

HONOUR YOUR JOURNEY

AN INDIGENOUS APPROACH TO
ADVANCE CARE PLANNING



Ontario
Health



DISCLAIMER

This workbook is a resource designed to support Indigenous individuals and communities in creating an advance care plan that reflects their unique cultural values, beliefs, and traditions. It is not a substitute for legal or medical advice.

The information provided is intended to complement discussions with family, community members, healthcare providers, Elders, and knowledge keepers. This workbook is a starting point for meaningful conversations and personal reflection, and is designed to honour and respect the diversity of Indigenous cultures across Canada.

Laws and policies regarding advance care planning, healthcare consent, and substitute decision-making may vary depending on your location. We encourage you to seek guidance from legal professionals and healthcare providers to ensure your plan aligns with both your wishes and applicable laws.

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ADVANCE CARE PLANNING

INTRODUCTION

What is Advance Care Planning?

A process that helps you prepare for future healthcare decisions and preferences. It allows you to think about, communicate, and document your wishes for your health and care in case you are unable to speak for yourself. It can be a way to honour your cultural values, beliefs, and traditions in a manner that is individual to you. It can also help to outline how your family and community can recognize and support their roles in relation to your care journey.

This booklet can help you reflect on your own values and beliefs so you can share them with family, close friends, and substitute decision-makers. By discussing your wishes, you can make clear the reasons and rationale behind your very personal decisions.

ADVANCE CARE PLANNING

KEY ELEMENTS

Reflecting on Your Values & Beliefs

- ☐ What is important to you in life?
- ☐ What is important to you in your healthcare?
- ☐ Are there cultural or spiritual practices you want included in your care?
- ☐ How do you view quality of life, and what care aligns with your values?



Sharing Your Wishes

- ☐ Discuss your plans with family, community members, and healthcare providers.
- ☐ Clear communication ensures your wishes are understood and respected.

Choosing a Substitute Decision-Maker (SDM)

- ☐ An SDM is someone you trust to make decisions on your behalf if you cannot.
- ☐ This person should understand your values, beliefs, and traditions.

Documenting Your Wishes

- ☐ Write down or share your care preferences, such as treatments you want/don't want, traditional healing practices, and ceremonies you want to include in your care.

ADVANCE CARE PLANNING

HOW TO BEGIN

Take the time to reflect on your own beliefs, values, and how you understand end-of-life care. If you have been in a situation where you've experienced someone's end-of-life journey, how did that make you feel?

1. WHAT CHOICES ARE RIGHT FOR YOU?

- ☐ If possible, would I prefer to die at home, in a hospice, or in the hospital?
- ☐ Do I want or not want certain medical interventions (e.g., resuscitation or feeding tubes)?
- ☐ Do I have any fears about dying (e.g., I'll be in pain, I won't be able to breathe)?
- ☐ Is there someone that I can talk to about these fears, such as my doctor?
- ☐ What would be meaningful for me at the time of my death (e.g. family/friends, music, pictures, ceremony)?
- ☐ What might change my mind about my choices?

2. LEARN ABOUT END-OF-LIFE CARE OPTIONS & PROCEDURES

- ☐ Everyone has different ideas for their end-of-life journeys; some individuals want to prolong life as long as possible using medical interventions. Others would not want to be hooked up to machines at the end-of-life if there is no chance of recovery.
- ☐ Take the time to talk with your health care provider to learn about different medical procedures and what they can and can't do.

3. WHO DO YOU WANT TO MAKE MEDICAL DECISIONS FOR YOU IF YOU ARE UNABLE?

- ☐ Take the time to talk with your health care provider to learn about different medical procedures and what they can and can't do.
- ☐ Ask yourself who would be most capable of making medical decisions for you as your Substitute Decision-Maker (SDM).

ADVANCE CARE PLANNING

HOW TO BEGIN

4. START THE CONVERSATION

- When you know who you would like to be your Substitute Decision-Maker(s), have a conversation with them and your family to let everyone know what you are thinking.
- This may be hard for them, or may come as a relief to know what your wishes are. Perhaps give them a copy of your plan, so they can understand your choices.

*Let your doctor and other healthcare providers know who your Substitute Decision-Maker is, so they know who to speak with if you should become incapacitated.

