QUALITY LIFE PLANNING

CAMBRIDGE LLP

Toronto + Burlington + Ottawa + Elliot Lake

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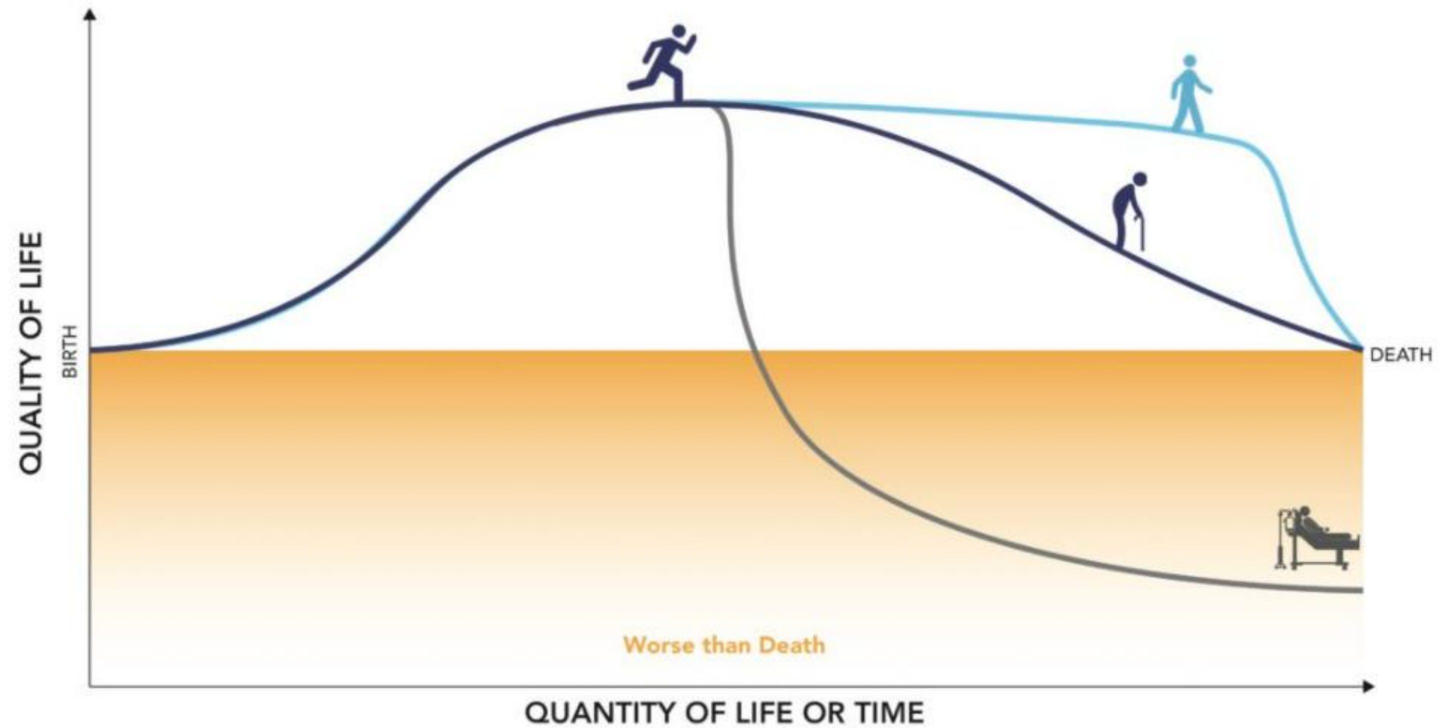
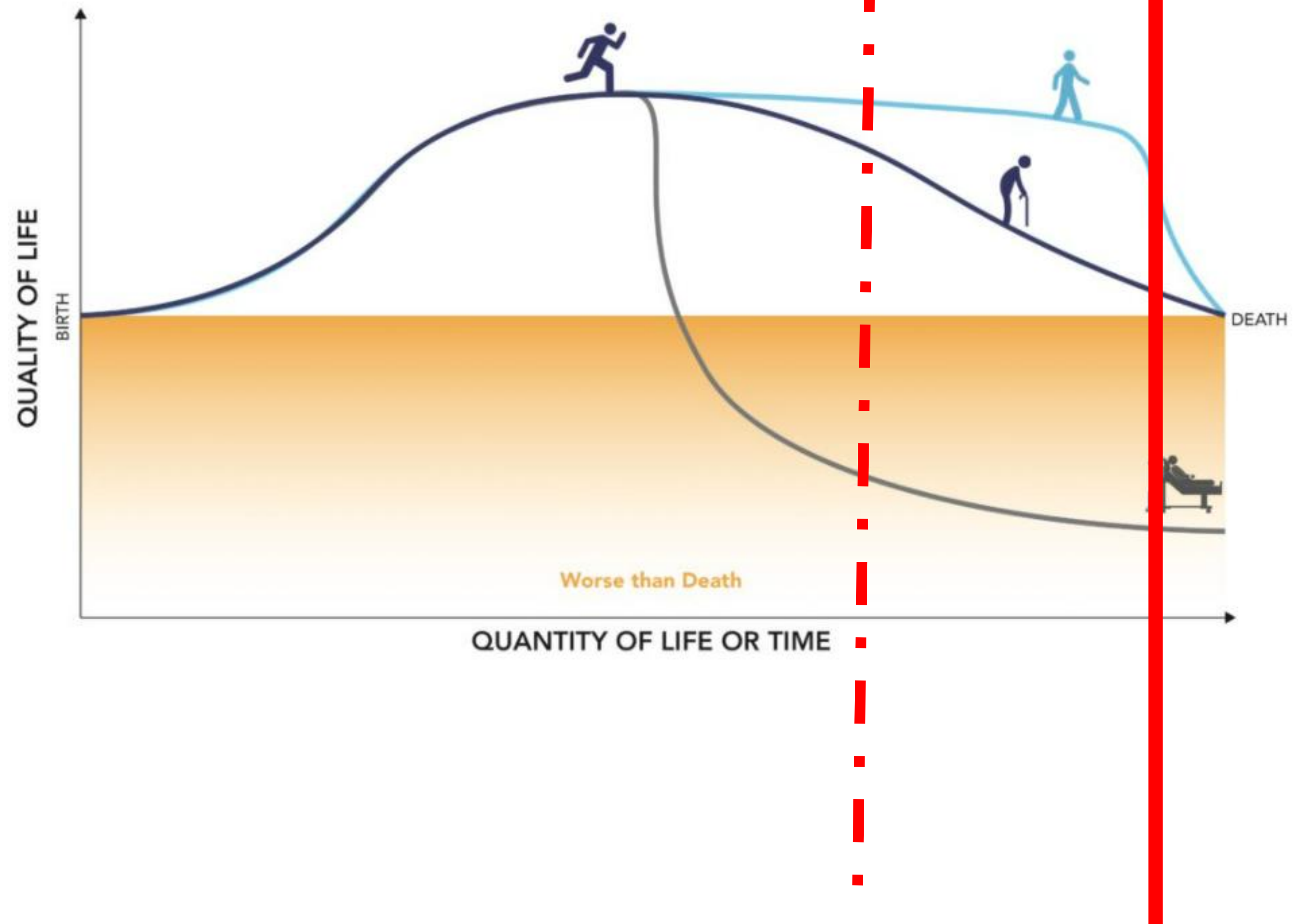
Challenges we may experience when faced with a serious illness or aging....

