



Speak Up

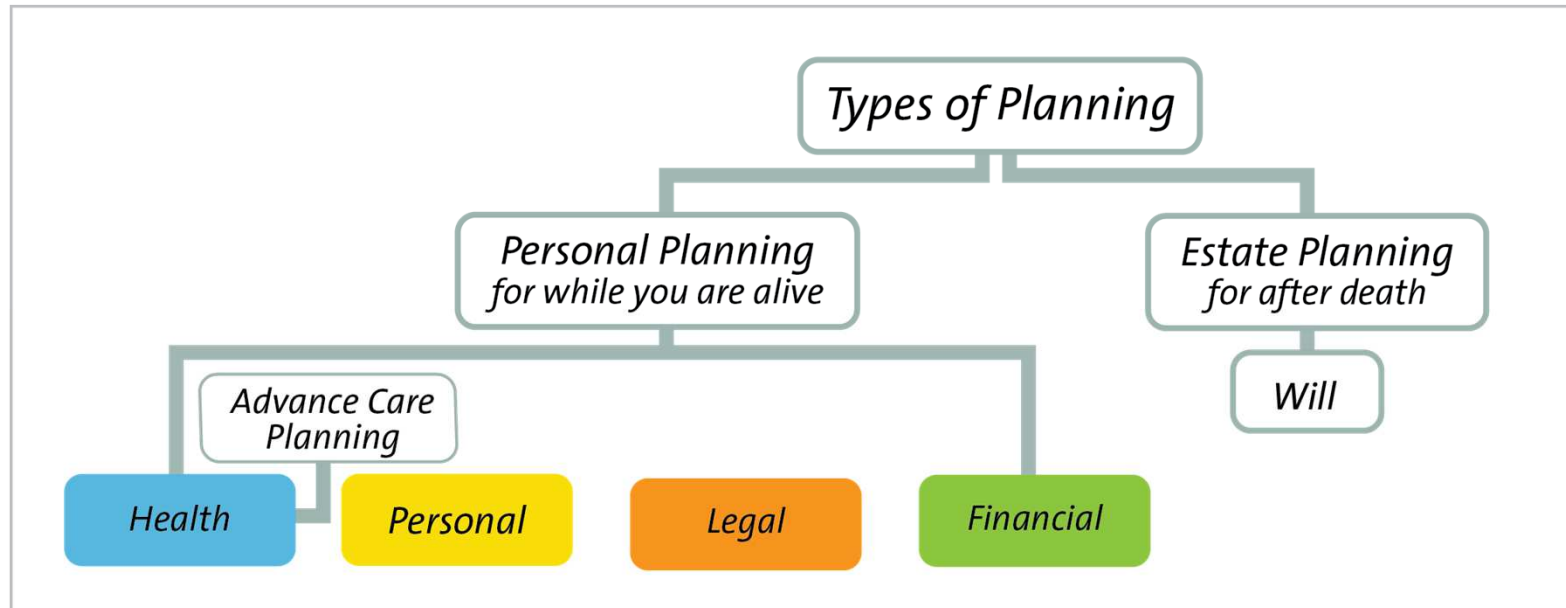
Advance Care Planning Seminar



Agenda

- Welcome – by Diane Souccar President Elk Valley Hospice
- Why plan?
- Advance Care Planning
- Planning tools
- Legal options – Presented by Lawyer Gord Leffler
- Health Care steps – Presented by Dr. Paul Michal
- Questions?

Why Plan?



- Personal planning – making arrangements before you need assistance due to an illness, injury or disability
- Estate planning – making a Will and arrangements for after death.

Why Plan?

A sudden accident can result in you being unable to speak for yourself.

- An advance care plan provides family or close friends and health care providers with a guide to your care & treatment, based on your wishes.

An Advance Care Plan can reflect your wishes:

- Who do you want to make your health care decisions for you?
- What treatment(s) do you agree to or refuse, if they are recommended?
- Would you accept/refuse life support and or life-prolonging care under certain conditions?

Every Advance Care Plan should consist of:

- Conversations with family/friends/health care provider(s) about your beliefs, values & wishes
- Write down your beliefs, values & wishes for future health care treatment
- Write down the contact information for the people who qualify to be on your Temporary Substitute Decision Maker list.

Decide who you want to identify as representative(s) to speak for you if you can't speak for yourself.

ADVANCE CARE PLANNING

Talk to Your Health Care Provider



THINK

about what's right for you.
What's most important to you about your end-of-life care?



LEARN

about the different medical procedures that can be offered at the end of life. Some may improve your quality of life, others may only prolong life.



DECIDE

who will be your substitute decision maker. Someone who is willing and able to speak for you if you can't speak for yourself.



