If an individual wishes to name someone to be his/her Attorney for Personal Care this must be done in writing (please refer to the brochure about Powers of Attorney for Personal Care for additional information).

CAN INDIVIDUALS CHANGE THEIR MINDS ABOUT THEIR CHOICES?

Yes. The most recently expressed capable wish (whether verbal or written) is to be followed.

WHAT IS THE DIFFERENCE BETWEEN AN ADVANCE DIRECTIVE, A LIVING WILL AND A POWER OF ATTORNEY FOR PERSONAL CARE?

In an advance care directive or living will, individuals document their wishes. A Power of Attorney for Personal Care may also be used to do this, and in addition it includes the appointment of an individual(s) to be the person's substitute maker.

ARE HEALTHCARE PROVIDERS AND SUBSTITUTE DECISION-MAKERS REQUIRED TO FOLLOW THE WISHES OF THE INDIVIDUAL?

Yes. If the expressed wishes are relevant to the situation and were expressed when the individual was capable (the individual understood and appreciated the nature and consequences of the decision) and over the age of 16, they should be followed.

IS IT HIGHLY DESIRABLE TO DO ADVANCE CARE PLANNING?

Yes. It is very empowering for individuals to complete advance care planning, that is, to express their care choices and values and to appoint a substitute decision-maker. Still, admission to a facility or access to health care cannot be denied based on the absence of advance care planning.

There is no minimum age of consent in Ontario. If the individual is capable as described above, they are able to consent (or refuse to consent) to a treatment or plan of care.

WHEN DOES AN ADVANCE CARE CHOICE COME INTO EFFECT?

Choices expressed through advance care planning only come into effect when an individual is no longer capable of making a specific decision for themselves. (For information on determination of capacity, refer to the brochure on Capacity Assessment.)

ONLINE RESOURCES:

Ontario – Programs and Services for Seniors
www.ontario.ca/page/guide-programs-and-services-seniors

Office of the Public Guardian and Trustee
www.attorneygeneral.jus.gov.on.ca/english/family/pgt/

Advocacy Centre for the Elderly
www.advocacycentreelderly.org

Consent and Capacity Board
www.ccboard.on.ca

Publications Ontario
www.ontario.ca/page/law-and-safety

To speak to St. Joseph's Health System's Bioethicist, please call 905-522-1155 ext. 33866. If it is after business hours or on weekends, please speak to your healthcare team to have the Bioethicist on-call paged.



**This guide provides general information about the current law in this subject area. However, legal information is not the same as legal advice, where legal advice is the application of law to an individual's specific circumstances. Although we have tried to make sure that the information in this guide is accurate and useful, we recommend that you consult a lawyer if you want professional legal advice in this subject area that is appropriate to your particular situation.*