- Decline in overall function: mobility, problem solving, memory, banking, managing our home
- Taking care of our basic needs: hygiene, meal preparation, toileting
- Progressive decline in health and increase in the number of chronic conditions we experiences (arthritis, high BP, vision and hearing impairment, Alzheimer's, diabetes, dental care)
- long weight lists for alternate level of housing and inadequate community resources
- Lack of family doctors and under funded health facilities

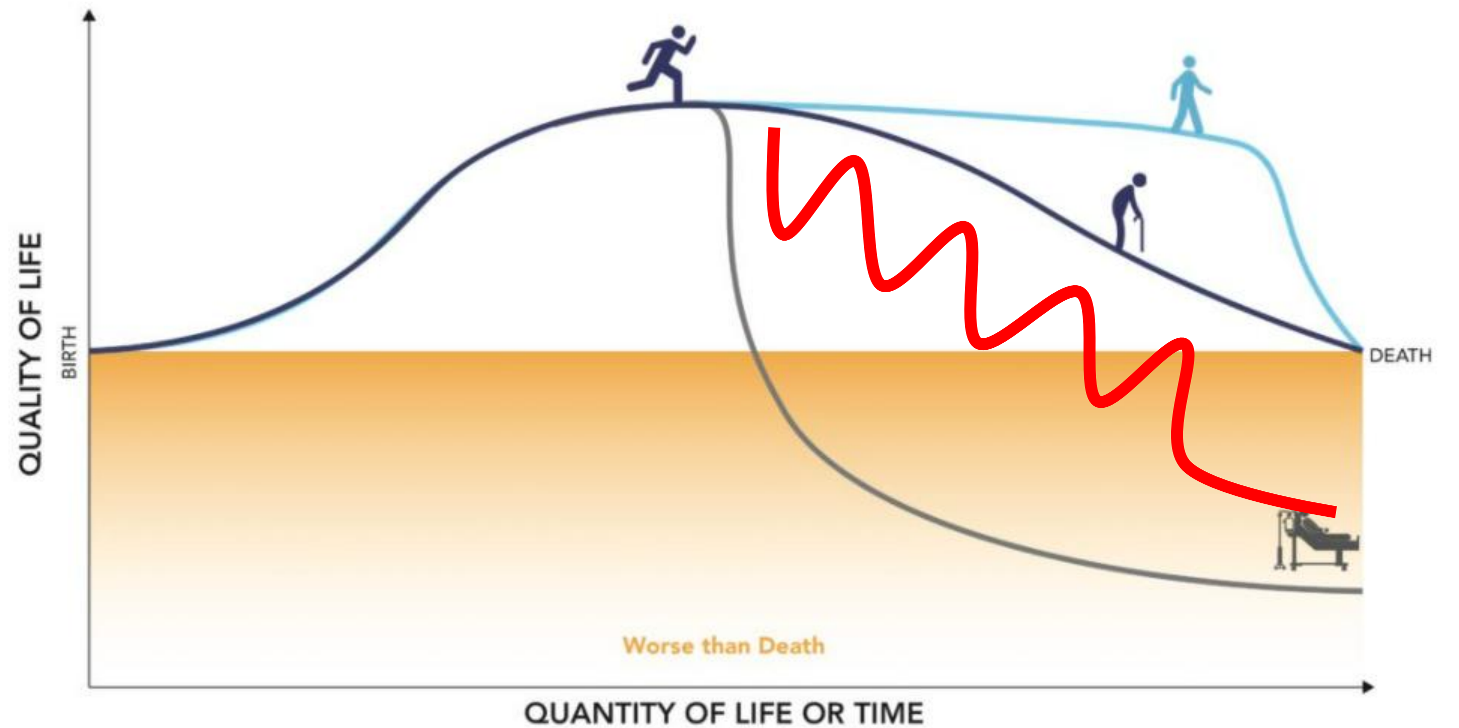
Three common pathways towards death

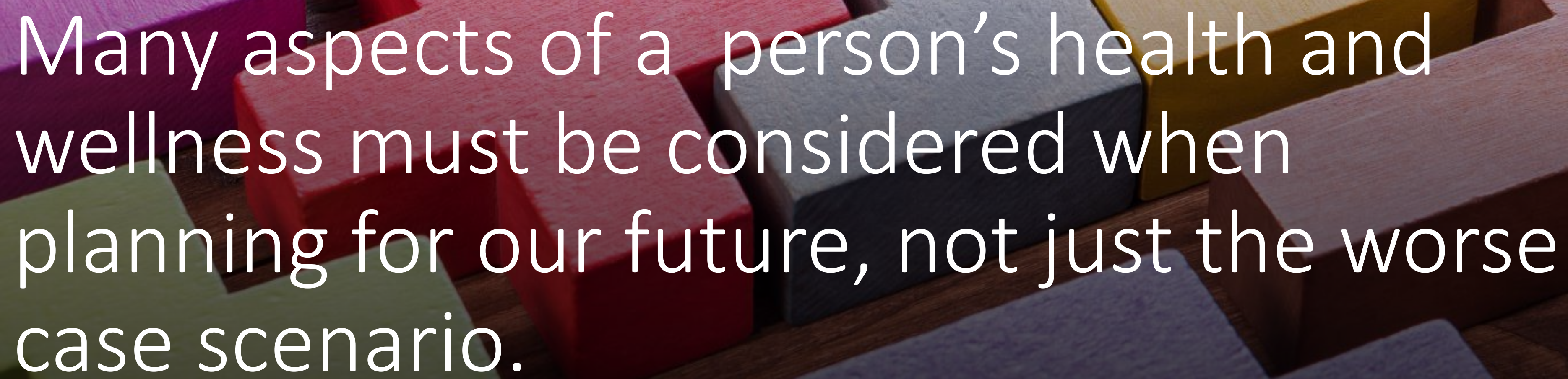


8 out of 10 people will lose capacity as they near death.