TALK

about your wishes with your Substitute Decision Maker, loved ones and health care provider.



RECORD

your end-of-life wishes – write them down, record them or make a video.



www.advancecareplanning.ca

Advance Care Planning

- My Voice – Advance Care Planning Guide
- Beliefs, Values and Wishes
 - Talk about your wishes and write them down. When people you trust know what is important to you with regard to future health care treatment, it is easier for them to make decisions on your behalf.
 - The examples on page 5 may help you determine what is important to you.
- Life support and Life Prolonging Medical interventions
 - The questions of page 6 can help you think about what you may wish to accept or refuse in the future

Planning tools

Examples of planning tools to express your wishes, values & beliefs are

- Advance Care Plan
- DNR/No-CPR form
- MOST form (Medical Order for Scope of Treatment)

These are non legal planning tools:

- Cannot be used on their own as your consent if you are incapable.
- Can be useful for conversations & discussions with your representative and others.
- Although the public/patients (and even health professionals) often think these forms must be 'legal' – they are not.

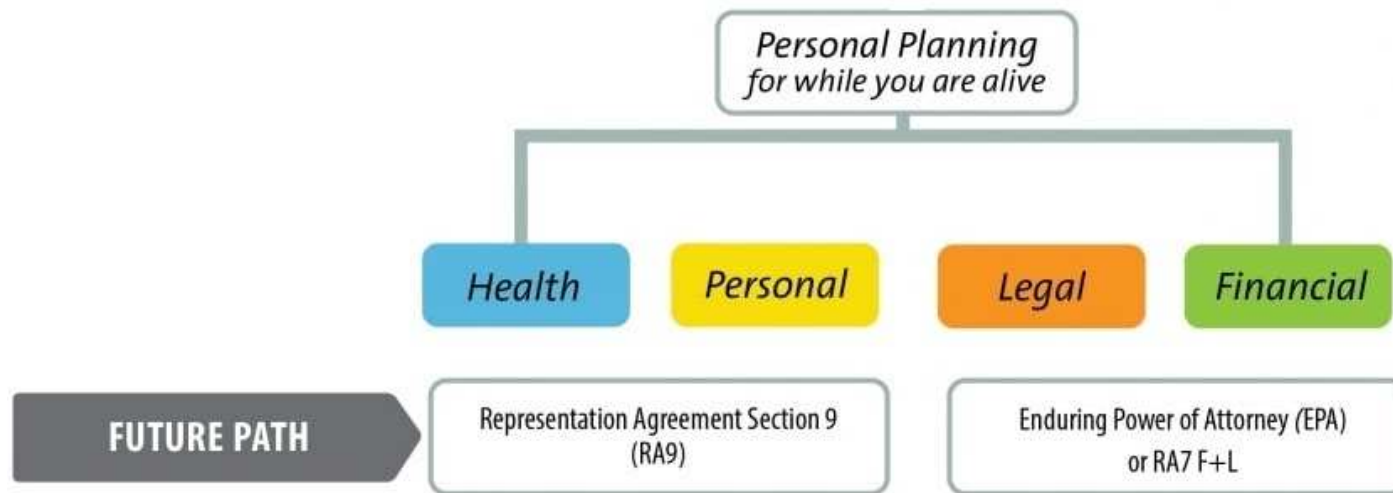
Using the following legal options a representative of your choice can be identified to carry out your wishes when you are incapable expressing these yourself.