5. DOCUMENT YOUR WISHES

- The next few pages of the workbook are designed to help you document your wishes. It can assist you in organizing your thoughts and outline what matters most to you.
- Be sure to include other wishes for your end-of-life care (e.g., dying at home, receiving hospice/palliative care, having music playing, or any specific spiritual, cultural or religious rituals).

6. REVIEW YOUR WISHES

- It is important to remember that this is your journey, and you can make the decisions for your healthcare treatment. Reviewing your wishes give you the chance to reflect on your own values and beliefs, while allowing you to make adjustments if you change your mind about a treatment.
- You may want to make several changes over time, or you may be comfortable with your choices from the start. Take your time when making decisions and ensure you are comfortable and that your wishes align with your personal values and beliefs

ADVANCE CARE PLANNING

ROLE OF FAMILY & COMMUNITY

For many Indigenous people, decisions about healthcare and end-of-life care are not just personal—they are shaped by family, community, and traditional values.

ROLE OF FAMILY

- Family often represents those who are closest to you and can offer guidance based on shared experiences, stories, and teachings.
- Family may look like those that are biological, adopted, or chosen family. These dynamics demonstrate the unique kinship ties represented in many Indigenous families

Substitute Decision-Maker (SDM): Choosing a SDM from your family may ensure that someone who understands your traditions and beliefs can advocate for your wishes if you are unable to do so.

ROLE OF COMMUNITY

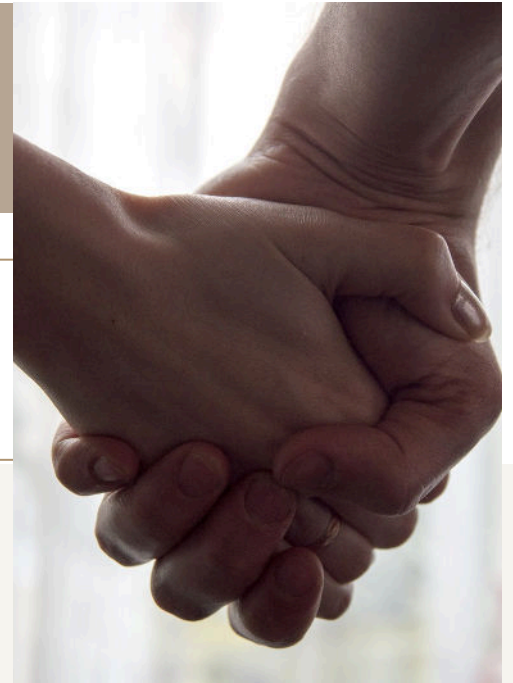
The community often provides the broader cultural and spiritual context for your decisions, offering resources like Elders, Knowledge Keepers, and traditional healers. They can help uphold traditional practices and ceremonies that honors the individual and their life.

In difficult times, the community can come together to provide emotional, spiritual, and practical supports (i.e., food, financial, transportation, etc.).

STRENGTHENING BONDS THROUGH CONVERSATIONS

Engaging in Advance Care Planning with your family and community is not just about preparing for the future—it's also about strengthening relationships. These conversations:

- Allow you to share stories, teachings, and values that guide your wishes.
- Provide an opportunity for younger generations to learn about cultural traditions and beliefs.
- Build mutual understanding and trust among family and community members.



ADVANCE CARE PLANNING

RIGHTS OF THE PATIENT

Ontario's healthcare laws ensure that individuals have control over their medical care decisions, even if they lose the ability to communicate. These rights are governed by the Health Care Consent Act (HCCA) and the Substitute Decisions Act (SDA).

RIGHT TO MAKE DECISIONS ABOUT YOUR CARE

- You have the right to accept or refuse any medical treatment, if you are capable of making decisions.
- This includes the right to plan in advance by expressing your wishes, values, and beliefs regarding future health care.

RIGHT TO BE INFORMED

- Before giving consent, you must receive all the information needed to make an informed decision. This includes understanding the nature, benefits, risks, and alternatives of proposed treatments.

RIGHT TO REFUSE TREATMENT

- You can refuse or withdraw consent for any treatment, even if it may result in death, as long as you are capable of making the decision.