Capacity can fluctuate in the years leading to our death

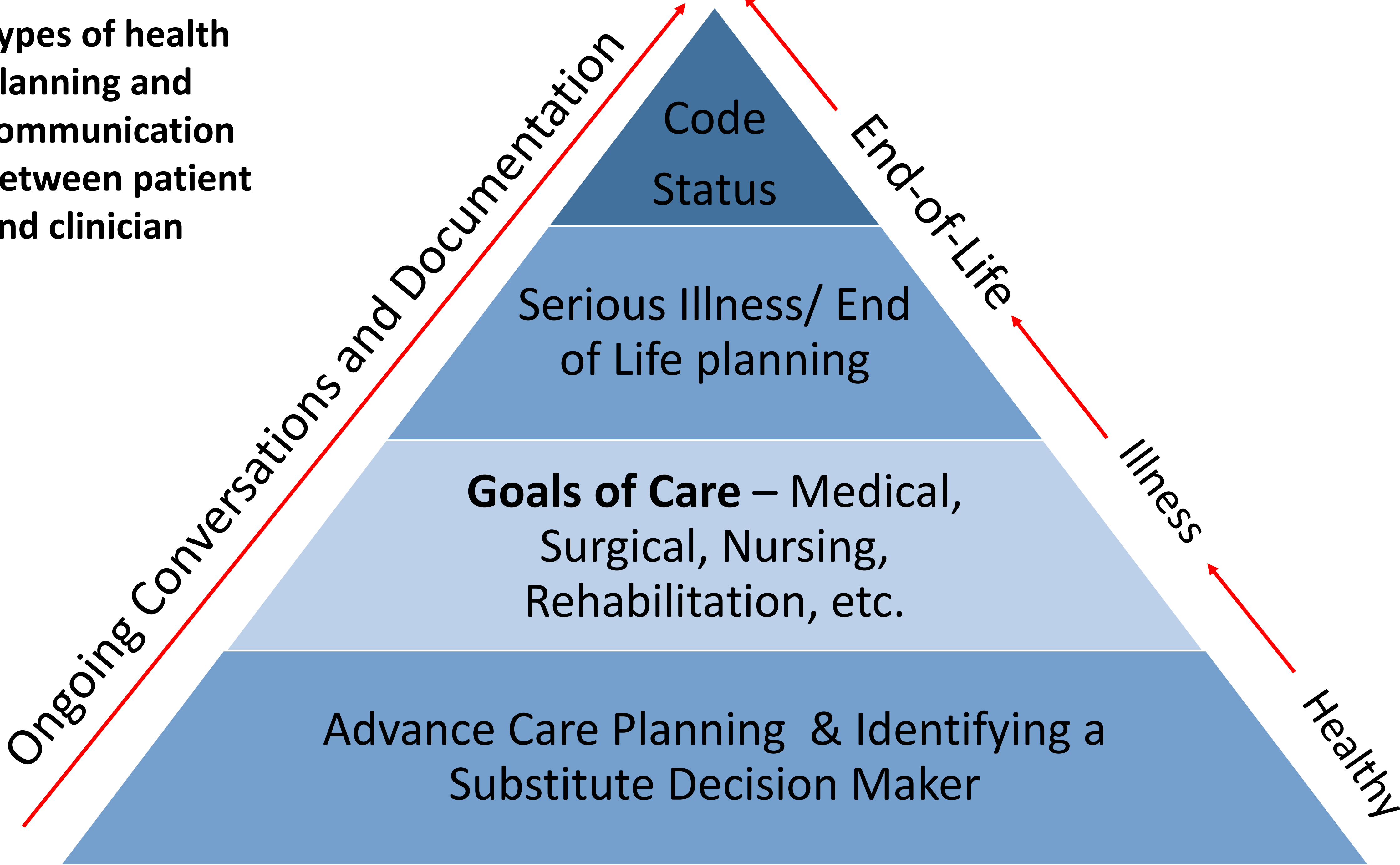


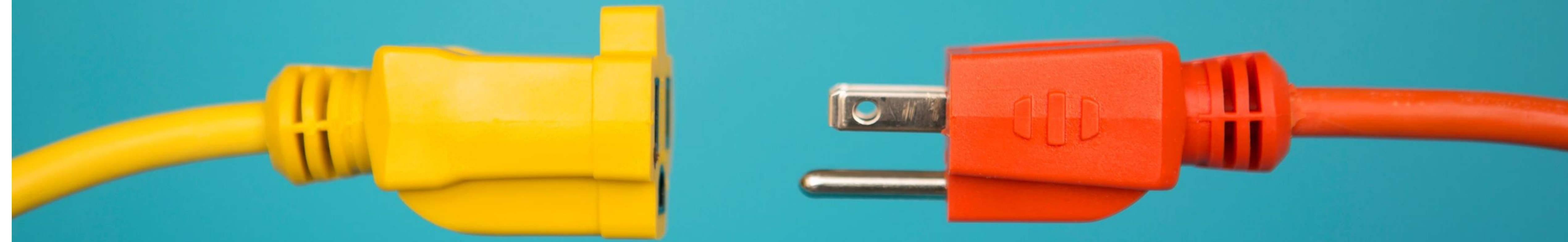

Many aspects of a person’s health and
wellness must be considered when
planning for our future, not just the worse
case scenario.

