

Marathon PALLIATIVE CARE BINDER

CREATED BY THE MARATHON PALLIATIVE
CARE TEAM

People might forget what you said, people will forget what you
did, but people will never forget how you made them feel.

-Maya Angelou



MARATHON
FAMILY HEALTH TEAM



NORTH OF SUPERIOR
HEALTHCARE GROUP

**HOME AND COMMUNITY CARE
SUPPORT SERVICES**
North West



MARATHON
FAMILY HEALTH TEAM



NORTH OF SUPERIOR
HEALTHCARE GROUP

**HOME AND COMMUNITY CARE
SUPPORT SERVICES**
North West

Marathon

PALLIATIVE CARE

BINDER



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RESOURCES

SECTION 1:

CLIENT AND
CAREGIVER
RESOURCES

Medical

Contact Numbers

Marathon Family Health Team	(P) 229-3243
MFHT Home Care Coordinator – Chelsey LeBoeuf	(P) 229-1541 EXT. 401
Wilson Memorial General Hospital	(P) 229-1740
Marathon Drug Associates	(P) 229-1670
Community Programs Coordinator - Lorelle Sgro	(P) 229-1740 EXT. 278
Home & Community Care Support Services North West Care Coordinator – Kylee Campbell	(P) 229-8627 EXT. 3001

ADDITIONAL RESOURCES

FINANCIAL ASSISTANCE

Employment Insurance Compassionate Care Benefits

For those who have to be away from work temporarily to provide care or support to a family member who is gravely ill and who has a significant risk of death within 6 months. Max of 6 weeks may be paid.

Website: <http://www.servicecanada.gc.ca/eng/ei/types/compassionatecare.shtml>

Ontario Works

Can provide you with money and help you find a job if you are in a temporary financial need.

Phone: 229-2157

Location: 52 Peninsula Road, Marathon, ON, P0T2E0

Room 110

Hours of operation: 8:30-4:30

Website: <http://www.tbdssab.ca>

Marathon Food Bank

Provides non-perishable food items to individuals and families of lower income.

Phone: 229-9986

Location: 84 Evergreen Drive, Marathon, ON, P0T2E0

Hours of operation: Monday 6pm-8pm, Friday 1pm-3pm

Marathon Family Health Team Social Worker

Can help find funding for various devices if needed.

Phone: 229-3243

Ontario Trillium

Can help pay for prescription medications, if you qualify.

Phone: 1-800-575-5386

Website: <http://www.health.gov.on.ca/en/public/programs/drugs/odpdfirms.aspx>

Service Canada - Canada Pension Plan (CPP) Disability

Provides disability benefits to people who have made enough contributions to the CPP and who are disabled and cannot work at any job on a regular basis.

Website: <http://www.servicecanada.gc.ca/eng/services/pensions/cpp/disability/index.shtml>

Ontario Disability Support Program (ODSP)

Helps people with disabilities who are in financial need pay for living expenses, such as food and housing.

Phone: 1-800-465-5561

Website: <http://www.mcass.gov.on.ca/en/mcass/programs/spcial/odsp/>



CANCER CARE

Regional Cancer Care Northwest

Main Reception: (807) 684-7200

Toll Free: 1-877-696-7223

Location: 980 Oliver Road, Thunder Bay, P7B 6V4

Website: www.tbrhsc.net



Canadian Cancer Society

Full service regional cancer program providing prevention and screening services, diagnostic services, cancer treatment, survivorship services and palliative care services.

Phone: 1-888-939-3333

Website: www.cancer.ca

Cancer Connection

People living with cancer and their caregivers can call the toll free number and be matched with someone to talk to within 48 hours.

Phone: 1-800-263-6750

Tamarack House

A lodge for regional cancer patients in Thunder Bay at low rates.

Phone: 1-807-684-7799

Toll Free: 1-877-696-7223

COUNSELLING/MENTAL HEALTH CARE/SOCIAL SERVICES

North of Superior Counselling Programs

Provides counselling and education along with partnerships and specialized services to enhance the emotional well-being of people in the community.

Phone: 229-0607

Location: 51 Peninsula Road

Social Worker at Marathon Family Health Team

Phone: 229-3243

Location: Marathon Family Health Team



Crisis Response Service

Assists individuals to alleviate and resolve emotional distress or situational disturbances that affect their ability to cope.

Phone: 1-888-269-3100

Superior North Victim Services

Provides emotional support and practical assistance to victims of crime and tragic circumstances.

Phone: 229-8877

People Advocating for Change through Environment (PACE)

PACE is run by and for people with lived experiences of mental health issue or addiction issue who are now living well and able to support others experiencing similar issues to resolve problems and promote recovery.

Phone: 826-4442

Local: 229-0357

Email: pacemarathon@shaw.ca

Location: 52 Peninsula Rd, Unit 110

RESPITE CARE**Wilson Memorial General Hospital**

Phone: 229-1740

Wesway

Offers short-term care which gives family caregivers some time to renew their energy.

Phone: 1-807-623-2353

Toll Free: 1-888-623-2353

Email: respite@wesway.com

Website: www.wesway.com

Hospice Northwest Thunder Bay

Assist people living with a life limiting or chronic illness to experience a sense of connection, community and support through companionship.

Phone: 1-807-626-5570 Ext. 5577

Email: regionalcoordinator@hospicenorthwest.ca (Teresa Roberts)

Home and Community Care Support Services Northwest

Delivers individual care and quality health care.

Phone: (807) 229-8627



END OF LIFE CARE

Northwestern Ontario End of Life Care Network

Provides a full range of high quality client-centred palliative/end-of-life services through an integrated palliative care network.

Phone: 1-807-343-1625

Website: <http://www.northwestlhin.on.ca/goalsandachievements/Palliative%20Care.aspx>

Marathon Family Health Team

Palliative Care Team

Phone: (807) 229-3243

Wesway

Offers short-term care which gives family caregivers some time to renew their energy.

Phone: 1-807-623-2353

Toll Free: 1-888-623-2353

Email: respite@wesway.com

Website: www.wesway.com

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Phone: (807) 229-8627

LEGAL MATTERS

Erickson and Partners Law Firm

Phone: 1-807-345-1213 (Thunder Bay)

Ericksons LLP

Phone: 229-3111

Location: Marathon Centre Mall, 3 Hemlo Drive, Marathon, ON, P0T2E0

Rene Larson Law Office

Phone: 229-2777

Hours: Monday-Friday 9am-5pm



Kinna-aweya Legal Clinic

Phone: 229-2290

Toll Free: 1-866-389-1477

Fax: 229-0486

Location: #101 52 Peninsula Road, P.O. box 658

Power of Attorney Documents

<http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/poa.pdf>

PASTORAL CARE**St. John's United Church**

Phone: 229-1031

Location: 13 Steedman Drive

Parkland Pentecostal Church

Phone: 229-0530

Location: 16 Hemlo Drive

Holy Saviour Roman Catholic Church

Phone: 229-1467

Location: 17 Stevens Avenue

**FUNERAL HOMES IN AREA****Northwest Funeral Alternative Inc**

Phone: (807) 623-2025

Location: 428 Balmoral Street, Thunder Bay, ON, P7C 5G8

Kerry Funeral Home Ltd

Phone: (705) 856-7340

Toll Free: 1-800-439-4937

Location: 140 Churchill Avenue, Wawa, ON P0S 1K0

Email: kerryfuneralhome@shaw.ca

Website: www.kerryfuneralhome.ca

King Funeral Home

Phone: 1-807-824-2261

Location: 122 Main Street, Schreiber, ON, P0T 2S0

MEDICAL PHONE NUMBERS**Wilson Memorial General Hospital (Marathon)**

Phone: 229-1740

Marathon Family Health Team

Phone: 229-3243

Hours: Monday-Friday 9am-5pm

Marathon Drug Associates

Phone: 229-1670

Location: Marathon Centre Mall, 2 Hemlo Drive, Marathon, ON, P0T 2E0

Hours: Monday-Friday 9am-5pm, Saturday 9am-12pm, Sunday: closed

Thunder Bay Regional Health Sciences Centre

Phone: 1-807-684-6000

Emergency (Fire, Ambulance, Police)

Phone: 911

Shoppers Home Health Care

Call for equipment purchases or rental

Phone: 1-807-345-6564

Hours: Monday-Friday 9am-5:30pm, Saturday 10am-4pm

Home and Community Care Support Services Northwest

Phone: (807) 229-8627

Toll Free: 866-449-3313

Location: 26 Peninsula Road, Marathon, ON, P0T 2E0

Hours: Monday-Friday 8:30am-4:30pm

DEMENTIA/ALZHEIMER'S CARE**Alzheimer's Society**

Phone: 1(807) 345-1518 or 1-888-885-5140

Location: Thunder Bay, ON, P7B 6J4

Email: info@alzheimerthunderbay.ca

Website: www.alzheimer.ca/thunderbay



SERVICES IN MARATHON

Senior Services Van (55+)

Transportation to attend medical appointments, health related appointments, and wellness programs. \$20 transportation pass (3 round trips).

Lorelle Bertin, Community Programs Coordinator

Phone: 229-1740 ext. 278

Hours: Tuesday & Thursday 9:30am-12pm, 1pm-3:30pm

Meals on Wheels

Hot meals delivered to your house at lunch 5 days a week. Please phone for pricing.

Lorelle Bertin, Community Programs Coordinator

Phone: 229-1740 ext. 278

Seniors Supportive Housing- Peninsula Manor

Peninsula Manor is a Seniors Supportive housing facility located in downtown Marathon. It is a 36-unit building with different units, including one bedroom, two bedroom, and studio suites. 24-hour care can be provided at an additional cost.

Location: 24 Peninsula Rd

Phone: 807-229-1740 Ext. 278

Email: lsgro@nosh.ca

Payne's Taxi

Phone: 229-2444





MARATHON FAMILY HEALTH TEAM

The Marathon Family Health Team is your liaison to services that are provided in town.

Nursing Staff at the Marathon Family Health Team can provide you:

- Clinical Nursing Services arranged through Home & Community Care program (Home and Community Care Support Services North West)
- Answer health related questions you may have
- Coordinate services that are needed
- Caring and compassionate care

The Registered Social Services Worker at the Marathon Family Health Team can provide you:

- Palliative care support
- Service Navigation - assisting with forms, providing information regarding programs and funding
- Counselling
- Caring and compassionate care
- Depression and anxiety screening



ST. JOSEPH'S CARE GROUP

ST. JOSEPH'S HOSPITAL

North West Regional Palliative Care Program

24/7 Palliative Care Consultation Service



1-844-343-2476

RPCP@tbh.net

The Palliative Care Consultation Service offers support and guidance to healthcare professionals so they can provide quality palliative care to their patients with confidence.

rpcp.sjcg.net

Healthcare Professionals are encouraged to call 1-844-343-2476

A Palliative Care Consultation Nurse is available 24 hours, 7 days a week to provide guidance with the following:

- ▶ Palliative Care Information
- ▶ Symptom Management Resources
- ▶ Palliative Care Delivery Guidance
- ▶ Education Information
- ▶ Linkages to Palliative Care Services
- ▶ Admission to Hospice/Palliative Care

If your call is not answered, please call back. Nurses may be away from the phone providing care to clients.

This consultation line is for healthcare professionals only.

Individuals requiring palliative care or information about palliative care should contact their primary healthcare provider.

Anyone requiring emergency care should call 911 or report to the Emergency Department at the nearest acute care hospital.

mental health resources

NORTH OF SUPERIOR COUNSELING PROGRAMS

NOSP Talk-In Counselling Clinic provides same day virtual counselling.

Available 9:00 – 5:00pm, Monday to Friday

Talk: Toll-FREE 1.877.895.6677

WELLNESS TOGETHER CANADA

FREE virtual counselling through Homewood Health.

Available 24/7

Talk: Toll-Free 1.866.585.0445

For more information: <https://www.wellnesstogether.ca>

NORTH EAST MENTAL WELLNESS & CRISIS TEAM

Offers support to members of Pays Plat, Biigtigong Nishnaabeg, Netmizaaggamig Nishnaabeg and Michipicoten FNs.

24/7 Crisis Response & Telecounselling

Talk: 1.866.209.9582

HOPE FOR WELLNESS HELPLINE

Offers immediate help to all Indigenous peoples across Canada. Counselling sessions available 24/7/365

Talk: Toll-Free 1.855.242.3310

Chat online: www.hopeforwellness.ca

THUNDER BAY COUNSELLING CENTER

FREE Talk-In Counselling Clinic provides immediate same day counselling & psychotherapy. Available 3x per week.

Tues (12–3pm), Wed (3–6pm), Thurs (12–3pm)

Talk: 1.897.700.0090

TALK4HEALING

A culturally grounded, fully confidential 24/7/365 helpline for Indigenous women.

Talk: Toll-Free 1.855.554.HEAL (4325)

Text: Simply send us a message to receive support anywhere

Chat online: <https://www.talk4healing.com>

CRISIS SERVICES CANADA

If you're thinking about suicide, are worried about a friend or loved one, the Canada Suicide Prevention Service is available 24/7/365.

Talk: 1.833.456.4566

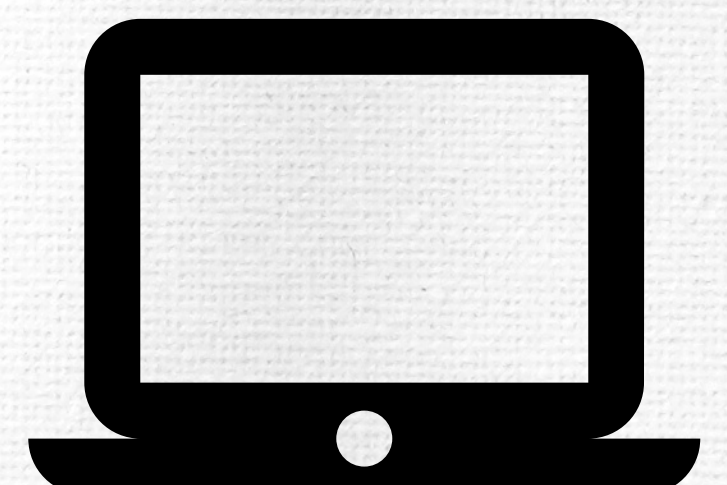
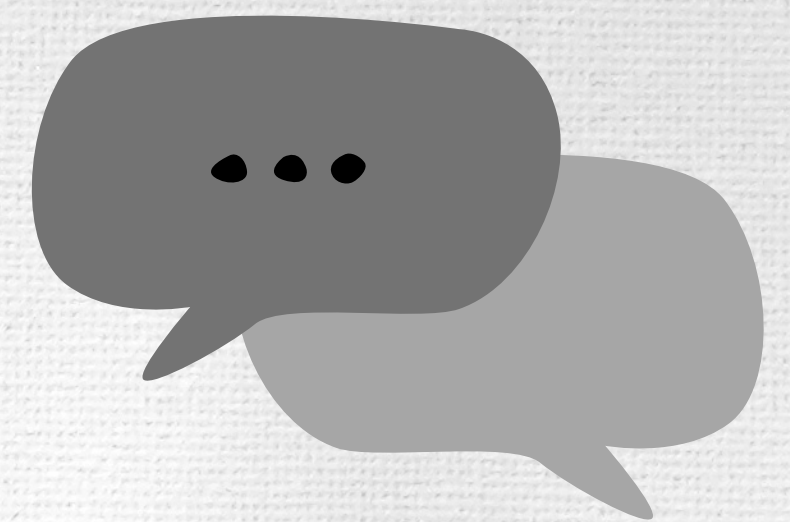
Text: 45645 Available 4pm – Midnight ET

KIDS HELP PHONE

Offers support to kids, teens and young adults. Available 24/7/365.

Talk: 1.800.668.6868

Text: 686868



MARATHON
FAMILY HEALTH TEAM

**Patient,
Family and
Caregiver
Declaration of
Values for
Ontario**

ACCOUNTABILITY

**EMPATHY &
COMPASSION**

**EQUITY &
ENGAGEMENT**

**RESPECT
& DIGNITY**

TRANSPARENCY

Ontario



Patient, Family and Caregiver Declaration of Values for Ontario

ACCOUNTABILITY

- ◆ We expect open and seamless communication about our care.
- ◆ We expect that everyone on our care team will be accountable and supported to carry out their roles and responsibilities effectively.
- ◆ We expect a health care culture that demonstrates that it values the experiences of patients, families and caregivers and incorporates this knowledge into policy, planning and decision making.
- ◆ We expect that patient, family and caregiver experiences and outcomes will drive the accountability of the health care system and those who deliver services, programs and care within it.
- ◆ We expect that health care providers will act with integrity by acknowledging their abilities, biases and limitations.
- ◆ We expect health care providers to comply with their professional responsibilities and to deliver safe care.

EMPATHY & COMPASSION

- ◆ We expect that health care providers will act with empathy, kindness and compassion.
- ◆ We expect individualized care plans that acknowledge our unique physical, mental, emotional, cultural and spiritual needs.
- ◆ We expect that we will be treated in a manner free from stigma, assumptions, bias and blame.
- ◆ We expect health care system providers and leaders will understand that their words, actions and decisions strongly impact the lives of patients, families and caregivers.

EQUITY & ENGAGEMENT

- ◆ We expect equal and fair access to the health care system and services for all regardless of ability, race, ethnicity, language, background, place of origin, gender identity, sexual orientation, age, religion, socioeconomic status, education or location within Ontario. We further expect equal and fair access to health care services for people with disabilities and those who have historically faced stigmatization.
- ◆ We expect that we will have opportunities to be included in health care policy development and program design at local, regional and provincial levels of the health care system.
- ◆ We expect an awareness of and efforts to eliminate systemic racism and discrimination, including identification and removal of systemic barriers that contribute to inequitable health care outcomes (with particular attention to those most adversely impacted by systemic racism).

RESPECT & DIGNITY

- ◆ We expect that our individual identity, beliefs, history, culture and ability will be respected in our care.
- ◆ We expect health care providers will introduce themselves and identify their role in our care.
- ◆ We expect that we will be recognized as part of the care team, to be fully informed about our condition, and have the right to make choices in our care.
- ◆ We expect that patients, families and caregivers be treated with respect and considered valuable partners on the care team.
- ◆ We expect that our personal health information belongs to us, and that it remain private, respected and protected.

TRANSPARENCY

- ◆ We expect that we will be proactively and meaningfully involved in conversations about our care, considering options for our care, and decisions about our care.
- ◆ We expect that our health records will be accurate, complete, available and accessible across the provincial health system at our request.
- ◆ We expect a transparent, clear and fair process to express a complaint, concern, or compliment about our care that does not impact the quality of the care we receive.

Updated: July 2021

Note: The purpose of this Patient, Family and Caregiver Declaration of Values, drafted by the Minister's Patient and Family Advisory Council in consultation with Ontarians, is to articulate patient, family and caregiver expectations of Ontario's health care system. The Declaration is intended to serve as a compass for the individuals and organizations who are involved in health care and reflects a summary of the principles and values that patients, families and caregivers say are important to them. The Declaration is not intended to establish, alter or affect any legal rights or obligations, and must be interpreted in a manner that is consistent with applicable law.

Ontario



ACP

DECLARATION OF VALUES

Speak Up

Start the conversation
about end-of-life care




Advance Care Planning Workbook

It's about conversations.
It's about decisions.
It's how we care for each other.

www.advancecareplanning.ca

CHPCA and the Advance Care Planning project appreciates and thanks its funding partners, Canadian Partnership Against Cancer and The GlaxoSmithKline Foundation.



