First Nations Health Authority
Health through wellness

ADVANCE CARE PLANNING

EXPRESSING WISHES FOR HEALTH CARE

A Booklet for Facilitators in First Nations Communities

YOUR BOOKLET TO PREPARE FOR THE GATHERING

Thank you for sharing your gift of time, stories, and knowledge in helping others learn how to plan for health care in advance.

WELCOME

We are so glad you are here and willing to do this important work! Talking about Advance Care Planning might seem hard at first, but it can help people have their health care wishes honoured and their dignity and culture upheld if they were unable to speak for themselves. This booklet offers you useful tools and resources so that you can start these important conversations in your community.

> **"Advance Care Planning can be viewed as a living will – which is difficult for many people to talk about – but it's really about trying to uphold a person's dignity and wishes as they experience illness or journey to the Spirit World."**
>
> – Nikki Hunter, *FNHA Home Care Nurse and Supervisor, Lil'wat Nation*

Guiding conversations about Advance Care Planning (ACP):
This booklet has resources that you may find helpful as you discuss the importance of ACP with members of your community. It's a companion to "Your Care, Your Choices: Planning in Advance for Medical Care", and "Honouring my Journey: My Advance Care Planning Basket". It's important to respect and honour the sacred nature of conversations that may occur during these sessions.

It's not expected that you will use everything included in this booklet. Take what you like and leave the rest.

This booklet offers strategies that can give people:

- the ability to talk with family, friends and health care providers about their wishes for health care for a time when they may not be able to do so
- understanding what to consider when choosing a decision maker
- understanding that ACP is not just one conversation, but conversations adults can start at any time in their life journey with the people they choose
- knowledge of where to find information and provide direction for planning

YOUR ROLE AS A FACILITATOR

- get to know the knowledge you will be sharing with the group
- prepare a welcoming, respectful, and comfortable space
- assist in guiding the conversations
- share examples and stories that show the importance and process for ACP
- make sure participants have opportunities to interact and be part of the conversation as they feel comfortable (people might attend the session more than once to get really familiar with ACP knowledge, and that's great!)
- provide ACP information and resources throughout the workshop

PREPARE FOR THE GATHERING

There are many things to consider when talking to a group about ACP. The following checklists are offered to help you prepare. Allow the needs of the community to guide how you prepare for the session.

BEFORE THE GATHERING- FIRST CHECKLIST:

- ☐ Advertise/invite the session. Ask what works best for the community. Decide how you want people to register (phone, e-mail, or a posted sign-up sheet). Will it be by invitation or open drop-in? Will there be a limit to the number of participants or 'more the merrier'? (poster template in Appendix A)
- ☐ Arrange for extra help if you are expecting a large group. It's suggested that groups over ten participants have two facilitators present. This is in addition to Cultural Support providers.
- ☐ Check the registration list so you know how many participants to expect.
- ☐ Reserve the location: if there are any temperature, lighting or accessibility issues, for example, let participants know so they can come as prepared as possible.
- ☐ Request copies of session materials from FNHA: CDSI@fnha.ca.
  - "Your Care, Your Choices"
  - Honouring my Journey: My Advance Care Planning Basket
  - Coming Full Circle
  - Pamphlets: "'Advance Care Planning" (FNHA)
  - "Greensleeves" sometimes called "fridge wallets" (to store important papers)

- [ ] Connect with community members and talk about community protocols related to teachings, opening and closing prayers and gifts, so you start the work in a good way.
- [ ] Plan with the community members about who could be present in situations where group members need cultural or emotional support.
- [ ] Plan refreshments and/or a meal according to community's cultural practice. This is an opportunity to grow in relationship and provides a relaxed time of sharing.
- [ ] Arrange for any equipment and technology (i.e. flipchart, pens, computer, projection screens).
- [ ] Any special items, like blankets to sit on, for example, if having session outside at a fire.
- [ ] Prepare an evaluation form for feedback. Samples are provided in Appendix B.

