



QLP Thought Provoking Questions

Planning for your future care needs will: give you more control over medical decision making; reduce your level of anxiety during very stressful times; improve your quality of living; and alleviate the burden your substitute decision maker can feel by having to make difficult choices on your behalf.

Please see below a list of reflective questions and tool to help you understand your values, beliefs, wishes and health preference. Understanding who we are helps to make future health care decision.

Below are some questions and resources to help you start thinking about developing your Advanced Health Care Directive:

1. Have you decided on a Power of Attorney for Personal Care and an alternative?
2. Do you have a serious health issues you are concerned about? (Defined as a non-curable illness that has an impact on quality of living).
3. What concerns do you have about how my health may change in the future?
4. What do I value most? **Here are some examples of values you may want to think about:**
 - I want to live as long as possible
 - I want to avoid the use of machines in order to keep me alive if I am seriously ill
 - I want to avoid symptoms such as pain and shortness of breath
 - I want to live as independently as possible
 - I want to continue to be able to participate in activities I like to do
 - I want to be able to think clearly and not be in a constant state of confusion
5. Do you want your health team to focus on maximizing the length of your life OR focusing on the quality of your life? Click [here](#) to see how your values influence you medical decisions using the Plan Well Guide from www.planwellguide.com.
6. When you think about care at the end of your life, do you worry more about not getting enough care or getting overly aggressive care?
7. Are you aware of the procedure Cardiopulmonary resuscitation? Have you considered what you would want should you experiences a cardiac arrest? What if restarting your heart didn't change your underlying condition but gave you more time to live in your current state? To watch a video that provide information on CPR please click [here](#) to be redirected to the Plan Well Guide from www.planwellguide.com.

Ensuring you receive the right care, at the right time, in the right place.



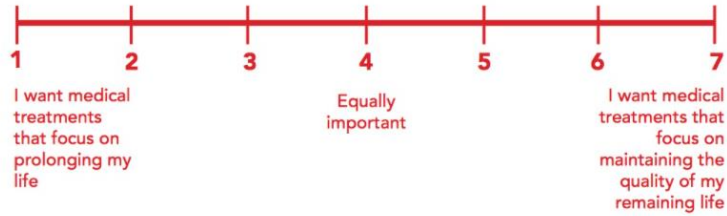
Quality Life Planning

8. Do you hold any religious, cultural, spiritual or personal beliefs that influence your medical choices?
9. If you could no longer swallow to nourish your body would you rather have small amounts of food for pleasure knowing this will not sustain your existence or a feeding tube to maintain your daily nutritional requirements?
10. What are your concerns about future housing / residency in the event you can not remain in your primary residence?
11. Do you have a preference regarding location of care if you become unable to care for yourself in your home?
12. If you needed assistance with daily care needs who would you like help from? Is there anyone you would not want helping you?
13. Would you prefer to die alone or with others near you? Who would be important to have near you?
14. Would you want to donate your organs after you die?
15. When do you think death occurs i.e. when the heart stops beating; when the brain stops functioning? Is there a level of existence to which you equate to being “as good as dead”?
16. What makes my life meaningful? (e.g. time with family or friends, faith, love for garden, music, art, work, hobbies, pet)
17. What are some important things that I want my SDM, family, friends and/or health care providers to understand about my future personal care wishes?
18. When you think about dying what are your greatest fears?
19. Would you consider Medical Assistance in Dying should your suffering become unbearable and you were competent to make your own decisions?
20. If you could create the perfect ending to your life story what would it look like?

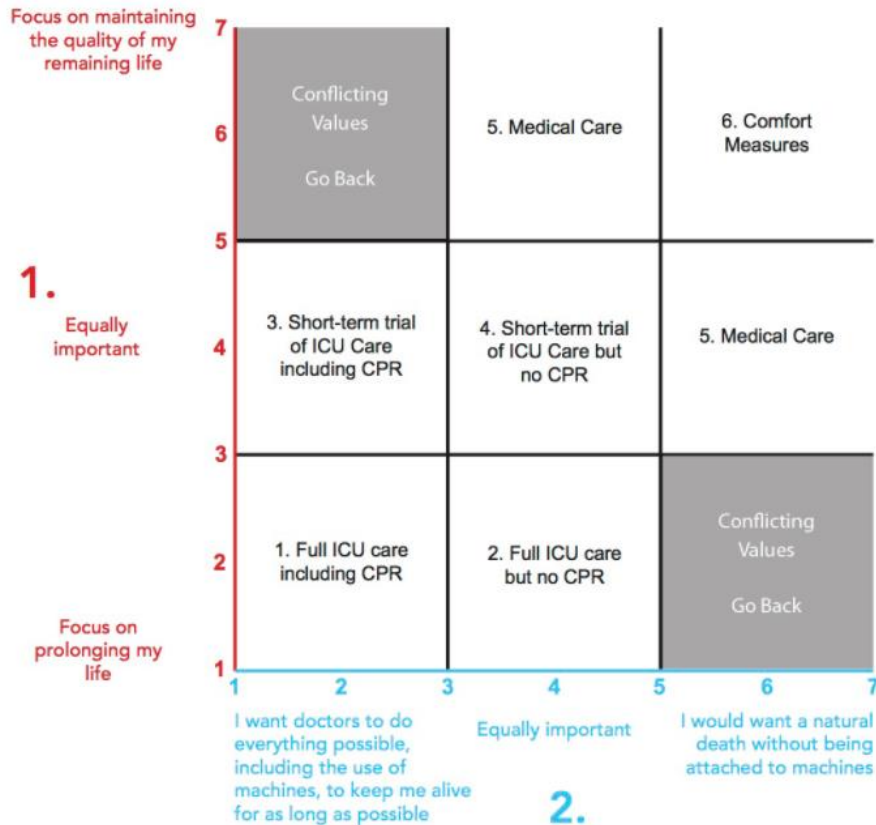
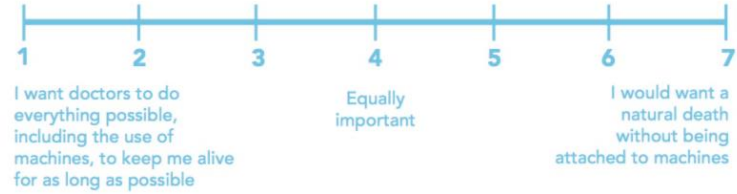


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1. On a scale of 1-7 circle the number to best describe how important the following is to you:



2. On a scale of 1-7 circle the number to best describe how important the following is to you:



Click [here](#) for more detail on how to use the Plan Well Guide to determine your health preferences

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