For more information about advance care planning, please visit our website at:
www.advancecareplanning.ca 

e-mail: info@advancecareplanning.ca

National Advance Care Planning Task Group
c/o Canadian Hospice Palliative Care Association
Annex D, Saint-Vincent Hospital
60 Cambridge Street
Ottawa, ON K1R 7A5

Telephone: 613-241-3363
Fax: 613-241-3986

The National Advance Care Planning Task Group wishes to recognize and thank the following organizations for generously allowing us to adapt components of their publications and information for use in this workbook:

- Canadian Researchers at the End of Life Network (CARENET)
- Fraser Health Authority (British Columbia)

The information provided within this workbook is included as a public service and for general reference only. Every effort is made to ensure the accuracy of the information found here. However, this information is not considered legal, medical or financial advice and does not replace the specific medical, legal or financial advice that you might receive or the need for such advice. If you have questions about your health or about medical issues, speak with a health care professional. If you have questions about your or someone else's legal rights, speak with a lawyer or contact a community legal clinic.

Making an advance care plan

Advance care planning is a process of reflection and communication, a time for you to reflect on your values and wishes, and to let others know what kind of health and personal care you would want in the future if you become incapable of consenting to or refusing treatment or other care.

Advance care planning means having discussions with family and friends, especially your Substitute Decision Maker(s) – the person or people who will speak for you when you cannot. It includes discussions with your healthcare providers to ensure that you have accurate medical information on which to make decisions. It can also include writing down your wishes, and may even involve talking with financial and legal professionals.

It's a way to give your loved ones the confidence to make decisions for you during a difficult time.

You may never need your advance care plan – but if you do, you'll be glad that you have had these conversations, to make sure that your voice is heard when you cannot speak for yourself.

This workbook contains tips for having conversations with others about your wishes for care at the end of life. It also includes information about making a plan, understanding medical procedures and a sample plan. You can use the workbook to help get the conversation started.

Why plan for end-of-life care?

Life can take many twists and turns. **Imagine:**

- One day, without any warning, you find yourself in a hospital with a life-threatening illness. You are unable to speak for yourself – you do not recognize your family or friends. Your doctors do not feel that you will leave the hospital alive. Do you want to be kept alive using machines? Does anyone know your wishes? Who will make decisions for you?
- Your mother has slipped into a coma - and you and your siblings need to make some decisions about her medical care. Which one of you will make those decisions? How do you know if they are the right choices for your mother?
- You are at the beginning stages of Alzheimer's, and you know that at some point you will not be able to recognize people or make your own decisions. How will you make your wishes known? Who will make decisions for you?

An advance care plan is more than a document outlining your wishes for care at the end of life. It's a conversation that you have with the person or people who will represent you if you cannot speak for yourself. It means thinking about what is important to you and what you value. It means talking to your loved ones about these things.

Having these conversations and making a plan are ways to give your loved ones the confidence to make decisions during a difficult time. It's how we care for each other.

Remember, this plan would only be used if you are not capable of speaking for yourself. You can also change it at any time.

The choices you make at the end of life – for yourself and others – are important. Make sure that your voice is heard and respected. Think about what you'd want – and start the conversation with others about your end-of-life care.

Let's get started: Making an advance care plan

Advance care planning is a process, not just a document. It's conversations that you have with close family and friends about your values and beliefs as well as the medical procedures that you want and don't want at the end of life. It's also about the experiences and people that you want around you at the end of life.

How to begin:

1. Think about what's right for you

Begin by reflecting on your values, beliefs and understanding about end-of-life care or specific medical procedures, such as drug therapies, cardiopulmonary resuscitation or dialysis. Think about any situations that you may have experienced with others and how it made you feel. You should also speak with your healthcare providers to ensure you have accurate information to make decisions about medical procedures.

Ask yourself:

- If possible, would I prefer to die at home, in a hospice or in the hospital? What might change my mind about my choice?
- Do I want or not want certain medical interventions (for example, resuscitation or feeding tubes) if I am unlikely to survive or live independently? Why would I want or not want these procedures?
- 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 (such as family/friends nearby, music playing, etc.)?



2. Learn about end-of-life care options and procedures

Some individuals want to prolong life as long as possible using medical interventions, while others would not want to be hooked up to machines at the end of life if there is no chance of recovery.

We've included a list of advance care planning terms and medical procedures on pages 9 and 10 to help you decide what's right for you.

3. Decide who will make medical decisions on your behalf should you become incapable of doing so

Think carefully about who you feel would honour and follow your wishes, and would be most capable of making medical decisions on your behalf. This may be a spouse, an adult child, trusted family member or a good friend. This person(s) will be your Substitute Decision Maker.

Legal requirements regarding the appointment of a Substitute Decision Maker vary across the country. Visit our Advance Care Planning Resource Commons at: <http://www.advancecareplanning.ca/making-a-plan/how-to-make-your-plan/provincial-territorial-resources.aspx> for more information about provincial and territorial guidelines.

4. Start the Conversation

Now it's time to have a conversation with your Substitute Decision Maker(s), your family and if needed, appropriate professionals. Your Substitute Decision Maker(s) may find the conversation difficult, or may be relieved to know exactly what kind of care you would like to receive. If you write your plan down, make sure that your Substitute Decision Maker(s) have a copy of your plan, and that they can honour and feel comfortable making medical decisions on your behalf.

Don't forget to tell others too – such as your doctor, other health care professionals involved in your care, your lawyer and other family members or friends. It's a good idea to provide your doctor with a copy of your plan if it is written down. If not, have him/her record the conversation in your medical record.

Having trouble talking? Our website has some great tips for starting the conversation – visit www.advancecareplanning.ca to learn more.

5. Document your wishes

Write down or record what you would want if you are at the end of life and are not expected to survive – such as the use of machines that will keep you alive (for example, breathing machines or dialysis), a trial period of that procedure, or no medical interventions at all except to relieve pain or other discomfort. You can learn more about various medical procedures on pages 9 and 10 of this workbook.

NOTES

Let's get started:

Making an advance care plan (continued)

Speak Up

Start the conversation
about end-of-life care

It is important to know that when you are in pain or experiencing unpleasant symptoms such as dizziness or nausea, health care providers will always give you medicine and treatment to relieve those symptoms. There are other medical procedures, however, that you may or may not want at the end of life.

You should also consider documenting any other wishes for your care at the end of life (for example, dying at home, receiving hospice/palliative care, having music playing, specific religious rituals).

We've included a form in this workbook to help you document your wishes – but you may also choose to create your own plan or use a form provided by a legal or health professional. You could also make a recording or video of your wishes.



Questions you may have

When is an advance care plan used?

You plan is only used if you are unable to make your own health care decisions (for example, you are in a coma or your illness has impaired your ability to make decisions). Your representative can use it to guide your care and advocate for your wishes.

What if I change my mind?

Our lives- and the people around us – change over time. You will want to review your advance care plan regularly to be sure it still reflects your wishes and that you are comfortable with your Substitute Decision Maker. Remember, it will only be used if you cannot speak for yourself.

What happens if I have an emergency, I can't communicate and the emergency room staff don't know about my Substitute Decision Maker?

Make sure that your Substitute Decision Maker and your doctor have a copy of your plan and that family or friends know who will act as your Substitute Decision Maker – they will likely be contacted if an emergency occurs. You can also use a wallet card to name your Substitute Decision Maker and contact information (visit: www.advancecareplanning.ca to get a copy of our wallet card).

What if my Substitute Decision Maker is not able or willing to make decisions for me?

Health care professionals will approach family members as directed in provincial or territorial legislations. Visit our Advance Care Planning Resource Commons at <http://www.peolc-sp.ca/acp/english/> for more information.

I have a Living Will – isn't that good enough?

A living will is a type of advance care planning – but it's also important that you have a conversation with those who will make decisions about your care – they may have questions about your wishes. You should also review your advance care plan regularly to be sure that it still reflects your feelings, beliefs and values about end-of-life care.

My family will know what to do - why do I have to write it down?

Writing down your wishes helps to ensure your wishes are clear for everyone. You may believe that they know what to do – but perhaps they don't. For example, you may have said something like 'pull the plug if I'm a vegetable' – but you need to be clear about what that really means to you. Your family may also have questions about the choices that you've made.

These types of documents are only for old people, right?

You can't predict how and when you'll die. If you are an adult, you should have a plan. You can change your plan as often as you like, and as your life changes. But don't just write it down - the most important thing to do is to have a conversation with the person or people who will make decisions for you when you can't.

NOTES

By learning more about common end-of-life terms and treatments, you can develop an advance care plan that truly reflects your wishes. You may also wish to include some of these terms in your advance care plan:

Allow natural death refers to decisions NOT to have any treatment or procedure that will delay the moment of death. It applies only when death is about to happen from natural causes.

Cardiopulmonary resuscitation (CPR) refers to medical procedures used to restart your heart and breathing when the heart and/or lungs stop working unexpectedly. CPR can range from mouth-to-mouth breathing and pumping of the chest to electric shocks that restart the heart and machines that breathe for the individual.

Comfort Measures: treatments to keep you comfortable (for example, pain relievers, psychological support, physical care, oxygen, etc.) but not to keep you artificially alive or cure any illnesses.

Dialysis is a medical procedure that cleans your blood when your kidneys can no longer do so.

End-of-life care refers to health care provided at the end of a person's life. This type of care focuses on you living the way you choose during your last days or weeks and would include comfort measures until the time of death.

A **feeding tube** is a way to feed someone who can no longer swallow food.

Health care provider / Health care professional describes a person licensed, certified, or registered in their province/territory to provide health care. For example: a doctor, nurse or social worker.

Informed consent refers to the permission you give to health care providers that allows medical investigations and/or treatments. Health care providers give detailed explanations of the investigations/treatments and their risks and benefits before you give verbal consent or sign a consent form.

An **intravenous (IV)** is a way to give you fluids or medicine, i.e. through a vein in your hand or another part of your body.

Life support with medical interventions refers to medical or surgical procedures such as tube feeding, breathing machines, kidney dialysis, some medications, and CPR. All of these use artificial means to restore and/or continue life. Without them, you would die.

Palliative Care is care provided for people who have a terminal illness that focuses on providing good quality of life – in other words, keeping you as comfortable and free of pain as possible. Palliative care may involve medicines, treatments, physical care, psychological/social services and spiritual support, both for you and for those who are helping to care for you.

Power of Attorney / Power of Personal Care are terms that typically indicate someone who is legally appointed to speak on your behalf. Typically, you would have a witnessed document naming your Power of Attorney / Power of Personal Care and outlining their responsibilities.

If you are incapacitated and have not designated a Substitute Decision Maker or if family members disagree about your care, a provincial or territorial **Public Guardian and Trustee** may be assigned to make decisions about your care.

NOTES

A **Substitute Decision Maker** is a person who makes medical decisions and provides consent for treatment or withdrawal of treatment on behalf of another person when they are incapable of communicating their wishes on their own. This person might also be known as a medical proxy, a health representative or agent or a Power of Attorney for Personal Care.

Symptoms are signs that you are unwell - for example, pain, vomiting, loss of appetite, or high fever.

A **Terminal illness** means an incurable medical condition caused by injury or disease. These are conditions that, even with life support, would end in death within weeks or months. If life support is used, the dying process takes longer.

A **ventilator** is a machine that helps people breathe when they cannot breathe on their own.

What health care always provides

When you are in pain or experiencing unpleasant symptoms such as dizziness or feeling sick, health care providers will always give you medicine and treatment to relieve those symptoms.

If you reach the point where you no longer want care that prolongs your life, medical treatment and nursing care will always be given to keep you comfortable. For example, you may receive:

- Surgery to control pain (such as the repair of a broken hip)
- Antibiotics
- Pain-relieving medicine
- Medication to ease breathing difficulties

NOTES



My Advance Care Plan

After you've filled out this plan, make sure to give it to your Substitute Decision Maker, family members, your doctor and any other health or legal professionals.

Most importantly – have conversations with your Substitute Decision Maker about your plan. They may have questions about your wishes.

First name: _____ Middle Initial: _____

Last name: _____

Date of birth: _____

Address: _____

Telephone number: _____ Mobile number: _____

e-mail address: _____

The following people have copies of this Advance Care Plan:
(list all people who have copies, their relationship to you and their contact information)

Name	Relationship to me	Contact Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My Advance Care Plan: My Substitute Decision Maker



I have discussed my wishes for future healthcare with the person named below.
My Substitute Decision Maker is:

Name: _____ Relationship: _____

Telephone: _____ Mobile number: _____

e-mail: _____

I have also discussed my wishes with the following people:

Name	Relationship to me	Contact Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***note:** some provinces and territories require you to complete certain legal forms to identify your Substitute Decision Maker – you should discuss any requirements with your lawyer. Find out more by visiting our Advance Care Planning Resource Commons at <http://www.peolc-sp.ca/acp/english/>.

In case of a serious illness or injury, there are a number of medical procedures called interventions, which can prolong life and delay death. These could include mechanical ventilation, tube feeding, intravenous fluids or other treatments (see our Word List on pages 9 and 10 for more information). It is important to think about your wishes for these types of medical procedures.

You may also have other wishes related to your care at the end of life – such as specific spiritual rituals you may want to have performed, or having music playing. You can use the questions below to document your wishes for care.

Consider answering the following questions to help guide you and your Substitute Decision Maker(s) in discussions. Remember that you can change your mind at any time – just be sure that you communicate any changes to your Substitute Decision Maker(s).

1. What do I value most in terms of my mental and physical health? (For example, being able to live independently, being able to recognize others, being able to communicate with others)

2. What would make prolonging life unacceptable for me? (for example, not being able to communicate with those around me, being kept alive with machines but with no chance of survival, not having control of my bodily functions)

3. When I think about death, I worry about certain things happening (for example, struggling to breathe, being in pain, being alone, losing my dignity, etc.):

4. If I were nearing death, what would I want to make the end more peaceful for me? (for example, family and friends nearby, dying at home, having spiritual rituals performed, etc.)

5. Do I have any spiritual or religious beliefs that would affect my care at the end of life? (for example, certain beliefs about the use of certain medical procedures)

6. Other wishes and thoughts (write down anything that would help others understand and support you at the end of life)

note: You might also consider using the following tools to help you better understand your wishes:

Ottawa Hospital Research Institute Patient Decision Aids: features an A-Z directory of decision aids on a range of illnesses and treatments

<http://decisionaid.ohri.ca/index.html>

CANHELP – The CANHELP tool measures both what is important to an individual at the end of life and how satisfied they are with that aspect of care. When the questionnaire is completed (either by the patient nearing the end of life, their caregiver or a health professional), a customized report is produced providing guidance for communicating wishes to the health care team.

http://www.thecarenet.ca/index.php?option=com_content&view=article&id=54

My other planning documents:

In addition to this Advance Care Plan, I have also completed the following documents:
(check all that apply, and note the location of each document)

 Living Will Location: _____

 Power of Attorney Location: _____

Will _____ Location: _____

____ Other (e.g. organ donation, specific bequests, etc.)

Name of document: _____

Location:

Now that you've made your plan...

Speak Up

Start the conversation
about end-of-life care

Congratulations on taking the first step!

Now that you've made your plan, it's time to tell others about it.

Start the conversation about end-of-life care.

Talk to your Substitute Decision Maker(s) about your plan and your wishes. They may have questions about your decisions or want more details about what you've written in your plan. That conversation can give them the confidence to make decisions during a difficult time.

Talk to your family members, friends and health care team too. They need to know your wishes if you cannot communicate for yourself. Talking now will help to reduce any anxiety and will help them better understand and honour your wishes at the end of life.

The choices you make at the end of life – for yourself and others – are important. Make sure that your voice is heard.

For more information about advance care planning, please visit:

www.advancecareplanning.ca



Advance Care Planning, Goals of Care, and Treatment Decisions & Informed Consent

Frequently Asked Questions (FAQ)

1 Why are Advance Care Planning, Goals of Care, and Treatment Decisions & Informed Consent conversations important?

Having these conversations will help to prepare your future Substitute Decision Maker(s) (SDMs) to make decisions on your behalf, if you are not able (capable) to make them for yourself. They also help to make sure that your treatment decisions are based on your wishes, values, and beliefs for your care now and in the future.

2 How do Advance Care Planning, Goals of Care, and Treatment Decisions & Informed Consent conversations differ?

Advance Care Planning is a two-step process that should be completed when healthy. It includes:

- Confirming your Substitute Decision Maker, and
- Discussing your wishes, values, and beliefs with your Substitute Decision Maker.

The information shared with your Substitute Decision Maker is used to help them make future health care decisions if you are not capable (able) to make them yourself.

Goals of Care conversations focus on making sure you understand the nature of your illness, and help healthcare providers (e.g., nurse, doctor, or social worker) understand the goals you have for your care. They help prepare you to make treatment decisions, and provide informed consent.

Anytime a healthcare provider offers you treatment, you or your Substitute Decision Maker (if you are not capable) must give informed consent (permission) for that treatment.

To get your informed consent (permission), healthcare providers must give you information about:

- What is involved in the treatment;
- Expected benefits, risks, and side effects;
- Any different treatment options; and
- What may happen if you refuse the treatment.

Your healthcare provider will then help you (or your SDM) to make a decision based on your wishes, and goals of care.

3 I am not near the end-of-life – why are you telling me about Advance Care Planning?

You can't predict how and when you'll become seriously ill and unable to communicate your wishes. If you are an adult, you should engage in the process of Advance Care Planning. You can change your wishes as often as you like, and as your life changes. You may want to write them down, but the most important thing is to share your wishes with the person or people who will make decisions for you when you can't as they will be asked to give or refuse consent to treatment when you are unable. Please visit the Speak Up Ontario website at speakupontario.ca for additional information and patient resources.

4 Who is my Substitute Decision Maker?

A Substitute Decision Maker is a person who makes treatment decisions on your behalf if and when you are not capable (able) to make these decisions for yourself. Please see pages 2-3 for more information about confirming your Substitute Decision Maker.

5 Who can be a Substitute Decision Maker?

To be a Substitute Decision Maker (SDM), the person must:

- be 16 years or older
- be capable of providing consent
- be willing to accept the role as your SDM
- be available when decisions need to be made
- not be prevented from accessing you by a court order or separation agreement

6 I am not comfortable with who my automatic Substitute Decision Maker is, how do I choose a different person?

This is a common concern. For example, some patients may want only one of their children as their Substitute Decision Maker, instead of all of them, or may want to have their child instead of their spouse. This can be done. If you want to choose a different person as your Substitute Decision Maker, you will need to prepare a Power of Attorney for Personal Care free of

cost. In this case, an “attorney” does not mean a lawyer. This will let you name someone who will make decisions for you if you are not able to. You can download the form and find more information on the Ministry of the Attorney General website at <https://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/poa.pdf>.

7 Who is supposed to interpret my wishes if I am not able to make decisions myself?

If you are not able (capable) to make a treatment decision, your Substitute Decision Maker will decide whether to give or refuse consent (permission).

While healthcare providers can help with the process when needed, your wishes should be interpreted by your Substitute Decision Maker.

