

My Wishes, My Care

Advance Care Planning Information Booklet



What is Advance Care Planning?

Advance care planning is part of life planning, just like estate and financial planning. It can help you get the care that's right for you, even if you are unable to speak for yourself.



Advance care planning is a process of:

- thinking about your values, beliefs, and wishes for future health care and personal care; and
- sharing them with the people you trust (your family, close friends, and health-care providers).

It can include choosing who would make care decisions for you if you cannot.

Advance care planning is something we should all do, whether we're healthy or unwell, young or old.

Remember three simple words to guide your advance care planning:

Think, Talk, Plan.



How to do Advance Care Planning

Step 1: Think



Think: What matters most to you?

Wishes for your future health care and personal care are guided by your values and beliefs. For example, some people may want to live as long as possible, whatever it takes. Other people may not want to have tests and treatments that might not help.

As your life and health change, what matters most to you can also change.

Here are some questions to ask yourself:

- What is most important to me?
- What would matter to me if I became unwell and could not communicate?
- Are there things I already know about my preferences for health care and personal care?
- What worries me when I think about my future health?
- How do I like to make decisions about my health? Who is involved?
- What personal wishes are important to me? (Where do I want to be cared for? What spiritual or cultural practices would I like to observe?)

Think: Who could make decisions for you if you cannot?

As long as you can understand information about your care options and can communicate your wishes, **you** will be asked to make decisions and provide informed consent for any health-care treatments. **Informed consent** means agreeing to a treatment when you understand its purpose, benefits, and risks.

You also have a right to receive support from the people you trust to help you:

- understand the information provided, and
- communicate your wishes.

If you have to make a decision but have trouble understanding the information, even with support, someone else will be asked to make that decision for you. This person is called a substitute decision maker.

A good substitute decision maker is someone who:

- knows you well, and understand your values, beliefs and wishes for health care and personal care;
- honours your wishes and instructions when making decisions for your (this is their legal role), even if their wishes are different from yours;
- can communicate with health-care providers, advocate for your wishes, and not be pressured into accepting care options that you wouldn't want;
- is calm in a crisis;
- can handle conflict or disagreement; and
- is willing and available to take on the role.

If you would like to choose a specific person to be your substitute decision maker, you can name them as your **representative** using a representation agreement. If you do not name someone, a **temporary substitute decision maker** can be appointed by a health-care provider, or a guardian can be appointed by the Court.

Representative

A substitute decision maker YOU choose for health-care and personal-care decisions.

Your representative can make health-care and personal-care decisions for you if you cannot make these decisions on your own, or with support. Your representative must be an adult (age 19+) who has agreed to make decisions on your behalf.

An appointed representative is typically a trusted family member or a close friend but can also be a respected religious or spiritual leader, or an Elder.

Representation Agreement

A legal document you can make to appoint a representative.

There are two types of representation agreements:

- 1. Enhanced (section 9) agreement** can be used by a person who can understand information and make their own decisions to appoint a substitute decision maker.
 - It can include health-care and personal-care* decisions, including decisions to refuse life-supporting care and treatments.
 - It cannot include legal or financial decisions. An enduring power of attorney and/or a standard representation agreement can be used for this.
- 2. Standard (section 7) agreement** can be made by a person even if they do not understand some information. It can be used to appoint a substitute decision maker, or someone to provide support with decision making.
 - It can include health-care, personal-care*, routine legal and financial decisions.
 - It cannot include decisions to refuse life-supporting care and treatments.

*(*Personal care refers to daily living needs, such as living arrangements, diet, clothing, hygiene, exercise, and safety.)*

You can appoint one or more people as your representative(s). Unless you specify in the representation agreement, your representatives must act unanimously on all decisions.

Representation agreements may be created without a lawyer or notary.

However, you may wish to involve a lawyer or notary if:

- You have trouble understanding some information and making some decisions.
- The standard templates don't work for you. For example, if you would like to appoint multiple representatives.
- You anticipate conflict or disagreements among your family and close friends.

Temporary Substitute Decision Maker

A substitute decision maker chosen for you for health-care decisions only.

If you do not have a representative or if your representative is unavailable, a temporary substitute decision maker will be chosen for you from a list in the law. Your health-care provider will contact the following people, in the order listed, to identify the first available person who qualifies** and is willing to act as your temporary substitute decision maker:

1. Your spouse, including common-law, same sex (the length of time living together doesn't matter)
2. One of your children (equally ranked)
3. A parent (equally ranked)
4. A sibling (equally ranked)
5. A grandparent (equally ranked)
6. A grandchild (equally ranked)
7. Anyone else related by birth or adoption
8. A close friend
9. A person immediately related by marriage



*(**The person must be 19 years of age or older, capable of making decisions, have no dispute with you, and have been in contact with you in the past year.)*

The health-care provider will contact the Public Guardian and Trustee if:

- no one from the list can be reached or qualifies, or
- there is dispute between two equally ranked people on the list and the health-care provider cannot resolve the conflict.

For more information on the role of the Public Guardian and Trustee, visit:

<https://www.trustee.bc.ca/Documents/adult-guardianship/Consent%20to%20Health%20Care.pdf>.

Advance Directive

A legal document you can make to accept or refuse specific health-care treatments.