The Life Planning Model

Advance Care Planning Canada, 2018

Types of health planning and communication between patient and clinician





Disconnect in Communication

What we think about as we age

- I want to be treated with dignity
- I want to live in my own home for as long as possible
- I want to continue to do the activities I love
- I want to be able to think clearly
- I want to die peacefully without interruption
- I want my family with me when I die
- I don't want to die a horrible, pain-stricken death
- I don't want to be mistreated
- I don't want to suffer at the end of my life
- I don't want to be a burden on my family
- I don't want my family to have to look after me.
- I don't wan to be kept alive on machines

What should others know about you? Glasses, language, pets, etc.

What is your definition of quality of living and dying?

What makes a good day? What do you want your golden years to look like?

What are you willing to trade-offs for more time?

PHI

What happens with your remains?

What does it look like to die with dignity?

Financial resources.

What can you afford: housing, therapist, nursing, physical aids, dental, medication

What is your back-up plan if you need additional help or can no longer live in your home? Public vs. your private health coverage?

What are your sources of strength? Faith? Beliefs?

Who is your Decision-maker? Do they know their role? Your wishes? Can they make hard choices?

What abilities are so critical to your life that you couldn't imagine living without them?

Components of Advance Health Care Planning

Identify a Substitute Decision Maker /Power of Attorney for Personal Care

Thinking about your values and how they will influence your health preferences, your trade-offs for more time

Defining what living a good life and dying a dignified death means to you

Investigating housing options that fit into your lifestyle and financial resources. What is your back-up plan?

Learning about life saving and life sustaining treatment options within the context of our health system (aka heroics or extraordinary measures)

Deciding on end-of-life care, rituals and preferred location of death

Coaching on how to share your wishes with your POA, family and health care team

Documenting your wishes so they can be shared with others.

Setting a schedule to revisit your plan (change in health status, annually, etc.)

What can be included in your Road Map?

Definition of **Quality of Life** from individual perspective

Critical health information health care providers and family should know

Preference of future **housing / home renovations**

Medical treatment that is acceptable when faced with a **Sudden illness**

What does **NO Heroics mean to you–**describe it

Life sustaining measures including **Cardiopulmonary Resuscitation**

Artificial **feeding tubes and hydration:** when it is ok and not ok to use them

Organ and Tissue **Donation** (tissue, solid, research)

Sharing and not sharing **Personal Health Information**

What's important to you: pain management, dignity, safety, communication

End of life care: location of death, burial arrangements, special ceremonies or rituals, presence of people / pets

Special instructions on how to make good decisions

GENERAL INFORMATION TO MAKE THE LAST DANCE EASIER

- Any advance care planning you have done
- Power of Attorney from Personal Care legal papers
- Advance Health Care Directive (addendum to my POA papers)
- Do Not Resuscitate Confirmation Form (if applicable)
- Funeral Arrangements
- Will (estate planning after death)
- Power of Attorney for Property
- Life Insurance Policies
- Bank accounts/RRSP/RIFs/TSA
- Computer and electronic passwords
- Wishes for organ donation

- _____________________________________
-

Frailty is not synonymous with “old age”

- Variability in health status and in the risk for adverse outcomes for people of the *same age*

fitness → *frailty*

Rockwood CMAJ, 2011.

Key skills for independence impacted by frailty…that we can improve!

Walking
(Adequate Gait Speed)

<0.8 m/s increased risk of frailty, falls risk, ADL help

Transferring

Stair climbing

Medication taking

Fritz & Lusardi, Geriatric PT, 2009.

Frailty is accelerated decline (from normal aging process)