CONFIRMING YOUR SUBSTITUTE DECISION MAKER

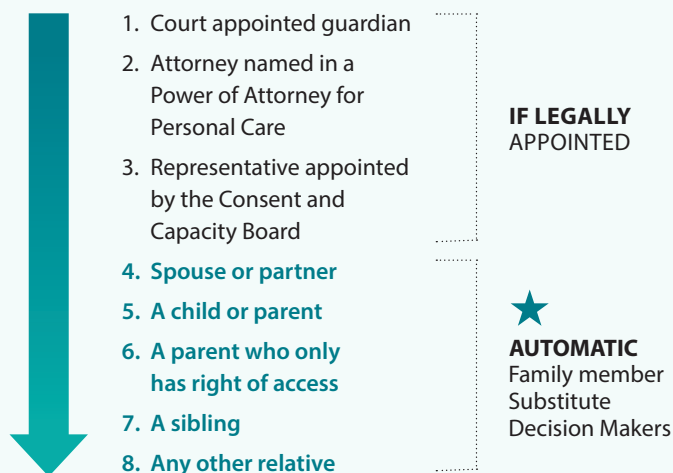
A Substitute Decision Maker is the person who will make decisions about your care and treatments if you are too sick and unable (not capable) to make them for yourself

By Ontario law, everyone has an **automatic** Substitute Decision Maker following the order in the list to the right (see lines 4 to 8). People at the same level in the list share decision-making responsibility.

If you do not have a spouse or partner, but have three children, all three are your Substitute Decision Makers, and they would all share responsibility for decision-making. This can sometimes be stressful for families. Any of the children can choose not to act as a Substitute Decision Maker. They should decide together who will be responsible for decision making.

To name just one person (or to name a person who is not your automatic Substitute Decision Maker), you need to prepare a **Power of Attorney for Personal Care**. The diagram on page 3 can help you decide if this is relevant to you.

List of Substitute Decision Makers



(9.) If none on the list meets the requirements to be the Substitute Decision Maker, the office of the Public Guardian and Trustee will make healthcare decisions. They will also step in if two or more SDMs at the same level cannot come to an agreement.

8 How Will My Substitute Decision Maker Make a Decision For Me?

To make a decision, the Substitute Decision Maker must follow any wishes about future care that you expressed when you were still able (capable). They should follow the last known wishes, because your wishes can change as your health condition changes. If the wishes do not apply, or are not possible to follow, they will make a decision in your best interest. The wishes, values and beliefs you share with them will help them to understand you, how you make choices, and what you think is important.

9 Who should set my Goals of Care?

You should set your own Goals of Care. You may need assistance from one of your healthcare providers or a family member or friend but it is your goals and values that matter. For example, your goals could be things like: keeping up with your social life, continuing to work, avoiding pain, going to an important family function, passing away at home, avoiding the hospital, not being a burden to friends or family, or living in your own home for as long as possible. If you are not capable (able), your healthcare providers will discuss your Goals of Care with your Substitute Decision Maker.

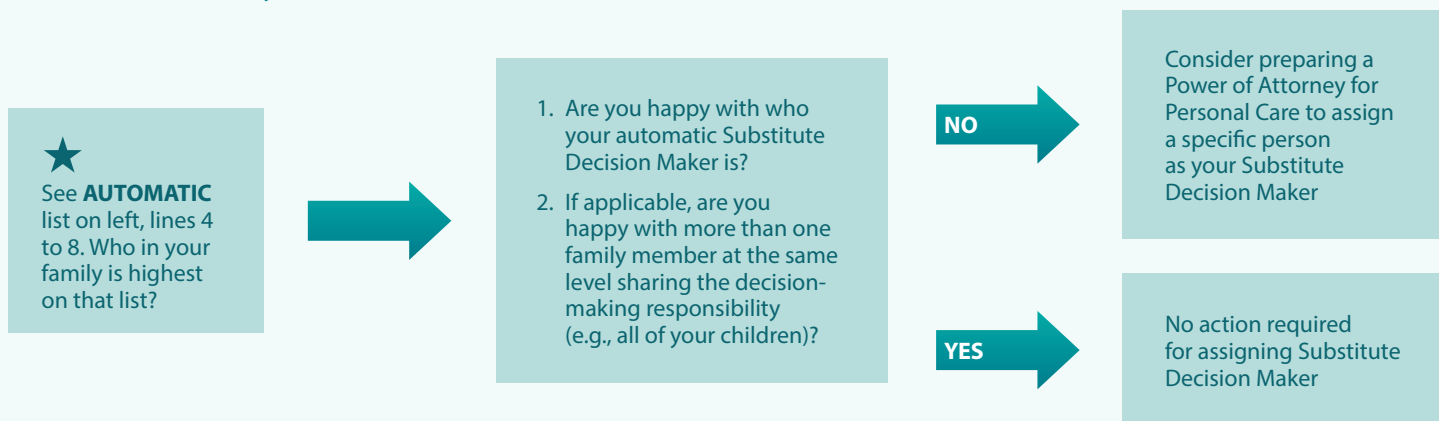
10 What is a Plan of Treatment?

A Plan of Treatment summarizes the treatment decisions you make with your healthcare providers. It includes information about the treatment you may need, and what treatment you would want or not want.

11 How is a Plan of Treatment different from Advance Care Planning?

A Plan of Treatment gives you or your Substitute Decision Maker an opportunity to give permission (consent) to treatment taking place in the future based on your current condition. This is different from you expressing wishes for future care (Advance Care Planning), where you do not have all of the information about your health condition.

How to confirm your Substitute Decision Maker



You can prepare a Power of Attorney for Personal Care for free through the following website:

<https://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/poa.pdf>

Your healthcare providers can help you complete it. Through this website you can get a wallet-sized card that says who your Power of Attorney for Personal Care is. Carry this with you at all times, including during healthcare visits.

1. Health Care Consent Act, 1996, SO 1992; c 2, s.20.

2. Reference: Advocacy Centre for the Elderly (ACE). Tip Sheet #2—HIERARCHY of Substitute Decision Makers (SDMs) in the Health Care Consent Act. 2013 Sept [cited 2017 Apr 18]. Available from: <http://www.ancelaw.ca/appimages/file/Tip Sheet TWO - Hierarchy of SDMs FINAL Sept 2013.pdf>.

12 How should I prepare for a Goals of Care conversation?

Think about your past experiences, hopes, values and priorities, what you would define as quality of life, and what you consider important. Consider talking to your healthcare providers about who else should be part of this conversation. For example, you may want to include your Substitute Decision Maker.

13 I have already talked about my Goals of Care with my family doctor, do I need to talk about them again?

Goals of Care should be talked about within the context of your current care to help make sure your treatment decisions reflect your values. It is important for you to revisit them because there could have been changes since the last time you discussed them with your healthcare providers.

Your Goals of Care may also change when new treatments are being considered.

14 I have talked about advance directives or living wills with my healthcare providers. Is this the same as Advance Care Planning and Goals of Care?

There are no such documents called “advance directives” or “living wills” in Ontario law and these terms should not be used. In Ontario, the only part of Advance Care Planning that must be written down is the preparation of a Power of Attorney for Personal Care, and this is only needed if someone is not satisfied with who their automatic Substitute Decision Maker is and wants to name someone else (see pages 2-3). The actual communication of wishes, values, and beliefs to the Substitute Decision Maker can be done verbally, in writing, or in another way.

Goals of Care conversations happen in the context of your current condition when information about the illness is known.

This is not a consent discussion by itself, it is a first step to decision-making and consent (permission).

15 I see my healthcare providers often and I think they already understand my Goals of Care. Do I still need to talk about Goals of Care with them?

Goals of Care conversations should be ongoing and should always happen before any treatment decisions are made. These conversations allow your healthcare providers to learn about who you are, how your values are reflected in your Goals of Care, and how these goals align with the treatment you are considering

16 What is code status and why are my healthcare providers going to ask me about it?

Code status tells healthcare providers whether or not you want them to attempt resuscitation if you stop breathing or if your heart stops working (sometimes known as a do not resuscitate [DNR] order). Resuscitation may mean restarting your heart using electric shock and chest compressions, or using a ventilator if you are unable to breathe on your own. It is an important treatment decision that must be made by you or your Substitute Decision Maker if you are not capable (able) before an emergency situation. Your healthcare providers must talk to you about the risks and benefits of resuscitation before they get your consent. If you do not consent to a DNR order, your healthcare provider may take aggressive actions to keep you alive. You can change your code status at any time.

For more information and resources about Advance Care Planning and Informed Consent, please visit speakupontario.ca

For more information about the Ontario Palliative Care Network please visit ontariopalliativecarenetwork.ca

Need this information in an accessible format?

1-855-460-2647, TTY (416) 217-1815, publicaffairs@cancercare.on.ca

OPC4047

Making Decisions About Your Care

"I think that every patient needs to have these conversations...then maybe families would feel better and not force their loved ones to continue with treatment that they do not want to do." - Anne O.

When you have a life-limiting illness, it is important to think about your wishes, values, and beliefs for your care now and in the future. Having conversations about your care makes it easier for your healthcare providers and your loved ones to understand your wishes.

These conversations are also important to make sure you get the support you need throughout your treatment, which may include access to palliative care.

Palliative care is a type of care for people who have a serious illness. It is not only for people that are near the end-of-life. It focuses on helping people live well by relieving their symptoms and providing emotional, social and spiritual support when needed. It can be provided in addition to the treatment you may be receiving for your illness.

Advance Care Planning *A conversation about your future care*

Advance care planning is not about decisions. It is about preparing you, and your future Substitute Decision Maker(s) (SDM), for a time when you may not be able to make your own health or personal care decisions because of your lack of mental capacity. At that time, your future SDM would step in to give or refuse consent for treatment.

Advance Care Planning involves confirming your **Substitute Decision Maker** and discussing your wishes, values, and beliefs with them.

This helps prepare your Substitute Decision Maker to make future care decisions for you if you do not have the **capacity** (ability) to do so yourself.

*A person's **capacity** (ability) to make decisions for themselves can change over time, especially if they get sicker.*

Everyone should confirm their Substitute Decision Maker and should have an Advance Care Planning conversation with them.

*For more information on **Advance Care Planning** and to complete a guided online workbook, please visit makingmywishesknown.ca*

Advance Care Planning
A conversation about your future care

Goals of Care
A conversation about your current care

Treatment Decisions & Informed Consent
A conversation about your current treatment

Goals of Care

A discussion about your current care

It is important that you and your healthcare providers have open and honest conversations about your current care when you have a serious illness.

You and your healthcare providers (nurse, social worker, family doctor) should talk about:

- The nature of your illness, and
- The values and the goals you have for your care.

The goals you share with your healthcare providers will be used to help you make decisions and provide **consent** (permission) for your treatment.

Your **Substitute Decision Maker** should also know your goals. For more information about Substitute Decision Makers, see the Frequently Asked Questions resource.

You can set any goals you want based on what is important to you. It might be things like keeping up with your social life, going to an important family function, or staying independent for as long as possible.

Your healthcare providers will write down your goals and use them when discussing treatment decisions with you.

Talk about your goals often. You can change your goals at any time.

If you would like a copy of your Goals of Care, please talk to your healthcare providers.

Treatment Decisions & Informed Consent

A conversation about your current treatment

In Ontario, anytime a healthcare provider offers you treatment, you or your Substitute Decision Maker must give **informed consent** (permission) for that treatment.

***Informed consent** (permission) may be explicit (verbal or written) or implied.*

To get your informed consent (permission), healthcare providers must give you information about:

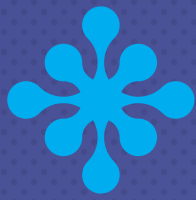
- What is involved in the treatment;
- Expected benefits, risks, and side effects;
- Any different treatment options; and
- What may happen if you refuse the treatment.

Your healthcare providers will then help you to make the treatment decision based on your wishes and Goals of Care. This process is key to providing person-centred care.

Your treatment decisions are used to create a **Plan of Treatment**. Not everyone will want or need the same type of treatment. You will decide with your healthcare providers what is right for you.

***A Plan of Treatment** summarizes the treatment decisions you make with your healthcare providers. It is based on your Goals of Care and includes information about the treatment you may need, and what treatment you would want or not want based on your current illness.*

If you have questions about your treatment, or would like a copy of your Plan of Treatment, please talk to your healthcare providers. It is important that you understand every part of your treatment.



CARENET

**Canadian Researchers
at the End of Life Network**

Speak Up

Start the conversation
about end-of-life care



Cardio-Pulmonary Resuscitation (CPR):

**A Decision Aid For
Patients And Their Families**

www.advancecareplanning.ca

www.thecarenet.ca

This CPR Decision Aid was developed by Daren Heyland and Christopher Frank

1. What is CPR?

Cardio-pulmonary Resuscitation (CPR) is the term often used to describe the treatment to try to restart a person's heart after it has stopped beating. The heart may stop for many reasons, such as due to an unexpected event, such as an accident, or as a result of a longstanding or serious illness.

- Unexpected events would include drowning or an accident. An unexpected heart attack can also cause the heart to stop beating.
- The heart may stop because of serious illness such as advanced heart disease, kidney failure, pneumonia, blood infection or cancer. With conditions like terminal cancer, sometimes the heart stops because the person is actually dying from the terminal condition.

When someone's heart stops beating, they become unconscious within a few seconds because there is not enough blood going to their brain. During this time they are not aware of things around them and do not likely experience pain. If the heart stops and is not restarted within a few minutes, the person will die.

CPR was originally used to treat people whose hearts that had stopped because of unexpected heart attacks. Later it was used in all situations where someone's heart stopped. In many of these situations, CPR was not successful (such as when the person was dying from a terminal illness). With experience and research, we now have a better understanding of who is likely to benefit from CPR.

CPR will at best, bring the patient back to how they were before their heart stopped. It will not improve the illness that caused their heart to stop beating.

2. What happens during CPR?

If a person's heart stops while he/she is in hospital and the decision is made to attempt CPR to resuscitate them:

- An emergency call goes out to a team of doctors and other health care professionals.

- They rush to the patient's room and begin to try to keep the blood flowing around the body by pushing hard on the patient's breastbone.
- They try to help the person breathe by putting a breathing tube through the mouth to the lungs.
- They may use electric shocks to try to get the heart restarted.
- If the heart is successfully re-started, the person is usually transferred to the Intensive Care Unit. They are placed on life-support and often need a breathing machine, or ventilator while they recover. People who recover often need additional treatments and to stay in hospital for a long time.

You may have seen CPR on television shows. In real life, CPR is much less successful in restarting the heart than it is on TV.

3. Why is the doctor or another professional asking me about CPR?

- About 2-3% of all patients admitted to hospital will have a cardiac arrest — or their heart will stop beating — while they are in hospital¹. The doctor wants to make sure that your thoughts about medical decisions are taken into account when planning your care. Often in the case of cardiac arrest, things happen too quickly to discuss treatment at the time. Your doctors want to understand what you would wish if there was an emergency.
- Your doctors may talk to you about CPR even if it is unlikely your heart will stop beating.
- Like other treatment options, you and your family should be active participants in decision-making. Choosing CPR is a treatment decision made with the doctors and your input is crucial. Just as the surgeon would not operate without discussion with and consent of the patient, doctors should not decide about resuscitation without your input and opinions.

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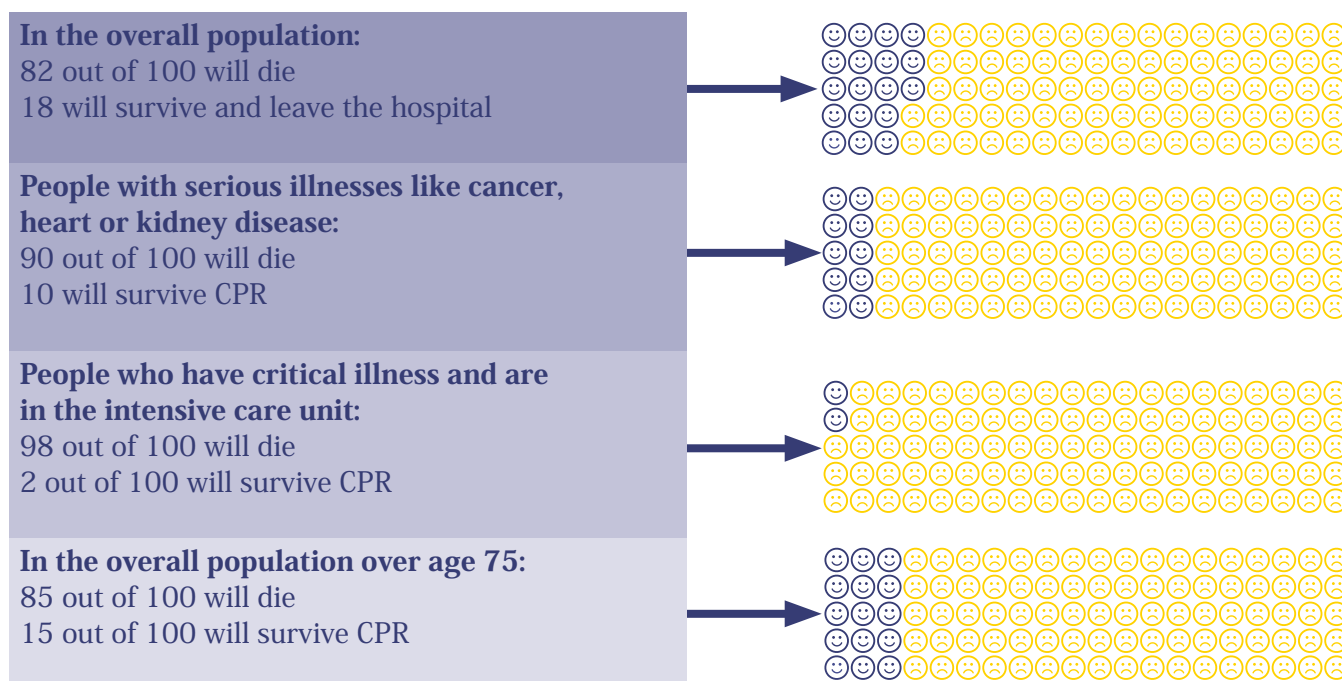
Question and Answer

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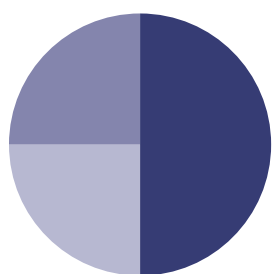
- It is important that you discuss your thoughts, concerns and wishes with your family and your Substitute Decision Maker. This is the person who would make medical decisions for you if you cannot speak for yourself. This person may also be known as a medical proxy, health representative, agent or a Power of Attorney for Personal Care. Your Substitute Decision Maker and your doctors and nurses should follow your wishes if you are unable to speak for yourself.
 - Doctors may wish to discuss other treatment options in case you develop a serious illness. They will want to know your thoughts about being in an Intensive Care Unit (ICU) or being put on a breathing machine (machines that help you breathe with a tube down to your lungs).
- ¹ Saklayen M, et al. In-hospital cardiopulmonary resuscitation: survival in 1 hospital and literature review. Medicine 1995;74:163-175

4. How well does CPR work?

How well CPR works depends on the health of the patient. Studies have shown the chance of success with CPR. (See more details and References on page 8.)



What is the chance of survivors going home from hospital?

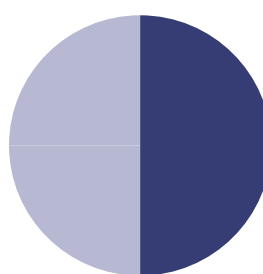


About 1/4 will go home independently.

Another 1/4 will go home but require help at home.

About 1/2 will need to live in an institution – like a nursing home or rehab centre

What is the chance that survivors will have thinking or communication difficulties?



About 1/2 will have problems such as memory loss, problems with attention and problems getting things done.

5. Are there side effects from CPR?

There can be side effects from CPR:

- Broken breastbone and ribs are common, due to pushing down hard on the chest during CPR. This is particularly common in older people who are frail, have other chronic health conditions or have brittle bones.
- Bruised or punctured lungs from pushing on the chest. Sometimes people need to remain on a breathing machine to breathe for them for a long time after CPR.
- Some patients who survive CPR have brain injuries such as memory loss, paralysis, or speech problems. This may happen because the brain has not received enough oxygen during the time the doctors were trying to restart the heart. These injuries may mean a person can no longer live at home without a lot of care from family and caregivers. Severe forms of mental disabilities are seen in a quarter to half of survivors.