Consider:

- Who is your audience?
- How do people like to learn in your community?
- Is someone from community available to provide cultural or emotional support if anyone is having strong emotions?
- Send invitations or have a respected community member help lead the session?
- Land-based activities, such as sitting around a fire together for example, can be a nice way to bring people together in a relaxed way, if permitted.
- Be open to the possibility that the session may unfold in unplanned ways that are useful for the group in a different way than you pictured.

PREPARING YOURSELF TO TALK ABOUT ACP:

You may have your own feelings leading up to the gathering! Acknowledge and allow those feelings so you can become grounded before leading the session. Take time to listen to your inner concerns, honour them and make plans to support yourself. Being familiar with the topic of ACP can help build your confidence before you host the session.

Even though the topic is serious, it's alright to have fun, in fact, a good laugh reduces stress!

SUGGESTIONS TO ENCOURAGE PARTICIPATION:

Here are some ideas to encourage participants to engage in the session in whatever ways they feel comfortable and safe.

Ask Questions

Invite learners to ask questions if anything is unclear or needs more information.

When asking questions, give time and space to respond and remember there's no wrong answers.

Show gratitude when questions are asked, and if you don't know the answer, be honest and share you will do your best to find one.

Encourage group members to join the conversation when peers have a question. They might have the perfect answer!

Storytelling

Seeking, and sharing, stories of personal experience is an important tool, however, this needs to be balanced with content, time constraints and group needs. Stories can lead to connection. Storytelling can be through a poem, music, song or art. It's a window to wisdom and a chance to see another person's view of the world.

Brainstorming

This technique is a way to collect ideas on a topic. There are no wrong answers or designs and allows for everyone to offer ideas and create a big picture of the conversation. This is a good way to see and celebrate everyone's unique gifts and perspective.

Videos

Many of the videos in 'Additional resources' section are the stories of people's experiences with ACP and have been placed throughout where they fit nicely.

Small Group work

Small groups of two to three are helpful for those who are uncomfortable speaking in larger groups. Invite a representative to share their findings with the larger group.

PowerPoint Slides

PowerPoint slides may be useful in explaining some information. A sample presentation, with notes, is provided in this package for you to use.

THE DAY OF THE GATHERING

SECOND CHECKLIST

- ☐ Arrive at the location before start time to take part in the set up.
- ☐ Take time for yourself so you have a chance to feel grounded.
- ☐ Arrange chairs in a U or circular shape so everyone is on equal ground and can see each other, or if community has a protocol for ways of seating, always follow community protocol.
- ☐ If you decide to use any equipment (video, overhead projector, computer), make sure equipment is working and you know how to use it (or have a helper).
- ☐ Welcome people as they arrive, maybe have background music playing.

THE GATHERING: BEGINNING IN A GOOD WAY

OPENING AND WELCOME

The beginning of the session sets the tone for what is to follow, so it's very important to take the time to ground in spirit, relationship to the land, the ancestors and one another or whatever is appropriate for your community.

INTRODUCTIONS

Introductions of all people at the gathering are very important and gives everyone a chance to create connection and show care for each other.

- ☐ A community member or Elder may start the gathering with an opening prayer according to community protocol.
- ☐ Invite participants to introduce themselves and explore what they are hoping to learn during this gathering.

"HOUSEKEEPING" INFORMATION:

- ☐ Location of washrooms, refreshments, how to ask for cultural support if needed.
- ☐ Decide on a safe outside meeting place in the event of emergency and evacuation of building.
- ☐ Briefly describe agenda and timing of the session.

Evaluation forms will be given at the end- feedback is a gift to both the presenter and future groups. Although appreciated, feedback is not mandatory and can also be given one on one.

