

My Advance Care Planning Activity Bundle

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During the process of developing this activity bundle we found inspiration and guidance in many sources, too many to note. Thank you for your inspiration and guidance.



These activities are **not a legal documents** and **cannot be used to provide consent for treatments**. For more information, visit www.advancecareplanning.ca.

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Introduction

What is this activity bundle?

The Advance Care Planning (ACP) Activity Bundle contains activities from the My ACP Guide, featuring 6 flexible and accessible activities designed to support meaningful conversations and planning around advance care planning.

Who is this activity bundle for?

This activity bundle is made for ACP facilitators, health professionals, community educators, individuals who want to complete the activities on their own, and anyone guiding others through the advance care planning process.

How and why should this bundle be used?

Each activity is a standalone tool allowing you to address the specific needs, whether for yourself, your clients, peers or colleagues. By engaging in these activities, you can help people to uncover and clarify their values, wishes, and support networks. This will also help prepare them to communicate their wishes and preferences to others.



Please note that these activities are designed to support the ACP process. These activities are not legal documents and cannot be used to provide consent for treatments.

For more information about your rights and the legal requirements for planning for your future care, visit advancecareplanning.ca/acp-basics/acp-and-the-law/.

My Values and Wishes



Learning About Values

This activity will help you identify your core values and personal wishes.

Instructions

- Reflect on each question in the activity to explore your values and wishes.
- Answer the questions based on how you feel today.

Some Key Terms

Values are the things you believe in that guide your important decisions. Your values will likely stay the same, even as life changes.

Wishes are the things you desire for yourself. These may shift over time as your life moves through different phases and milestones.

Things to Keep in Mind

- Take your time. There is no rush.
- Use the examples to help guide you if you are not sure how to answer the questions.
- Remember, your answers can change in the future.
- You can complete this alone, or with the support of others.



Activity

What is Most Important to Me

- What does a good day look like for you? What do you like to do throughout your day?

For example, being with my best friend and buying yarn. Then, we catch up over coffee and a gooey cinnamon bun.

- Who would you spend time with?

For example, my favourite niece, Suzy and my sister Anika.

- What would you most look forward to doing on a good day? Are there activities, hobbies, experiences or relationships that make you happy?



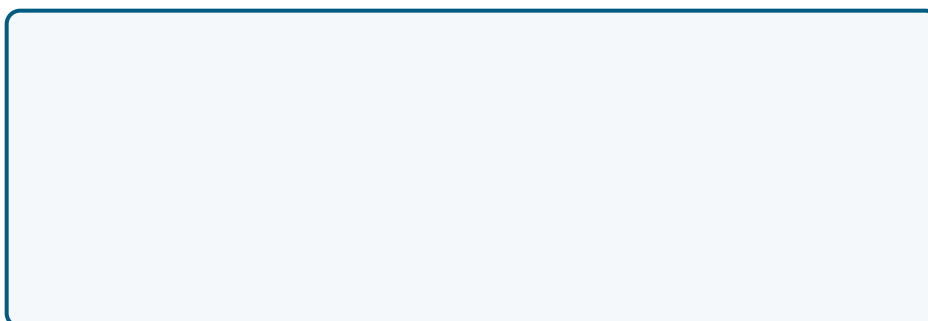
For example, walking along the local river and feeding the ducks or volunteering at my local community centre, I like being outside and being by myself but I also like helping people.

- What do you most look forward to at the end of your day? Are there activities that help you relax?



For example, reading a good book, with a warm blanket and my favourite music playing on the radio.

- What (or who) do you turn to when things are hard?



For example, I always go to my sister, Jill. She is my biggest supporter.

- Do you have any spiritual or religious beliefs or traditions that add meaning to your life?

For example, I find comfort in prayer and meditation.

- What is the most important part of these beliefs and practices for you?

For example, the cultural festivals and ceremonies. The colours, the sounds, the smells are all so exciting.

- How have these beliefs and traditions shaped your choices in the past?

For example, they connect me to my history and my family. They guide me to think about others and be kind.

Now look at what you wrote down. What stands out to you? The things that you have made note of here are probably the things you value most. Use these next questions to help you think about your answers and identify your values.