6. What other things should I consider?

As with many medical decisions, it is important to consider your values, beliefs, and experiences. In discussions about CPR your current health, your religious beliefs or experiences with other family members may affect your decisions.

Personal Beliefs:

Some people may not want doctors to try to resuscitate them because they have a serious and incurable illness. Others may feel they have lived a long life. Other personal beliefs may include:

- “Even if it is only a 10% chance, that is enough for me” (Risk/Odds)
- “I have lived a good life and when it is my time...” (Life is complete)
- “Nothing is worse than death” (Fear of death)
- “I want to see my daughter married and then I can go” (Unfinished Business)

Religious Beliefs:

- Some people believe life is sacred and that maintaining life at any cost is a priority
- Some people believe their death is God’s will and it is appropriate to accept death

Personal Experiences:

- People may have seen a family member with a “Do Not Resuscitate” or “No CPR” order who did not receive other treatments that were appropriate, such as antibiotics. Others may have seen a family member have a very peaceful death because they did not receive CPR.
- Some people may have seen a family member getting resuscitated with CPR and found it to be very upsetting.

7. What happens if I don’t have this discussion and I am unable to communicate my wishes because I am too sick?

It is important for you to know that if there is no discussion of these treatments and your heart were to stop, the doctors and nurses may do CPR even if that was not what you would want. Your family members may also be asked to make a difficult decision; guessing what you might have wanted.



Advantages and Possible Disadvantages of CPR

Choice	What's Involved	Possible Advantages	Possible Disadvantages
CPR	<p>Chest compression</p> <p>Electric shocks to restart heart</p> <p>Tube down your throat to breathe for you</p> <p>Transfer to ICU on life supports</p>	<p>May prevent immediate death</p> <p>Chance of returning to near previous function (even if small).</p>	<p>High rate of stroke and brain injury</p> <p>Risk of broken breast bone or ribs and bruised lung</p> <p>Does not improve other health issues</p> <p>You may need a lot of care from your family or home care services in order to return home.</p>
NO CPR	<p>Other medical treatments such as antibiotics or going to an ICU may be given depending on your treatment choices</p> <p>Comfort measures may be the main treatment. These are treatments to keep you comfortable but not to keep you artificially alive or cure illness.</p>	<p>May be less traumatic for family members at the time your heart stops beating</p> <p>Death with less likelihood of discomfort from tubes, procedures or fractured ribs</p>	<p>Death occurs when your heart stops beating</p> <p>Some people worry that 'No CPR' means that no other treatments will be provided. This is not true.</p> <p>Lose out on small chance of prolonging life</p>

Important things to consider about CPR discussions and your CPR treatment decision:

- Studies have shown that physicians do not always start discussions with patients in hospital about this treatment decision. Please think about asking your doctor to discuss this with you.
- In some provinces and territories it is legal to write a medical directive or personal directive to express your health decisions, such as CPR. If this is the case where you live, and you have done this, give a copy to your healthcare team.
- It is important to understand your medical conditions and how serious they are. This will help you get the most out of these conversations. Ask your doctor about this.
- Share your views about CPR and other life prolonging treatments with your family. Share this document with them so they can learn about CPR.
- Share your wishes with your Substitute Decision Maker.
- If you change your decision about CPR let your healthcare team know.

CPR treatment decision process:

1. Consider the possible outcomes of CPR.



2. What are the possible advantages and disadvantages of CPR for me?



3. Do I have other questions that need answering?



4. Who should participate in the decision-making?



5. What are my thoughts right now about this decision? (Which way am I currently leaning in my decision?)



6. How does this decision affect my thoughts about other medical decisions that may come up?



7. Talk about your decision with trusted family members/friends, your substitute decision maker, perhaps your spiritual leader and your doctors (hospital and GP/family physician).

If you have questions or concerns about this information, please feel free to discuss them with your doctor or other members of your healthcare team. If you are in hospital, other staff members such as nurses, Spiritual or Religious leaders or bio-ethicists may help.

	Survival to Discharge	Discharge Disposition	Chance That Survivors Will Have Thinking or Communication Difficulties
Overall Population	24.7% (range 20-27%) ¹ 23% ³ 18% ^{4,5} 13% ⁷	30% going home (Self care) ¹ 14% going home (home care) ¹ 55% will go to an institutionalized setting ^{1,4}	Among survivors, approximately 55% to 75% will be able to think and write clearly. ^{5,8}
Serious chronic illnesses like heart or kidney disease	7-18% ^{2,4}	11% discharged home (care not specified) ⁷	A systematic review of 28 studies examining cognitive impairment ≥ 3 months after out-of-hospital cardiac arrest found impairment (mainly memory, attention, and executive function) in 6% to 100% of patients. ⁶ In the same report, the three largest prospective studies showed high rates of impairment, ranging from 42% to 60% at three months.
Terminal Cancer	6%-15% ² 2% if in the ICU ²		
Overall population over age 65	11-22%; lower if older (11% for patients 90+) ^{2,4}		

- ¹ Kolte et. al. Regional Variation in the Incidence and Outcomes of In-Hospital Cardiac Arrest in the United States. *Circulation*. 2015;131:1415-1425.
- ² S Sehatzadeh. Cardiopulmonary resuscitation in patients with terminal illness: an evidence-based analysis. *Ont Health Technol Assess Ser* [Internet]. 2014 December;14(15):1–38. Available from: <http://www.hqontario.ca/evidence/publications-and-ohtac-recommendations/ontario-health-technology-assessment-series/eol-cpr-terminal-illness>
- ³ Kazaure, et. al. Epidemiology and outcomes of in-hospital cardiopulmonary resuscitation in the United States, 2000–2009. *Resuscitation* 84(2013)1255–1260.
- ⁴ Ehlenbach et al. Epidemiologic Study of In-Hospital Cardiopulmonary Resuscitation in the Elderly. *N Engl J Med* 2009;361:22-31.
- ⁵ Nadkarni VM, Larkin GL, Peberdy MA, Carey SM, Kaye W, Mancini ME, Nichol G, Lane-Truitt T, Potts J, Ornato JP, Berg RA; National Registry of Cardiopulmonary Resuscitation Investigators. First documented rhythm and clinical outcome from in-hospital cardiac arrest among children and adults. *JAMA*. 2006;295:50–57.
- ⁶ Moulaert VR, Verbunt JA, van Heugten CM, Wade DT. Cognitive impairments in survivors of out-of-hospital cardiac arrest: a systematic review. *Resuscitation*. 2009; 80:297–305.
- ⁷ Brindley PG, et. al. Predictors of survival following in-hospital adult cardiopulmonary resuscitation. *CMAJ* 2002;167(4):343-8.
- ⁸ Ebell MH, Alfonso, AM. Pre-arrest predictors of failure to survive after in-hospital cardiopulmonary resuscitation: a meta-analysis. *Fam Pract*;2011;28(5):505-515.

Another great resource if you are interested in an additional advanced care planning guide is:

“Don’t Duck the Conversation- A Personal Planning Guide”

This is a resource from Hospice Northwest and an electronic copy can be downloaded at:

<https://www.hospicenorthwest.ca/resources/dont-duck-the-conversation/>

OR

A copy can be mailed to you (cost for postage).

Please contact Kathleen at (807) 626-5570, ext. 5573
or kathleen@hospicenorthwest.ca for more information or to request a copy.



MARATHON

FAMILY HEALTH TEAM

My Advanced Care Plan

Name: _____ Date of birth: _____

Address: _____ Date completed: _____

- I have thought about what medical treatment will mean for me and have discussed it with my family, caregivers, and medical practitioners.
- This plan reflects my wishes and details my goals for my treatment and care.
- If I am unable to speak for myself, I have nominated someone to speak on my behalf.

Name of Substitute Decision Maker: (This should be your Power of Attorney for Personal Care if you have one designated) _____

Phone number(s) of Substitute Decision Maker: _____

- Please use this plan to inform how I want to be treated if I can't do so myself.

In addition to this Advance Care Plan, I have also completed an:

Advance Health Directive or Living Will. A copy can be obtained from:

Name: _____

Phone number(s): _____

Power of Attorney for Personal Care. A copy can be obtained from:

Name: _____

Phone number(s): _____

My life goals

These are my specific wishes about what I would like to achieve before I die:

My values about living

These are my thoughts about living when it is unlikely that I will be able to care for myself:

My goals for treatment and care

These are my thoughts and feelings about my care towards the end of my life:

I would like to leave the following special message

This is a special message for:

When I am dying, where possible, I would prefer to be cared for at:

*Initial the **ONE** option you prefer:*

- _____ My usual home
_____ A family member's home (specify who) _____
_____ In hospital
_____ Other place (specify where) _____
_____ Undecided

When I am dying, where possible, I would like the following:

*Initial **ALL** the option(s) you prefer:*

- _____ Palliative Care (manage my physical, emotional and spiritual needs at end of life)
_____ Stop medications and medical interventions which do not add to my comfort
_____ Cultural/Spiritual practices important to me e.g. _____
_____ Complementary and alternative therapies e.g. _____
_____ I would like to discuss if Medical Assistance in Dying is an option for me

If I become seriously ill, I would like the following life prolonging or comfort measures (see Reference Guide for definitions), if possible:

*Initial the **ONE** option you prefer:*

- _____ Full resuscitation to prolong my life (this includes (CPR/defibrillation), and intubation/ventilation)** (WMGH Level 5)
_____ Intubation/ventilation if my breathing becomes too hard, but no CPR/defibrillation** (WMGH Level 4)
_____ Therapy to support my breathing but not intubation/ventilation or CPR/defibrillation** (WMGH Level 3)
_____ Medical therapy and surgical therapy (may involve transfer to another hospital) but no intubation/ventilation or CPR/defibrillation** (WMGH Level 2)
_____ Medical therapy that can be done in my home community/community hospital but no intubation/ventilation or CPR/defibrillation and no transfer to other hospitals** (WMGH Level 1b)
_____ Allow me to have a natural death and provide comfort measures (WMGH Level 1a)

** I understand that if the physician who assesses me at the time determines that possible treatments are likely to be futile (not meaningfully improve my care or life), they may choose not to offer those treatments.

I have given a copy of my Advance Care Plan to:

Title	Full Name	Phone Number(s)
Doctor		
Hospital		
Family		
Friend/Other		

- ☐ I have a copy of my Advance Care Plan and provide consent to share this Advance Care Plan with:
☐ Wilson Memorial General Hospital
☐ Marathon Family Health Team
☐ Other (please specify): _____

Signed: _____ Date: _____



***OFFICE OF THE PUBLIC
GUARDIAN AND TRUSTEE***

***POWERS OF ATTORNEY
AND “LIVING WILLS”***

Questions and Answers

The Office of the Public Guardian and Trustee
Powers of Attorney and “Living Wills”
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THE OFFICE OF THE PUBLIC GUARDIAN AND TRUSTEE

Powers of Attorney and “Living Wills”

Some Questions and Answers

SECTION 1	GENERAL INFORMATION
SECTION 2	CONTINUING POWER OF ATTORNEY FOR PROPERTY
SECTION 3	POWER OF ATTORNEY FOR PERSONAL CARE

SECTION 1

GENERAL INFORMATION

1. What is a Power of Attorney?

A Power of Attorney is a legal document that gives someone else the right to act on your behalf.

2. Are there different kinds of Power of Attorney?

Yes. In Ontario there are three kinds of Power of Attorney:

- A Continuing Power of Attorney for Property (CPOA) covers your financial affairs and allows the person you name to act for you even if you become mentally incapable.
- A non-continuing Power of Attorney for Property covers your financial affairs but can't be used if you become mentally incapable. You might give this Power of Attorney, for example, if you need someone to look after your financial transactions while you're away from home for an extended period of time.
- A Power of Attorney for Personal Care (POAPC) covers your personal decisions, such as housing and health care.

3. Does the law require everyone to have a Power of Attorney?

No. Making a Power of Attorney is voluntary. No one can be forced to make one.

4. What does the term “attorney” mean?

The term “attorney” refers to the person or persons you have chosen to act on your behalf. He or she does not have to be a lawyer.

5. What does the term “mentally incapable” mean?

It means different things for different types of decisions and actions. For example, the level of mental capacity a person needs in order to make a valid power of attorney is different from the capacity needed to make personal care or financial decisions. The definitions are provided below under the topic headings.

6. What is a “living will”?

The expression “living will” is sometimes used to refer to a document in which you write down what you want to happen if you become ill and can’t communicate your wishes about treatment. It is quite common, for example, for people to write a “living will” saying that they do not want to be kept alive on artificial life supports if they have no hope of recovery. The term “advance directive” is also frequently used to refer to such a document. Some people use the phrase “proxy directive” to describe a document that combines a Power of Attorney and a “living will”.

To find out more about living wills and related matters you may wish to refer to the various materials that are available in bookstores and libraries on the subject.

7. Is a “living will” the same thing as a “Power of Attorney”?

No. A Power of Attorney is a legal document in which you name a specific person to act on your behalf. You can, however, write your treatment wishes (your “living will” or “advance directive”) as part of your Power of Attorney document so that you can be sure your attorney is aware of them. A “living will” just addresses your treatment and personal care wishes and does not need to name anyone or be written in any specific way.

8. Is a Power of Attorney or “living will” the same thing as a “Last Will and Testament”?

No. Your Last Will and Testament covers the distribution of your property after you die and only takes effect upon your death. A Power of Attorney and a “living will” only apply while you are alive and cease to be effective upon your death.

9. Do I have to register my Power of Attorney or “living will” with the government?

No. There is no requirement that these documents be registered. The government does not keep a registry. It makes sense, however, to make sure that the people in your life who need to know about these documents – especially your attorney – have a copy or know where to get one if needed.

10. Is a Power of Attorney or “living will” effective outside of Ontario?

It depends on the law of the particular place where you want to use the Power of Attorney. If you are going to move, or be out of the province for some time, you may want to check with a local lawyer to see if you need to make new documents.

11. If I don’t make a Power of Attorney or a “living will”, will the government automatically step in if I can’t manage my own affairs?

No. In these circumstances a family member has the right to make your health care decisions or apply to become your “guardian” of property. Alternatively, someone else – such as a close friend - could apply to act for you in these matters. The government, through the Office of the Public Guardian and Trustee (OPGT), acts only in situations where no other suitable person is available, able and willing.

For more information about applications for guardianship please see the brochure entitled “Becoming a Guardian of Property”.

12. Do I have to use a lawyer to make my Powers of Attorney or “living will”?

The law does not require you to use a lawyer’s services. However, you may wish to consider hiring a lawyer, especially if your affairs are complicated.

13. Where can I get Power of Attorney and “living will” forms?

Your lawyer can draft Powers of Attorney and/or a “living will” for you. Alternatively, some bookstores sell forms and there are also some forms on the Internet.

The OPGT provides forms for both power of attorney for property and personal care. You may request these by calling 416-314-2800 or toll-free at 1-800-366-0335 or TTY: 416-314-2687. Access them on-line at <http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/poa.pdf>

Obtaining legal advice in creating these documents is something you should seriously consider.

Note: The Ontario Government’s 1994 Power of Attorney Kit is still valid for use today.

14. Does the government also provide a “Will Kit” or similar forms that I can use to make my Last Will and Testament?

No. It is difficult to make one form that would adequately cover the many diverse situations that people may want to reflect in their Wills and provide all the information that people need to plan properly. We recommend that you hire a lawyer to assist you in making your Will.

15. Is my Power of Attorney valid?

If the document is properly completed, signed and witnessed, and you had the legal capacity to give the POA there are no further steps that need to be taken in order for it to be legally binding.

Please note the POA must be witnessed by two individuals who are eligible to serve as a witness. Some people, for example, your spouse and children, are not allowed to serve as a witness to you signing the POA. Please see the OPGT’s POA Kit for complete instructions. You may also wish to obtain legal advice.

Neither the Attorney General’s office nor the Office of the Public Guardian and Trustee keep a record of Power of Attorney documents, so there is no need to submit one in order for it to be legally binding. It is also not necessary to have a lawyer review the documents, although this may be helpful to ensure they are executed properly.

While not required under the Substitute Decisions Act, 1992, a person being asked to recognize a Power of Attorney may require a notarized copy of, or the opportunity to see the original power of attorney, before dealing with an attorney in place of the grantor. This requirement provides additional assurance that the attorney has authority. Requiring the attorney to produce the original for inspection or provide a notarized copy helps establish that the original document is still in existence and is in the attorney’s possession. As well, if a notarized copy is produced, it reduces the risk of potential fraud as the notary is required to compare the original power of attorney to the copy prior to notarizing the copy.

16. If a witness to a Power of Attorney dies, does the Power of Attorney become invalid?

No. The subsequent death of a witness does not affect the validity of the Power of Attorney.

17. If there is more than one Power of Attorney, which one is valid?

Only the most recent Power of Attorney is valid unless you state, in that document, that you intend to have more than one Power of Attorney.

18. I am an attorney named in a Power of Attorney. What if someone refuses to accept the Power of Attorney?

It may have been that, despite the grantor's best intentions, the document was not executed properly. For instance, although it is signed and witnessed, it may be that one of the witness signatures is not valid owing to the witnesses relationship to the grantor or because the witness is also the appointed attorney. It is also possible that the grantor lacked the required mental capacity to make a POA.

If the POA is executed properly, there may be some policy reason that an institution in Ontario has not accepted it. In order to protect from fraud, many institutions establish policies around the acceptance of POA's. You should discuss this with them.

You may need to seek legal advice if the POA appears to be validly made and the institution still refuses to honour it.

Please Note: Powers of Attorney are governed provincially, rather than federally, so each province has its own requirements. If you are trying to use a POA from Ontario, in another province, you may run into difficulty. However, it may be possible to have the POA validated by another province; you should seek legal advice with respect to this issue.

19. Can a Power of Attorney be challenged?

Yes, but only a court has the final say.

20. Will the OPGT agree to be appointed in a Power of Attorney?

The OPGT rarely consents to act under a Power of Attorney. The OPGT's mandate is to act as guardian for *mentally incapable* adults who have no one else available, willing and suitable to act on their behalf.

21. Will the OPGT help me fill out my Powers of Attorney or provide me with legal advice?

No. The OPGT cannot provide private legal services to individuals or assist you in completing the forms. Any questions about your personal situation should be directed to a lawyer.

22. Is a power of attorney document a public record?

There is no official register of power of attorney documents.

23. Where can I obtain more information and/or legal advice about POA?

You can access the OPGT's website at:

www.attorneygeneral.jus.gov.on.ca/english/family/PGT/

You can obtain a copy of the *Substitute Decisions Act, 1992* online at www.e-laws.gov.on.ca [Choose "statutes" and then "S" for the title of the Act] or by mail or phone at:

Publications Ontario
50 Grosvenor Street
Toronto, ON
M7A 1N8

1-800-668-9938 Toll Free in Ontario or (416) 326-5300
TTY: 416-325-3408 or Toll Free in Ontario 1-800-268-7095

Information about how to apply to the Consent and Capacity Board can be obtained from the Board's website at: www.ccboard.on.ca or by calling the Ministry of Health Information Line at: 416-314-5518 or 1-800-268-1154 Toll Free in Ontario. TTY: 1-800-387-5559.