GROUP AGREEMENTS: BUILDING A SAFE(R) GATHERING SPACE:

During the session, people will be talking about values, beliefs, and wishes, which are personal. Some information or conversations may be related to past experiences with health care or end of life events that bring up strong emotions. Remind people that if they experience strong emotions, cultural support is available.

Private information might be shared and it's important for group members to trust their stories will be safe and honoured within the group. To help create a good space for sharing, it's important for the group to make a set of agreements about how, if, and when, any information would be shared outside of the gathering. For example, it's ok to tell family and friends about what you learned about ACP, but not what you learned about your neighbor.

Encourage your group to work together to come up with their own set of agreements.

Trust is the responsibility of the whole group, so they can make a list about what would make the session feel like a safe, useful, fun, and kind learning experience.

PART 1 KNOWLEDGE-SHARING ABOUT ACP: WHAT, WHY, WHO, WHEN, AND HOW OF ACP

What is it? ACP is a way to be prepared for the unexpected. Advanced Care Planning is the process that helps you prepare for your future health care at any age of your life. It's about thinking about what matters to you (your values, goals, traditional practices and health care wishes) and sharing it with your family, loved ones and health care providers. It's also about deciding who will speak for you if you can't speak for yourself; called a substitute decision-maker.

Why is it important? ACP is about talking with your trusted circle of people (family, friends, Elders, chosen members of your health care team) so they know how you wish to be cared for if you ever become ill or badly hurt and couldn't speak for yourself. It gives you the chance to consider what means the most in your life and how you would want your values, beliefs, and culture, to be honoured and upheld.

It can clearly lay out your wishes about how you would want to be cared for, any medical procedures you would want, or not want, and can help prevent family conflict as well, because your wishes have been clearly stated by you, the expert in your life.

Who is it for? ACP is for anyone over 19 years of age who is mentally capable to make their own decisions.

When should we do it? Any time is a good time for starting conversations with family, friends, and health care providers about ACP. Some people start casual conversations out on a walk, sitting around the table having coffee, or in some cases, with a lawyer (example: if complicated family situations are expected). Learning about a new diagnosis for a chronic or serious illness increases the importance and timing of these conversations.

How do we do it? The 'how' will be different for everyone. Your individual ACPs will be as unique as snowflakes and they can be as simple or in depth as each individual chooses. There is no right or wrong way to do one.

What else do I need to know? If your mind is clear, the health care team always asks you what your wishes and goals are about health care. They only go to your Substitute Decision Makers, or ACP written documents, if you are unable to make decisions.

***VIDEOS: these will touch on the who, what, when, why, and how of ACP**

Honour Your Journey : ACP (10-minutes)
https://www.fnha.ca/what-we-do/healthy-living/advance-care-planning

The Time is Now (Lakehead video 7:24 minutes)
https://www.youtube.com/watch?v=XjSTxb-lHIg

PAUSE FOR REFLECTION AND DISCUSSION

Invite Questions: The videos might spark questions and discussion. This could be a great time to record ideas on a flip chart or white board about starting ACP conversations.

Story: As the Facilitator, you could tell a story of a personal experience related to ACP and why it's important to you