An advance directive is a legal document that contains your instructions to accept or refuse **specific health-care treatments**. It is used if you are not capable of providing consent. It gives instructions directly to your health-care provider.

It is important to talk with a health-care provider before making an advance directive to make sure that it is clear and specific.

If you have a Representation Agreement and an Advance Directive

If you cannot make a health-care decision on your own, or with support, your health-care provider will ask your representative to make the decision for you.

Your representative must consider the instructions in your advance directive when making the decision.

Even if you have a representation agreement and an advance directive, your health-care provider might still need to talk to a temporary substitute decision maker. This could happen if your representative is unavailable, and your advance directive does not apply to the decision being made.

See [page 12](#) for a flow chart summarizing the substitute decision making options in B.C., and how health-care decisions are made.

Step 2: Talk



Talk: With the people you trust

You should talk to:

- your representative (if you have one);
- potential temporary substitute decision makers; and
- other people who are important to you.

You should talk about:

- What matters most to you -- your values, beliefs, and wishes. This can include:
 - Any preferences you have for your care.
 - Your health conditions, including what your biggest fears and worries are about your future health.
 - Your treatment and care options.
- Who your substitute decision maker are. You can share:
 - A contact list of your potential temporary substitute decision makers.
 - Your representation agreement, if you have one.

Examples of conversation starters:

- “I need to think about the future. Will you help me?”
- “Even though I’m okay right now, I’m worried that _____ and I want to be prepared.”
- “I was thinking about what happened to _____ and it made me realize...”

Talk: With your health-care providers

Book a time with your health-care provider to understand your health condition(s) and treatment options. This is especially important if you have a serious illness.

Some questions you can ask:

- How do you expect my illness will progress over time?
- What kind of health-care treatments may be involved as my illness progresses?
What are the benefits and risks?
- Will life support treatments be considered for me during this progression?
For example, will I need to be fed through a tube or hooked to a breathing machine to keep me alive?

Take your time to reflect on their answers.

Book another appointment to share:

- What matters most to you.
- Who your representative is (if you have one).
- A contact list of your potential temporary substitute decision makers.
- If you will be making an advance directive.

Consider involving your substitute decision maker in these conversations. It will help them if they ever need to make decisions for you.

If you do not have a regular health-care provider but you have questions you want to ask, you can phone [HealthLink BC's toll-free number: 8-1-1](#).

Step 3: Plan



Prepare your plan

Prepare an advance care plan by:

- writing down or recording what matters most to you about your future health care and personal care; and
- listing the contact information of your potential temporary substitute decision makers, with notes on who does not qualify and why**.

*(**To qualify, the person must be 19 years of age or older, capable of making decisions, have no dispute with you, and have been in contact with you in the past year.)*

If you have a [representation agreement](#) or [advance directive](#), include them in your advance care plan.

Store your plan in a safe place where it can be easily located if needed.

For example, you can store your documents on your fridge, as first responders know to look there.

Share your plan

Share copies of your advance care plan with:

- your representative (if you have one);
- people on your temporary substitute decision makers list;
- other people who are important to you; and
- your health-care providers.



Remember to bring your advance care plan with you if you go to the hospital.

Review



Regularly review your plan

Advance care planning isn't just a one-time event. As your life and health change, what matters to you can change, too.

Review your plan regularly (every year, for example) and whenever something changes, like a change in substitute decision maker, a change in your wishes, or a new diagnosis.

If you want to change a representation agreement or advance directive, make sure you understand the right way to do that. These are legal documents, so there are rules around changing them.

Tell your substitute decision makers, other people you trust, and your health-care providers about any changes in your wishes or updates to your plan. Give them copies of your updated advance care plan, and let them know where they can find your copy.

For more information about advance care planning: bc-cpc.ca/acp

For resources to help you get started: bc-cpc.ca/acpresources

Health-care Decision Making in British Columbia*



*This information does not apply to a person who is receiving care and treatment at a designated facility under the [Mental Health Act](#).

**You have a right to receive support in your decision making to help you understand the information and communicate your wishes. Needing support does not mean that you are incapable.

The above was adapted from People's Law School: <https://www.peopleslawschool.ca/everyday-legal-problems/planning-your-future/health-personal-care/list-potential-temporary>

Please note: the information presented in this booklet is specific to adults living in British Columbia, Canada. It does not constitute legal advice.

This document was developed by the BC Centre for Palliative Care, a non-profit organization in British Columbia. Contact us at office@bc-cpc.ca.

Reviewed for legal accuracy by Krista James, National Director, Canadian Centre for Elder Law and Staff Lawyer, BC Law Institute. March 2021.

Production of this initiative has been made possible thanks to funding from Public Health Agency of Canada and Health Canada. The views expressed herein do not necessarily represent the views of Public Health Agency of Canada and Health Canada.

La production de cette initiative a été rendue possible grâce au financement de l'Agence de la santé publique du Canada et de Santé Canada. Les opinions exprimées ici ne représentent pas nécessairement celles de l'Agence de la santé publique du Canada et de Santé Canada.



Government
of Canada

Gouvernement
du Canada



This work is licensed under a [Creative Commons Attribution-NoncommercialNoDerivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/).