► When you look at your answers, what do you see?

For example, my friends, reading, being active, quiet time to think and being part of my community.

► Are there other things that matter to you that you have not added?

For example, being able to take care of myself.

► Are there any other traditions that are important to you?

For example, I like to celebrate with my adopted family every year on their birthdays.

► Is there anything else you want to add?

For example, my dog is my best friend, and I always want him taken care of.

Turning Values into Wishes

This activity will help you connect your values to your wishes and preferences for future care.

Instructions

- Reflect on each question in the activity and think about how the values you identified in your first activity relate to the care you would want if you became sick.
- Answer the questions in the activity based on how you feel today.

Some Key Terms

Values are the things you believe in that guide your important decisions. Your values will likely stay the same, even as life changes.

Wishes are the things you desire for yourself. These may shift over time as your life moves through different phases and milestones.

Preferences are the choices you would make for yourself because of your values and wishes.

Things to Keep in Mind

- It's normal to find some questions difficult.
- Take your time and answer as many questions as you feel able, there is no rush.
- You can complete this alone, or with the support of others.
- Your answers might change over time as your situation and feelings change.



You can reflect on these scenarios to help you think about the care you might want:

- What would you want if you were facing an emergency hospital visit?
- What would be most important to you if you had to choose between different treatments?
- What would you prioritize if you were losing your memory or the ability to communicate?
- What would be most important to you if you were losing your mobility?
- How would you feel if you were no longer able to engage in your favourite activities?



It's important to remember that although a change in ability might feel hard, people do adapt and you might not feel the same about a disability once you have lived with it for a while.



Activity

What Matters to Me for My Care

If you were ever to get sick:

- ▶ How much would you want to know about how sick you are and what's going to happen?

nothing

some

everything

Can you share why?

- ▶ Would your answer change if you were unlikely going to get better?

no

maybe

yes

Why do you feel this way?

► Do you find pain hard to handle?

Pick one:

Yes

It depends

No

Can you share more about why?

► How much do you value your privacy?

A little

A lot

Can you share why?

► How much do you value your ability to move around when and how you want?

A little

A lot

Why do you feel this way?

- What would make it feel more enjoyable if you were not able to move around when and how you want?

For example, I would want to be able to draw and read.

- How would you feel if you were not able to express yourself, hear other people, or share your thoughts?

Terrified

Unhappy

Angry

Fine

Frustrated

Other

- If you couldn't express yourself with words, how else would you want to share your thoughts?

For example, I would like to paint or draw

- Are there people you would trust who can help to interpret your body language or mannerisms?

Pick one:

Yes

It depends

No

Could you share why and who?

- Are you comfortable with asking for help?

Pick one:

Yes

It depends

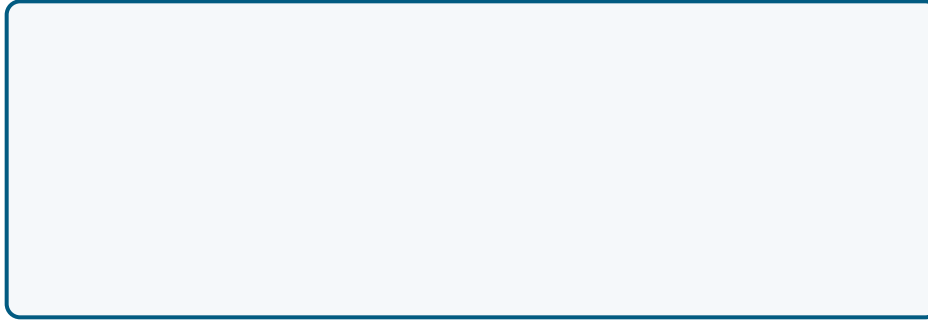
No

Could you share why?

- What kind of support would you like to be given now, or in the future?

For example, I would like help with getting in my wheelchair and sharing my ideas.

- Are there any things you do to take care of yourself or other types of care you use to support your well-being? For example, do you see a naturopath or chiropractor, or do you do yoga or meditate?



