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ADVANCE CARE PLANNING

OACCAC panel

Health Care Consent and Advance Care Planning

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Objectives:

- Health Care Consent/Advance Care Planning
  - ➢Set Ontario Context for HCC ACP
- CBI/We Care
  - ➢Recognized need
  - ➢National Hospice Palliative Care stats
  - ➢Advance Care Planning toolkit overview

Health Care Consent - Advance Care Planning Community of Practice (CoP)

- Create opportunities to influence policy and system issues related to Health Care Consent (HCC) and Advance Care Planning (ACP)
- Enhance awareness and understanding of HCC and ACP with an Ontario specific perspective (includes creation and promotion of education materials aligned with this vision)
- Create an active and engaged CoP advancing goals and providing leadership related to HCC ACP

Speak Up

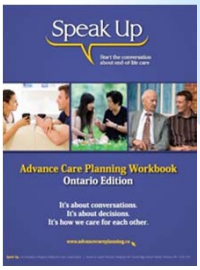
- National advance care planning campaign
- Advance Care Planning Day – April 16
  - -National and Provincial/Territorial Declarations
- Provides a web portal with resources for the public, professionals and community organizations/agencies

Speak Up Campaign

National Speak Up Campaign

Web site and resources for:
- Patients and families
- Professionals
- Community organizations / agencies / programs
- Researchers

* Resources posted on this site are not necessarily Ontario specific. Please consider this when using the site. (provincial perspectives needed to vet materials)



www.advancecareplanning.ca

Key Points - HCC and ACP for Ontario

- Under Ontario law, "advance care planning" is part of health care consent
- Ontario law is different from other provinces or territories. Ontario emphasises informed consent even where a patient has engaged in the process of "advance care planning".
- Persistent misconceptions in Ontario about the relationship between health care consent and advance care planning exist.

Advocacy Centre for the Elderly - May 2014

Key Points - HCC & ACP for Ontario

- Many health care organizations were found to be using legally incorrect forms and policies

**Use of incorrect forms, language and policies cause confusion and does not cue or help health practitioners understand informed consent at the time of treatment even if there is an "advance care plan."

Advocacy Centre for the Elderly - May 2014

Report for the Law Commission on HCC and ACP

- Advocacy Center for the Elderly with the law firm of Dykeman Dewhirst O'Brien LLP has prepared a report for the Law Commission of Ontario.
- The report reviews health care consent and advance care planning by health practitioners and organizations in the province of Ontario.
- Report can be accessed at: http://lco-cdo.org/en/capacity-guardianship-commissioned-paper-ace-ddo

Advocacy Centre for the Elderly - May 2014

The Review

- The report reviews and summarizes the law in Ontario on health care consent and advance care planning;
- Compared Ontario law with other jurisdictions. (in Canada, US, England & Australia)
- Reviewed documents advising health practitioners and institutions: such as the CPSO, CNO, CHPCA, etc.
- Surveyed some institutional forms and practices and conducted focus groups with health practitioners, lawyers, and seniors' groups

Advocacy Centre for the Elderly - May 2014

Review - Health Care Consent - Ontario

Health Care Providers must get consent or refusal of consent to any treatment (except in an emergency)

- From the person if capable
- Or the Substitute Decision Maker(s) [SDM(s)] if the person is not capable

Health Care Consent Act 1996 (HCCA)

Health Care Consent

- Health practitioners have a duty to communicate with patients (or the incapable patient's substitute decision-maker) about the patient's present condition (set context) and the available treatment options
- Consent ALWAYS comes from a person, not a piece of paper in Ontario
- Consent relates to the treatment, is informed, is given voluntarily and not obtained through misrepresentation or fraud

Advocacy Centre for the Elderly - May 2014

Informed Consent

- Context
- Nature of the treatment
- Expected Benefits
- Material Risks
- Material side effects
- Alternative course of action
- Likely consequences of not having the treatment

Health Care Consent Act 1996 (HCCA)

The Health Care Practitioner:

- Must provide information in a way that the person or SDM(s) can understand it
- Must apply the "Reasonable Person Standard"
- Must answer any additional requests for information
- Must ensure the person understands and appreciates the consequences of a decision each time a treatment is proposed (capacity)
- Must know the hierarchy of substitute decision makers

Health Care Consent Act 1996(HCCA)

Consent must relate to a current illness

A capable person can give an informed consent to a treatment that will take place or be withheld in the future if the decision for that treatment is relevant considering the person's **present health condition.**

This is not Advance Care Planning; this is Consent

Health Care Consent Act 1996 (HCCA)