Aging process

Accelerators

Chronic diseases

Environment/ Social determinants

Lifestyle, Nutrition

Multiple acute stressors

Immobility

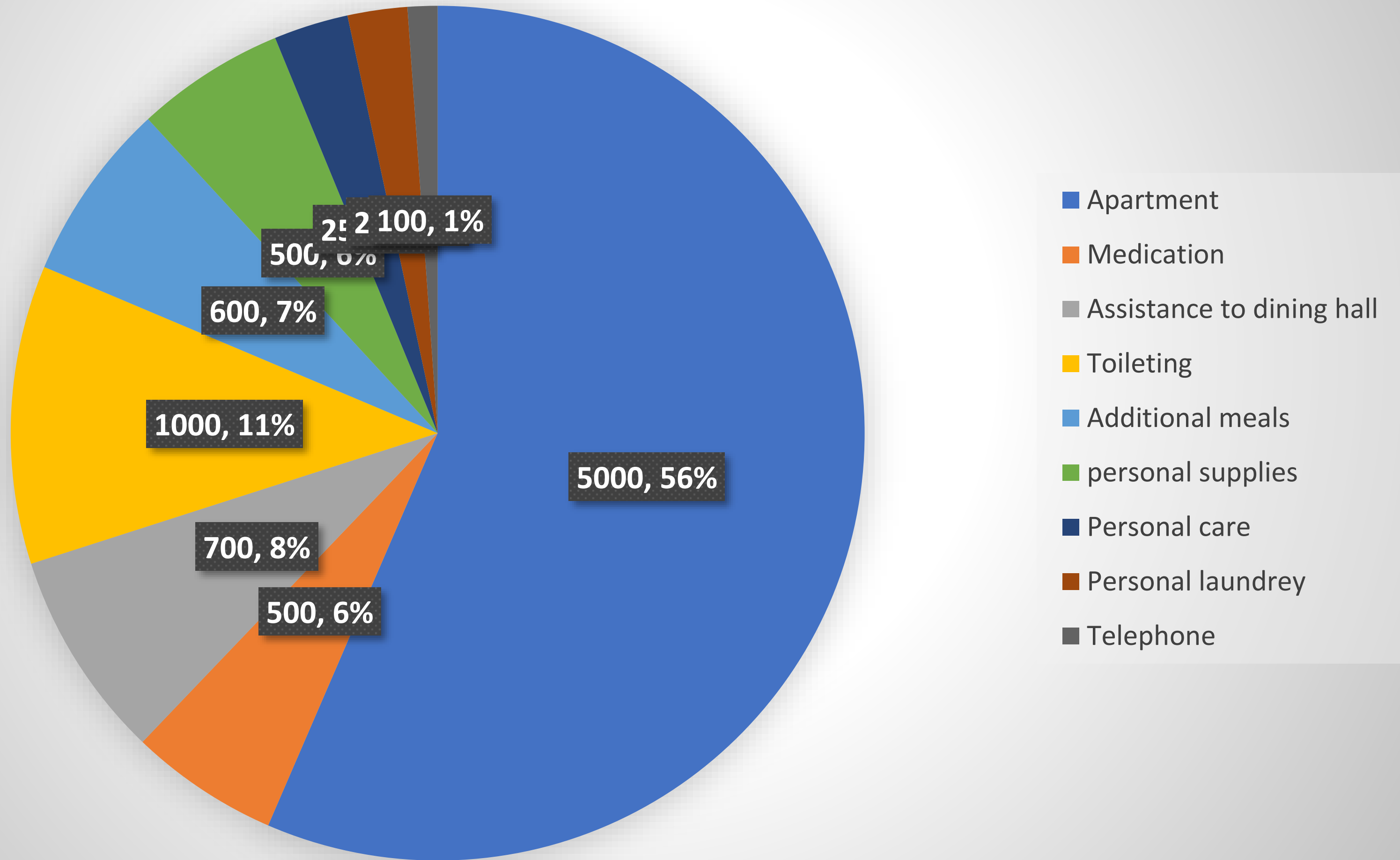
Loss of reserve

GERAS

Fries, *Am J Preventive Medicine*, 2005; Fried, *Nature Aging*, 2021

You are unique. Your care needs may not fit into one box

Cost of Living in Retirement Housing with support can be as high as 10,000 per month for the average home



JIM’S STORY

- 56 y.o. – car accident leading to aquired brain injury and extended stay in hospital
- Care needs required long term care
- No life planning = no power of attorney for property or personal care
- Three siblings – all appointed SDM’s
- Public Guardian and Trustee – appointed Attorney for Property
- Family lived in the Maritimes
- Multiple delays in discharge
- Orphaned in Ontario

Family tension, conflict and stress can be greatly aggravated when decisions are left up to chance.

POWER OF ATTORNEY FOR PERSONAL CARE WILL BE RESPONSIBLE FOR:

- Can make medical decisions on your behalf
- make decisions related to your health care, nutrition, shelter, clothing, hygiene and safety.
- Foster previous relationships you've had with others
- responsible for communicating your medical wishes, such as pain relief and life support, to doctors and medical professionals.