For example, I have a naturopath that I have been seeing for 10 years.

Did you want to add anything about why this is important or works for you?



Recording My Wishes

This activity will help you create a clear record of your wishes and preferences. This will help you make sure that everyone involved in your care has access to the same information.

Instructions

- Review your answers from **Activity 1 — What is Most Important to Me** and **Activity 2 — What Matters to Me for My Care**.
- Try to summarize your answers and add them on the following pages.

Some Key Terms

A **record** is a summary of your wishes and preferences. It helps make sure everyone knows what matters most to you. You can make a video or audio recording, or write it down.

Wishes are the things you desire for yourself. These may shift over time as your life moves through different phases and milestones.

Preferences are the choices you would make for yourself because of your values and wishes.

Things to Keep in Mind

- Choose a format that works for you — writing, recording a video, or making an audio note. The most important thing is that your wishes are clear to those who support you.
- You can use this record to share your values and wishes with family members, friends, or healthcare providers who need to understand your preferences.
- Choose a safe and easily accessible spot to store this record.

My ACP Record

My Wishes and Preferences

► These are my favourite activities:

► I enjoy spending time with _____

► I like to start my day by _____

► I like to end my day by _____

► When things get hard I turn to _____

► These are the beliefs and traditions that are important to me:

These are my preferences for my health and personal care:

► I want to know _____ about how sick I am and what will happen.

► If I am unlikely to get better, I would want to know _____



You can print or save this page as your record of your wishes and preferences

My ACP Record

- Being in pain is _____ to me.
- My privacy is _____ to me.
- Being able to move around how I want is _____ to me.
- These things would make it more enjoyable if I could not move around how I want: _____
- Not being able to express myself, hear or share my thoughts would be _____ to me.
- If I could not express myself with words, I would want to: _____
- I would trust _____ to interpret my body language if I could not express myself in words.
- Asking for help is _____ to me.
- I would want support with _____
- I would want my care to include:



You can print or save this page as your record of your wishes and preferences

My Support Network

Who is in My Support Network?

This activity will help you to identify and understand the different roles people have in your life.

Instructions

- Reflect on each question in the activity and think about who you turn to for support during hard times.
- Answer the questions based on how you feel today.

Some Key Terms

Your **Support Network** are the people who are there for you when you need help. This might include family, friends, spiritual or community leaders, healthcare teams, and other professionals.

These people might help you reach personal and professional goals. They might also help when you are sick or need guidance.

Things to Keep in Mind

- Your support network is unique to you. It can be small or large.
- Take your time to answer these questions, there is no rush.
- Use the examples to help guide you if you are not sure how to answer the questions.
- You can complete this activity alone or with the support of others.
- Your answers might change over time as your situation and feelings change.



Activity

Naming My Support Network

- Think of the people and relationships in your life. Can you name the groups of people or types of relationships? Some examples could be family, friends, healthcare providers, or community supports.

For example, family, friends, my church, my healthcare team.

- Who are the people you look forward to seeing, talking to or being around? This could be family members, friends, or mentors. You might write down one name or many.

For example, my neighbour John, he is always smiling and my wife Anya.

► Who do you turn to for:

emotional comfort?

For example, my mom.

physical help?

For example, my brother
Jim.

friendship?

For example, my best
friend Sylvia.

► Are there people in your community who you feel connected to?

For example, I have known my pastor Joseph my whole life. My volunteer support worker is also someone I always like seeing.

► Think about a time that your life was hard.

Who was there to support you?

For example, my best friend Sally and my neighbour Jasper.

Was there anyone else who helped you but is not on your list so far?

For example, my uncle Joe, he gives me rides to the hospital all the time.

Can you share some of the ways that these people supported you?

For example, they brought me food and helped me get to appointments. They also kept me company.

► Do you think we should add anyone else?

For example, Aunt Betty, she is my favourite. She has always helped me.

Now you can use the ACP Record on the next page to make a list of all the people you wrote down. This list is your personal support network. These are the people you can turn to for help.

My ACP Record

My Support Network Summary

Add the names of your support network people here:



You can print or save this page as your record of your wishes and preferences

Choosing My Decision Maker

This activity will guide you in identifying individuals from your support network that could become your decision maker(s).