Please be advised that the OPGT cannot give individuals, professionals, facilities or organizations legal advice about specific cases or their own legal obligations. These questions should be directed to a lawyer. The Law Society of Upper Canada has a Lawyer Referral Service which will put you in touch with a lawyer for a half-hour telephone consultation at no charge to help determine your rights and options. For more information about this service, please contact the Law Society of Upper Canada at 1-800-268-8326.

Alternatively, you may contact JusticeNet which is a not-for-profit service promoting increased access to justice for low and moderate-income Canadians. The lawyers in the program offer their skills at a reduced fee to clients of limited means, based on a sliding scale that takes into account both income and number of individuals supported. They can be contacted at: Toll Free: 1-866-919-3219 or by e-mail at www.justicenet.ca.

SECTION 2

CONTINUING POWER OF ATTORNEY FOR PROPERTY

24. Do I have to use a specific form to make my Continuing Power of Attorney for Property (“CPOA”)?

No. A special form is *not* required. But to be valid, the document must:

- Be *called* a Continuing Power of Attorney for Property or say that it allows your attorney to continue acting for you if you become mentally incapable;
- Name one or more persons to act as your attorney for property;
- Be signed by you and dated; and
- Be signed by two witnesses who saw you sign the document.

25. I made my CPOA before 1995 and it only has one witness. Does this make it invalid?

No. Although the law was changed in 1995 to require two witnesses, the new law accepts CPOAs that were made under the “old” law with only one witness.

26. Can anyone be a witness to my CPOA?

No. There are some restrictions. The following people *cannot* act as witnesses:

- your spouse, partner, child, or someone you treat as a child;
- your attorney or your attorney’s spouse or partner;
- anyone under the age of 18;
- anyone who has a “Guardian of Property” (for example, someone appointed by a court because they are mentally incapable of managing their property); or
- anyone who has a “Guardian of Person” (someone appointed by a court to make personal care decisions for them because they are not mentally capable of making their own decisions).

Note: A person is your “spouse” if:

- you are married to them;
- you have a cohabitation agreement;
- you have lived together common-law for at least a year; or
- you have had a child together.

A person is your “partner” if you have lived with them for at least a year and you have a close personal relationship of primary importance to both of you.

27. Who is allowed to make a CPOA?

Anyone who is 18 years of age or older and who has the necessary level of mental capacity can make a CPOA.

28. What level of mental capacity is needed to make a CPOA?

Mental capacity, in this situation, means that you:

- know what property you have and its approximate value;
- are aware of your obligations to the people who depend on you financially;
- know what you are giving your attorney the authority to do;
- know that your attorney is required to account for the decisions he or she makes about your property;
- know that, as long as you are mentally capable, you can revoke (cancel) this Power of Attorney;
- understand that if your attorney does not manage your property well its value may decrease; and
- understand that there is always a chance that your attorney could misuse his or her authority.

29. Who can I appoint as my attorney for property?

The law allows you to appoint anyone you choose as long as he or she is 18 years of age or more. You can name someone who lives outside the province. You can also name more than one person.

30. Should I appoint the same person that I appoint as my Estate Trustee (Executor) in my Will?

Your CPOA is only effective during your lifetime and has nothing to do with your Will. There is no law preventing you from naming the same person.

31. What should I think about in choosing an attorney for property?

This is a very important decision and needs a lot of careful thought. Remember, your attorney will have full access to your money and other property.

Consider whether the person is willing to take on this job, if needed. There is a lot of work involved and the law expects your attorney to meet very high standards. Consider whether the person is trustworthy, responsible and good at handling finances. Will he or she make sure you have all the things you need? Will your privacy be respected? Can you trust the person not to misuse your money? These are some of the things you should consider before you decide.

32. I want to name a specific family member but I'm worried that this will cause conflict. Is there anything I can do to prevent this?

There are a number of options that may help, depending on your situation and personal preferences.

Conflict may often be avoided by telling your family in advance and explaining the reasons for your choice. Sometimes conflict is created because the rest of the family doesn't know what your attorney is doing with your money. To avoid this, some people name more than one family member and require that all decisions and transactions be approved by both of them. This can reduce distrust but it can also create conflict if they disagree about decisions. Other people simply choose to specify in their CPOA that all the family must be kept informed about decisions and provided with full information. Another way to avoid family conflict is to name someone else, such as a close friend, a trust company or lawyer.

33. Is there anything I can do in advance to reduce the likelihood that my CPOA will be challenged?

If you anticipate that someone may challenge your CPOA by saying, for example, that you aren't mentally capable, it would be advisable to consult with a lawyer. You may also want to ask your doctor for a medical report confirming your capacity.

34. If I appoint more than one attorney will they have to do everything together?

Yes, unless you say in the CPOA that they can act "jointly and severally". If you include this phrase, either of your attorneys will be able to act alone on your behalf. If one is away or sick, for example, the other would still be able to sign cheques and give instructions on your behalf.

35. What should I do with my CPOA after I have completed it?

It depends on your situation. Many people choose to put it in a safe place that their attorney knows about and can access quickly if needed. Others choose to leave it with a trusted third party such as their lawyer, with specific instructions about when to release it.

If you do this, however, it is important to remember that it may be many years, if ever, before your CPOA is needed and the person you have left it with may have moved away or may have died in the meantime.

It is strongly recommended that you go to your bank and make sure they put a copy of your Power of Attorney on file and confirm the arrangement. You should also send a copy to any other financial institutions that you deal with.

You should review your CPOA every few years, just as you would your Will as circumstances can change.

36. Can my bank refuse to recognize my CPOA?

As long as your CPOA appears to be properly completed and witnessed, and the bank has no reason to suspect that it is invalid, it should be recognized. But it is wise to give your bank a copy of your CPOA so that they will have it on file. This will allow the bank to advise you of any issues they may have with your CPOA, which you may choose to address while still capable of changing your CPOA.

37. What if my bank insists that I make my Power of Attorney on its own form?

You should think carefully before you sign these forms. The bank's form will likely only cover your bank accounts and investments with that institution and not any

of your other assets. Signing it could also cause the Power of Attorney you have drafted to be revoked, leaving you with no one able to handle your other affairs if needed.

If the bank refuses your Power of Attorney you may wish to raise this issue with supervisors at the bank's head office, or consult a lawyer.

38. When will my CPOA take effect?

Your attorney will be able to use the CPOA as soon as it is signed and witnessed, unless you say otherwise in the document. You might, for example, want to say that the power of attorney can only come into effect once you have been determined to be incapable of managing your property. If you do this, it is wise to say how your incapacity will be determined. A letter from your doctor might be sufficient, for example. But think carefully before you set these types of conditions as they may result in complications and delays if the need to use the document arises. You may instead wish to simply have an unwritten agreement with your attorney that he or she will use it only if you can't look after these matters yourself and trust that your attorney will make the right decision at the time.

39. What does "incapable of managing property" mean?

It means that a person can't understand information about his or her property or finances, or is unable to appreciate what could happen as a result of making a certain decision (or not making a decision) about these issues.

40. What powers will my attorney have?

Unless you restrict your attorney's powers, he or she will be able to do almost anything that you can do concerning your finances. Your attorney can sign documents, start or defend a lawsuit, sell property, make investments and purchase things for you. Your attorney cannot, however, make a Will or give a new CPOA on your behalf.

Think carefully before restricting your attorney's powers. If you become incapacitated, and there are some assets that your attorney can't look after, you may need to have a guardian appointed. If no one comes forward to apply to be your guardian, the OPGT may be required to act for you.

41. Is my attorney entitled to be paid?

Yes. Your attorney is entitled to take payment from your funds at a rate specified by law unless you say otherwise in your CPOA.

If you want to set the amount yourself, or you don't want your attorney to be paid at all, write this in the document.

If your CPOA is silent on the matter of payment your attorney will be entitled to:

- 3% of money received;
- 3% of money paid out on your behalf; and
- 3/5 of 1% of the average annual value of your assets.

42. Is my attorney required to keep my financial information confidential?

Yes, your privacy must be respected unless:

- you specifically authorize your attorney to disclose information by writing this in your CPOA; or
- your attorney needs to disclose information to carry out his or her duties or to abide by the law.

43. Is my attorney required to report to me?

It's up to you. Your attorney is required to provide you with a full accounting whenever you ask for one.

44. What if I, or someone else, discover that my attorney is mismanaging or stealing my money?

You may elect to revoke (cancel) your Power of Attorney, demand a full accounting and consider making a claim for any lost funds. If the matter involves theft, a report to the police should be considered.

If someone else has evidence suggesting mismanagement or theft, and believes that you are mentally incapable, they may wish to ask the court to review the accounts and records your attorney is required to keep. This process is called a "passing of accounts". They may also wish to report the matter to the OPGT. The OPGT investigates allegations involving a mentally incapable person who is believed to be at serious financial risk.

45. If I change my mind, how can I cancel my CPOA?

To cancel your CPOA you must state in writing that you are "revoking" it. There is no special form for this statement, which is referred to as a "revocation", but it must be signed and witnessed by two people, the same way as your Power of Attorney. Who may be a witness is addressed in question 26.

You are considered capable of revoking your CPOA if you have the capacity to make one. Mental capacity to make a CPOA is addressed in question 28.

46. What should I do once I've cancelled my CPOA?

Give the revocation statement to your attorney. You should also tell everyone who is involved with your income or property – such as your bank and pension sources - about the revocation. Send them a copy. If you own a home or other real estate you may wish to consider having a lawyer register notice of the revocation on title to prevent any unauthorized dealings. It is also a good idea to get the original CPOA back from your attorney and destroy it.

47. What happens if the person I appoint as my attorney cannot act for me for some reason?

You can avoid this problem by naming one or more people as your “substitute” attorney. The substitute can act if your attorney dies, is unable to assume the role for some other reason, or chooses not to act on your behalf.

Alternatively, if you have not named a substitute you should consider making a new CPOA.

48. What happens if I don't make a CPOA and I become unable to manage my own finances?

It depends on the situation.

If you have no assets and get only pension income from the government, a family member or friend may be able to ask the pension source, e.g. Ontario Disability Support Program, Canada Pension Plan, for permission to manage this income on your behalf.

If your finances are more extensive, a family member or friend could apply to be your guardian. For more information about such applications, please see the brochure entitled “Becoming a Guardian of Property”. The OPGT may act as your guardian if there is no one else willing, able and suitable to take on this role. The OPGT's appointment as guardian may be mandatory in certain situations. In these cases, family members may still apply to act as the guardian in place of the OPGT.

SECTION 3

POWER OF ATTORNEY FOR PERSONAL CARE

49. Do I have to use a specific form to make my Power of Attorney for Personal Care (“POAPC”)?

No. A special form is *not* required. But to be valid, the document must:

- Name one or more persons to act as your attorney for personal care in the event that you become mentally incapable;
- Be signed by you and dated; and
- Be signed by two witnesses who saw you sign the document.

50. Can anyone witness my POAPC?

No. There are some restrictions. The following people *cannot* be witnesses:

- your spouse, partner, child, or someone you treat as a child;
- your attorney or your attorney’s spouse or partner;
- anyone under the age of 18;
- anyone who has a “Guardian of Property” (for example, someone appointed by a court to make decisions for a person who is mentally incapable of managing his or her property); or
- anyone who has a “Guardian of Person” (someone appointed by a court to make personal care decisions for a person who is not mentally capable of making his or her own decisions).

Note: A person is your “spouse” if:

- you are married to them;
- you have lived together common-law for at least a year; or
- you have had a child together.

A person of either sex is your “partner” if you have shared a place to live with them for at least a year and you have a close personal relationship of primary importance to both of you.

51. Who can make a Power of Attorney for Personal Care (POAPC)?

Anyone who is 16 years of age or older and who is mentally capable of making a POAPC can do so.

52. What level of mental capacity is needed to make a valid POAPC?

In this situation mental capacity means that you:

- understand whether the person you name as your attorney is truly concerned with your well-being, and
- understand that you may need this person to make decisions for you.

53. What types of decisions will my attorney for personal care be allowed to make?

Unless you restrict your attorney’s powers, he or she will be able to make almost any decision of a personal nature that you could normally make yourself. Decisions about medical treatment, housing, food, hygiene, clothing and safety are examples of “personal care” decisions.

54. Who can I appoint as my attorney for personal care?

The person you appoint must be at least 16 years of age and mentally capable. You can name someone who lives outside Ontario. You *cannot* name someone who you pay to provide services to you, unless that person is a relative.

Give your choice very careful consideration. If the need arises, your attorney will be making profoundly important decisions about your health and quality of life.

55. Can I name more than one person as my attorney?

Yes. If you do this all attorneys will have to agree on every decision that is made for you, unless you write in your power of attorney that they can act “jointly and severally”. If you include this phrase, any one of your attorneys will be able to make decisions on their own if the other is unavailable for some reason. But think carefully before naming multiple attorneys – it can make things more complicated if difficult decisions need to be made quickly.

56. What should I do with my POAPC after I have completed it?

Most people choose to give it to their attorney or put it in a safe place that their attorney knows about and can access quickly, if needed. Others choose to leave it with a trusted third party such as their lawyer, with specific instructions about when to release it. If you do this, however, it is important to remember that it may be many years, if ever, before your POAPC is needed. The person you have left it with may have moved away or even died.

It is strongly recommended that you tell your doctor and other health care providers about the Power of Attorney and how to reach your attorney if needed.

You should review your POAPC every few years, just as you would your Will as circumstances can change.

57. When will my Power of Attorney for Personal Care come into effect?

Unlike a Power of Attorney for Property, a POAPC may only be used during a time that you are mentally incapable of making your own personal care decisions. It is up to your attorney to decide whether you are mentally incapable, with a few exceptions. If the decision is about medical treatment or admission to a long-term care facility, a health professional must determine whether you are incapable of such decisions before your attorney may act. In addition, you can say in your POAPC that your attorney is required to get independent evidence of your incapacity - a letter from your doctor, for example – before he or she may act on your behalf.

You should also know that your attorney will only be able to make those personal care decisions that you cannot make yourself. You might, for example, be incapable of making a serious health care decision but still be able to make your own choices about routine day-to-day matters.

58. What does “incapable of making personal care decisions” mean?

It means that a person can't understand the information that is relevant to the particular personal care decision or can't appreciate what could happen as a result of making a certain decision (or not making a decision) about the matter.

59. How will my attorney make decisions for me?

If you have written a “living will” or “advance directive” that applies to the situation, your attorney is legally obliged to follow your wishes, if possible. If you told people, while you were capable, what you want, your attorney must try to follow your wishes, even though they are not written down.

If you have not provided these types of instructions then your attorney will decide what he or she believes is in your best interests in the circumstances.

60. What if my attorney makes decisions that are not in accordance with my wishes or my best interests?

Your health care providers or the long-term care authorities can apply to a tribunal called the Consent and Capacity Board if they believe that your health or long term care decisions are not being made properly by your attorney. The Board will review the situation and can direct your attorney to make the proper decision.

The court has the authority to remove your attorney and appoint a guardian in his or her place.

If the OPGT receives notice that you are incapable and suffering serious harm as a result of your attorney's decisions, it will make inquiries and may ask a judge to remove your attorney if this is the only way to protect you.

61. Is my attorney required to keep my personal information confidential?

Yes, your privacy must be respected unless:

- you specifically authorize your attorney to disclose information by saying so in your POAPC; or
- your attorney needs to disclose this information to carry out his or her duties or to abide by the law.

62. If I change my mind, how can I cancel my POAPC?

To cancel your POAPC you must state in writing that you are "revoking" it. There is no special form for this statement, which is referred to as a "revocation", but you it must be signed and witnessed by two people, the same way as your Power of Attorney.

You are considered capable of revoking your POAPC if you have the capacity to make one. This is addressed in question 52.

63. What should I do once I've cancelled my POAPC?

Give the statement to your attorney. Give a copy to any of the health care providers or caregivers who are aware of the power of attorney. It is also a good idea to get the original POAPC back from your attorney and destroy it, if possible.

64. What happens if the person I appoint as my attorney cannot act for me for some reason?

You can avoid this problem by naming one or more people as your “substitute” attorney. The substitute can act if your attorney is unable to assume the role or chooses not to.

65. What happens if I don’t make a Power of Attorney for Personal Care?

If you become incapable of making decisions about medical care or about admission to a long term care facility, a family member would automatically have the right to make these decisions for you unless someone else is appointed by the Consent and Capacity Board to be your representative. If there is no family member or representative who is available capable or willing, the OPGT is required to make these decisions on your behalf.

In a limited number of situations where the situation is very complicated or there is a dispute, the court may appoint a “Guardian of the Person” who will have exclusive authority to make your personal care decisions.

Alternate formats of this brochure are available upon request. Please contact 416-314-2803 or toll free 1-800-366-0335.

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Powers of Attorney

This booklet contains forms for
Continuing Power of Attorney for Property
and
Power of Attorney for Personal Care



Ministry of the Attorney General

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Ce document, intitulé “Les procurations”, est également disponible en français. Pour en obtenir un exemplaire, veuillez écrire à l’adresse suivante:

Bureau du Tuteur et Curateur public
Ministère du Procureur général
bureau 800
595 rue Bay
Toronto ON M5G 2M6

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Ontario's Power of Attorney Laws

This booklet contains instructions and forms for a Continuing Power of Attorney for Property and a Power of Attorney for Personal Care.

By making powers of attorney, people can plan ahead and be confident that their plans will be carried out.

The role of government is to act as substitute decision-maker of last resort only for people who have no one else to make decisions on their behalf. If there is no power of attorney, a family member or friend may have to apply to be appointed as guardian.

Powers of attorney which were properly made under previous laws of Ontario remain legally valid.

The forms for a Continuing Power of Attorney for Property and a Power of Attorney for Personal Care contained in this booklet were revised on March 29, 1996 in accordance with amendments to the Substitute Decisions Act, 1992. Former versions of these forms may be used and will be valid if properly completed and witnessed.

If you have questions after reading the instructions, you may wish to seek advice from a legal professional.

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Some Important Definitions

This list of definitions will help you understand some of the unfamiliar legal or technical terms.

Assessor

Assessors are persons who are authorized to conduct an assessment of a person's mental capacity for certain purposes such as appointing a guardian for property without going through the court process. They have appropriate professional backgrounds and have successfully completed a training course in capacity assessment. They are independent of the government.

Continuing Power of Attorney for Property

A Continuing Power of Attorney for Property is a legal document in which a person gives someone else the legal authority to make decisions about their finances. . The person who is named as the attorney does not have to be a lawyer. The power of attorney is called “continuing” because it can be used after the person who gave it is no longer mentally capable to make the financial decisions themselves. Some people use the word “durable” which means the same as "continuing".

Guardian of Property

A guardian of property is someone who is appointed by the Public Guardian and Trustee or the court to look after an incapable person’s property. Both the guardian and the incapable person must be at least 18 years old. A guardian is different from an attorney; an attorney is chosen by the individual, before becoming incapable, to act on their behalf, while a guardian is appointed after incapacity. A guardian can be a statutory guardian or a guardian appointed by the court.

Guardian of the Person

A Court may appoint a guardian of the person to make decisions on behalf of an incapable person in some or all areas of personal care, usually because there is no power of attorney for personal care. The guardian must be at least 16 years old.

Incapacity

Under the Substitute Decisions Act, 1992, incapacity refers to mental incapacity. It means that the person is unable to understand information that is relevant to making a decision or is unable to appreciate the reasonably foreseeable consequences of a decision or lack of decision.

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Partners

Two people who have lived together for at least one year and who have a close relationship which is of primary importance in both their lives are considered to be partners.

Personal Care

Personal care includes health care, nutrition, shelter, clothing, hygiene, and safety.

Power of Attorney for Personal Care

A Power of Attorney for Personal Care is a legal document in which one person gives another person the authority to make personal care decisions on their behalf if they become mentally incapable.