RIGHT TO ASSIGN A SUBSTITUTE DECISION-MAKER (SDM)

- If you become incapable of making decisions, your SDM will act on your behalf. You have the right to choose an SDM who understands your values and will respect your wishes.

RIGHT TO CHANGE YOUR MIND

- You can revise your advance care plan or wishes at any time if you are capable.

RIGHT TO CULTURALLY SAFE CARE

- You have the right to request care that aligns with your cultural, spiritual, and personal values, including the integration of traditional Indigenous practices.

ADVANCE CARE PLANNING

HEALTHCARE CONSENT

HEALTHCARE CONSENT & CAPACITY LAWS IN ONTARIO

CONSENT IS REQUIRED FOR TREATMENT

- Healthcare providers must obtain consent before starting or stopping any treatment.
- Consent must be informed, voluntary, and specific to the treatment proposed. Providers must disclose details including effects and alternatives to these options and what would likely happen if you refused the options.
- Healthcare providers must also answer any questions you have about the treatments, and the information must be provided before you give verbal consent or sign a consent form.

CAPACITY TO MAKE DECISIONS

- You are considered capable if you can:
 - Understand the information relevant to the decision.
 - Appreciate the potential consequences of the decision or lack of decision.
- Capacity is specific to the decision at hand and may change over time.

ADVANCE DIRECTIVES ARE NOT BINDING IN ONTARIO

- Advance care planning involves expressing your wishes, but these are not legally binding like in some provinces. Instead, your SDM interprets and applies your expressed wishes in the context of your situation.

ADVANCE CARE PLANNING

ROLE OF A SUBSTITUTE DECISION-MAKER

A Substitute Decision-Maker, or SDM, is a trusted person who makes healthcare decisions on your behalf if you are found incapable. Ontario law establishes who acts as your SDM unless you formally appoint someone using a Power of Attorney for Personal Care (POAPC).

IF YOU DO NOT APPOINT SOMEONE, ONTARIO LAW PROVIDES A HIERARCHY OF SDMS INCLUDING:

- ☐ Your spouse or partner
- ☐ Your child or parent
- ☐ Your siblings
- ☐ Other relatives
- ☐ A public guardian or trustee if no one else is available

CHOOSING AN SDM

WHEN CHOOSING AN SDM, CONSIDER:

- **Trust:** Will they respect your decisions and advocate for you?
- **Understanding:** Do they know your cultural, spiritual, and personal values?
- **Communication:** Can they effectively communicate with health care providers?
- **Availability:** Are they willing and able to take on the role if needed?

RESPONSIBILITIES OF AN SDM

FOLLOW YOUR WISHES

- The SDM must make decisions based on your expressed wishes, values, and beliefs.
- If no prior wishes are known, they must act in your best interest.

UNDERSTAND THE MEDICAL CONTEXT

- The SDM must consult with health care providers to understand the proposed treatments and their implications.

ACT WITH CULTURAL SENSITIVITY

- For Indigenous patients, the SDM should ensure that cultural practices, spiritual beliefs, and traditions are respected in the care plan.

PROVIDE OR WITHHOLD CONSENT

- The SDM has the legal authority to accept or refuse treatments on your behalf, guided by your wishes.



ADVANCE CARE PLANNING

MY HEALTHCARE WISHES

SELF-GUIDED PERSONALIZED ADVANCE CARE PLAN

1. On the next page, you'll have the opportunity to outline your healthcare wishes.
2. Use the following pages as a journal to document your healthcare preferences and plans.
3. You can complete this with the support of a caregiver or someone else involved in your care journey.
4. This will help guide you and your caregivers in making informed decisions.



MY HEALTHCARE WISHES

— EXPRESSION OF WISHES: PERSONAL INFORMATION —

If you decide to write a plan by another means to communicate your wishes, remember to give a copy to your Substitute Decision-Maker(s).

Also give a copy to your family members, your doctor and any other health or legal professionals.

MOST IMPORTANTLY — HAVE A CONVERSATION WITH YOUR SUBSTITUTE DECISION MAKER(S) ABOUT YOUR PLAN. THEY MAY HAVE QUESTIONS ABOUT YOUR WISHES.