Story: Invite others to share their lived experience

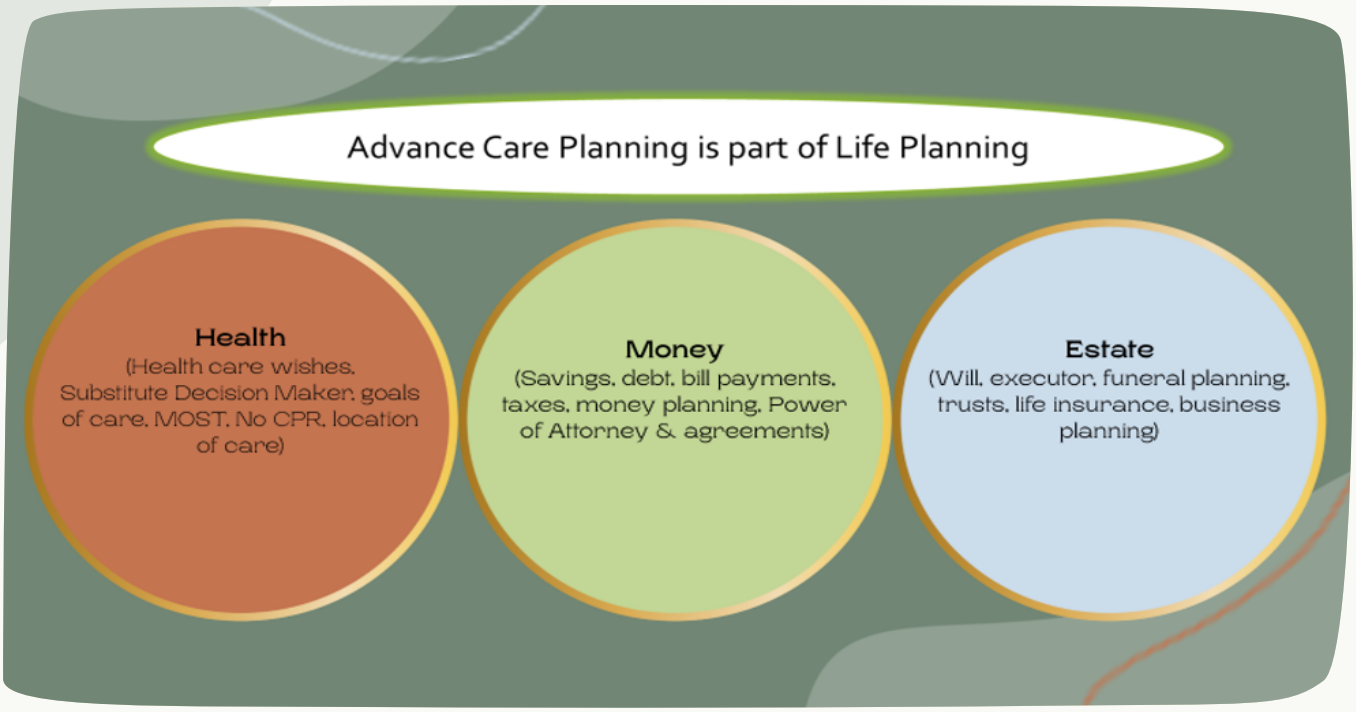
Why are these conversations important?

Key Points: Talking about your values and beliefs is a way to honour yourself and is a gift to those closest to you. Being prepared:

- helps the person making decisions on your behalf feel comfortable that they have done as you would have wanted
- reduces distress, guilt, and conflict for family and friends who are faced with making decisions at a difficult time
- gives other family and community members a chance to provide support
- prevents unwanted medical interventions
- ensures you receive culturally safe care
- gives those involved in your care a sense of peace that they have done the right thing in honouring your wishes – regret can last a lifetime

Things To Consider:

- ☐ Conversations can occur at any time, but the best time is when you are healthy so your mind is clear.
- ☐ Unexpected injuries and medical situations can and do happen and can be temporary or permanent. Talking with family, friends and the health care team gives clear understanding of your medical wishes if you were unable to make your own medical decisions.
- ☐ Going into the hospital can be overwhelming and stressful. Planning ahead lets you talk about what is important to you before you become seriously ill or injured so your wishes can be honoured.
- ☐ You may have ideas about what medical measures you would be willing, or not willing, to take.
- ☐ As our life journey unfolds, our choices may change as our health or family situations change, so continued conversations are important.
- ☐ **ACP is an ongoing process, not a one time event.**



(above, from ACP in Canada: A Pan Canadian Framework, 2020).

There are ways to prepare ahead of time in the areas of your health, money, and estate. This picture shows the different things to consider in each area; and each requires different sets of paperwork.