Property Management

The Substitute Decisions Act, 1992 refers to decisions about property management and powers of attorney for property. “Property” means finances, which include any type of financial decision or transaction that a person would make in the course of managing his or her income, spending, assets, and debts. For example, it could include budgeting expenses and paying bills, doing tax returns, safeguarding valuables, selling real estate, or making loans.

Public Guardian and Trustee

The Public Guardian and Trustee’s role is to act as substitute decision-maker of last resort on behalf of those mentally incapable people who have no one who is willing or able to act on their behalf.

Statutory Guardian

A statutory guardian is a person who is appointed to act on another person’s behalf without going to court. Statutory guardianship applies only to property or finances; there is no statutory guardianship for personal care. A statutory guardian can be the Public Guardian and Trustee (PGT) or someone approved by the PGT to replace the PGT as statutory guardian.

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Continuing Power of Attorney for Property

This booklet contains step by step instructions for completing the enclosed Continuing Power of Attorney for Property form.

(Made in accordance with the Substitute Decisions Act, 1992)

Decisions About Property

If you become mentally incapable, who will pay your bills and your taxes? Who will look after your bank accounts? Who will manage your real estate and investments? The person you choose as your “attorney” for property will take care of these things for you. (The word “attorney” does not mean “lawyer.”) The attorney can be a relative, friend, or someone else.

You may use the form contained in this booklet to appoint a person of your choice to make decisions about your **property** and manage your **finances** on your behalf. This may include doing things such as signing documents for you, paying your bills, or selling your home. This power of attorney will allow the person you appoint to manage your financial affairs even if you become mentally incapable. The person you appoint is called your “attorney for property.” You may name more than one attorney if you wish.

If you have already made a power of attorney for property that continues to be effective after you become mentally incapable, you do *not* need to make a new one.

If you wish, you may use another form or make your own, but if you do this, make sure that it meets the legal requirements necessary under the Substitute Decisions Act to make a valid continuing power of attorney.

It’s important to know that you are not required to appoint an attorney for property. This is **your** choice. Giving a power of attorney to someone is a very serious matter. You are giving the person you appoint significant power over your property. There is

always a risk that your attorney could misuse this power. If you have any doubts about the motives or ability of the person you are considering - or are under any pressure from your proposed attorney to pick him or her - do not appoint that person.

Before you decide, you may want to talk with your family or close friends. Although you are not required to consult a lawyer in order to make a legally binding power of attorney, it is a good idea to do so. Consulting with other expert advisors is also a good idea, providing they are impartial and concerned only with your best interests.

This document includes guidelines designed to help you complete this power of attorney. They do not cover every option available in the Substitute Decisions Act. They are not legal advice. Some legal terminology in the statute has been described here in simpler words to make it easier to understand.

The guidelines also point out some of the reasons why you may or may not wish to make certain choices. But remember, all decisions are up to you.

Refer to the enclosed Continuing Power of Attorney for Property form as you review the following instructions.

Part 1:

APPOINTING YOUR ATTORNEY

Read this section carefully before you begin to complete the power of attorney form.

To make a valid power of attorney, you must be 18 years of age or more and “mentally capable” of giving a continuing power of attorney for property.

This form does not allow your attorney to make decisions about your personal care. If you wish to appoint an attorney for your personal decisions you can make a separate document called a “Power of Attorney for Personal Care.”

This means that you:

- know what property you have and its approximate value;
- are aware of your obligations to those people who depend on you financially;
- know what authority your attorney will have;
- know that your attorney must account for all the decisions he or she makes about your property;
- know that, if you are capable, you may cancel your power of attorney;
- understand that unless your attorney manages the property prudently, its value may decline;
- understand that there is always the possibility that your attorney could misuse the authority.

Consider who you want to appoint as your attorney for property. You can choose anyone you want as your attorney as long as he or she is 18 years of age or more. Many trust companies are prepared to act as attorney and charge a fee for this service. Some individuals choose this option because they want an attorney who is professional and impartial.

Talk to the person you wish to appoint and make sure that he or she is willing to accept the responsibility involved in being your attorney for property.

It is important to know that by making this power of attorney, you revoke (cancel) any other continuing power of attorney for property that you have made before. If you *have* made such a power of attorney before and you *don't* want to revoke it, you should consult with a lawyer so that he or she will make the necessary changes to this form.

If you want more than one person involved in your financial decisions, you can name more than one person to be your attorney for property. But you are not required to do so. On the other hand, you may decide not to name more than one attorney if you're concerned about the possibility of disagreements or if you believe it may be difficult for others to deal with more than one person concerning your finances.

Please note that you cannot appoint the Public Guardian and Trustee (PGT) as your attorney for property unless the PGT agrees in advance in writing to act as attorney for you.

Once you have decided who you want to appoint as your attorney(s), write your name and the name of the person(s) you are appointing in the space provided in **Part 1** of the power of attorney form which follows page eight of these instructions.

Part 2:

JOINT OR SEPARATE ATTORNEYS

Fill out this part **only** if you have named more than one attorney and you want your attorneys to be able to make decisions separately, that is, without having to act together.

You can name more than one person as your attorney for property and/or personal care. If you do this, you may decide whether they will share the job or divide their responsibilities. Or, you could name one person as your attorney and another person as a substitute or backup who could step in if your first choice resigns, gets sick or dies.

If you have appointed more than one attorney in this form, the law will require them to make decisions together unless you specifically give them permission to act separately. You can give permission to act separately by writing it down in this part of the form. If you don't do this, your attorneys will be required to act together all the time.

There are some good reasons for giving your attorneys the flexibility to make decisions separately. Think, for example, about what would happen if one of your attorneys was temporarily unavailable because of sickness, vacation, or some other reason. If your attorneys are allowed to act separately, this will not be a problem.

On the other hand, you may decide not to give this permission if you want to ensure that there is always a "double-check" regarding the decision. You may also wish to avoid the risk of inconsistent decisions that may occur as a result of attorneys acting separately.

If you decide that your attorneys are going to make decisions together, it's a good idea to specify how disagreements get resolved. You might say that in a case of conflict, one attorney's decision will override the other's. Otherwise, your attorneys might have to go to Court and the judge will have to decide.

If you have named more than one attorney and you want them to be able to act separately from one another, write the words “jointly and severally” in the space provided in **Part 2** of the form. (“Jointly and severally” is a legal term which means “together and separately.”) If you don’t do this, your attorneys will be required to make your financial decisions together at all times.

Part 3:

SUBSTITUTE ATTORNEY (This part is optional.)

It could happen that your appointed attorney may not be willing or able to act on your behalf when the time comes. Or something may happen after your attorney has begun to make decisions on your behalf that prevents him or her from continuing to act for you. In either case, you could be left with no one to manage your financial affairs. So you may wish to consider naming a substitute attorney.

This is especially important if you have named only one attorney. If you have named more than one attorney, there is less reason to be concerned because the remaining attorney can usually carry on if something happens to the other. You may still want to name a substitute, however, to replace the one who cannot act. There is no guarantee that something will not happen to your remaining attorney or you may feel strongly that there should always be more than one person involved in your financial decision-making.

Your substitute attorney will have the same authority and powers as the attorney he or she replaces.

If you choose to name more than one person to act as your substitute attorney, they would have to make decisions together unless you say otherwise by writing in the words “jointly and severally” after their names. (**See Part 2**)

To name a substitute attorney, complete **Part 3** of the enclosed power of attorney form.

Part 4:

AUTHORITY OF ATTORNEY(S)

This part of the form is very important. It tells your attorney, and people who deal with him or her, the

types of financial decisions your attorney is allowed to make on your behalf.

This part of the form gives your attorney(s) the authority to make *any kind of financial decision that you could make yourself – except make a will*. If you wish to limit your attorney’s authority, you may do so later in **Part 5** of this form.

Part 4 of the form also states that the power of attorney may be used *even if* you become mentally incapable of making financial decisions. It makes it clear that you want the power of attorney to “continue” to be effective if this happens.

Part 5:

CONDITIONS AND RESTRICTIONS (This part is optional)

The law permits you to limit your attorney’s authority. For example, you may limit your attorney to transactions concerning specific assets, such as your bank accounts, or prohibit him or her from dealing with a particular piece of property.

But think carefully before you limit the scope of your attorney’s authority. If you become incapable of making financial decisions and your attorney does not have full authority, it may be necessary for your attorney, a family member, friend or the Public Guardian and Trustee to be appointed as your guardian in order to manage the balance of your property. In that case, a management plan must be filed and security may be required.

Also, an *unlimited* continuing power of attorney allows the attorney to end the involvement of the Public Guardian and Trustee (PGT) if the PGT is appointed as statutory guardian of property. A limited continuing power of attorney would not do this; therefore a legal application would be required for that attorney to replace the PGT.

You can put other types of conditions and restrictions in your power of attorney if you wish. Some examples of such conditions and restrictions are:

- requiring your attorney to consult with specific people (e.g. family members, financial advisors) before certain decisions are made;
- specifying the types of investments your attorney may or may not make;
- requiring your attorney to give priority to certain people in making loans or gifts on your behalf;
- specifying how disagreements will be resolved if you have named more than one attorney.

These are just some examples of the types of conditions and restrictions you may want to think about. But remember, you are not required to put anything in this section.

Part 6:

DATE OF EFFECTIVENESS

This document will give your attorney legal authority *as soon as it is signed and witnessed unless you specify otherwise in this form*. This does not prevent you, however, from looking after your own affairs while you are still capable of doing so. In other words, your attorney will not necessarily begin to manage your financial affairs right away. You and your appointed attorney may agree, for example, to leave this document in a safe place or with a trusted third person, such as your lawyer, accountant or other professional advisor. You can give written directions to the third person about when the power of attorney may be released to the person you have appointed. You would continue to manage your own financial affairs in the meantime.

This approach means that your attorney will not have to go through formal procedures to prove to third parties, such as banks and pension sources, that the power of attorney has come into effect.

Alternatively, you may wish to exercise more control over when the power of attorney may be used. You may state in **Part 5** that the document is only to come into effect on a certain date or when something specific happens. For example, you can say in this document that it won't take effect unless you become mentally incapable of managing your property. If you place this condition in your power of attorney, it is advisable to

give very specific directions about how your mental incapacity is to be decided. You could, for example, say that a letter from your doctor or another trusted person which states that you are no longer mentally capable of managing property is sufficient proof.

If you don't indicate how your mental capacity is to be reviewed in your power of attorney, your attorney may have to use some of your funds to pay for an assessor to judge your capacity. An assessor is a person qualified to make this decision.

If you do wish to restrict the circumstances in which the power of attorney may be used, **write this in Part 5**.

But remember, your property will still belong to you and must be managed by your attorney in your best interests and in accordance with the law.

Part 7:

COMPENSATION

Your attorney(s) is entitled to take payment at a rate set out in the law, unless you say otherwise. The amounts are the same as those allowed to guardians of property. Effective April 1, 2000, the rates permitted to guardians and attorneys of property are 3 percent on monies received and paid out and 3/5 of 1 percent on the average annual value of the assets. If your attorney acted under your power of attorney before April 1, 2000, the rates permitted were 2½ percent on monies received and paid out and 2/5 of 1 percent on the average annual value of the assets.

If there is more than one attorney, they will have to share the permitted amount.

If you want to prohibit your attorney(s) from taking any payment or you want to set a specific amount yourself (such as a percentage of your income or a fixed yearly amount), you can do this by writing your instructions in **Part 5** of the form.

If no specific instruction is made in your power of attorney, your attorney may use his/her discretion in accepting compensation allowed for by the law.

Part 8:

YOUR SIGNATURE

Read each page of this form over carefully before you sign it. [Note: Those who are providing assistance to someone who cannot read this form should see “Additional Guideline” below.]

Before you sign, be sure that:

1. You understand the power your attorney will have and when the document will become effective.
 2. You trust your attorney to act in your best interests.
 3. You are signing this document of your own free will and not because of pressure from anyone else.
 4. You have carefully considered obtaining advice from a lawyer or other trusted advisor.
- You must sign in front of two witnesses as described in **Part 9** of the guidelines.

If you are sure that the form says what you want it to say, sign your name in **Part 8** of the form.

After you have signed the form, print or type the date and your address in the appropriate space.

Part 9:

WITNESS SIGNATURES

The law requires that two people witness your signature.

Both of the witnesses must be present together when you sign.

Certain people are not allowed to sign as your witnesses; these people are listed in Part 9 of the forms.

After you have signed, the witnesses should each sign their names in **Part 9** of the form, in your presence and in the presence of each other.

Additional Guidelines

What to do if the person making this document cannot read:

Someone should read the complete form to the person giving the power of attorney in the presence of both witnesses.

Then, if satisfied that the person understood it, the witnesses should insert and complete the following clause on the form above the line where they sign:

“This continuing power of attorney for property was signed by

(name of the person giving the power of attorney) after it was read to him/her in our presence and he/she appeared to understand it and approve it”

What to do with this form after it is signed:

You may wish to have it reviewed by an expert advisor. If it is not completed properly, it may not be valid. It is advisable to tell your family, lawyer, and any financial institutions you deal with the name, address and telephone number of your attorney(s). Keep them updated regarding any change in your attorney’s address or telephone number.

Please do not return this completed form to the Public Guardian and Trustee's Office.

It is not necessary to register your continuing powers of attorney for property anywhere.

We recommend that after you complete this document, you take a copy to your bank(s) so that they understand your wishes and have it on record. If this document is properly completed and you make it of your own free will when you are mentally capable the bank must recognise it. But they may have questions and it is best to have those resolved before your attorney needs to use the document. You may give the original document to your attorney(s), leave it with a trusted person other than your attorney to hold it for safekeeping (with instructions about when it may be released), or keep it in a safe place where the attorney(s) can locate it quickly if necessary.

It is a good idea to keep at least one photocopy of the document. If possible, keep it with you, with the address and telephone number of your attorney(s).

Revoking this Power of Attorney:

You have the right to revoke (cancel) this power of attorney at any time as long as you are capable. If you decide to revoke this document, you must write the revocation down on paper, sign and date it, and have it witnessed in the same way as the power of attorney (i.e. two witnesses, etc) Notify your attorney, financial institutions and all the people you told about your power of attorney.

Continuing Power of Attorney for Property

(Made in accordance with the Substitute Decisions Act, 1992)

1. I, _____ revoke any previous continuing power of attorney
(*Print or type your full name here.*)
for property made by me and **APPOINT:** _____

_____ to be my attorney(s) for property.
(*Print or type the name of the person or persons you appoint here.*)

2. If you have named more than one attorney and you want them to have the authority to act separately, insert the words “jointly and severally” here: _____
(*This may be left blank.*)

3. If the person(s) I have appointed, or any one of them, cannot or will not be my attorney because of refusal, resignation, death, mental incapacity, or removal by the court, **I SUBSTITUTE:**
(*This may be left blank.*)

_____ to act as my attorney for property with the same authority as the person he or she is replacing.

4. I **AUTHORIZE** my attorney(s) for property to do on my behalf anything in respect of property that I could do if capable of managing property, except make a will, subject to the law and to any conditions or restrictions contained in this document. I confirm that he/she may do so even if I am mentally incapable.

5. **CONDITIONS AND RESTRICTIONS**

Attach, sign, and date additional pages if required. (*This part may be left blank.*)

NOT FOR SALE

6. DATE OF EFFECTIVENESS

Unless otherwise stated in this document, this continuing power of attorney will come into effect on the date it is signed and witnessed.

7. COMPENSATION

Unless otherwise stated in this document, I authorize my attorney(s) to take annual compensation from my property in accordance with the fee scale prescribed by regulation for the compensation of attorneys for property made pursuant to Section 90 of the *Substitute Decisions Act, 1992*.

8. SIGNATURE: _____ **DATE:** _____

(Sign your name in the presence of two witnesses.)

ADDRESS: _____

(Insert your full current address here.)

9. WITNESS SIGNATURE

[Note: The following people cannot be witnesses: the attorney or his or her spouse or partner; the spouse, partner, or child of the person making the document, or someone that the person treats as his or her child; a person whose property is under guardianship or who has a guardian of the person; a person under the age of 18.]

Witness #1: Signature: _____ Print Name: _____

Address: _____

_____ Date: _____

Witness #2: Signature: _____ Print Name: _____

Address: _____

_____ Date: _____

Power of Attorney for Personal Care

This booklet contains step by step instructions for completing the enclosed Power of Attorney for Personal Care form.

(Made in accordance with the Substitute Decisions Act, 1992)

Decisions About Personal Care

If you become mentally incapable, who will decide where you will live? How you will dress? What you will eat? What health care you will receive? How your safety will be assured? Under the Substitute Decisions Act 1992, the person you choose as your attorney for personal care will make these decisions for you.

This is not the only form you can use to make your power of attorney for personal care. If you wish, you may use another form or make your own, but if you do this, make sure that it meets the legal requirements of the Substitute Decisions Act, 1992.

The Substitute Decisions Act, 1992 allows you to appoint someone you trust, in advance, to make decisions for you if you become mentally incapable. You may use this form to give a person of your choice the authority to make decisions about your PERSONAL CARE should you become mentally incapable. Decisions about personal care involve things such as where you live, what you eat, and the kind of medical treatment you receive. The person you appoint is called your “attorney for personal care”. You may appoint more than one attorney if you wish.

To appoint an attorney for personal care, you must be 16 years of age or more and have the mental ability to know whether your attorney truly cares about you and that he or she may make personal care decisions for you if necessary.

You may give your attorney special instructions about the particular kind of care you want - or don't want - in certain situations. If you wish to give instructions, there is a space on the form where you can write them down.

Remember, this form does NOT allow decisions to be made about your property or finances. If you want to appoint an attorney for your financial decisions you can make a separate document called a “Continuing Power of Attorney for Property.”

Remember, you are not required to appoint an attorney for personal care. This is **your** choice. Giving a power of attorney is a very serious matter. Your attorney may become responsible for profoundly important decisions about your well-being and quality of life. If you decide to appoint an attorney for personal care, it is important that you do so of your own free will, without pressure from anyone else.

Before you decide, you may want to talk with your family or close friends. Although you are not required to consult a lawyer in order to make a legally binding power of attorney, it is a good idea to do so. Consulting with other expert advisors is also a good idea, providing they are impartial and concerned only with your best interests.

It is important to know that by making this power of attorney, you revoke (cancel) any other power of attorney for personal care that you *have* made before. If you have made such a power of attorney before and you *don't* want to revoke it, you should consult with a lawyer so that the necessary changes may be made to this form.

This document includes guidelines designed to help you complete this power of attorney. They do not cover every option available in the Substitute Decisions Act, 1992. They are not legal advice. Some legal terminology from the statute has been described in simpler words to make it easier to understand. The guidelines also point out some of the reasons why you may or may not wish to make certain choices. But remember, all decisions are up to you.

Refer to the enclosed Power of Attorney for Personal Care form as you review the following instructions.

Part 1:

APPOINTING YOUR ATTORNEY

Read this part carefully before you complete this form.

Decide who you want to appoint as your attorney for personal care – a family member or close friend, for example. (The word “attorney” does not mean “lawyer.”)

The person you appoint should be someone you know very well and whom you trust completely with your personal decisions.

Talk to that person and make sure that he or she is willing to be your attorney.

The person you appoint must be 16 years of age or more.

Certain people are not allowed to be your attorney.

Do not appoint anyone who provides you with “health care or residential, social, training, or support services for compensation” unless that person is also your spouse, partner, or relative.

