BC Centre for Palliative Care

Peer-Facilitated ACP Sessions - FAQ

August 2017

Intent of this document

To help you as a facilitator in answering questions. The answers build upon the content of My Voice and the training, but may bring additional information, or present the information in a different format.

Frequently Asked Questions

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1. What is the difference between an Advance Care Plan and an Advance Directive?

Definitions of the terms:

> **Advance Care Plan**: a record of your values, beliefs, wishes and instructions about your future health care, for a time when you are not capable. It can be written down, audio/video recorded, or spoken. It may also include written legal documents (Representation Agreement, and/or Advance Directive).
>
> **Advance Directive** is a written legal document that gives or refuses consent about a specific health-care treatment directly to your health-care provider for a time when you are not capable. If you have an Advance Directive, it is part of your Advance Care Plan.

As described by these definitions, an Advance Care Plan is broader and provides information about your wishes; but an Advance Directive is very specific and a legally binding instruction.

2. Who should complete an Advance Directive?

An Advance Directive may be helpful for you if you:

- know you would never want a specific treatment, such as a blood transfusion.
- have a disease, such as cancer, heart, lung or kidney disease, and have decided that there are specific treatments you don't want again (for example, chemotherapy, dialysis).
- do not have or want a substitute decision maker.

We encourage you to involve your doctor or nurse practitioner in thinking and talking about an Advance Directive as well as when completing this form.

If you have an Advance Directive, provide a copy to your health-care provider.

3. Does a lawyer need to be involved in preparing and signing a Representation Agreement?

No, you can make a Representation Agreement with or without the help of a lawyer or notary public. You may choose to involve a lawyer or notary public if:

- there is the potential for conflict (for example, between family members).
- your requirements don't fit in the standard templates (for example, appointing multiple representatives, choosing when your alternate representative can act)

Note that there are legal requirements for Representation Agreements and for how they are signed.

4. What is the difference between a Power of Attorney and an Advance Care Plan?

Definition of the terms:

Power of Attorney: in B.C. a Power of Attorney is for appointing another person, called an attorney, to make deisions about your financial and legal affairs. You must be a capable adult to appoint an attorney. *A Power of Attorney does not cover health-care or personal-care decisions.*

Advance Care Plan documents your values, beliefs, wishes and instructions about your health and personal care, for a time when you are not capable. It can be written down, audio/video recorded, or spoken. It may also include written legal documents (Representation Agreement, and/or Advance Directive).

An Advance Care Plan relates only to health and personal care. A Power of Attorney relates only to financial and legal affairs.

5. What is the difference between a Power of Attorney, and an Enduring Power of Attorney?

Definition of the term:

Power of Attorney, in B.C., is for appointing another person, called an attorney, to make deisions about your financial and legal affairs. You must be a capable adult to appoint an attorney. *A Power of Attorney does not cover health-care or personal-care decisions.*

A Power of Attorney ends automatically when you die or if you become incapable unless it is an **Enduring Power of Attorney**.

An Enduring power of attorney remains active even if you are not capable, a Power of Attorney does not.

6. What is a 'living will'?

The term 'living will' is not in B.C.'s health-care consent legislation.

The term 'living will' is a term from the United States that has been adopted into everyday language, and typically refers to any kind of advance care planning document. The documents defined by B.C. law are Representation Agreements and Advance Directives. These, and other documents can form part of an Advance Care Plan (see question 1).

7. What ACP documents must ambulance attendants/paramedics comply with? Are they directed by someone's Advance Directive or No CPR form?

Ambulance attendants/paramedics honour and follow relevant instructions in the following documents when provided to them:

- Advance Directive
- Provincial No CPR form
- MOST form (Medical Order for Scope of Treatment) provided that it is dated within one year.

8. What Advance Care Planning information/documents do I need to have with me at all times?

It is recommended to carry with you information about your 'emergency contact' (your TSDM or Representative). You could do this by:

- Using the wallet card available in the back of My Voice
- Entering their information under ICE (In Case of Emergency) on your mobile phone.

If you do not want CPR:

- talk with your doctor or nurse practitioner about completing a provincial No CPR form.
- a MedicAlert® No CPR bracelet or necklet will alert first responders that you have a No-CPR order. These are available at no cost from https://www.medicalert.ca/nocpr/ or toll-free at 1-800-668-1507.