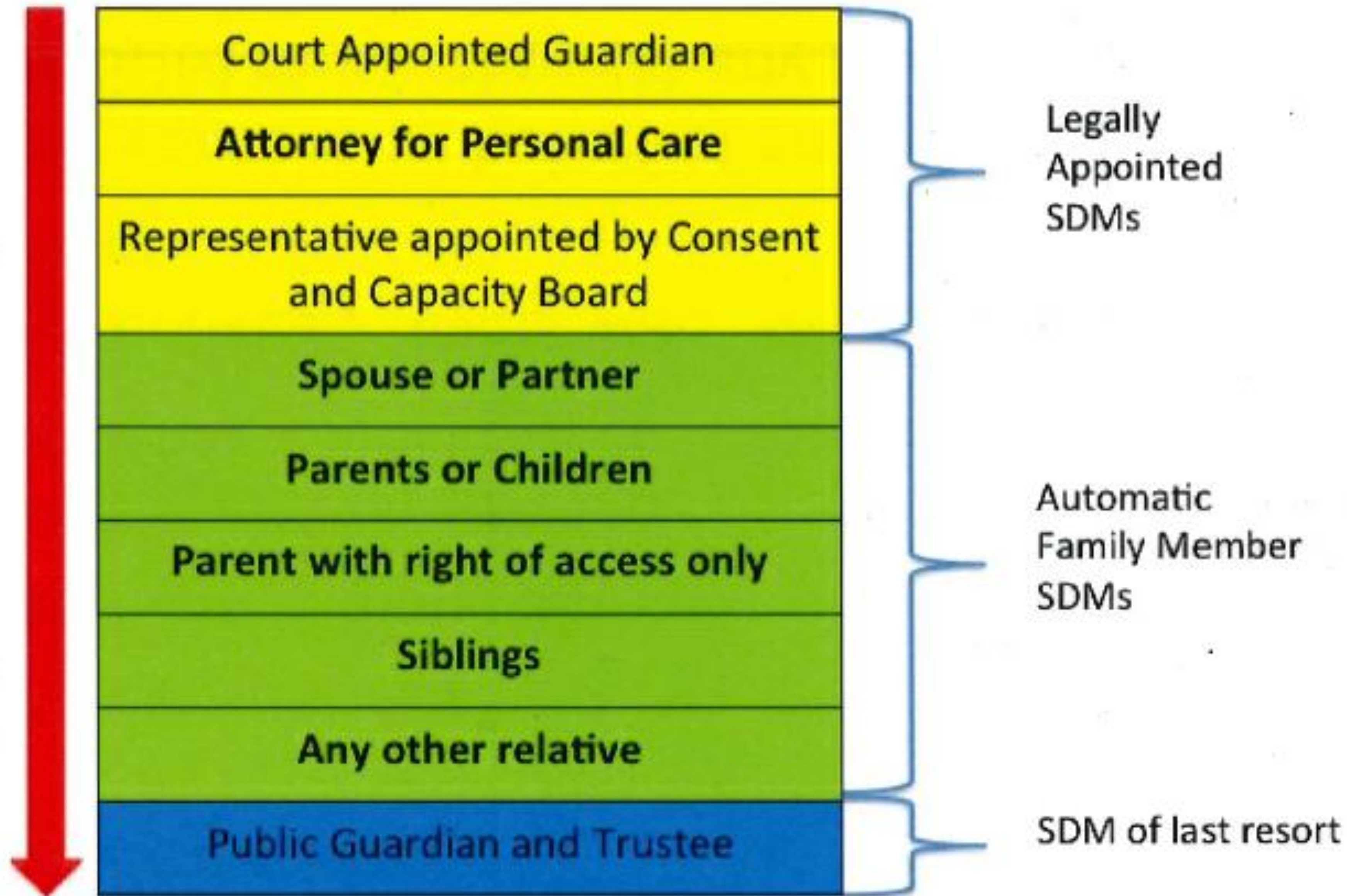
❖ Role is enacted when you are found to be incapable

❖ Your SDM is not your caregiver!

Confirm automatic SDM(s)

