

Advance Care Planning Conversation Guide

Name: _____

Today's Date: _____
MM DD YYYY

This document serves to record wishes, values and beliefs for future healthcare.
It is NOT consent for treatment.

1. UNDERSTANDING

Based on previous discussions with healthcare providers, what do you understand about your health or illness if you have any? What have you been told about your illness? What do you expect to happen in the future? (E.g. Do you expect to get better, be cured, or is your illness expected to get worse over time? Do you think you may develop difficulty with memory, swallowing, walking or other things that are important to you?)

2. INFORMATION

What information about your illness that you don't know would be helpful or important for you to know? Is there information about your illness that you don't want to know?

3. VALUES, BELIEFS & QUALITY OF LIFE

What brings quality to your life? What do you value, or what is important in your life that gives it meaning? (E.g. being able to live independently, being able to recognize important people in your life, being able to communicate, being able to eat and taste food, spending time with friends and family etc.)



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4. WORRIES & FEARS

Think about the care you might need if you have a critical illness or if you are near the end of your life. What worries or fears come to your mind? (E.g. struggling to breathe, being in pain, being alone, losing your dignity, depending entirely on others or being a burden to your family and friends, being given up on too soon etc.)

5. TRADE OFFS

If you have a critical illness, life support or life extending treatments might be offered to you with the chance of gaining more time. Think about what brings quality to your life and what you value:

- What would you be willing to trade for the chance of gaining more time or more of what's important to you? (E.g. would you trade the ability to communicate, the ability to interact with others, the ability to control of your bodily functions)
- Or are the burdens of these treatments acceptable to you if there is even a slight chance of gaining more time?
- Do your thoughts or feelings change if your condition was permanent or if there was little or no chance of recovery

6. NEAR THE END

If you were near the end of your life, what might make the end more meaningful or peaceful for you? (E.g. family and friends nearby, dying at home, having spiritual rituals performed, listening to music etc.)