PART 2 ACP IS DONE WITH 5 MAIN STEPS: THINK, LEARN, TALK, DECIDE, RECORD

Option: How to Prepare with an Advance Care Plan - Tips for Caregivers - YouTube

STEP 1. Think about what is important to you:

Key Points: have group look at page 9 of "Your Care, Your Choices" (many other resources to choose from as well, such as: Coming Full Circle, and Honouring My Journey: My ACP Planning Basket)

- ☐ It can be difficult to imagine a time when you would be unable to make your own health care decisions. However, it's good for others to know what is important to you so your wishes can be honoured through that sacred time.
- ☐ What brings you joy? What gives your life meaning? What would you like to see for your physical, emotional, social and spiritual health care needs now and in the future?
- ☐ Any traditional food, medicines, ceremonies and practices that support you ceremonies and rituals that bring calm in a time of illness, and strengthen family members through difficult times?
- ☐ Is there an Elder, healer or other religious figure you want in your circle if you were ill, scared and wanting support, or for end-of-life ceremonies?
- ☐ Are there sacred items or cultural or spiritual practices that are important to you?
- ☐ Some people may have interest in donating their organs after death or being cremated. Some family members may find this difficult. It's good to know ahead of time, so even difficult wishes can be honoured.

PAUSE FOR REFLECTION AND DISCUSSION

STEP 2. Learn about any health conditions you have (cancer, heart disease, diabetes):

Key Points: have group look at **pages 13-15** of "Your Care, Your Choices"

The Western health care system has not always recognized First Nations cultural needs and preferences, however, everyone has a legal right to understand their health condition(s) and treatments. You also have the right to choose traditional and/or Western approaches to care. Many health facilities have Indigenous/Aboriginal Patient Navigators available to help.

- ☐ Knowing about your illness and how it may change over time can help guide you when thinking about what you may want in future.
- ☐ Understand what treatments are available, what the side-effects could be and why it's being offered: to cure the illness? To extend life? To manage symptoms? Many treatments or medications can make you live longer, but some can also reduce quality of life.
- ☐ In some cases, if you are very ill, and no treatment or medicine would be possible to fix your illness, the doctor might talk to you about something called comfort care. This means only medicine would be given to manage symptoms, and to control any pain or anxiety you might have as your illness progresses. All your medical goals would become about keeping you as comfortable as possible at all times, without the use of 'invasive medical interventions', like IVs, chest tubes, breathing tubes, feeding tubes.

Anytime you go into the hospital, you may want to talk with your doctor about what you would want if your heart stopped beating and what you'd be willing to go through for them to try to get it started again and keep you alive after. There are risks to consider if you are not young, strong, and healthy to begin with.

- ☐ **REFER TO "Your Care, Your Choice" (p.13-15)** for basic information about Cardiopulmonary Resuscitation (CPR); Life support; and Tube feeding as some of the treatments your loved ones could have to make decisions about if you were to become seriously injured or ill.

STEP 3. Who would speak for you if you were unable?

Key Points: Have group look at pages 34-35 of "Your Care, Your Choices"

- ☐ If you are unable to make health care decisions for yourself, there are laws in place that list people in your life to ask for guidance. (see the Temporary substitute decision maker list and wording). In some cases, this might not be the person you would want. Naming who you want is done by completing a representation agreement. Choosing your own special person ahead of time helps ensure your wishes will be met the way you want. There are different types of Decision Makers: temporary vs. representative (rep 7 and rep 9)
- ☐ Paperwork may seem confusing at first, but remember the main goal and starting place of ACP is the conversations about your wishes with your loved ones!

Temporary Substitute Decision Maker (TSDM)

Key Point: In BC, by law, everyone has a person named to make health care decisions for them in case they are unable to do so for themselves. That person is called a TSDM, and that person is chosen based on a hierarchy on a list that cannot be changed.