Legal options

Guest speaker lawyer Gord Leffler

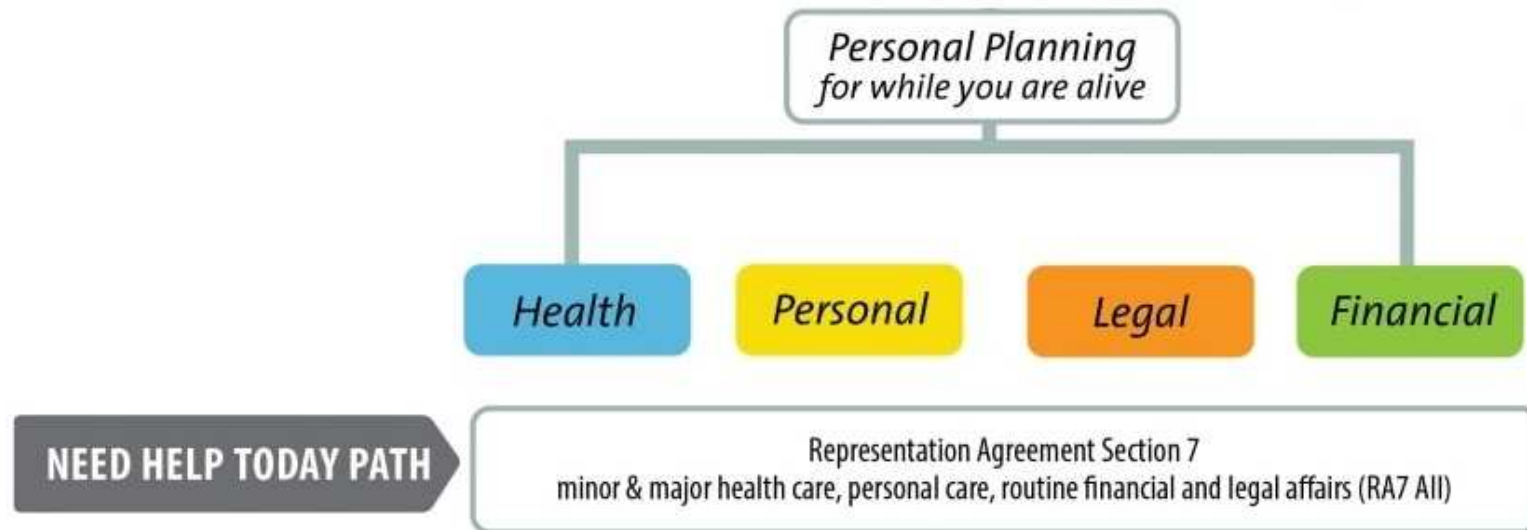
Legal options – For capable adults



For mentally capable adults two legal documents can authorize your representatives to make decisions for you in the future

- A **Representation Agreement Section 9 (RA9)** to cover health & personal care matters; AND
- An **Enduring Power of Attorney (EPA)** to cover legal & financial affairs (some may use routine finances in (RA7) F+L)

Legal options - Need help today



A **Representation Agreement Section 7** is essential for

- adults whose mental capability are in question and,
- who do not already have arrangements in place.

These adults do not have to lose their rights in order to get help.

Legal Options

Representation Agreements

- A Representation Agreement is a legal document used in case of incapacity, for end-of-life, & other support needs.
- The agreement identifies the representative of your choice authorized to make specific decisions on your behalf related to Health, Personal, Legal and/or Financial affairs.
- There are **two types** of Representation Agreements
 - a Representation Agreement section 7 (RA7) and
 - a Representation Agreement section 9 (RA9)
- The term ‘section’ refers to a part of the Representation Agreement Act that lists the authorities a representative may have. An RA7 and an RA9 **are different**.
- The one to make **depends on your mental capability** at the time of making it.

Legal options

Other options you may consider

- **Advance Directive:** To legally give or refuse consent for health care you might be offered by writing a clear instruction when you are mentally capable, to apply to a situation when you are not capable of informed consent. An Advance Directive has limited use on its own. The instruction must describe the specific type of health care (e.g. blood transfusion).
- **Organ or Body Donation:** To legally give or refuse consent to organ or tissue donation if the question is asked at the point of death, you must register your wishes with the Organ Donor Registry.

Legal Options

Health Care consent

If the health care provider determines you are incapable of informed consent, then they must get consent from one of the authorities below, in this order:

- A **committee of person** (a person who applies to Court to be appointed as your guardian for health and personal care decisions). This action is rare due to the cost and length of time it takes and its effect on removing your civil rights.
- **Your representative (the person you choose and authorize in a Representation Agreement to help you).**
- An **Advance Directive** The health care provider will only follow this if it clearly relates to the health care decision at hand and if the provider has no reason to believe you have changed your mind since making it.
- When adults have not made their own arrangements a **Temporary Substitute Decision Maker (TSDM)** will be selected according to a list outlined in the law.

Legal Options

Health Care consent

Temporary Substitute Decision Maker (TSDM)

- Is the name/role given to the person selected when someone is needed to make a decision for an adult – who has been determined incapable of consent.
- If there is no Representation Agreement.

The list of people that is selected as TSDM is provided in the law and must be followed in a particular order:

- Next-of-kin
- Close friend
- In-law
- Staff of the Public Guardian and Trustee

It is recommended you create a Representation Agreement to ensure decisions are directed to the person you select as your representative.

Legal options

Do I need a lawyer?