9. What do I do with my Advance Care Plan?

- You keep the original at home. (see question 10)
- Give your family copies, and ensure they know how to access the original.
- Take your ACP documents with you when you go to hospital, clinic and doctors' appointments. Ask your health-care provider to keep a copy in their charts.

10. Where should I keep my Advance Care Plan?

If you are healthy, keep your Advance Care Plan with your other personal planning documents in a safe and accessible place in your home (not in a bank vault). Be sure your family knows where these documents are.

If your documents address a current serious illness or end-of-life care, then keep the documents in an envelope or plastic sleeve on the front of your fridge; this is where emergency medical assistants/paramedics will check.

11. What about the Bentley case?

Mrs. Bentley was an elderly woman with advanced dementia living in a nursing home in Abbotsford. Because of earlier documents stating that she did not want artificial food or fluids the family asked that she not be spoon fed. This went to supreme court in BC twice.

The judgment of the court was that health-care providers and families must provide necessary basic personal care to vulnerable adults and that the previous documents did not apply to being fed or being offered food and fluids. In the Supreme Court decision Judge Greyall stated*: "Withdrawing oral nutrition and hydration [food and fluids] for an adult that is not capable of making that decision would constitute neglect within the meaning of the Adult Guardianship Act."* "Even if Mrs. Bentley was found incapable of making the decision to accept oral nutrition and hydration, I am not satisfied that the British Columbia legislature intended to allow reference to previously expressed wishes or substitute decision makers to

be relied on to refuse basic personal care that is necessary to preserve life." (http://eol.law.dal.ca/wp-content/uploads/2014/02/Bentley-v.-Maplewood-Seniors-Care-Society-2014-BCSC-165.pdf)

Health care and personal care are not considered the same under the law. Health care consent legislation allows you to refuse health care in advance. However, withholding personal care such as oral food and fluids may constitute neglect.

12. How does Medical Assistance in Dying (MAiD) relate to Advance Care Planning?

Medical Assistance in Dying is when an authorized health-care provider provides or administers medication that intentionally brings about a person's death, at their request.

At this point in time, Medical Assistance in Dying can only be provided to capable, eligible patients. It cannot be requested in advance as part of an Advance Care Plan or by anyone else on your behalf.

Bill C-14 was passed by the Parliament of Canada June 17, 2016, making Medical Assistance in Dying legal in Canada for those who are eligible and meet all the following criteria:

- You must be able to give informed consent;
- Make a voluntary request; and
- Have a serious illness, grievous and irremediable medical condition and your death must be reasonably foreseeable.

The issue of whether an "Advance request" will be accepted is being reviewed at the federal level and any recommendations to change the current legislation are expected in late 2018.

Medical Assistance in Dying can be either:

- Physician Administered - injection of intravenous drugs to cause death of the patient (commonly called Euthanasia); or
- Physician Assisted - provision of oral medication that can be taken by a patient to cause death (commonly called Assisted Suicide).

In both cases the physician must be present and the patient must meet the criteria for assistance in dying.

It is illegal for anyone other than a designated health-care provider (physician or Nurse Practitioner) to perform medical assistance in dying.

Key points for public ACP sessions:

- Acknowledge that this legislation has generated a lot of interest in end-of-life care. It can be used as an opportunity to make people aware of supports that are available to them.
- Medical Assistance in Dying is only available to eligible patients, and cannot be specified in an Advance Directive.

- Medical Assistance in Dying is not the same as palliative or hospice care. Palliative care neither hastens nor prolongs death.
- Medical Assistance in Dying is not withdrawal of medical treatments (for example, dialysis, life-support).
- Further information regarding Medical Assistance in Dying is available on the government and Health Authority websites.

13. What is a MOST?

Definition of term:

> **Medical Orders for Scope of Treatment (MOST)*** – is a document that provides direction to health-care providers about resuscitation and levels of medical treatments for their patients. It must be completed by a doctor, or in some cases Nurse Practitioner.
> (*similar documents include: Provincial No CPR, Goals of Care, or Options for Care)

Ideally, a MOST is completed following Goals of Care Conversations with patients, and uses information from your Advance Care Planning. They are usually used for patients with a serious illness.

Further information

For more FAQs about Advance Care Planning:

http://www2.gov.bc.ca/assets/gov/people/seniors/health-safety/pdf/faqadvancecareplanning.pdf

Any issues or additional questions?

If you have any issues or questions about the above FAQs or come across any FAQs not addressed in this document, please contact the BC Centre for Palliative Care.