Making Decisions About Your Care

What to Expect

When diagnosed with a life-changing illness that may get worse over time, you will need to make decisions about your care. It can be overwhelming to think about your options for treatment and your care.

Here are some questions to ask your health care team:

- What is the purpose or goal of my treatment?
  - To cure my illness?
  - To help with pain and symptoms?
  - To slow the spread of cancer?
- What effect will the treatments have on my illness? Can I expect to get better?
- What is the pain management plan for in hospital or at home?
- What will I need to put in place if I wish to stay at home?
- How long can I expect to live at home before I may need to move for more advanced care (e.g., hospice)?
- Where is the nearest nursing care facility (e.g., hospital or hospice) to my community?
- Is there any financial support for family to visit me in nursing care?
- Are there any financial supports for home care (e.g., nurse or personal support worker)?
- What would happen if I decided to stop treatments?
- What should I expect in the next 6 months, 1 year, and 5 years?
- Will this illness affect my ability to live independently? To walk? My memory?
- What possible major changes should my family and I be prepared for?
- What should I know about my future care needs that can be planned for now?

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Advance Care Planning: Your future care

Advance Care Planning involves identifying your substitute decision-maker and discussing your wishes, values, and beliefs with them. A substitute decision-maker is the person who is legally allowed to make health care decisions for you when you are not mentally capable (able) to make your own health care decision.

- In Ontario, everyone has an automatic substitute decision-maker.
- For most people, their substitute decision-maker will be their closest living relative.
- If you want to choose a specific person to be your substitute decision-maker, then you have to complete paperwork that is called the power of attorney for personal care. Once completed, the attorney for personal care has more authority in decision-making than an automatic substitute decision-maker.

Advanced Care Planning can be done when someone is healthy and before illness occurs. It is easier to talk about your wishes and preferences for future care when you have the energy and are not overwhelmed by illness and treatment decisions. You may also want to let a close family member or friend know your final wishes for details, such as the funeral, burial, and end-of-life Traditional Ceremonies you would like.

This helps prepare your substitute decision-maker to make future care decisions for you if you do not have the ability to do so yourself. A person's ability to make decisions for themselves can change over time, especially if their health gets worse.

Goals of Care: Your current care

Your health care providers will have a goals of care conversation with you to understand your values, wishes, and goals for your care. These conversations are to make sure that you have all the information you need to understand your illness and treatment options. That way, you will be prepared to either give consent (permission) or refuse a treatment option. It is important to understand that a goal for care is not the same thing as consent. Consent happens once a treatment is offered to you.

These conversations are also to make sure that your health care providers know about your goals, values, and wishes to ensure that they align with your treatment decisions. Make sure to share your goals with your substitute decision-maker. An Indigenous Patient Navigator or an Indigenous Cancer Navigator can help support you and your family in having these discussions.

You can set any goals you want based on what is important to you. It might be things like keeping up with your social life, going to an important family function, staying independent for as long as possible, or integrating Ceremony and Traditional Healing Practices into your care or treatment plan.

Talk about your goals often. You can change your goals at any time.

Treatment Decisions and Informed Consent

In Ontario, anytime a health care provider offers you treatment, you or your substitute decision-maker must give informed consent (permission) for that treatment. Informed consent (permission) may be explicit (verbal or written) or implied.

To get your informed consent (permission), health care providers must give you information about:

- What is involved in the treatment
- Expected benefits, risks, and side effects
- Any different treatment options, including clinical trials
- What may happen if you refuse the treatment

Your health care providers will then help you make the treatment decision based on your wishes and goals of care. An Indigenous Patient Navigator or Indigenous Cancer Navigator can support you and your family with these conversations.

Your treatment decisions are used to create a plan of treatment. Not everyone wants or needs the same type of treatment. You will decide with your health care providers what is right for you.

A plan of treatment explains the treatment decisions you make with your health care providers. It is based on your goals of care and includes information about the treatment you may need and what treatment you would want or not want based on your current illness.

If you have questions about your treatment or want a copy of your plan of treatment, talk to your health care provider. It is important that you understand every part of your treatment and get the support you need.

Resources

Indigenous Cancer Navigators can support you and your family along the cancer journey.

» **cancercareontario.ca/en/find-cancer-services/indigenous-navigators**

Indigenous Patient Navigators can support you and your family to navigate the health care system. Ask your health care provider if there is an Indigenous Patient Navigator in the hospital where you will be receiving care.

For information about **Advance Care Planning and Substitute Decision-Makers** in Ontario:

» **advancecareplanningontario.ca**

For information about how to **make a power of attorney for personal care** in Ontario:

» **ontario.ca/page/make-power-attorney**

To start thinking about your wishes, you can complete the **Coming Full Circle Planning for Your Care Booklet.**

» **livingmyculture.ca/media/3831/planning-for-your-care-large-print.pdf**

For more information, resources, and support about palliative care, talk to your health care provider (e.g., doctor, specialist, nurse or Indigenous Navigator) or community health worker (e.g., home and community care worker).

Need this information in an accessible format?
1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca

Document disponible en français en contactant info@ontariohealth.ca.

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