YOUR INFORMATION:

First Name:

Middle Initial(s):

Last Name:

Date of Birth:

Do you Identify as: ☐ First Nations ☐ Métis ☐ Inuit ☐ Other

If so, what nation?

Address:

Primary Phone:

Secondary Phone:

Email Address:

What makes life meaningful to me:

MY HEALTHCARE WISHES

— EXPRESSION OF WISHES: QUESTION GUIDE —

Consider the following questions to help guide the conversation(s) and expression of your wishes:

1. What do I value most in terms of mental or physical health?

- | | | |
|---|--|--|
| ☐ Being able to live independently | ☐ Being able to recognize others | ☐ Being able to communicate |
| ☐ Having my privacy | ☐ Being able to still do my hobbies | ☐ Keeping my dignity |
| ☐ Having friends and family nearby | ☐ Other: | |
-

2. What would make prolonging life unacceptable to me?

- | | | |
|---|--|---|
| ☐ Being in a coma with little or no possibility of waking up | ☐ Not being able to communicate with others | ☐ Being a burden to family members |
| ☐ A loss of privacy | ☐ Losing control of my bodily functions | ☐ Being in pain |
| ☐ Being kept alive by machines | ☐ Other: | |
-

3. What are my concerns about death?

- | | | |
|--|--|-----------------------------------|
| ☐ Be in pain | ☐ Struggle to breathe | ☐ Be alone |
| ☐ Lose my dignity | ☐ Other: | |
-

4. If I were near death, what would I want to make the end more peaceful for me?

- | | | |
|---|---|--|
| ☐ Family and friends nearby | ☐ Be able to die at home | ☐ Have spiritual or traditional support |
| ☐ Having specific music played | ☐ Other: | |
-

MY HEALTHCARE WISHES

— EXPRESSION OF WISHES: QUESTION GUIDE —

5. Do I have any spiritual or religious beliefs that would affect my care at the end of life?

6. What other thoughts and wishes might help others understand and support me at the end of life?

7. Do I want to request the services of a Traditional Healer?

8. If I were ill, what would be important for others to know?

These questions can help you think a bit more about what interventions you would or would not want:

How important is it that I be comfortable and suffer as little as possible?

☐ Not important ☐ Somewhat important ☐ Very important ☐ No opinion

How important is it that I live as long as possible?

☐ Not important ☐ Somewhat important ☐ Very important ☐ No opinion

How important is it that I respect the wishes of other family members regarding my care?

☐ Not important ☐ Somewhat important ☐ Very important ☐ No opinion

MY HEALTHCARE WISHES

— EXPRESSION OF WISHES: SUBSTITUTE DECISION-MAKER QUESTION GUIDE —

It's time to talk to your Substitute Decision-Maker, your family and your healthcare provider about your wishes. These conversations may not be easy—but they will help your loved ones know what's important to you.

Who do you want to talk to?

When is a good time to talk to them? Think about when you might approach your loved ones—for example, at a family gathering, over a meal, before the next big trip, etc.

Where is a good place to talk? Think about where you might have the conversation—for example at the kitchen table, at a restaurant, during a walk or drive, at the cottage, etc.

What do I want to be sure to say? List the most important things you want to make sure you'll talk about during your conversation:

MY HEALTHCARE WISHES

— PERSONAL AFFAIRS & DOCUMENTATION PLANNING —

I have discussed my wishes/plans with the following people and/or they have copies. List all the people who have copies, their relationship to you and their contact information.

Name	Relationship to me	Contact Information
1.		
2.		
3.		

I have discussed my wishes for healthcare with the person(s) named below.
My Primary Substitute Decision-Maker (SDM):
(see next page for a listing of other SDMs)

Name:

This person was appointed through a Power of Attorney for Personal Care Document? ☐ Yes ☐ No

Location of the current Power of Attorney for Personal Care (original document):

☐ My Substitute Decision-Maker has a copy of the document.