No legal professional is required for

- A basic Representation Agreement
- A basic organ donation

Use of a legal professional is recommended for:

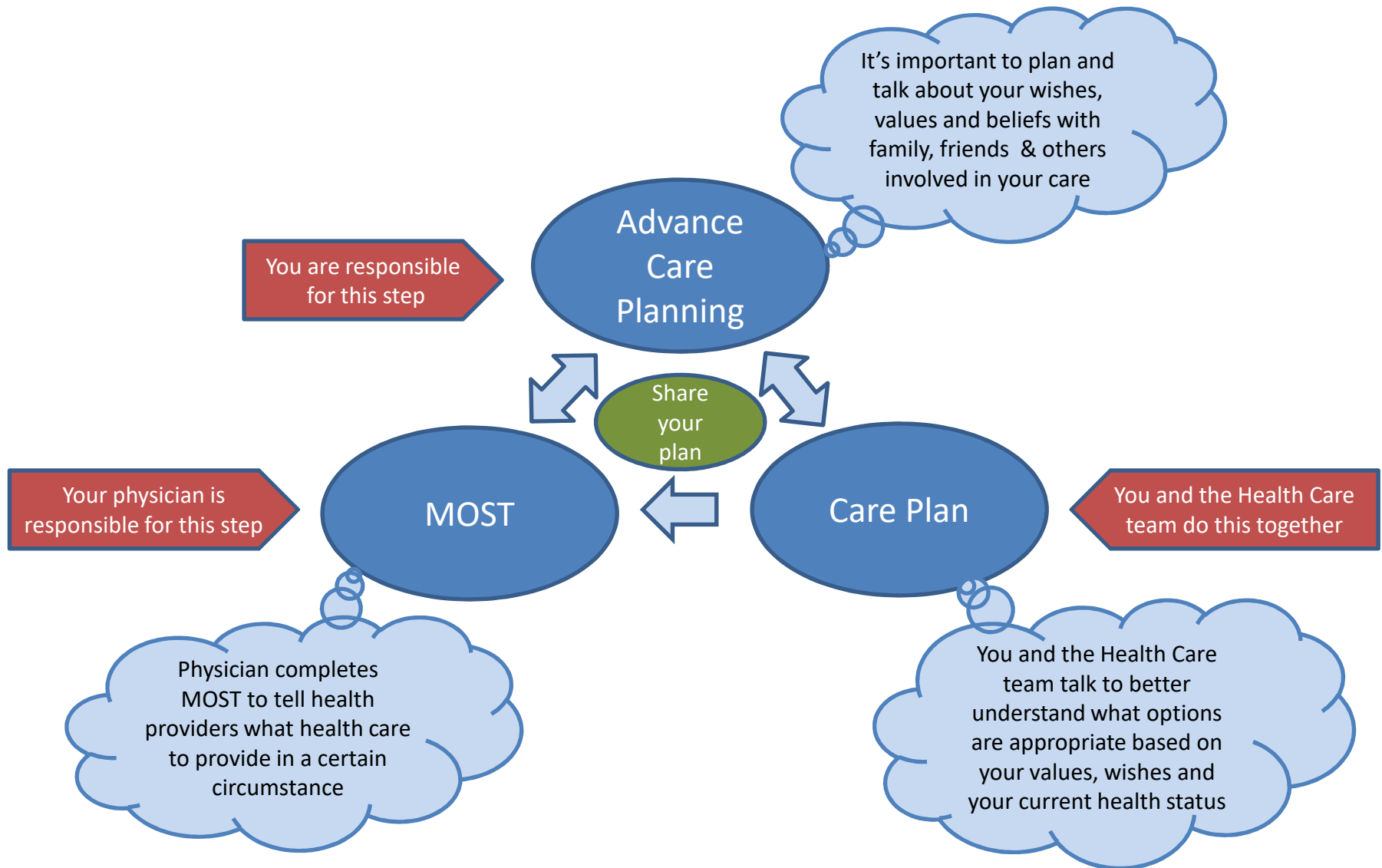
- Enduring Power of Attorney
- More complex representation agreements
- More complex organ and body donations
- Advance Directive



Health Care steps

Guest speaker Dr. Paul Michal


Health Care Steps



Overview of the MOST Designation Form

Tool to communicate medical orders to your health care team and ambulance services.

Completed for adults (19 and older) who are seriously ill or have a deteriorating health condition


Interior Health
MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

Legal Name _____
Last Name / First Name

Date of Birth _____
dd / mm / yyyy

PHN _____

Refer to [MOST Designation Explanation](#) for an explanation of these designations

