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 EVERYONE REQUIRED TO DO ADVANCE CARE PLANNING?

No. There is no legal requirement for individuals to complete advance care planning (either to express their choices or to appoint a substitute decision-maker).

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, he/she is 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 himself or herself. (For information on determination of capacity, refer to the brochure on Capacity Assessment.)

ON-LINE RESOURCES:

Ontario – Programs & Services for Seniors https://www.ontario.ca/page/guide-programs-andservices-seniors

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

Advocacy Centre for the Elderly http://www.advocacycentreelderly.org

Consent and Capacity Board http://www.ccboard.on.ca

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

To speak to Cambridge Memorial Hospital's Bioethicist, call switchboard.

*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.



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



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ADVANCED CARE PLANNING

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, he 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. He does 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 individual has expressed a number of wishes about living and the kind of health and personal care they wish to receive in a future situation of incapacity.

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 healthcare consumers and providers need to know.

WHAT IS ADVANCE CARE PLANNING?

Advance care planning is about individuals expressing 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?

An individual can express her/his 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, an individual documents her/his 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.