

Advance Care Planning Conversation Guide – For Ontarians

Name: _____

Today's Date: _____
MM DD YYYY

This document serves to record wishes, values and beliefs for future healthcare. It is NOT consent for treatment. It will be viewed as a representation of your thoughts and reflections therefore please use their own words.

1. UNDERSTANDING

What do you understand about your current health or if you have any illnesses what have you been told by your healthcare providers? What do you expect to happen over time?

(E.g. Do you expect to get better, be cured, or is your illness expected to get worse over time? Might you develop difficulty with memory, swallowing, walking or other things that are important to you?)

2. INFORMATION

If you have illnesses and are unsure about what might happen over time, what information about the illness and treatments would be helpful to you? Is there information that you don't want to know?

3. VALUES, BELIEFS & QUALITY OF LIFE

What brings quality to your life? What is important and gives your life meaning?

(E.g. being able to live independently, being able to recognize important people in your life, being able to communicate, being able to eat and taste food, spending time with friends and family etc.)



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NOTE: The structure and organization of the six domains of *ACP Conversation Guide* questions were influenced by several sources and resources. Among these include the FIFE communication model and the *Serious Illness Conversation Guide* by Ariadne Labs.

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The remainder of the questions ask you to think about future situations. They are meant for you to consider what might be important to you in the event of a sudden critical illness (e.g. an accident) or as you are nearing the end of your life from a serious illness. This is a chance to tell your SDM about what is important to you and how you would like them to make decisions.

4. WORRIES & FEARS

Think about the care you might need if you have a critical illness or if you are near the end of your life. What might you worry about or what fears come to mind? (E.g. struggling to breathe, being in pain, being alone, losing your dignity, depending entirely on others or being a burden to your family and friends, being given up on too soon etc.)

5. TRADE OFFS

If you became critically ill, life support or life extending treatments might be offered. Describe for your SDM the state you would consider unacceptable to keep living in.

6. NEAR THE END

If you were near the end of your life, what would be important to you?

(E.g. family and friends nearby, dying at home, having spiritual rituals performed, listening to music etc.)

