

**RESIDENT/SDM/FAMILY
QUESTIONNAIRE:**



SPA-LTC
Strengthening a Palliative Approach
in Long-Term Care

A Palliative Care Conference has been scheduled for _____ on _____
Date Name of Resident

This Conference will be facilitated by _____
Name of Facilitator

Please complete this questionnaire and return it to the facilitator before the conference if possible.

Today's date is: _____ My name is: _____

Please select one of the following.

- I am a resident living in this long-term care home
- I am the substitute decision maker (SDM) for a resident living in this long-term care home
- I am a family member/friend of a resident living in this long-term care home but not a substitute decision maker

1. What are the **main issues/concerns** for you at the moment?

2. What **questions** would you like answered at the care conference?

3. **How upset/worried are you about these concerns?** Please circle the correct number if '1' is Not at all' and '10' is as worried as I could possibly be'.

1	2	3	4	5	6	7	8	9	10
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Not at all

Neutral

As worried as
I could possibly be

FREQUENTLY ASKED QUESTIONS for FAMILIES



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What is a palliative approach to care?

- Support of people who are suffering from illness with no cure
- Aim is to maximize quality of the person's life, manage symptoms and meet complex needs

Am I dying/or is my family member dying very soon?

- People receiving 'Palliative Care' often live for months and sometimes years
- 'Terminal phase' of illness may mean persons are expected to die in days or weeks

What is a Palliative Care Conference?

- Meeting held between a capable resident and their healthcare team, which ideally (with permission of the resident) would include their future SDM, and their family
- To provide a safe environment to discuss issues and questions about current, future and end-of-life care
- To have goals of care conversations while prioritizing your values, beliefs, and wishes about treatments and quality of life
- To prepare and obtain informed consent for a plan of treatment for the resident

Common Topics

- Current health (ex. eating, mobility, recreation, pain, breathing)
- Possible progression of health condition, what to expect over next few months and what care will be provided
- Goals of care concerning end-of-life care and treatment (ex. pain free, music, visitors, rituals)

Who from your family should attend?

- You (the resident) must be present if you are mentally capable to make health care decisions. If you are not mentally capable, then your SDM must be present
- Any concerned family member or friend can attend if you/your SDM agree

Will I/my SDM be asked if we agree with the new treatment plan?

- **YES**, informed consent from you/your SDM is required **BEFORE** a treatment plan begins
- Know the risks, benefits, side effects, alternatives to the care/treatment proposed, choices if you/your SDM do not agree to the plan. It is your right to have any questions answered

May I/my SDM make changes to the treatment plan in the future?

- You/your SDM have the right to make changes at any time even after consent
- With health changes, the treatment plan may change which will require your consent

Hierarchy of SDMs: For Ontario - Health Care Consent Act s. 21, see:

<https://www.speakupontario.ca/wp-content/uploads/2018/07/ACE-Tip-Sheet-2-Hierarchy-of-SDMs-Final-April-9-2016.pdf>

1. Guardian of the Person with authority for Health Decisions
2. Attorney for personal care with authority for Health Decisions
3. Representative appointed by the Consent and Capacity Board
4. Spouse or partner
5. Child or Parent or CAS (person with right of custody)
6. Parent with right of access
7. Brother or sister
8. Any other relative
9. Office of the Public Guardian & Trustee