Instructions

- Begin the activity by reading Mo's story.
- Reflect on each question in the activity and think about who in your support network could take on the role of a decision maker and what qualities you would like a decision maker to have.
- Answer the questions based on how you feel today.

Some Key Terms

A **Decision Maker** is someone you choose to make decisions for you when you are unable to express your wishes for yourself. They may need to support you for either a short or long period of time.

A **Substitute Decision Maker** is an individual you choose to make decisions about your care only if you are unable to make those decisions yourself.

A **Supportive Decision Maker** can provide resources and support that allow you to participate in decisions that affect your life.

Things to Keep in Mind

- The role of a decision maker is to understand your values and advocate for your wishes and preferences.
- Be sure to choose someone who will make decisions about your care based on your wishes and preferences if you are ever unable to express them for yourself.



If you do not legally name someone to be your **substitute decision maker**, your healthcare team will use a legal hierarchy instead. It can look like this:

1. your spouse or partner
2. an adult child
3. your parent
4. your sibling – brother, sister
5. any other relative

The hierarchy might be different where you live. Check in your local area or visit advancecareplanning.ca/acp-basics/acp-and-the-law/ to find out what hierarchy is used.

To begin the activity, let's look at Mo's story.

Mo is driving back to the city after a fun day trip when they get in a car accident. They suffer a lot of injuries and arrive at the hospital unconscious. Emergency doctors need to perform critical surgeries to help them. The surgeries might impact their quality of life. The doctors contact Mo's mother and she gives consent.

When Mo recovers they are upset to find out the choice for the surgery was made by their mother. They have not been in close contact with their mother for many years and Mo's mother does not know what is important to them.



Activity

Choosing My Decision Maker

- If you were in Mo's position, who would you want the doctor to call? **Write down the first 2-3 names that you think of.**

- Looking at the names you wrote down. Do you think they would make choices that you want? **Pick one of the options below.**

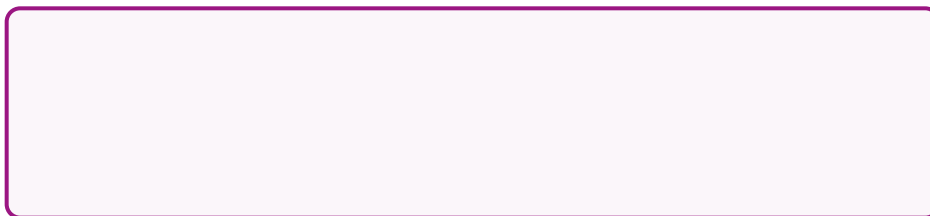
Yes

Maybe

No

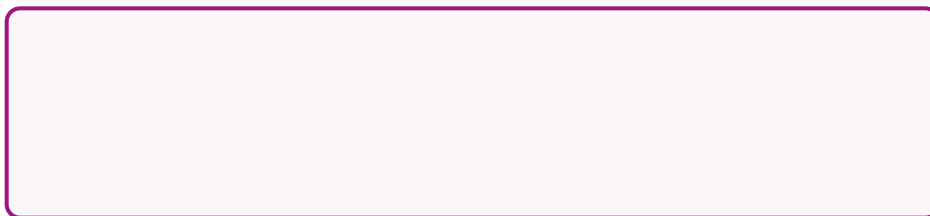
- Is there anyone who you think would do a good job of making choices based on your wishes and everything that they know about you as a person and your preferences?

- What qualities do you want your decision maker to have?

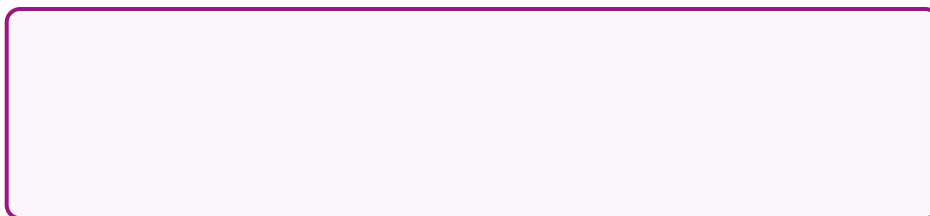


For example, I would want them to be calm under pressure, strong but kind and thoughtful.