For example, do not name any of the following people if they are paid (by you or someone else) to provide services to you *unless* that person is also related to you or is your spouse or partner:

- your landlord;
- any person who provides care for you in the place where you live;
- your social worker, counsellor, teacher;
- your doctor, nurse, therapist, or other health care provider;
- your homemaker or attendant.

You can name more than one person to be your attorney for personal care. You are not required to do so.

If there is more than one person you want involved in your personal care decisions, you may wish to consider appointing more than one attorney. On the other hand, you may decide not to name more than one attorney if you are concerned about the possibility of disagreements, or if you believe that it would be too difficult for your caregivers to deal with

more than one person. Or, you could name one person as your attorney and another person as a substitute or backup, who could step in if your first choice resigns, gets sick or dies. But if you name two people to be your attorneys and do not say how they should make your decisions or who should make which types of decisions, the law says they must make all your decisions together.

You are allowed to appoint different people for different categories of decision-making. For example, you could appoint one person to make your health care decisions and someone else to make your other personal decisions (e.g. housing, food). If you do this, write the name of each person and the category of personal care decisions to which they are restricted (e.g. housing, nutrition, health, safety, hygiene or clothing) in Part 5 of the form.

If you decide that your attorneys are going to make decisions together, it is a good idea to specify how disagreements should be resolved. You might say that in a case of conflict, one attorney’s decision will override the other’s. Otherwise, your attorneys might have to go to Court and the judge will have to decide.

Please note that you cannot appoint the Public Guardian and Trustee (PGT) as your attorney for personal care unless the PGT agrees in advance in writing to act as attorney for you.

Once you have decided who you want to appoint as your attorney(s), write your name and the attorney’s name in the space provided.

Part 2:

JOINT OR SEPARATE ATTORNEYS

(Fill in this part **only** if you have named more than one attorney and you want your attorneys to be able to make decisions separately, that is, without having to act together). If you have appointed more than one attorney in this form, *the law will require them to make each decision together unless you specifically give them permission to act separately*. You can give permission to act separately by writing it down in this part of the form. If you don't do this, your attorneys will be required to act together all the time.

There are some good reasons for giving your attorneys the flexibility to make decisions separately. Think, for example, about what would happen if one of your attorneys was temporarily unavailable because of sickness, vacation, or some other reason.

On the other hand, you may decide not to give this permission if you want to ensure that there is always a "double-check" regarding decisions. You may also wish to avoid the risk of inconsistent decisions that may occur as a result of attorneys acting separately.

If you have named more than one attorney and you want them to be authorized to make decisions separately from one another, write the words "jointly and severally" in the space provided in Part 2. ("Jointly and severally" is a legal term which means "together and separately.")

Part 3:

SUBSTITUTE ATTORNEY (This part is optional.)

Your appointed attorney may not be willing or able to act on your behalf when the time comes. Or something may happen after your attorney has begun to make decisions on your behalf that prevents him or her from continuing to act for you. In either case, you could be left with no one to make important decisions about your care. So you may wish to consider naming a substitute attorney.

This is especially important if you have named only one attorney. If you have named more than one attorney, there is less reason to be concerned because the remaining attorney can usually carry on if something happens to the other. You may still want to name a substitute, however, to replace the one who cannot act. There is no guarantee that something will not happen to your remaining attorney. Or you may feel strongly that there should always be more than one person involved in your decision-making.

Your substitute attorney will have the same authority and powers as the attorney he or she replaces.

If you decide to appoint a substitute attorney, you should think carefully about who to appoint. The restrictions on who is allowed to be your attorney, described in Part 1, apply to your substitute.

To name a substitute attorney, complete Part 3.

Part 4:

AUTHORITY OF ATTORNEY(S)

This part of the form is very important. It tells your attorney, and your caregivers, the categories of personal care that your attorney is allowed to decide about if you become mentally incapable.

This part gives your attorney(s) the authority to make decisions about **any** category of personal care for which you are mentally incapable. This may include decisions about your health care, housing, safety, hygiene, clothing and nutrition. Your attorney will have first right to give or refuse consent to your medical treatment if you cannot do so, unless the court has appointed a guardian of the person.

It is important to understand that no matter what authority is given to your attorney in this document, he or she is only allowed to make decisions about those aspects of your personal care that you cannot make yourself. For example, if you become mentally incapable of making decisions about health care but can still make decisions about other personal care matters, such as housing or safety, you would still have the right to make your own decisions in these areas.

Although you may limit your attorney(s) to only specific categories of personal care (e.g. health care, shelter, nutrition, clothing, safety or hygiene) by writing restrictions in Part 5, think carefully before you do so. If you become incapable of making decisions in a particular area and your attorney does not have authority to decide for you, it may be necessary for the Court to appoint a guardian.

Part 5:

INSTRUCTIONS, CONDITIONS AND RESTRICTIONS (This part is optional.)

You may, if you wish, give your attorney(s) instructions about specific decisions that you want made in certain circumstances. This is different from saying what areas of authority your attorney has. You have already done this in Part 4.

Giving instructions means telling your attorney what decision to make in a particular situation. For example, you have given your attorney the right to make decisions about where you live but you may want your attorney to keep you in your own home as long as possible. Or you may want to ensure that your attorney observes your religious beliefs when deciding about your food.

You can be very specific in your instructions or give your attorney some general guidelines to follow when making decisions.

The most common type of instruction is about health care. You may be familiar with the idea of a “living will” in which a person may decline certain treatment, such as artificial life supports, in the event of a terminal illness. This is **one** type of instruction that you can make. But remember, you can give instructions about *any* category of personal care in which your attorney has decision-making authority.

Your attorney for personal care can only make decisions about your personal care if you have become mentally incapable of making decisions yourself. If you choose, you can require that your attorney get confirmation of your incapacity before he or she acts and specify how you want this confirmation to be obtained.

If you wish to give your attorney instructions, here are some things you may want to consider doing:

- Put your instructions in words your attorney(s) can understand.
- If you give specific instructions, be very clear as to the type of situation in which the instruction must be followed.
- Be realistic in your choices.

- Talk to your attorney(s) about your instructions to make sure that he or she really understands what you are saying. It is helpful if you explain the values and beliefs which underlie your instructions.
- If you decide to give instructions about health care, talk to your health care provider about your current health and the kind of medical treatment you might face in the future. Be aware that medical language can be very specific, so make sure that what you write actually expresses what you want to say.

Some organizations and individuals offer very detailed forms in which you can record your choices about medical treatment. If you have already completed such a form you may wish to attach it to this power of attorney. If you do attach such a document, it would be wise to say, in this part of the form, what the document is and the date it was signed. Initialing each page of the document you attach is also a good idea.

The law requires that your instructions must be followed by your attorney unless it is impossible for him or her to do so. For example, your attorney cannot be required to do something which is against the law.

But remember, this section is optional. You may choose not to write any instructions to your attorney in this form. It's up to you. Your attorney must still follow any other instructions or wishes you may express about your care while you are capable of making such choices. But you should be sure to communicate these wishes to your attorney!

If you do not provide any instructions, your attorney(s) must make decisions according to what he or she believes is in your best interest at the time.

You may also place conditions or restrictions on your attorney's authority. For example, you might want your attorney to consult with specific people (such as family members or your religious advisor) before decisions are made. If you have named more than one attorney, you may want to specify whose decision will be followed if there is a disagreement, or you may restrict the category of personal care decisions that each attorney can make.

Special Powers:

Note: These guidelines do not cover instructions authorizing the attorney to exercise special additional powers such as a forced assessment or admission to a psychiatric facility. These require special procedures and are not covered in this package. You should seek professional advice if you need more information.

Organ Donation:

Note: If you want to authorize donation of your organs and tissue in the event of your death, you should get a Donor Card. Sign your Donor Card and keep it with your personal identification. Talk to your loved ones about your decision and give them your signed Donor Notification Card so they know your intentions as they will be asked to give final consent in the event of your death. Donor Cards and more information can be obtained at:

<http://www.giftoflife.on.ca> .

Or by contacting the Trillium Gift of Life Network at 1-800-263-2833.

Part 6:

YOUR SIGNATURE

Read each page of the form over carefully before you sign it. [Note: Those who are providing assistance to someone who cannot read this form should see "Additional Guidelines."]

Before you sign, be sure that:

1. You understand the authority your attorney may have.
2. You trust your attorney to act responsibly and follow any instructions you may provide.
3. You are giving this power of attorney of your own free will.
4. You have carefully considered obtaining advice from a lawyer and your health care providers.

You must sign in front of two witnesses as described in Part 7.

If you are sure that the form says what you want it to say, sign your name in the space provided.

After you have signed the form, print or type the date and your address in the appropriate space.

Part 7:

WITNESS SIGNATURES

The law requires that two people witness your signature.

Both of the witnesses must be present together when you sign.

Certain people are not allowed to sign as your witnesses; these people are listed in Part 7 of the form.

After you have signed, the witnesses should each sign their names in **Part 7** of the form, in your presence and the presence of each other.

Additional Guidelines

What to do if the person making this document cannot read:

Someone should read the complete form to the person giving the power of attorney in the presence of both witnesses.

Then, if satisfied that the person understood it, the witnesses should insert and complete the following clause on the form above the line where they sign:

“This Power of Attorney for Personal Care was signed by

(name of the person giving the power of attorney)

after it was read to him/her in our presence and he/she appeared to understand it and approve it.”

What to do with this form after it is signed:

You may wish to have the form reviewed by an expert advisor. If the form is not completed properly, it may not be valid.

It is advisable to tell your family, lawyer, health care providers, and anyone who provides you with care, the name, address and telephone number of your attorney(s). Keep them updated regarding any change in your attorney's address or telephone number.

You may give the original document to your attorney(s) or keep it in a safe place where the attorney(s) can locate it quickly if necessary.

Do not return this completed form to the Office of the Public Guardian and Trustee.

It is a good idea to keep at least one photocopy of the document. If possible, keep it with you, with the current address and telephone number of your attorney(s).

Revoking this Power of Attorney:

You have the right to revoke (cancel) this power of attorney at any time as long as you are capable.

If you decide to revoke this document, you must write the revocation down on paper, sign and date it, and have it witnessed in the same way as the power of attorney (two witnesses, etc.). Notify your attorney, caregivers and all the people you told about your power of attorney.

Detach Card: You may wish to complete and detach this card and keep it on your person for easy access in case the information is needed in an emergency.



Ontario

Office of the Public Guardian and Trustee

IMPORTANT INFORMATION

(This is not a power of attorney.)

I _____ have appointed the following as my power(s) of attorney for:

☐ **PROPERTY**

Name: _____

Address: _____

Telephone: _____

Date appointed: _____

☐ **PERSONAL CARE**

☐ Same as above, or

Name: _____

Address: _____

Telephone: _____

Date appointed: _____



Power of Attorney for Personal Care

(Made in accordance with the Substitute Decisions Act, 1992)

1. I, _____ revoke any previous power of attorney for personal
(Print or type your full name here)

care made by me and APPOINT: _____
(Print or type the name of the person or persons you appoint here)

to be my attorney(s) for personal care in accordance with the *Substitute Decisions Act, 1992*.

[**Note:** A person who provides health care, residential, social, training, or support services to the person giving this power of attorney for compensation may not act as his or her attorney unless that person is also his or her spouse, partner, or relative.]

2. If you have named more than one attorney and you want them to have the authority to act separately, insert the words “jointly and severally” here:

(This may be left blank)

3. If the person(s) I have appointed, or any one of them, cannot or will not be my attorney because of refusal, resignation, death, mental incapacity, or removal by the Court, I
SUBSTITUTE:

(This may be left blank)

to act as my attorney for personal care in the same manner and subject to the same authority as the person he or she is replacing.

4. I give my attorney(s) the **AUTHORITY** to make any personal care decision for me that I am mentally incapable of making for myself, including the giving or refusing of consent to any matter to which the *Health Care Consent Act, 1996* applies, subject to the *Substitute Decisions Act, 1992*, and any instructions, conditions or restrictions contained in this form.

NOT FOR SALE

5. INSTRUCTIONS, CONDITIONS and RESTRICTIONS

Attach, sign, and date additional pages if required. *(This part may be left blank.)*

6. SIGNATURE: _____ **DATE:** _____

(Sign your name here, in the presence of two witnesses.)

ADDRESS: _____

(Insert your current address here.)

7. WITNESS SIGNATURES

[Note: The following people cannot be witnesses: the attorney or his or her spouse or partner; the spouse, partner, or child of the person making the document, or someone that the person treats as his or her child; a person whose property is under guardianship or who has a guardian of the person; a person under the age of 18.]

Witness #1: Signature: _____ Print Name: _____

Address: _____

_____ Date: _____

Witness #2: Signature: _____ Print Name: _____

Address: _____

_____ Date: _____

POA



Planning for Long-Term Care

Helping you understand the application
and admission process

What is a long-term care home?

A long-term care home is a place for you to live comfortably and with dignity when it becomes too difficult to live at home independently. Long-term care homes are sometimes referred to as nursing homes.

A long-term care home provides:

- On-site nursing care 24 hours a day
- All meals
- Daily assistance with personal care – for example bathing, dressing and eating
- Accommodation with basic furnishings including a bed, chair and bed linens
- Laundry and housekeeping services
- Religious and spiritual services
- Personal hygiene supplies
- Someone to help you with your medication and medical or clinical supplies
- Social and recreational programs
- A safe and secure environment
- Some long-term care homes also provide short stay options such as respite and convalescent care



Home and Community Care Support Services are the placement coordinators for admissions to long-term care homes.

All long-term care homes have Residents' Councils and many also have Family Councils. Both play a role in services provided in homes and improving quality of life for residents, such as answering your questions and helping you and your loved ones as you adjust to your new surroundings. Long-term care homes are licensed by the Government of Ontario and must meet the requirements under the Long-Term Care Homes Act, 2007.

How do I know when it's time to apply for long-term care?

Changes and transitions are part of every stage and age of life. There may come a time when you wish to consider a long-term care home for the next phase of your life. You may begin to explore long-term care as an option when you:

- Feel your care needs exceed what other services in the community can provide
- Need help with day-to-day tasks, such as eating, bathing and dressing
- Need on-site monitoring for your safety and well-being
- Are unable to return home after a stay in the hospital
- Need nursing care to be available on-site 24 hours a day

Where do I start?

Whether you are interested in long-term care for yourself, a family member or friend, the caring and knowledgeable professionals at your Home and Community Care Support Services will support you throughout your decision-making process. A care coordinator will work with you to:

- Explore other housing options such as:
 - Supportive housing and assisted living to help you remain supported at home as long as possible
 - Retirement homes, which are privately-owned and operated facilities, are suitable for seniors who require minimal health care assistance.
- Assess your needs whether you are at home, elsewhere in the community, or in the hospital, and determine your eligibility for admission into a long-term care home
- Help you make an informed decision and work with you and your family to complete your application to long-term care homes
- Assess if you are eligible for home care services and, if you are eligible, develop a customized care plan that meets your needs until a long-term care bed becomes available

The decision to apply for long-term care is yours. You may have many questions and mixed emotions. It may be helpful to share your feelings with people you trust, including your friends, family, doctor or religious/spiritual leader.

How much does it cost?

Once you are admitted to a long-term care home, you are required to contribute to the cost of your stay. The Ministry of Long-Term Care publishes accommodation costs for all long-term care homes at [Ontario.ca/LongTermCare](https://www.ontario.ca/LongTermCare) and you may qualify for financial assistance. You can speak with your Home and Community Care Support Services care coordinator for more information on costs.

How do I apply to a long-term care home?

1) **Referral**

You can work with a Home and Community Care Support Services care coordinator to determine whether you are eligible for admission to a long-term care home and to identify homes appropriate for you. You can refer yourself or be referred to a care coordinator by a family member, physician, nurse, or community worker. If a person is not capable of making a decision about long-term care, the substitute decision-maker (for example, the person who holds a Power of Attorney for Personal Care or certain family members) may do so on their behalf. It is a good idea to discuss the decision to apply openly and respectfully with the person for whom long-term care is being considered.

2) **Visit homes you would like to consider**

Visiting homes or viewing virtual tours (if available) on your Home and Community Care Support Services or long-term care home website will help answer some of your questions. By taking a tour, you can get a better feel for the surroundings and the people who work and live in the home.

When you visit a long-term care home, you may want to ask:

- For an information package on the home
- For copies of recent inspection reports – the province conducts regular inspections, as required under the Long-Term Care Homes Act. You can also find the reports online at publicreporting.ltchomes.net
- To speak to a member of the home's Residents' Council
- To speak to a member of the home's Family Council, if available

Before touring the long-term care homes you are considering, list the features that are important to you and pre-book the visit so that you will be able to get an informative tour. Some things to consider for your list:

- **Location:** Is the home close enough for family and friends to visit?
- **Cultural/language/religious preferences:** Do these factors need to be considered?
- **Types of programs/activities offered:** What types of programs/activities (for example, social events or outings) does the home offer its residents?
- **Past affiliation:** Do you have a preference for a specific long-term care home due to current or past involvement (for example, as a volunteer, board member or friend/family of a resident)?
- **Type of accommodation:** What type of room is best suited for your needs? Options include a private room, semi-private room or basic room. Please ask your tour guide about room set-ups (for example, sharing bathrooms, sharing rooms, personalizing your room with artwork) and costs.
- **Additional needs:** Throughout Ontario there are some beds available for veterans, for reuniting spouses who both require long-term care, and for those with religious, cultural or language preferences. Your Home and Community Care Support Services care coordinator will help you identify whether there are homes in your area that address your specific needs and whether you meet the requirements for admission.

3) Assessments and forms

- When you decide that long-term care is right for you, you can work with your Home and Community Care Support Services care coordinator to begin the application process.
- You will be asked to complete several forms as part of the application process. You or your substitute decision-maker must give consent to apply for and be admitted to a long-term care home.
- As part of the application process, your Home and Community Care Support Services care coordinator completes assessments to determine whether you are eligible for admission, including whether your care needs can be met in a long-term care home.
- If you are found to be eligible, you may select up to five homes anywhere in Ontario. Home and Community Care Support Services can place you on a maximum of five waiting lists. (This maximum does not apply to people who are assessed as needing an immediate long-stay admission because of a crisis in their condition or circumstances.)

What if I am eligible for long-term care?

Your Home and Community Care Support Services care coordinator will notify you that you are eligible for long-term care and will send your application to the home(s) you selected. Each long-term care home will review your application to determine if the home can meet your needs.

What if I am not eligible for long-term care?

If you are not eligible for admission to a long-term care home, your Home and Community Care Support Services care coordinator will explain why your application was declined and help you find alternatives to meet your needs. They will connect you with community services that are right for you, such as meal services, friendly visiting and adult day programs, to help you stay home longer than you thought possible.

If you are not eligible for long-term care and you disagree with the determination, we encourage you to discuss the matter with your Home and Community Care Support Services care coordinator. If you are still not satisfied with the decision, you have the right to appeal to the provincial Health Services Appeal and Review Board:

Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4
Telephone: 416-327-8512 or 1-866-282-2179



Wait lists and wait times

Before moving into one of the long-term care homes you have selected, you will likely need to wait until an appropriate bed for your care needs becomes available. Waiting time can range from days, months or even longer depending on the type of accommodation you are waiting for and your care needs.

We know that waiting can be stressful for you and your caregivers. During this time, your Home and Community Care Support Services care coordinator will continue to work with you to ensure your needs are being met until a long-term care bed becomes available.

If you have been on the waiting list for a while, your care coordinator may need to reassess you to see if there have been any changes in your condition or circumstances.

