



Mind: Keeping Our Voice – Part 2 – Advance Care Planning

Body: Appointed SDM

Spirit: Care of Others

Keeping Our Voice – Part 2 – Advance Care Planning



Life Happens....Be Ready. This compelling theme underscores the significance of our National Advance Care Planning Day held annually on April 16.

When we cannot speak for ourselves – who will speak for us, and what do we want them to say?

One of the greatest gifts we can give our close friends and family is the comfort and confidence of knowing they can direct your care and treatment according to your wishes, beliefs and values. Whether triggered through illness or accident, any one of us, regardless of our age, could lose our ability to express our wishes about our personal and health care preferences. It is essential to remove uncertainty and the potential for conflict and dispute during difficult and emotional times. Advance Care Plans that are prepared and shared free up your loved ones to be present for you and each other.

What are Advance Care Directives?

Advance Care Directives provide us with the opportunity to explore, discuss and document:

- what we want to be communicated regarding our personal, treatment, and health care preferences,
- who is in the best position to take on that role on our behalf,
- how we record our beliefs, values, and wishes, and
- where the document will be stored.

What Stops Us?

The Canadian Hospice and Palliative Care Association report that while 90% of Canadians acknowledge the importance of developing an Advance Care Plan, less than one-third have discussed their wishes with others, and even fewer yet (less than one-fifth) have made a plan.

Misinformed beliefs may cause us to put off preparing a plan.

- Some may mistakenly feel they are only necessary for the elderly and that we have plenty of time to get it done. A sudden car crash, fall while hiking or a critical illness are examples of how we can lose our voice for a short or long time at ANY age!
- We don't want to make our loved ones uncomfortable about engaging in awkward and sensitive conversations. Having the discussion now will be infinitely less stressful than the anxiety of having to direct your care without the benefit of knowing what you want.

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- Several folks wrongly believe that an Advance Care Directive is the same as a Do Not Resuscitate order. Your Advance Care Plan conveys your treatment preferences.
- Incorrect assumption that if you make a plan now, you cannot amend or change your wishes at a later time.

Who Should Speak for Me?

A Substitute Decision Maker (SDM) is someone you appoint to make personal, care, and treatment decisions for you when you cannot speak on your behalf. They may also be called an agent, proxy, or health care representative. The laws identifying who can serve as an SDM vary for each province and territory, so it is wise to check with a legal professional in your region.

Serving as an SDM is a tall order and certainly not for everyone. It is not about what your SDM would want for you -- it is what you would direct for your care if you were able to. Choose someone you trust, have a comprehensive understanding of your preferences, feel comfortable expressing your wishes on your behalf, and are in a position to direct your care. The more your representative knows about you and your values, the better they will be able to reflect what you want in various circumstances. They need to be able to advocate for you during stressful times and to refuse or stop specific treatment if that was your wish -- even if that may hasten your death. Remember that they will be operating on your behalf, likely while simultaneously experiencing their personal concerns, anxiety, and fears for your situation.

If no SDM is appointed, each province and territory defaults to their established SDM hierarchy of persons who can direct care on your behalf.

How Do I Start?

You start by thinking about what is important to you. Your values, wishes, religious and spiritual beliefs. How would you want your care delivered, and what treatments would you want to be pursued or terminated? You discuss with close family and friends and consider who to appoint as your SDM. Ask this person if they are interested and able to serve in this capacity, and if so, provide them with as much information as possible to help them adequately serve as your voice. Document your wishes, and let your family and friends know where they can easily find and access the document.

Outstanding Information, Resources, and Tools:

<https://www.advancecareplanning.ca/>

Babel Standardized Approach to Advance Care Planning in Nursing Homes:

<https://the-ria.ca/resources/babel/>

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Appointed SDM

Even if an SDM is appointed, and the granter has diminished mental capacity, they should still be involved in the decision-making to the extent they are able.

Care of Others

“One person caring about another represents life's greatest value.”

Jim Rohn