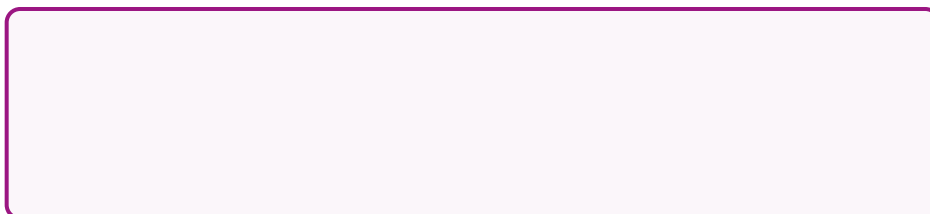
- Looking at the names you have written, who has these qualities?



- Would you add anyone else?



- In the past, who have you asked for advice? Or whose advice have you valued the most?



► Why did their advice help you?

For example, Bob, he is very smart. He made me think about things I had not thought about before.

► Would you want this person to share your health or personal care choices, even if they might affect how you live in the future?

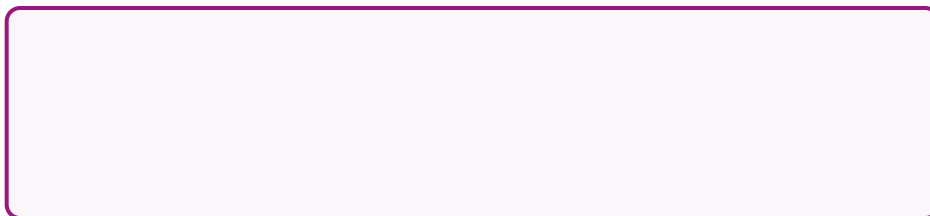
For example, Elliott is really good at not always being stuck in how he thinks.

► Why could they be the right person (people)?

For example, he listens to what I want.

Now it is time to look back at your answers. Who have you written down?
Ask yourself a few final questions.

- Based on your answers in the previous questions, who would you trust to express your wishes and preferences? Is there more than one person?



- Now think about the qualities of this person (these people) and how they deal with hard choices. Are these the qualities that you want in your decision maker(s)?

Pick one:

Yes

Maybe

No

- Do you trust this person (these people) to express your choices if you were ever unable to express them yourself? **Pick one:**

Yes

Maybe

No

Amazing, you have taken a very important step in your advance care planning journey. You will need to ask each of these people if they agree to be your decision maker. Will you be asking them to be a supportive decision maker or a substitute decision maker or both? Make sure you are clear. If someone is not able to take on the role or is not comfortable being your decision maker you may need to find a different person or people.

My ACP Record

My Decision Maker(s)



Remember this is not a legal document and you will need to learn about what legal documents are required in your region to make sure your decision maker(s) is/are legally recognized.

Decision Maker 1

Name: _____

Contact Information: _____

How I know them: _____

Substitute Decision Maker

Supportive Decision Maker

Decision Maker 2

Name: _____

Contact Information: _____

How I know them: _____

Substitute Decision Maker

Supportive Decision Maker



You can print or save this page and keep it with your record of your wishes and preferences

Sharing My Wishes



Sharing My Wishes

This activity will help you plan when, where and how to share your wishes and preferences with the people who need to know.

Instructions

- Review the following questions to help you start planning how you will share your wishes and values with your support network, what you will say and where you will meet.
- Answer the questions based on how you feel today.

Some Key Terms

Sharing is the process of communicating your values, wishes and preferences with your decision maker(s), support network and healthcare team. This makes sure they understand what you want so they respect your choices.

Your **support network** are the people who are there for you when you need help. This might include family, friends, spiritual or community leaders, healthcare teams, and other professionals. These people might help you reach personal and professional goals. They might also help when you are sick or need guidance.