- ☐ **Refer to page 34- 35** of 'Your Care Your Choices' to see a form you can fill in with the names and telephone numbers of qualified people.

Substitute Decision Makers

Key Points:

- ☐ If you do not feel happy with the list made by law in BC, you can name a Substitute Decision Maker in a 'Representation Agreement'. That person is called a 'Representative'.
- ☐ There are legal requirements for choosing this person.
- ☐ In BC, they must be:

  - at least 19 years old
  - willing and able to act on the wishes that you expressed while you were capable
  - asked to give consent for health care decisions ONLY if you are not able to make the decision
  - mentally capable
  - someone not being paid by you (for example, can't be a health care provider, a landlord, or a social worker) unless a family member
  - in contact with you over the last year and enjoy a good relationship
  - make health care decisions based on your wishes, values, and best interests

ASK THE GROUP:

"What qualities would you want in a person during stressful times?"

Examples might be someone who:

- is calm under pressure
- will remember what I want
- isn't afraid to ask questions
- can talk with the other members of my circle
- will be present with me

Handout: Comparison of Substitute Decision Maker and Representative.

From People's Law School

https://www.peopleslawschool.ca/publications/infographic-representation-agreements/

There are two types of Representation Agreements: Section 7 & Section 9:

Refer To "Your Care, Your Choices"

- **Standard** Agreement **(Section 7) – page 22-27** routine decisions, NOT life support.
- **Enhanced** Agreement **(Section 9) – page 28-33** routine decisions, INCLUDING life support.
- Lawyers or notaries are not needed, but recommended if you think there will be family conflict.
- Witnesses are needed and can sign directly on the forms in "Your Care, Your Choices"

If You Are Called On To Be A Substitute Decision Maker:
https://www.fnha.ca/Documents/FNHA-Substitute-Decision-Maker-Handout.pdf

Key Points: For both the Temporary Substitute Decision Maker and the Representative:

It's an honour to be entrusted with the care of another person in a sacred time.

- ☐ It's a responsibility that can be met by taking the time to have meaningful conversations.
- ☐ It's necessary to put aside your own wishes and act from a place that honours the person's wishes.
- ☐ You will not be alone in your decision making- you are part of the health care team.

STEP 4: Talk to the people that walk alongside you (family, friends, trusted community members and your health care team)

Key Points:

- ☐ Discussing your wishes for care in advance with those that you love can be an emotional and difficult to bring up.
- ☐ Consider having a talking and sharing circle guided/supported by an Elder or Knowledge Keeper

Talking to people that you are close to is very much a gift from you because it:

- Helps avoid family disagreements and conflict.
- Gives those involved in your care a sense of comfort that they have done the right thing to honor your wishes.
- Brainstorm potential reasons why people may avoid talking about ACP

CONVERSATION STARTERS:

Option: FNHA ACP pamphlet "How to Talk About Advance Care Planning"

Video: Talking to my community: (3-minutes). Explores ways to bring up topic of ACP with family, why it's important https://www.youtube.com/watch?v=E_BWRGlf3Gk

Step 5: Record Your Wishes, Goals And What Is Most Important:

Key Points:

- ☐ It's important that those close to you understand your thoughts, goals, and what is most important to you. You can write them down, make a recording or complete legal documents.
- ☐ Complete the forms mentioned above if you decide you are not comfortable with the hierarchy of decision makers set out by law.
- ☐ Share copies with people who are closest to you: your family, best friend, nurses, trusted Elder or community member and your health care team.
- ☐ Review your ACP whenever there are changes to your health and wellness.
- ☐ Like the seasons, life changes too, and our ideas about what we want can change. If you change your mind about anything in your ACP, simply talk to those close to you about the changes, destroy any recording of the old plan and sign and date the new one. Then remember to give new copies to everyone that had the old version.
- ☐ Continuing to have conversations with those in your circle of care about your wishes helps emotional times be met with peace, certainty and dignity.

