Advance Care Planning in Canada: National Framework and Implementation
A Project of the Canadian Hospice Palliative Care Association

What is Advance Care Planning?

Advance Care Planning (ACP) is a process of reflection and communication in which a person with decision-making capacity considers options about their future health and/or personal care in the event that they become incapable of consenting to or refusing treatment or other care. Through this process a person identifies what his/her wishes are. The process may involve discussions with healthcare providers and family and friends. Advance Care Planning involves making choices about end-of-life health care based on a person's priorities, beliefs and values and sharing his or her wishes. It is, therefore:

- A *process* of reflection and communication about values, beliefs and goals of care.
- A *process* of planning for a time when a person cannot make their own medical decisions.
- A *process* that involves discussions with healthcare professionals and significant others.
- A *process* that may result in an advance directive.

Why is Advance Care Planning Important?

There have been many advances in medical technology. In addition, people with many complex diseases are living longer. As a result, healthcare decisions are becoming increasingly complex. In this complicated environment, discussions regarding values, wishes, and preferences for care—on an ongoing basis—are critical. Furthermore, advance care planning may result in cost savings. However, while cost savings is a foreseeable consequence, it is not the primary intent of advance care planning. ACP is important because:

- Most people will die while receiving care from health professionals.
- The majority of Canadians die of a chronic illness.
- A large proportion of persons cannot make their own decisions when they are near death.
- Health professionals typically treat when uncertain of treatment wishes.
- Loved ones have a significant chance of not knowing a person’s views without discussion.

Why Do We Need a National Framework for Advance Care Planning?

In Canada, though there is general public support for advance care planning; only a minority engages in it. A number of groups across Canada are just beginning to understand the importance of ACP. There are pockets of strong expertise across Canada and other pockets with little knowledge. Information sharing is important across all of those jurisdictions. Raising the subject of advance care planning with people can be difficult for professionals/healthcare providers. Nevertheless, there is evidence to suggest that many consumers are eager to discuss advance care

planning if they are given the opportunity in a supportive environment. Education, user-friendly tools, and resources are needed by professionals in all sectors and by consumers. There is a need to foster ongoing dialogue about advance care planning among the legal sector (including those who develop legislation), policy makers, healthcare providers, and consumers so that legislation, law, and policy can be legally and medically sound and socially responsive.

Goal of this National Framework

The goal of the national framework is to provide a model for advance care planning that can be used to guide all related activity, program development, and standards of practice across Canada.

The *National Framework* is part of a five-year project of the Canadian Hospice Palliative Care Association that:

- Has completed a needs assessment/environmental scan identifying the basic components of a National Framework.
- Has developed the draft *National Framework* through a national consultative process – that remains flexible and facilitates collaboration across sectors.
- Has conducted two national Roundtables to seek guidance on the *Framework* and *ACP Tools* development
- Will implement the key recommendations in the framework relating to education of professionals/health care providers and public awareness/education. This will include:
    - Engaging professionals/health care providers in advance care planning.
    - The development and dissemination of tools for professional/health care provider education.
    - Educating/raising the awareness of consumers/the public.
    - Engaging consumers/the public in the process of advance care planning.

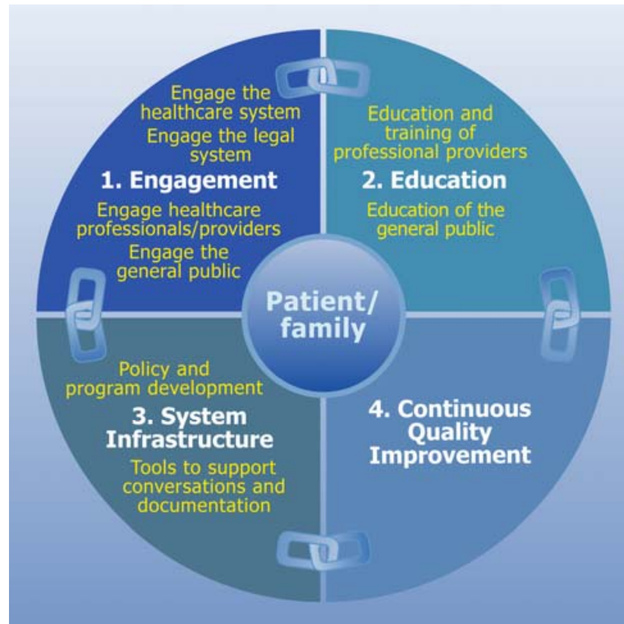
Implementing key recommendations in the framework will result in providing professionals and healthcare providers with the tools they need to facilitate and engage in the process of advance care planning with their clients. It will raise the awareness of Canadians about the importance of advance care planning and equip them with the tools they need to effectively engage in the process. It will guide health system leaders/health authorities in their efforts to implement Advance Care Planning programs and services.

The national framework is being developed through a national consultative process that remains flexible and facilitates collaboration across sectors. This first draft of the Framework was developed by the Advance Care Planning in Canada: National Framework Project Task Group—a group that represents national professional organizations and non-governmental groups concerned with advance care planning and experts in the field. (The list of members follows).

The Framework

The *National Framework* for advance care planning in Canada is based on a model that features the patient and family at its centre, and is composed of four basic building blocks—engagement; education; system infrastructure; and continuous quality improvement.

Framework for Advance Care Planning in Canada



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Each block of the model is essential and all blocks must connect and function together in order for the model to be effective. There are a number of essential activities within each of the four basic building blocks.

1. Engagement
    1.1. Engage the healthcare system
    1.2. Engage the legal system
    1.3. Engage healthcare professionals/providers
    1.4. Engage the general public
2. Education
    2.1. Education and training of professionals/providers
    2.2. Education of the general public
3. System Infrastructure
    3.1. Policy and program development
    3.2. Tools to support conversations and documentation
4. Continuous Quality Improvement

National Framework Consultation

The *Framework* has been drafted and reviewed by over 50 people/organizations across Canada to date. These included provincial/territorial governments; with national NGOs; national professional associations; and hospice and palliative care organizations. The recommended revisions have been made, and the *Framework* is being sent to a second round of consultation with provincial and territorial professional organizations and local/regional health authorities. If you wish to provide feedback in this round of the consultation please contact lhanvey@bruyere.org.

ACP Tools

An environmental scan of advance care planning across Canada and ACP tools has been conducted by the project. These reports are found on the CHPCA website – www.chpca.net. (Click on 'Projects' and 'Advance Care Planning'.) A repository of existing tools is being developed – this will be an on-line repository that will provide professionals and the public with access to existing tools. In addition, a template of essential elements of an advance care planning tool for individuals/families and the essential elements of an ACP tool for professionals will be explored. Since it may not be possible develop a national tool that would be useful across all boundaries – identifying the essential elements of ACP for professionals will be useful in all jurisdictions.

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