

Having a voice in decisions about our health care treatment is important. By planning in advance individuals and patients can be sure that their family and loved ones are aware of their values and wishes regarding end-of-life care. As health care workers and care providers, we may need to encourage these conversations. This can be difficult and may need to be initiated with our patients at varying stages of illness.

Conversation starters can be as simple as asking:

- "What do you understand about your illness?
- "What fears or worries do you have about being ill?"
- "What brings quality or value to your life?"
- "What would be important to you if you were nearing end-of-life?"

Certain individuals may not have all of the answers to your questions or may not be ready for these discussions. Advance care planning (ACP) conversations can be a process that takes time.

The FIVE STEPS OF ADVANCE CARE PLANNING can make the process easier for your patients:

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 and 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.

References:

- 1. www.advancecareplanning.ca; Advance Care Planning
- 2. Pallium Canada LEAP Core Module 6 Mar 2017

