Advance care planning allows you to use your voice to let your loved ones know your wishes while you are able to decide for yourself.

Advance Care Planning is more than just providing a ‘do not resuscitate’ (DNR) status, it is about having a discussion about what matters to you. It’s about sharing with your loved ones your beliefs, values and wishes so that even within the context of cultural traditions and practices, your wishes are known, respected and incorporated.

— Lloyd McDames, Aboriginal Patient Liaison

Having a voice in decisions about your future health care treatment is important. There may come a time when, due to illness or injury, you become unable to express your health care treatment wishes to your family or health team. By planning in advance, you can be sure that your loved ones and health care providers know your wishes or instructions, and can ensure they are followed.

The steps involved in advance care planning are have conversations and write them down.

HAVE CONVERSATIONS:

With yourself:
What would a good end of life experience embracing your beliefs and values look like? What cultural traditions and protocols do you want followed? What do you not want?

With family and friends:
By sharing this with your family, it can prevent confusion and stress for your loved ones.

With health care providers:
Share your personal beliefs, values, and wishes such as spiritual and ceremonial wishes, and traditional beliefs and values. For example, would you like your room smudged if you are in the hospital? Do you want to use any traditional medicines? Who do you want there with you?

With the person you want to speak for you if you cannot:
Your advance care plan can provide information on who you would like to make health care decisions for you if you are unable. It helps to make sure your beliefs, values and wishes are carried out.

WRITE DOWN YOUR THOUGHTS:
You can complete your advance care plan without visiting a lawyer or notary public. The section on the back is a place for these. Your health care plan does not include any information on your will, finances, or power of attorney. For more information on power of attorney see: health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf

REVIEW YOUR CONVERSATIONS:
If your circumstances change, make changes as required.
Who do you want to make health care decisions for you if you are unable?

Your health care team will approach the following people in this order to ask to make health care decisions for you if you are unable:

1. Your spouse (married, common-law, same sex - length of time living together doesn’t matter)
2. A son or daughter (19 or older, birth order doesn’t matter)
3. A parent (either, may be adoptive)
4. A brother or sister (birth order doesn’t matter)
5. A grandparent
6. A grandchild (birth order doesn’t matter)
7. Anyone else related to you by birth or adoption
8. A close friend
9. A person immediately related to you by marriage (in-laws, step-parents, step-children, etc.)

If this is not the order you wish, then you need to fill out a Representation Agreement which is a legal document. Please speak to an Aboriginal Patient Liaison, social worker or access the document online:
health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf

Share your plan with your close family members, your doctor, and your community health team. This will ensure your health care choices are known and respected. For more information on power of attorney see: northernhealth.ca/YourHealth/AdvanceCarePlanning.aspx

My beliefs - what gives my life meaning:
Include any cultural or religious customs that are important to you.

My values - what I care about in my life:

My wishes - for future health care treatment, life support and life-prolonging medical interventions:

If you want to give specific details of what medical procedures you wish to consent to or refuse, you need to fill in an "Advance Directive" form online:
health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf

Signed by: ____________________________
Printed name: ____________________________
Date: ____________________________