PART 1 – RESUSCITATION STATUS & MEDICAL TREATMENTS		Most Responsible Physician (MRP) to initial in the box beside the chosen resuscitation status/treatments <i>(choose only ONE designation)</i>
M1	Supportive care, symptom management and comfort measures only: Allow a natural death. Care is for physical, psychological and spiritual preparation for an expected or imminent death. Do not transfer to higher level of care unless to address comfort measures that cannot be met in current location.	
M2	Medical treatments within current location of care excluding critical care interventions, cardiopulmonary resuscitation (CPR), intubation, and/or defibrillation. Current location: _____ Allow a natural death. Transfer to higher level of care only if patient's medical treatment needs cannot be met in current location. Goals of care and interventions are for cure or control of symptoms of illness that do not require critical care interventions, CPR, defibrillation and/or intubation.	
M3	Medical treatments including transfer to higher level of care but excluding critical care interventions, CPR, defibrillation and/or intubation: Allow a natural death. Medical treatments are for cure or control of symptoms of illness. Transfer to a higher level of care may occur if required for diagnostics and treatment.	
C0	Critical care interventions excluding CPR, defibrillation and intubation: Patient is expected to benefit from and is accepting of any medically appropriate investigations and interventions that are offered except CPR, defibrillation and intubation.	
C1	Critical care interventions including intubation, but excluding CPR and defibrillation: Patient is expected to benefit from and is accepting of any medically appropriate investigations and interventions that are offered except CPR and/or defibrillation.	
C2	Critical care interventions including CPR, defibrillation and/or intubation: Patient is expected to benefit from and is accepting of any medically appropriate investigations and interventions that are offered.	

It is important for you to share your Advance Care Plan. Has this been noted in this section?

As long as you are capable, you will be consulted about this form.

If your situation changes or you wish to review your MOST form, discuss this with your doctor. Otherwise, your doctor will review the MOST as required.

PART 2 – SPECIFIC INTERVENTIONS (if applicable, refer to details in completed Patient Consent Record)

Blood Products	<input type="checkbox"/> YES <input type="checkbox"/> NO	Nutritional Support	<input type="checkbox"/> YES <input type="checkbox"/> NO	Dialysis	<input type="checkbox"/> YES <input type="checkbox"/> NO
Non-Invasive Ventilation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other			

PART 3 – SUPPORTING DOCUMENTATION (check all documents reviewed)

<input type="checkbox"/> Previous MOST Form	<input type="checkbox"/> Plan of Care	Representation Agreement	<input type="checkbox"/> Other
<input type="checkbox"/> No CPR Form (B.C.)	<input type="checkbox"/> Advance Directive	<input type="checkbox"/> Section 9 <input type="checkbox"/> Section 7	

PART 4 – CONSULTATIONS Refer to consent process on reverse (check all individuals consulted)

<input type="checkbox"/> Capable Patient	<input type="checkbox"/> Representative (name) _____	<input type="checkbox"/> Inter-professional health care team
<input type="checkbox"/> Personal Guardian (Committee) (name) _____	<input type="checkbox"/> Temporary Substitute Decision Maker (name) _____	<input type="checkbox"/> Patient incapable / SDM unavailable

SUMMARY OF MOST RESPONSIBLE PHYSICIAN'S ORDER

As the patient's Most Responsible Physician I have considered the documents noted in Part 3 and discussed the benefits, consequences and preferences of the above Order with the individual(s) noted in Part 4.

Name of MRP (please print)	College ID#	Signature
Date (dd/mm/yyyy)	Time (24:00)	Physician Office Phone #
Patient Location		
Sent to MOST Data Entry Office		Date (dd/mm/yyyy)
		Initials

REVALIDATION OF MOST RESPONSIBLE PHYSICIAN'S ORDER

<input type="checkbox"/> MOST FORM Revalidation (No Change)	Date (dd/mm/yyyy)	Name of MRP (print)	College ID#	Physician Signature
Sent to MOST Data Entry Office		Date (dd/mm/yyyy)	Initials	

Send to MOST Data Entry Office at 1-855-980-6180 (toll free)

IF RECEIVED IN ERROR, NOTIFY INTERIOR HEALTH INFORMATION PRIVACY & SECURITY TOLL FREE AT 1-855-980-5020

Additional information is noted here by your physician. Not everyone will need this section completed.

Previously expressed instructions/wishes of Capable Adult must be followed by Substitute Decision Maker

Only your physician will need to sign the form.

This form is stored in your electronic health record.



Questions?



Backup slides

Resources

Resources

Writing your own representation agreement

- For more details about the government representation agreement forms & My Voice guide watch the video at www.nidus.ca
- Nidus provides Basic RA9 forms on the website with instructions on how to complete it yourself as well.
- The Nidus RA legal document is more comprehensive than the government form.
- Nidus is a non-profit charitable organization providing information and assistance to British Columbians about personal planning and Representation Agreements.
- The Nidus Basic RA9 does not include space for writing out wishes or instructions as this can backfire. Write wishes or instructions down on a separate page and give to your representative.