

WHAT IS ADVANCE CARE PLANNING? It is a process that involves the mentally capable patient:

1. **IDENTIFYING** his/her future **Substitute Decision-Maker (SDM)**, by either
 - a) confirming his/her satisfaction with their default/ automatic Substitute Decision-Maker in the SDM hierarchy list in the *Health Care Consent Act*
 - OR**
 - b) choosing someone else to act as SDM by preparing a **Power of Attorney for Personal Care** (a formal written document).
2. **SHARING HIS/HER WISHES, VALUES, AND BELIEFS** – through conversations with the SDM and others that clarify his/her wishes, values and beliefs, and more generally how he/she would like to be cared for in the event of incapacity to give or refuse consent (i.e. What is quality of life to that patient? What is important to that patient in respect to his or her health?)

HOW ADVANCE CARE PLANNING IS DONE

A person may communicate his/her wishes orally, in writing, or by whatever means he/she uses to communicate

A VOLUNTARY process

Health facilities/practitioners CANNOT REQUIRE a patient to do advance care planning OR to use any particular form or method of advance care planning (i.e. levels of care forms)

ADVANCE CARE PLANNING IS NOT INFORMED CONSENT WISHES ARE NOT DECISIONS

Even if a patient has done advance care planning, health practitioners MUST talk to the patient or the incapable patient's SDM to **get an informed consent before treatment**

WHO TAKES DIRECTION FROM ADVANCE CARE PLANNING WISHES?

Advance care planning wishes are a GUIDE or directions for the Patient's SDM that prepares the SDM to make future health or personal care decisions on behalf of the incapable Patient. Health Practitioners **must get informed consent** from the Patient or incapable Patient's SDM even if the patient has done advance care planning in any way – written, oral or by alternative means.

HOW AN SDM MAKES HEALTH DECISIONS ON BEHALF OF AN INCAPABLE PATIENT

In making decisions on behalf of an incapable patient, SDMs have to:

- Follow any applicable wishes that were expressed by the patient when capable or
- If no applicable wishes were expressed when the patient was capable, make decisions in the patient's best interest (including considering the patient's values, beliefs and any other wishes of the patient.

ROLE OF THE SDM

SDM is the "interpreter" of the patient's wishes, values and beliefs and must determine:

- whether the wishes of the patient were expressed when the patient was still capable (and were expressed voluntarily);
- whether the wishes are the last known capable wishes and whether the wish is POSSIBLE;
- what the patient meant in that wish;
- whether the wishes are applicable to the particular decision at hand; and,
- If there are no applicable/capable wishes, how the patient's values, beliefs, and incapable/inapplicable wishes would apply to the patient's best interest.

OBLIGATIONS OF HEALTH PRACTITIONERS WHEN SEEKING INFORMED CONSENT FROM AN SDM

1. Talk to the RIGHT SDM that meets requirements to be an SDM.
2. Tell SDM of obligations to make decision according to patient's WISHES/ BEST INTERESTS
3. Provide SDM with necessary information to make an INFORMED CONSENT.
4. Confirm that SDM is complying with decision-making obligations, and if not, consider CCB Form G application