Hospice Waterloo Region | Advance Care Planning Conversations Worth Having

HPC Consultation Services Waterloo Wellington

Communication Tips

Decision-making for capable resident & the future SDM(s):

Remind SDM(s) of their future potential role in making health care decisions on behalf of their loved one and that conversations have been shown to help both the resident and the family

- Encourage conversation between the capable resident and the current SDM(s)
- Encourage the SDM(s) by normalizing how the conversation is for everyone
- Gently remind them that having the conversations end of life care isn't an intrusion or unkind. You can frame this by focusing on how it may be the best way to promise your loved one that you will be there for them
- Encourage them to listen carefully and respectfully, acknowledge any worries, fears and wishes that may arise and promise to be their voice if they become unable
- Often it can be helpful for both the future SDM(s) and the resident to share their wishes, values, and beliefs with each other
- Some examples of reflective questions for conversations between capable residents and their SDM(s) include: [1]
    - **What makes my life meaningful? (e.g.,** spending time with family and friends, being able to practice my faith, etc.)
    - **What do I value most about my mental and physical wellbeing? (e.g.,** being able to recognize others; having family and friends nearby etc.)
    - **What would make prolonging my life unacceptable for me? (e.g.,** not being able to communicate with others; being a burden to family members, etc.)
    - **When I think about dying, I worry about certain things happening** (e.g., Being in pain; struggling to breathe; being alone; losing my dignity, etc.)
    - **If I were nearing death, what would I want to make things more peaceful for me? (e.g.,** Family and friends nearby; being able to die at the LTCH being cared for by staff I know; having spiritual support, etc.)

For SDM(s) active in the role:

- Rather than asking the SDM(s) what <u>they would want done</u> for their loved one, ask **what their loved one would want for themselves if they were able to say?** This places the ownership of the decision where it should be: with the resident
- Gently remind the SDM(s) they are the *messenger* of the resident's wishes because they have intimate knowledge of him/her. Their role is to convey what they feel the resident **would have said** rather than deciding about their care
- Helpful phrases might include:
    - "If she could come to the bedside as healthy as she was XXX (add a time reference e.g. when they were admitted etc.), and look at the situation for herself now, what would she tell us to do?
    - "If you had in your pocket a note from him telling you what to do under these circumstances, what would it say?"
    - "If you could hear your Mom's voice now, what would she be saying?"
    - "I know you're being asked to make some very difficult choices about care, and it must feel that you're having to make life-and-death decisions." "You must remember that this is not a survivable condition, and none of the choices you make can change that outcome. "We are asking for guidance about how we can ensure that we provide the kind of care that he would have wanted at this time."

[1] It's all about Communication. Dr. Mike Horlos. Medical Director of Palliative Care, Winnipeg Health Region
[2]Speak Up Ontario - http://www.speakupontario.ca