Or

Choose SDM(s) and **Complete** a *Power of Attorney for Personal Care* document



Ontario Health Care Consent Act, 1996

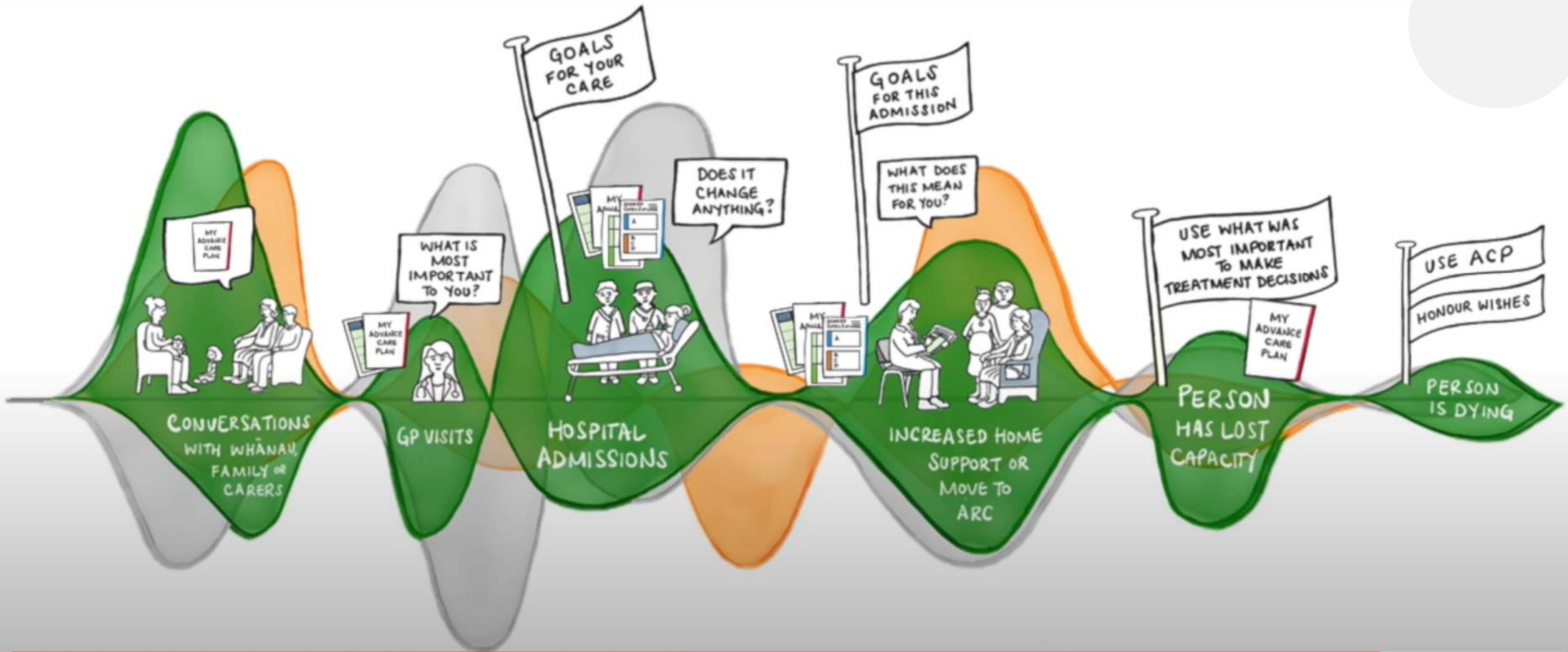
POWER OF ATTORNEY FOR PROPERTY WILL BE RESPONSIBLE FOR:

- can do anything in relation to property and finances that you could do, if you were competent.
- paying bills, collecting debt, applying for benefits, or selling your assets.
- Should understand your wishes and have a copy of your most recently written will.

❖ Role is enacted when you decide to utilize this person or when you are found incapable

Who has the power?

Select the right person
Decide how you want your estate managed
Provide clear directions for estate, financial, health care
Revisit and edit as you wish
Share your planning



How can Advance Health Care Directives be used to aid in communication?

What people worry most about

What people think about as they age

I want to think clearly and **not be confused**	I want to maintain my **dignity**	I want to stay in my **home**	I want to be **able to do** the things I love
I don't want to die on **machines**	I don't want to be **taken advantage** of	I don't want to die a **horrible death or alone**	I don't want to be a **burden on my family**

Preparing for your future health care needs and discussing our wishes can benefit everyone

- Receive care that is aligned with your personal and medical goals
- Improves quality of living
- Higher satisfaction with overall health and relationship with your health professionals
- Improves you and your family's ability to cope with a serious illness
- Eased burden of decision-making from families
- More and earlier hospice care
- Fewer hospitalizations
- Improved bereavement outcomes

Mack JC 2010; Wright JAMA 2008; Chiarchiaro AATs 2015;Detering BMJ 2010; Zhang Annals 2009; Temel JCO 2017

The real story

- Less than 1 in 5 people in Canada have completed an advance care plan or medical directive.
- 89% of Canadians could benefit from end-of-life care in the last year of their life.
- Only 15% of people receive home care when faced with a terminal illness
- 30% of frail elderly are admitted into the intensive care unit
- 50% of people are admitted into hospital in their last year of life

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Good planning allows us the peace of mind to live our best life until our last breath.