

Your Conversation Starter Kit

When it comes to end-of-life care, talking matters.





The Conversation Project is dedicated to helping people talk about their wishes for end-of-life care.

We know that no guide and no single conversation can cover all the decisions that you and your family may face. What a conversation can do is provide a shared understanding of what matters most to you and your family/friends. This can make it easier to make decisions when the time comes.

NAME	
DATE	

HOW TO USE THE STARTER KIT

This Starter Kit doesn't answer every question, but it will help you get your thoughts together, and then have the conversation with your family members and friends.

You can use it whether you are getting ready to tell someone else what you want, or you want to help someone else get ready to share their wishes.

Take your time. This kit is not meant to be completed in one sitting. It's meant to be completed as you need it, throughout many conversations.

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Why talking matters

Sharing your wishes for end-of-life care can bring you closer to the people you love. It's critically important. And you can do it. **Consider the facts:**

90% of people say that talking with their loved ones about end-of-life care is important.

27% have actually done so.

Source: The Conversation Project National Survey (2013)

60% of people say that making sure their family is not burdened by tough decisions is extremely important.

56% have not communicated their end-of life wishes.

Source: Survey of Californians by the California HealthCare Foundation (2012)

80% of people say that if seriously ill, they would want to talk to their doctor about wishes for medical treatment toward the end of their life.

7% report having had this conversation with their doctor.

Source: Survey of Californians by the California HealthCare Foundation (2012)

82% of people say it's important to put their wishes in writing.

23% have actually done it.

Source: Survey of Californians by the California HealthCare Foundation (2012)

One conversation can make all the difference.

Step 1 Get Ready

You will have many questions as you get ready for the conversation. **Here are two to help you get started:**

?	have the conversation?			
?	Do you have any particular concerns that you want to be sure to talk about? (For example, making sure finances are in order; or making sure a particular family member is taken care of.)			

REMEMBER:

- You don't need to have the conversation just yet. It's okay to just start thinking about it.
- You can start out by writing a letter—to yourself, a family member, or a friend.
- You might consider having a practice conversation with a friend.
- Having the conversation may reveal that you and your family members or friends disagree. That's okay. It's important to simply know this, and to continue talking about it now—not during a medical crisis.
- Having the conversation isn't just a one-time thing. It's the first in a series of conversations over time.

Step 2 Get Set

What's most important to you as you think about how you want to live at the end of your life? What do you value most? **Thinking about this will help you get ready to have the conversation.**

(Fo	ow finish this sentence or example, being able to th excellent nursing car	to recognize my	children; being in t	the hospital	
Sharing your "what matters to me" statement with your family member or friends could be a big help down the road. It could help them communicate to your doctor what abilities are most important to you—what's worth pursuing treatment for, and what isn't.					
Use the Select t	e scales below to figure the number that best re	presents your fe			
As a pa	atient, I'd like to know		4	○ 5	
Only the basics about my condition and my treatment		<u> </u>	All the details about my condition and my treatment		
As doctors treat me, I would like					
1	2	3	4	5	
-	itors to do what ink is best			have a say in every decision	

If I had a te	rminal illness, l w	ould prefer to		
1	2	3	4	5
Not know how quickly it is progressing			Know my doctors best estimation for how long I have to live	
	t your answers. ind of role do you	want to have in th	e decision-making	process?
TTTGE K				p. 50033.
How long d	o you want to rec	eive medical car	e?	
1	2	3	4	5
Indefinitely,	no matter		Qua	ality of life is
how uncomposite treatments a			more important to me than quantity	
·····		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	·····
What are yo	our concerns abo	ut treatment?		
1	2	3	4	5
I'm worried				d that I'll get
get enough care			overly agg	ressive care
What are ve	our preferences a	hout where you	want to he?	
	2		4	5
I wouldn't m	ind spending		l want t	o spend my
my last days in a health care facility			last da	ays at home
	t your answers. o you notice abou	t the kind of care y	ou want to receive	<u>:</u> ?

Hov	w involved d	lo you want yoເ	ır family men	nbers or friends to k	e?
	1	2	3	4	5
frie saic				I want my family n friends to do what b peace, even if it g wh	orings them
• • • •	• • • • • • • • • •	• • • • • • • • • • • • •	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •
Wh	en it comes	to your privacy	-		
	1	2	3	4	5
	en the time c int to be alor			I want to be s by my famil	
Wh.	en it comes	to sharing info	rmation	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •
	1			△ 4	5
Ldo	n't want my t	_		—	
mei	n't want my f mbers and fr w everything lth	iends to		those close to n everything abou	_
?	What role d		bers or friends	er or friends to play? s know what you war	•
1. 2.	want your		and/or docto	nportant things that ors to understand a f-life care?	
3.					

Step 3 Go

When you're ready to have the conversation, think about the basics.