Things to Keep in Mind

- Allow plenty of time for questions and discussion.
- It's okay to ask for help or support if you feel unsure about sharing.
- Be ready to meet more than once to give everyone time to process and ask questions.



Activity

Sharing My Wishes and Preferences

► Who are you sharing with?

For example, my husband James and my sister Zahra.

► Will you have anyone come with you to support you?

For example, my social worker Zaina.

► Where would be a good place for you to meet?

For example, I will invite them to our local park. It is quiet, peaceful, and calm.

► When would be a good time to meet?

For example, Saturday morning around 10am, so that we are not feeling rushed.

► What will you bring with you?

For example, I will bring this guide, and my record of my wishes and preferences.

► How will you get started?

For example, I will use my text to voice tablet and have it say, "I have been thinking about what matters to me and I wanted to share it with you."

Sharing With My Healthcare or Social Support Team

This activity will help you prepare to share your wishes and preferences, including how your care might affect your quality of life, with your healthcare or social support team.

Instructions

- Review the following questions to prepare how you will talk to your healthcare or social support team.
- Answer the questions based on how you feel today.

Some Key Terms

Quality of Life is your personal sense of health, wellness, and comfort. Your own individual definition of quality of life may have a very different meaning depending on your culture, abilities, and other factors.

Your **Healthcare and Social Support** team are the people in your life who help you with your health and well-being. This could include your doctor, nurse, counselor, peer support advisor, personal support worker, or others who provide care and guidance.

Things to Keep in Mind

- Being open and honest will help your team understand your wishes and preferences.
- Bring any relevant documents or notes to your appointment or session.
- Don't hesitate to ask questions for clarification.
- Be a partner in your care. Work with your team, ask for their help, and make sure they know your preferences may change.



Activity

Sharing with My Healthcare Team or Social Support Team

- ▶ What part of your wishes and preferences do you want to share with your healthcare and social support team?

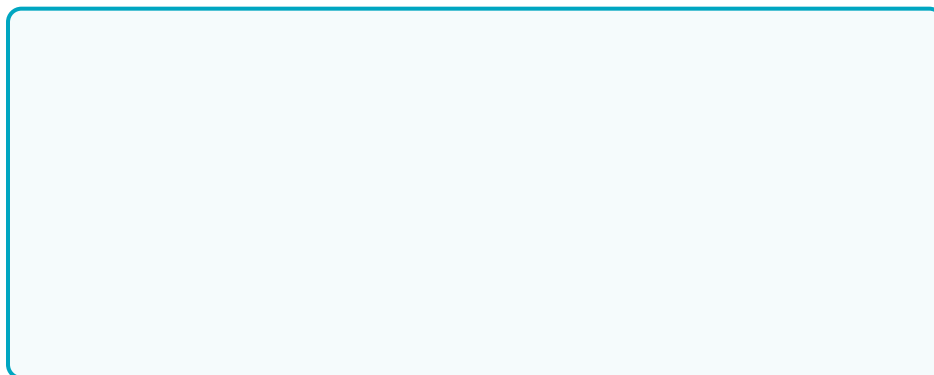
For example, my privacy is very important. Being able to move around is really important to me. My decision makers are my friend, John and my wife, Susan.

- ▶ Do you have any questions for your healthcare or social support team? Maybe you want to know more about your diagnosis, treatment options and what you can expect. Maybe you want to know how they feel about your preferences.

For example, what will happen if my illness gets worse? Will my treatment make it harder for me to move easily?