Refer To: "Your Care, Your Choice" (page 36) has a form where you can make a list of important papers. A good place to keep it might be on the fridge in the Greensleeve, as the ambulance will look there for important documents.

PROVIDE Greensleeves to group members.

CLOSING THE GATHERING:
give a summary of key points as needed

- ☐ The who/what/where/when/why/how of ACP.
- ☐ Some ideas about how to bring up the topic.
- ☐ Information about the legal forms.
- ☐ The importance of reflecting on your values and wishes should you be unable to speak for yourself.
- ☐ ACP is not a single conversation, but a process that can be revisited as life's journey unfolds.
- ☐ ACP is a gift you give your family, to reduce their worries about your wishes if you ever become sick.
- ☐ Keep talking to your health care team, as you age or if there are changes to your health.
- ☐ Empower yourself to receive care according to your wishes physically, mentally, culturally and spiritually.

Call to action:

- ☐ Encourage group members to talk with those closest to them about their wishes and return the favour by learning about what matters most to their loved ones. Being prepared for the unexpected helps those who matter most to us be able to honour our values, beliefs, cultural, and spiritual traditions.

Conclusion: Ask participants if they would like to share any final thoughts.

- ☐ Ensure a grounding exercise/check in, closing prayer is done for emotional wellness before people leave the gathering.
- ☐ Invite people to attend the session more than once if they like.

Invite people to complete evaluation forms before leaving:

- ☐ Provide any other handouts or information about resources.
- ☐ Thank everyone for attending.

Following the Workshop:

- ☐ What worked well? Is there anything you would do differently next time? Review the participants' evaluations and think of suggestions for future facilitators.
- ☐ Remember to tidy the space, return any borrowed items (chairs, keys, etc.)

FACILITATOR GUIDE EVALUATION FORM

1. How did you find using the ACP Facilitator Guide overall?

2. What aspects do you think could be improved? Please explain.

- ☐ Checklists for before, after session
- ☐ Forms (Ad template, List for Participants, Important contacts)

3. Information about facilitating a session

- ☐ Ensuring a safer space
- ☐ Tips for grounding self
- ☐ Information on Indigenous learning
- ☐ Strategies to engage participants

4. Information on ACP

- ☐ Key points
- ☐ Options for explaining information
- ☐ Videos
- ☐ Handouts
- ☐ Resources
- ☐ Cultural relevance

Thank you for taking the time to provide your thoughts!

We welcome any feedback or suggestions for improvement on this Facilitator at any time!

Please e-mail us at **CDSI@fnha.ca** ONLINE SURVEY

Chronic Conditions and Serious Illness Team

PARTICIPANT EVALUATION FORM

1. Did you find the words and information about ACP easy to understand?
   If not, Please explain what could be changed.

2. What areas of this workshop felt most culturally appropriate for you?

3. What did you like most about this session?

4. What would you change about this session?

5. What is your next step after today?

Thank you for sharing your thoughts!

APPENDIX A- POSTER TEMPLATE

You are invited to learn about
EXPRESSING YOUR WISHES
Planning in Advance for Healthcare

What is Advance Care Planning (ACP)?
Why is it important?
Who can do it?
Where and How is it done?

HOW TO REGISTER:

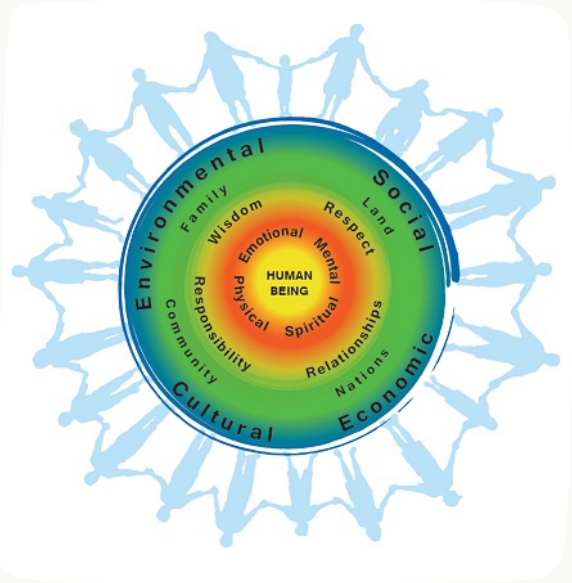
Date:

