Improving End-of-Life Care in First Nations Communities:

Advance Care Planning

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Research Goal

• To improve end-of-life care in four First Nations communities through developing local palliative care programs and teams

• To create a tool kit for developing palliative care programs in First Nations communities that can be shared nationally
Palliative care is whole-person health care that aims to relieve suffering and improve the quality of living and dying.

CHPCA, 2008
Holistic Care
Canadian Hospice Palliative Care Association-Introduction

- http://www.youtube.com/watch?v=2aOX9abJhio#t=24
86% of Canadians have not heard of the term “advance care planning”

Only 9% had ever spoken to a health care provider about their wishes for care or treatments

Over 80% of Canadians do not have a written plan

Only 46% have designated a substitute decision maker

Canadian Hospice Palliative Care Association, 2013
What is Advance Care Planning (ACP)?

• A process of contemplation, reflection and communication where an individual conveys their wishes for treatment and their care needs

• The consideration of appointing a Substitute Decision Maker (SDM)

• Have these conversations with your SDM while you are CAPABLE

Ontario Seniors Secretariat, 2013
Advance Care Planning

• Wishes may be expressed in any form (verbal, writing, audio, bliss board, braille, video tape)

• Written advance care planning documents include a Power of Attorney for Personal Care and/or Advance Directives

• A valuable way to ensure that your wishes for end-of-life treatment are followed

Ontario Seniors Secretariat, 2013
“No it’s just an unexpected part of life that, I can be healthy and sit here today but I could be going home and get in an accident and then that accident can cause me to be brain dead. Do I want to be on life support brain dead? Well my doctor needs to know that. I don’t want no heroic thing done to me. So that’s what a living will is. It’s letting the doctor know that you don’t want heroics.”

Fort William Community Member
Why is ACP important?

- In Canada chronic disease accounts for 70% of all deaths and 70% of people who die are 65 or older.

- Research has shown that First Nation people have a higher prevalence to suffer from 2 or more chronic diseases.

- If an individual wishes are known for treatment/care it can relieve or lessen the families, loved ones and health care practitioners stress, anxiety and guilt encompassing an individual's end-of-life care.

- ACP assures that a health care practitioner always has someone to talk with about treatment decisions.

Canadian Hospice Palliative Care Association, 2013
Substitute Decision Makers (SDM)

- Is the person (s) who makes treatment decisions for an individual if they become incapable to make those decisions for themselves
- SDM’s are to act in the best interest of the individual
- Must be capable, at least 16 years of age
- Not prohibited by court order
- Must be willing and available

Health Care Consent Act, 1996
SDM Hierarchy

- Guardian of individual
- Attorney named in POAPC
- Representative appointed by the Consent and Capacity Board
- Partner or Spouse
- Child or Parent
- Parent with right of access
- Brother or Sister
- Any other relative
- Public Guardian or Trustee

Health Care Consent Act, 1996
SDM:

- Act in the best interest of the individual
- Make decisions for present medical treatments based on the individuals prior expressed wishes
- If wishes are not known than decisions are based in the individuals best interest
- SDM cannot ACP for an individual
SDM should consider:

- The individuals' values and beliefs
- The individuals' current wishes
- If the decisions will: improve the individuals' quality of life, prevent the individuals' quality of life from deteriorating, or reduce the extent or the rate that the individuals' quality of life will deteriorate
- Or whether the risk out weighs the benefit to the individual

Substitute Decision Act, 1996
Benefits of ACP

- Your holistic beliefs are respected
- Your wishes and choices for care are valued
- Having someone to speak for you in the event you are unable
- Lessons family members, loved ones, and caregivers stress, anxiety, and guilt about treatment and care
- Die with dignity
Additional Comments

- Consider your Substitute Decision Maker
  - Completing an Advance Care Plan
  - Continued Communication
References

• Canadian Hospice Palliative Care Association, 2013
• Advancecareplanning.ca, 2013
• Ontario Seniors’ Secretariat, 2012
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