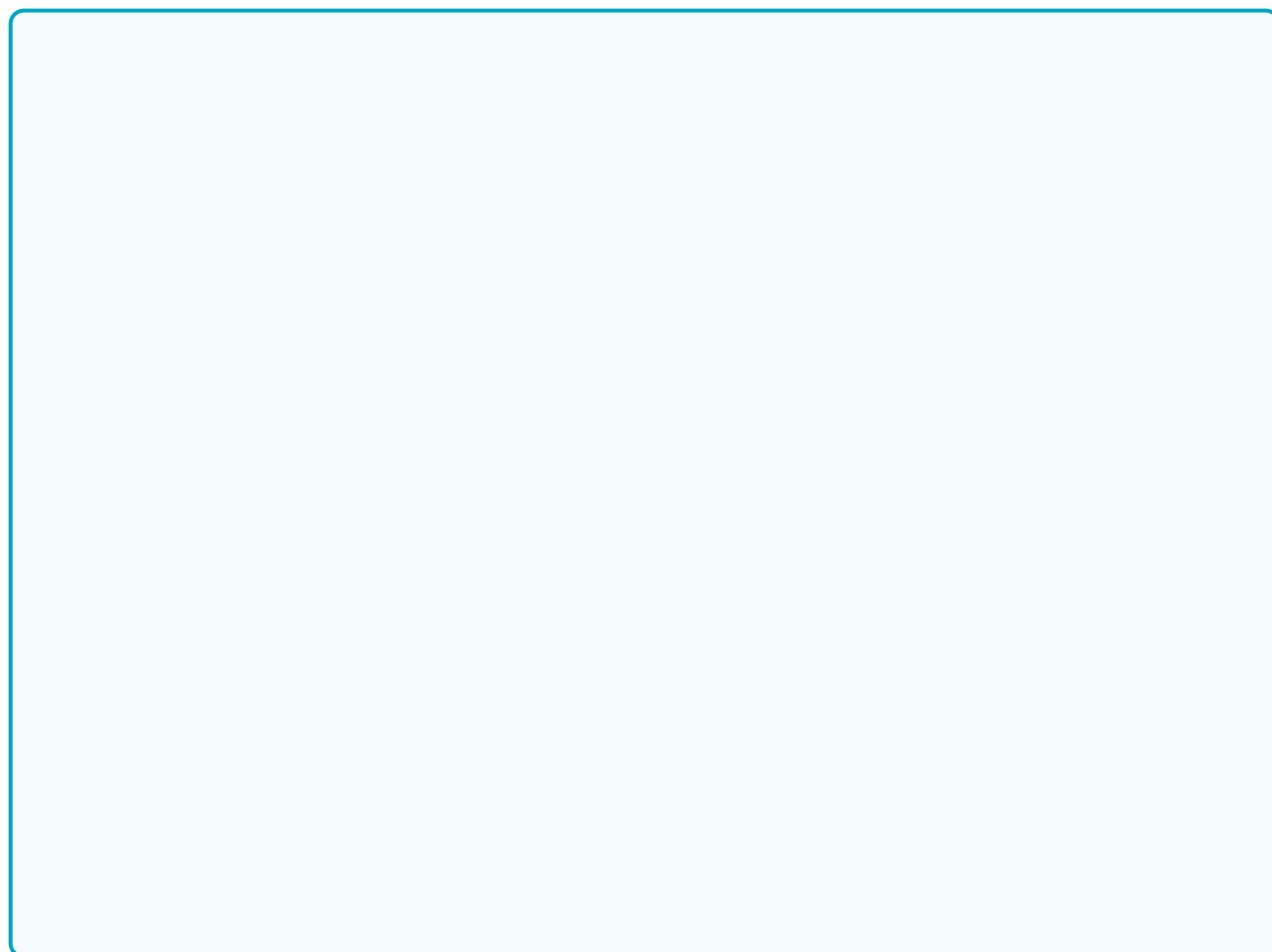
Would you be comfortable with me choosing not to have a treatment that would affect how I live my day-to-day life?

- How will you start your conversation with your healthcare or social support team?



For example, I will share that I have been making my advance care plan and I want them to know about my wishes and preferences.

This space is for you to use to make notes about what you shared and the answers you were given:



Thank You

Thank you for going on this journey with us.

If you enjoyed using this activity bundle to make your advance care plan, please let us know. We want to hear from you and learn how we can do better to meet your advance care planning needs.

You can connect with us in a few ways:

E-mail: info@advancecareplanning.ca

Mailing address:

Advance Care Planning Canada
c/o Canadian Hospice Palliative Care Association
M332 – 1554 Carling Ave
Ottawa, ON K1Z 7M4

Telephone: 613-241-3663 or 1-800-668-2785 (toll free)

For more information about advance care planning please visit our website at: advancecareplanning.ca