Time:

Place:

Hope to see you for conversation, learning,
and refreshments together

APPENDIX B- INDIGENOUS WAYS OF LEARNING



(Above Image is First Nations Perspective on Health and Wellness, Wholistic Wellness, FNHA)

If you are new to working with Indigenous communities, and accustomed to Western ways of teaching involving the "expert" and "student" recognize that it may be necessary to shift your thinking about what works best. The following information may help your understandings of the Indigenous perspective on learning.

The First Nations Principles of Learning (First Nations Education Steering Committee, *FNESC, 2015*) offers nine elements that are more common among the diverse approaches to teaching and learning existing in First Nations societies:

- Learning ultimately supports the well-being of the self, the family, the community, the land, the spirits, and the ancestors.
- Learning is wholistic, reflexive, reflective, experiential, and relational (focused on connectedness, on reciprocal relationships, and a sense of place).
- Learning involves generational roles and responsibilities.
- Learning recognizes the role of Indigenous knowledge.
- Learning is embedded in memory, history, and story.
- Learning recognizes that some knowledge is sacred and only shared with permission and/or in certain situations.

APPENDIX C – ADDITIONAL RESOURCES

Figure 1 PPT slides for ACP

https://www.fnha.ca/Documents/FNHA-Advance-Care-Planning-Presentation-Slides.pdf

What powers can I give to my representative?

Answer: It depends on the type of agreement you have.

STANDARD
representation agreement
often called a section 7 representation agreement

A representative can be given **standard powers** in all or some of these areas.

Health care includes routine tests, dental work, eye care, physio, medicine, major surgery, dialysis, radiation, diagnostic tests, chemotherapy.

+/or

Personal care includes diet, dress, exercise, social activities, where you live and work, spiritual matters, who you spend time with.

+/or

Routine finances includes dealing with bills, income, bank accounts, insurance, taxes, paying off loans. Doesn't include real estate, taking on new loans.

+/or

Legal matters includes dealing with legal issues, getting legal advice and services, instructing a lawyer.

People's Law School
Work out life's legal problems

To learn more, visit peopleslawschool.ca/startplanning

ENHANCED
representation agreement
often called a section 9 representation agreement

A representative can be given **enhanced powers** in health care and personal care only. You can choose to give your representative:

1 **General power** to do anything they consider necessary in relation to your health care and personal care

Health care includes the standard powers from the column to the left, plus power to refuse consent to life-supporting treatments, such as CPR

+

Personal care includes the standard powers from the column to the left, plus

- power to restrain, move, or manage you to provide you care (even if you object)
- power to consent to admission to certain care facilities*

*subject to a proposed change in law

OR

2 **Specific powers** to do certain things related to health care or personal care. For example, you must specifically say so in your agreement if you want your representative to have the power to:

- consent to experimental health care treatment
- consent to specific treatments, even if you object at the time
- arrange for care and education of your minor kids
- interfere with religious practices

LINKS AND CODES TO VIDEOS

Honour Your Journey:
ACP (10-minutes)
https://www.fnha.ca/what-we-do/healthy-living/advance-care-planning

(Lakehead Video)
The Time is Now (Lakehead video 7:24 minutes)
https://www.youtube.com/watch?v=XjSTxb-lHIg

Talking to my community:
(3-minutes).
Explores ways to bring up topic of ACP with family, why it's important
https://www.youtube.com/watch?v=E_BWRGlf3Gk