WARK ALL ITAT APPLY.			
? WHO do you want to talk to?			
	 Faith leader (Minister, Priest, Rabbi, Imam, etc.) Friend Doctor Caregiver Other: 		
WHEN would be a good time to ta	lk?		
 The next holiday Before my child goes to college Before my next trip Before I get sick again 	 Before the baby arrives The next time I visit my parents/ adult children At the next family gathering Other: 		
? WHERE would you feel comfortab	le talking?		
At the kitchen tableAt a favorite restaurantIn the car	Sitting in a parkAt my place of worshipOther:		
On a walk			
? WHAT do you want to be sure to so If you wrote down your three most if you can use those here.	mportant things at the end of Step 2,		

How to start

Here are some ways you could break the ice: "I need your help with something." "Remember how someone in the family died—was it a 'good' death or a 'hard' death? How will yours be different?" "I was thinking about what happened to , and it made me realize..." "Even though I'm okay right now, I'm worried that , and I want to be prepared." "I need to think about the future. Will you help me?" "I just answered some questions about how I envision the end of my life. I would like to share my answers with you. And I'm wondering what your answers would be." What to talk about: ☐ When you think about the last phase of your life, what's most important to you? How would you like this phase to be? Do you have any particular concerns about your health? About the last phase of your life? ☐ What affairs do you need to get in order, or talk to your family or friends about? (Personal finances, property, relationships) ☐ Who do you want (or not want) to be involved in your care? Who would you like to make decisions on your behalf if you're not able to? (This person would be your substitute decision-maker.) Would you prefer to be actively involved in decisions about your care? Or would you rather have your doctors do what they think is best? Are there any disagreements or family tensions that you're concerned about? Are there important milestones you'd like to be there for, if possible? (The birth of your grandchild, your 80th birthday.)

Where do you want (or not want) to receive care? (Home, nursing facility, hospital)
 Are there kinds of treatment you would want (or not want)? (Resuscitation if your heart stops, breathing machine, feeding tube)
 When would it be okay to shift from a focus on curative care to a focus on comfort care alone?
 This list doesn't cover everything you may need to think about, but it's a good place to start. Talk to your doctor or nurse if you'd like them to suggest more questions to talk about.

REMEMBER:

- Be patient. Some people may need a little more time to think.
- You don't have to steer the conversation; just let it happen.
- Don't judge. A "good" death means different things to different people.
- Nothing is set in stone. You and your family members or friends can always change your minds as circumstances change.

- Every attempt at the conversation is valuable.
- This is the first of many conversations—you don't have to cover everyone or everything right now.

Now, just go for it! Each conversation will empower you and your family members and friends. You are getting ready to help each other live and die in a way that you choose.

Step 4 Keep Going

Congratulations! You have had "the conversation" — hopefully, the first of many. You can use the following questions to collect your thoughts about how your first talk went, and to think about what you'd like to talk about in future conversations. Is there something you need to clarify that you feel was misunderstood or misinterpreted? Who do you want to talk to next time? Are there people who should hear things at the same time (like siblings who tend to disagree)? How did this conversation make you feel? What do you want to remember? What do you want your family members and friends to remember? What do you want to make sure to ask or talk about next time?

Now that you have had the conversation, you're ready to think about **completing two important documents** to make sure your wishes are clearly stated — and respected when the time comes.

A Power of Attorney for Personal Care

A Power of Attorney for Personal Care is a written document in which you name someone (or multiple people) to be your "attorney" or **substitute** decision maker (SDM) to provide consent for your care should you become incapable of making decisions for yourself. This document is only valid if you sign it voluntarily, in the presence of 2 witnesses and if you are mentally capable at the time of signing. Your SDM is obligated to take your wishes and preferences into account when making decisions about your care. In Ontario, someone will be appointed to act as your SDM even if you did not complete a Power of Attorney for Personal Care according to the following ranked order: the Power of Attorney(s) you appointed; a representative appointed by the Consent and Capacity Board (your friends of family may apply to be your SDM to the Consent and Capacity Board (1-800-461-2036)); a spouse/co-habitating partner of one year or more; an adult child or adult children; a parent who has a right to access; a sibling(s); any relative by blood, marriage or adoption, or a Public Guardian and Trustee. A Public Guardian and Trustee will be appointed if no person in your life falls under any of the categories listed.

A Continuing Power of Attorney for Property

An Attorney for Personal Care only makes decisions surrounding your care. A person can only have authority over your finances and property if you name them on a different document called a Continuing Power of Attorney for Property. This document gives someone the legal authority to make decisions about your finances including your house, investments, and bills. It must be completed in writing when you are mentally capable, and signed by two witnesses.

Every Province has its own legal requirements and guidelines around advance care planning.

For more information about Ontario see:



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