OR if no Power of Attorney for Personal Care document: the Substitute Decision-Maker who is the highest ranked person in the Hierarchy of Substitute Decision-Maker(s):

Name:

Relationship of this Substitute Decision-Maker to me:

Phone Number:

Mobile Number:

Address:

Email Address:

MY HEALTHCARE WISHES

— SUBSTITUTE DECISION-MAKER(S) & POWER OF ATTORNEY INFORMATION —

My Second Substitute Decision Maker is:

Name: _____

This person was appointed through a Power of Attorney for Personal Care

Document: ☐ Yes ☐ No

Location of the current Power of Attorney for Personal Care (original document): _____

☐ This person has a copy of the document.

Relationship of this Substitute Decision-Maker is: _____

Phone Number: _____

Mobile Number: _____

Address: _____

Email Address: _____

My Third Substitute Decision Maker is:

Name: _____

This person was appointed through a Power of Attorney for Personal Care

Document: ☐ Yes ☐ No

Location of the current Power of Attorney for Personal Care (original document): _____

☐ This person has a copy of the document.

Relationship of this Substitute Decision-Maker is: _____

Phone Number: _____

Mobile Number: _____

Address: _____

Email Address: _____

MY HEALTHCARE WISHES

— SUBSTITUTE DECISION-MAKER & DOCUMENTATION LOCATIONS —

This is a good time to put all your personal planning information together where they can be found. This will help those you have put in charge of your affairs to find them if needed
(check all that apply, and note the location of each document):

WRITTEN STATEMENT OF MY WISHES EX: HANDWRITTEN NOTES

Location:

Contact:

POWER OF ATTORNEY FOR PERSONAL CARE DOCUMENT

Location:

Contact:

SUBSTITUTE DECISION MAKERS(S):

1.Contact:

Location:

2.Contact:

Location:

APPOINTED LAWYER

Contact:

Location:

DO YOU HAVE A WILL?

☐

YES

☐

NO

Location:

INSURANCE POLICY

Company Name:

Location:

FUNERAL AND BURIAL/CEREMONIAL ARRANGMENTS:

Company Name:

Location:

OTHER DOCUMENTS (E.G. ORGAN DONORS, SPECIFIC REQUESTS):

Name Document:

Location:

Name Document:

Location:

Signature:

Date:

ADVANCE CARE PLANNING

THE MEDICINE WHEEL

The Medicine Wheel is a symbol used by many Indigenous cultures across Canada to represent the interconnectedness of life. It provides a framework for balance and harmony, encompassing physical, mental, emotional, and spiritual well-being. This wholistic approach makes the Medicine Wheel a powerful tool for guiding advance care planning in a culturally meaningful way.

MENTAL (NORTH)

Reflect on your beliefs and decisions.

- What values and beliefs guide your decisions about healthcare?
- How can you ensure that your choices are clearly communicated to your family and healthcare providers?
- Are there legal or logistical aspects you want to address, such as choosing a Substitute Decision-Maker (SDM)?

PHYSICAL (WEST)

Think about your health and medical care needs.

- What medical treatments or interventions align with your wishes?
- Do you have specific preferences for palliative care or end-of-life care?
- What traditional or Western medicines are important to you?



SPIRITUAL (EAST)

Honour your spiritual and cultural traditions.

- What spiritual or cultural practices are essential for your care?
- Are there ceremonies, medicines, or sacred teachings you wish to incorporate?
- How can your plan honour your connection to the Creator and your journey beyond life?

EMOTIONAL (SOUTH)

Consider your relationships and feelings.

- How can you involve family, loved ones, and community in your planning?
- Are there unresolved emotions or conversations you'd like to address?
- How do you want to be supported emotionally during difficult decisions or end-of-life care?

ADVANCE CARE PLANNING

MY PERSONAL MEDICINE WHEEL

Reflecting back on the medicine wheel journal prompts. Answer 1-3 questions per direction or place things that may come up for you that will invite wholeness to your health journey.



REFLECTIONS & NOTES

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HONOUR YOUR JOURNEY

AN INDIGENOUS APPROACH TO ADVANCE CARE PLANNING

FOR MORE RESOURCES, SCAN THE QR CODE BELOW:



My Name is: _____

In case of Emergency Call:

Name: _____ Phone: _____

My Health Care Provider is: _____

I am an Organ Donor: Yes ☐ No ☐

My Important papers are located in: _____