Review - Role of the Health Care Provider in HCC

- Inquire about goals, values, beliefs
- Clarify understanding of the diagnosis
- Provide information
- Discuss prognosis; treatment/care outcomes
- Provide information on the **proposed** treatment (nature, benefits, risks, side effects, alternative courses of action and consequences of not having the treatment)
- Answer any questions

"Advance Care Planning"

- A **process** of reflection and communication
- The communication of **wishes** (verbal, written or otherwise)
- A way to let others know your future health and personal care **wishes**
- The consideration of who will speak for you when you are no longer capable of directing your care (SDM)

Health Care Provider Role in "ACP"

- Promote the process of reflecting on values, beliefs and goals.
- Discuss why/when someone might complete a POAPC.
- Provide information on hierarchy of future SDM(s) (determine if the hierarchy will meet the person's needs).
- Clarify role of SDM(s)
- Provide health and treatment information.

Consent vs. Wishes

- Health Care Professionals must get informed **consent** (from the person if capable or the SDM(s) if not capable). Consent is related to specific care or treatment(s) offered in relation to a **current** health condition.

- **Wishes** are **not** consent (guides SDM's)
  a) Based on "if" scenarios (speculations) – "If I have a terminal condition.." "If I am in pain.." "If I have dementia…" "If that happens to me.."
  b) May relate to a known condition (ALS, Alzheimer's etc.)
  c) Based on beliefs, values and goals

Adapted from: Advocacy Centre for the Elderly November 2012

CBI/We Care's approach to Advance Care Planning

CBI/We Care

* We Care Health Services, since 1984
* CBI purchased WC in September 2013
* CBI Health Group / We Care Home Health Services- offer integrated community-based services
* Variety of settings and age groups in both private and publicly funded systems
* Over 800 communities across Canada
* 7000+ staff across Canada assist clients to achieve maximum independence, function and related quality of life by addressing each individuals unique challenges and needs
* Ability to integrate services in community health with both our 160 outpatient clinics and our home health coverage across Canada. Allow clients better access and help to improve health outcomes.

Identifying the Need

According to the Canadian Hospice Palliative Care Association,

86% Percentage of Canadians who have not heard of advance care planning.

57% * Percentage of palliative care patients in Ontario who are cared for by a spouse/partner

Cost of providing palliative care to one person in hospital

$19,000

VS.

Cost of providing palliative care to one person in their home

$4,700

$46 million

*Estimated savings to the government of Ontario if half of palliative care patients were moved from acute care to home care settings.

Creating awareness and speaking the same language

Toolkit objectives:

* Demonstrate awareness and understanding of ACP specific to the province working in
* Understand impact of culture and religion on ACP
* Model effective communication skills and professionalism when discussing sensitive matters with clients and family members/support persons
* Understand wishes of the client/family and share with members of the health care team (where appropriate)
* Identify Client's ACP (wishes) statement (where appropriate) and understand how this will impact care delivery
* Summarize policy and procedure involved with ACP and structure service delivery/client care accordingly

Toolkit Contents

1. Policies and Procedures

*Advance Care Planning (wishes) → Goals of Care

*Expected death in the home

*Unexpected death in the home

*DNR

2. Glossary of Terms

*CPR, Comfort measures, End-of-Life, Health care professional, Informed consent, Life support, Life-limiting illness, Palliative care, Power of Attorney for Personal Care (POAPC), Substitute Decision Maker (SDM), Terminal Illness, Ventilator (provincial specific terms required)

3. Training content :

- Definition of advance care planning/advance directives (province specific – Ontario – wishes/informed consent)
- Difference between advance care planning and advance directives (where appropriate) Ontario – plans of treatment, care plans & wishes
- SDM
- Who can be an SDM (hierarchy of SDM's in Ontario)
- POA
- Making the plan/directive legal in provinces where appropriate. In Ontario understanding health care consent, plan of treatment and communication of wishes

3. Training content cont.:

- Who should have advance care planning/advance directives/plans of treatment
- Why a client requires advance care planning/advance directives/plans of treatment
- When should advance care planning/advance directives/plans of treatment be used
- Healthcare consent
- Differences across provinces
  - Eg. Ontario: POAPC (personal care)

3. Training content cont.:

- Definition of a Living Will (province specific)
- Maintenance and safe keeping of an advance care plan/living will/written communication of wishes. (province specific)
- When wishes or plans are NOT to be followed
- The health care provider's role within HCC and ACP (province specific)
  - Communication
  - Documentation
  - Client and family support

Toolkit Contents

4. Power point training slides

a) For the Unregulated Care Provider

b) For the registered staff member

5. Resources (company and provincial examples)

- We Care's Caregiver guide
- Speak-up Campaign- ON
- My Voice, Expressing my wishes for future healthcare treatment care planning guide-BC

Questions?