Waiting in hospital

The ideal place to assess your long-term care needs, and develop the best possible immediate and longer term care plan for you, is in your home. Your day-to-day needs can best be evaluated and understood in your home. On some occasions, a person may need to wait in the hospital for long-term care placement. If you are in hospital while you wait, you or your caregiver may be asked to consider long-term care homes with shorter wait times so that you can receive the care you need sooner.

Patients in hospitals who are awaiting placement in a long-term care home may be required to pay a chronic care co-payment charge. The co-payment is a contribution to the cost of accommodation and meals, and is comparable to the co-payment that applies to long-term care home residents. You can find more information about the co-payment, including rates and information about reduced payments, online at: <https://www.ontario.ca/page/get-help-paying-long-term-care>.

If you move into a long-term care home with a shorter wait list, you can remain on the wait list for a home of your choice and move to your preferred home when a bed becomes available.

Waiting at home

If you are living at home while you wait and require support urgently, you or your caregiver may be asked to consider long-term care homes with shorter wait times so that you can receive the care you need sooner.

If you move into a long-term care home with a shorter wait list, you can remain on the wait list for a home of your choice and move to your preferred home when a bed becomes available.

Bed offer

Your Home and Community Care Support Services care coordinator will contact you when an appropriate bed becomes available in one of your chosen homes. You must make a decision to accept or refuse the bed within 24 hours of receiving the bed offer. During this time, you can speak with your family or caregivers about this decision.

a) **Accepting a bed offer**

If you choose to accept the bed offer, you must move in within five (5) days of accepting it. The ministry cannot hold “vacant” beds due to high demand. Regardless of when you move in, you will be required to pay the accommodation cost for each of the five (5) days. If you move in on the day you receive the bed offer, you must also pay the cost for that day. If the bed that is offered to you is not your first choice, you may also choose to keep your name on the waiting list(s) for your other choice(s). Please note that your priority on the waiting list of your other choices may change when you accept a bed offer.

On moving day, getting to the long-term care home and any moving costs and arrangements will be your responsibility.

b) **Refusing a bed offer**

If you decide to refuse a bed offer, your file will be closed and you will be removed from the waiting list of all your chosen homes. You will not be able to reapply until 12 weeks after the day you were removed from the waiting list, unless there is a change in your condition or circumstances. There are limited exceptions to this rule; you will want to discuss this with your Home and Community Care Support Services care coordinator.

What if a long-term care home declines my application?

A long-term care home may decline your application for the following reasons under the *Long-Term Care Homes Act, 2007*.

The long-term care home:

- Does not have the physical facilities necessary to meet your care requirements
- Staff at the home lack the nursing expertise to meet your care requirements

If your application is declined, the home will provide you with a written letter outlining the reason for declining. Your care coordinator will help you look for alternatives.

If you disagree with the long-term care home's decision, you can make a complaint by calling the Long-Term Care Home Action Line at 1-866-434-0144.



North York West

Downsview LTC Centre

3595 Keele Street
Downsview, ON M3J 1M7
Tel: 416-633-3431

Harold & Grace Baker Centre

1 Northwestern Avenue W.
Toronto, ON M6M 2J7
Tel: 416-654-2889

Hawthorne Place Care Centre

2045 Finch Avenue W.
Toronto, ON M3N 1M9
Tel: 416-745-0811

Norfinch

22 Norfinch Drive
North York, ON M3N 1X1
Tel: 416-623-1120

North Park Nursing Home

450 Rustic Road
Toronto, ON M6L 1W9
Tel: 416-247-0531

Ukrainian Cdn Care Centre

60 Richview Road
Etobicoke, ON M9A 5E4
Tel: 416-243-7653

Villa Colombo Homes

40 Playfair Avenue
Toronto, ON M6B 2P9
Tel: 416-789-2113

Village of Humber Heights

2245 Lawrence Avenue
Etobicoke, ON M9P 3W3
Tel: 416-235-0201

Weston Terrace

2005 Lawrence Avenue W.
Toronto, ON M9N 3V4
Tel: 416-243-8879

North York Central

Carefree Lodge

306 Finch Avenue E.
Willowdale, ON M2N 4S5
Tel: 416-397-1500

Chartwell Gibson Long Term Care Residence

1925 Steeles Avenue E.
North York, ON M2H 2H3
Tel: 416-493-4666

Cheltenham Care Community

5935 Bathurst Street
Toronto, ON M2R 1Y8
Tel: 416-223-4050

Cummer Lodge

205 Cummer Avenue
North York, ON M2M 2E8
Tel: 416-392-9500

Extendicare Bayview

550 Cummer Avenue
Toronto, ON M2K 2M2
Tel: 416-226-1331

Seniors' Health Centre

2 Buchan Court
North York, ON M2J 5A3
Tel: 416-756-0066

Thompson House

1 Overland Drive
Don Mills, ON M3C 2C3
Tel: 416-447-7244

Valleyview Residence

541 Finch Avenue W.
Toronto, ON M2R 3Y3
Tel: 416-398-0555

Northern York Region

Cedarvale Lodge Retirement and Care Community

121 Morton Avenue
Keswick, ON L4P 3T5
Tel: 905-476-2656

Chartwell Aurora Long Term Care Residence

32 Mill Street
Aurora, ON L4G 2R9
Tel: 905-727-1939

Eagle Terrace

329 Eagle Street
Newmarket, ON L3Y 1K3
Tel: 905-895-5187

Mackenzie Place

52 George Street
Newmarket, ON L3Y 4V3
Tel: 905-853-3242

River Glen Haven Nursing Home

P.O. Box 368, 160 High Street
Sutton West, ON L0E 1R0
Tel: 905-722-3631

Southlake Residential Care Village

640 Grace Street
Newmarket, ON L3Y 8V7
Tel: 905-895-7661

Willows Estate Nursing Home

13837 Yonge Street
Aurora, ON L4G 3G8
Tel: 905-727-0128

York Region Newmarket Health Centre

194 Eagle Street
Newmarket, ON L3Y 1J6
Tel: 905-895-3628

Questions or concerns?

- For questions about the application or placement process, call Home and Community Care Support Services Central at 416-222-2241 or 905-895-1240
- Call the Long-Term Care Home Action Line at 1-866-434-0144 to voice concerns and complaints
- For information about long-term care, visit ontario.ca/longtermcare or centrallhin.on.ca
- For information on laws governing LTC homes, visit ontario.ca/laws/statute/07108

Eastern York Region

Bethany Lodge

23 2nd Street
Unionville, ON L3R 2C2
Tel: 905-477-3838

Bloomington Cove Care Community

13621 Ninth Line, RR#2
Stouffville, ON L4A 7X3
Tel: 905-640-1310

Chartwell Woodhaven Long Term Care Residence

380 Church Street
Markham, ON L6B 1E1
Tel: 905-472-3320

Markhaven Inc.

54 Parkway Avenue
Markham, ON L3P 2G4
Tel: 905-294-2233

Mon Sheong Stouffville Long Term Care Centre

162 Sandiford Drive
Stouffville, ON L4A 0G4
Tel: 905-883-9288 ext. 8628

Parkview Home Long Term Care

123 Weldon Road
Stouffville, ON L4A 0G8
Tel: 905-640-1911

Union Villa

4300 Highway #7
Unionville, ON L3R 1L8
Tel: 905-477-2822

Yee Hong Centre – Markham

2780 Bur Oak Avenue
Markham, ON L6B 1C9
Tel: 905-471-3232

Western York Region

Elginwood Long Term Care

182 Yorkland Street
Richmond Hill, ON L4S 2M9
Tel: 905-737-0858

King City Lodge Nursing Home

146 Fog Road, RR1
King City, ON L7B 1A3
Tel: 905-833-5037

Kristus Darzs Latvian Home

11290 Pine Valley Drive
Woodbridge, ON L4L 1A6
Tel: 905-832-3300

Langstaff Square Care Community

170 Red Maple Road
Richmond Hill, ON L4B 4T8
Tel: 905-731-2273

Mackenzie Health Long Term Care Home

10 Trench Street, 5th Floor
Richmond Hill, ON L4C 4Z3
Tel: 905-883-2442

Mariann Home

9915 Yonge Street
Richmond Hill, ON L4C 1V1
Tel: 905-884-9276

Mon Sheong Richmond Hill

11199 Yonge Street
Richmond Hill, ON L4S 1L2
Tel: 905-883-9288

Sherwood Court

300 Ravineview Drive
Maple, ON L6A 3P8
Tel: 905-303-3565

Villa Colombo Vaughan

10443 Highway #27
Vaughan, ON L0J 1C0
Tel: 289-202-2222

Villa Leonardo Gambin

40 Friuli Court
Woodbridge, ON L4L 9T3
Tel: 905-856-3939

York Region Maple Health Centre

10424 Keele Street
Maple, ON L6A 2L1
Tel: 905-303-0133

South Simcoe

Bradford Valley

2656 Line 6
Bradford, ON L3Z 2A1
Tel: 905-952-2270

Good Samaritan Nursing Home

481 Victoria Street E.
Alliston, ON L9R 1J8
Tel: 705-435-5722

Simcoe Manor Home for the Aged

5988 8th Line
Beeton, ON L0G 1A0
Tel: 905-729-2267

Contact Us

Home and Community Care Support Services Central

11 Allstate Parkway, Suite 500
Markham, ON L3R 9T8

Visit our website at
healthcareathome.ca/central

By telephone or TTY:

905-895-1240

416-222-2241

1-888-470-2222

TTY: 416-222-0876

310-2222 (area code not required)

Follow us on

 **@Central_LHIN**

For health and community services, visit
centralhealthline.ca

LONG TERM CARE

MEDICAL ASSISTANCE IN DYING

Information for Patients

GETTING THE RIGHT HELP

Death and dying can be difficult subjects to think and talk about. If you are thinking about medical assistance in dying, talk to someone who can help inform you about your potential options: a doctor, nurse practitioner or other health care provider. You can also speak with your family, friends or a spiritual advisor. If your suffering continues and you want to consider a formal request for medical assistance in dying you will need to speak with your doctor or nurse practitioner.

YOUR DOCTOR OR NURSE PRACTITIONER CAN GUIDE YOU THROUGH THE PROCESS

Your doctor or nurse practitioner can discuss your medical condition with you – your diagnosis and prognosis, and all the appropriate care options available. These may include different medical treatments, palliative care, psychological support, spiritual care and/or medical assistance in dying.

If you need help to understand the options – such as an interpreter or another kind of assistance – your doctor or nurse practitioner must take all necessary steps to ensure you can understand the information and can communicate your decision.

Some doctors or nurse practitioners may not want to provide medical assistance in dying. They may choose not to provide the service. However, in Ontario, it is their professional duty to refer you to a doctor or nurse practitioner who is available to assess you for medical assistance in dying. A care coordination service is available to clinicians, patients, caregivers and families looking for information and help to facilitate access to medical assistance in dying.

A REQUEST FOR MEDICAL ASSISTANCE IN DYING MUST BE IN WRITING

Your doctor or nurse practitioner can provide you with a Patient Request form, available [here](#), to complete. If you are physically unable to complete and sign the request, you can ask someone else to do it for you.

Your written request must be signed and dated after you are told by your doctor or nurse practitioner that you have a grievous and irremediable medical condition. You can withdraw your request at any time.

Your request must be signed and dated with two independent witnesses present. Other eligibility criteria for medical assistance in dying are listed in the federal legislation, available [here](#).

Important to know:

- You must personally consent to medical assistance in dying. Another person, often called a substitute decision maker, cannot consent to medical assistance in dying on your behalf, or make the request for you.
- You cannot give consent in advance. You must be able to provide consent until the moment you receive medical assistance in dying.
- You can withdraw your request at any time.
- Even if you make the request, you can still receive all the other types of health care you need from your doctor or nurse practitioner.

WHETHER YOU'RE ELIGIBLE DEPENDS ON SPECIFIC REQUIREMENTS

Once you make your request, your doctor or nurse practitioner will assess whether you are eligible to receive medical assistance in dying. Your eligibility depends on a number of conditions required by federal law.

WHO IS ELIGIBLE FOR MEDICAL ASSISTANCE IN DYING?

Here are some of the legal requirements set out in federal legislation that must be met. This is not intended to be exhaustive. Additional requirements are listed in the federal legislation, available [here](#).

To receive medical assistance in dying, a patient must:

- Be eligible for publicly funded health care services in Canada
- Be 18 years of age or older
- Be capable of making health care decisions, and
- Have a grievous and irremediable medical condition, which means the patient:
 - Has a serious and incurable illness, disease or disability, and
 - Is in an advanced state of irreversible decline in capability, and
 - Is enduring physical or psychological suffering, caused by the medical condition or the state of decline, that is intolerable to the person, and
 - Natural death has become reasonably foreseeable.

Your doctor or nurse practitioner will make sure that you are making your request voluntarily and that you are providing informed consent. Your doctor or nurse practitioner will discuss the options available to relieve your suffering, including palliative care, before you provide informed consent to medical assistance in dying.

A SECOND ASSESSMENT IS REQUIRED

If your doctor or nurse practitioner decides that you qualify for medical assistance in dying, a second doctor or nurse practitioner must complete another assessment to confirm that you meet all the eligibility criteria. They must provide the assessment in writing to the first doctor or nurse practitioner.

YOU HAVE TIME TO THINK ABOUT YOUR DECISION

At least 10 days must pass before assistance in dying is provided, starting from when you signed the written request, to give you time to think about your decision. In some cases, the doctors or nurse practitioners may approve a shorter waiting period. You may also withdraw your request at any time.

WHAT IS THE SERVICE ITSELF?

Once the waiting period has passed, the doctor or nurse practitioner will either give you the drugs, or will write a prescription for you to fill on your own. This means you take the drugs yourself in a setting of your choice. How you receive the drugs is your choice.

Right before providing the drugs or giving you the prescription, your doctor or nurse practitioner will give you an opportunity to withdraw your request, will confirm they find that you are still medically capable of making this choice, and will get your final consent to proceed.

HOW TO GET HELP IN FINDING A DOCTOR OR NURSE PRACTITIONER TO PROVIDE MEDICAL ASSISTANCE IN DYING

If you do not have access to a doctor or nurse practitioner willing to provide medical assistance in dying, you (or a family member or caregiver) can request a referral for medical assistance in dying through a care coordination service which can be reached toll-free at: 1-866-286-4023.

The care coordination service is available Monday to Friday 9am – 5pm EST in English and French (translations for other languages can also be requested). TTY services are also available at: 1- 844-953-3350. Starting September 1st, 2017 information resources will be available 24/7.

You can also contact the care coordination service for additional information and questions regarding end-of-life care in Ontario, including palliative care resources.

WHAT WILL BE DONE AFTER I DIE?

Under current law, all medically assisted deaths in Ontario must be reported by the doctor or nurse practitioner to the Office of the Chief Coroner. While the Coroner must be notified of all medically assisted deaths, an investigation is not required unless the Coroner deems one to be necessary.

Patients who choose to take the prescribed drugs on their own are encouraged to share their plans and the contact information of their doctor or nurse practitioner with family or friends, or in writing somewhere easily located. This will help ensure authorities are aware the death was planned.

Patients should make sure that they or their family can provide all the information and documentation that the doctor, nurse practitioner or coroner may require.

OTHER SOURCES FOR HELP AND HEALTH INFORMATION

If you feel an urgent need for assistance, consider the following resources, **available 24 hours a day/7 days a week**:

- Get free medical advice through Telehealth Ontario at **1-866-797-0000**, **TTY 1-866-797-0007**
- If you have a medical emergency or require immediate attention, call **9-1-1**
- If you are experiencing distress or a crisis, there are support lines in many cities across Ontario. A list of phone numbers is available at:
<http://www.dcontario.org/centres.html>
- If you need assistance or services to address a mental health issue, call Ontario's Mental Health Helpline at **1-866-531-2600**
- If you need information about community, social, non-clinical health and related government services in Ontario, dial **2-1-1**

What is Medical Assistance in Dying?

Medical Assistance in Dying (MAID) means that an eligible patient is administered medication by a medical practitioner or nurse practitioner, at their request, that causes their death. Alternatively, the MAID procedure can be completed by a medical practitioner for an eligible patient by prescribing or providing a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death¹.

When did Medical Assistance in Dying Become Available in Canada?

Doctors and nurse practitioners in Ontario can now provide medical assistance in dying.

Federal legislation passed on June 17, 2016, guides how Ontario's doctors and nurse practitioners are allowed to provide this option.

How are Palliative Care and Medical Assistance in Dying Related?

Medical assistance in dying does not change how Ontario patients with life-limiting illness access other medical treatments, including palliative care². Based on the experience of other countries, only a small number of Ontarians will choose to access medical assistance in dying. Patients who request information about or who pursue medical assistance in dying will still receive palliative care and other treatments in accordance with their goals of care.

What is the Cost to Receive Medical Assistance in Dying?

This service is covered by the Ontario Health Insurance Plan (OHIP) and drugs required for medical assistance in dying will be available at no cost.

Where is Medical Assistance in Dying Available?

You can ask to receive medical assistance in dying no matter where you live or receive care including a hospital, long-term care home, hospice, palliative care facility or your home. Some facilities may choose not to provide medical assistance in dying or have limitations on how they provide it. Facilities are encouraged to make this information available, so you know your options.

How Do I Access Medical Assistance in Dying?

Talk to your doctor or nurse practitioner

If you are suffering from a grievous and irremediable medical condition, you can talk to your doctor or nurse practitioner about your options for treatment and care. These options may now include medical assistance in dying. If you're already in a hospital or long-term care home, speak to your doctor or care provider about your options.

While some doctors or nurse practitioners may choose not to be involved in medical assistance in dying, they must follow professional requirements set by the College of Physicians and Surgeons of Ontario³ and the College of Nurses of Ontario⁴. In this situation, your doctor or nurse practitioner will refer you to another practitioner to assess your eligibility for MAID and to provide MAID, if you are eligible.

In Waterloo Wellington, you can also access information about and/or a referral to providers who can support your request for MAID by calling 310-CCAC (2222) or calling the provincial MAID Care Coordination Service @ 1-866-286-4023. Finally, more information about MAID can be found on the MOHLTC website (click [here](#)).

Sourced from <https://www.ontario.ca/page/medical-assistance-dying-and-end-life-decisions#section-1> on January 18, 2017

¹ Bill C-14. <http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8384014>

² Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. (<http://www.who.int/cancer/palliative/definition/en/>)

³ <http://www.cpso.on.ca/Policies-Publications/Policy/Medical-Assistance-in-Dying>

⁴ <http://www.cno.org/en/trending-topics/medical-assistance-in-dying/>

MAid



Body Mechanics:

Positioning, Moving and Transfers



Connecting You
to Community Care

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SECTION 1

Body Mechanics for the Caregiver

Body mechanics involves standing and moving one's body correctly as well as making the best use of one's strength to prevent injury. When you learn how to control and balance your body, you can safely move another person. When lifting something or someone heavy, the proper body mechanics will help you prevent back injuries.

General Rules

1. Never lift more than you can comfortably handle.
2. Create a base of support first. Stand with your feet at shoulder width apart and place one foot a half-step ahead of the other.
3. DO NOT use your back to do the heavy lifting. The back muscles are not your strongest muscles. USE YOUR LEGS.



NOTE

Use your legs to do the heavy lifting.

4. If the bed is low, place one foot on a footstool. This will relieve the pressure on your lower back.
5. Consider getting a back support belt to protect your back.

Helpful Advice for Moving a Person

These pointers are for the caregiver only. See the following pages for the steps for a specific move or transfer.

Step 1

- Tell the person what you are going to do.
- Before you start to move the person, count "1-2-3" with him.



Step 2

- Stand close to the person you are lifting.
- While lifting, keep your back in a neutral position. This means that your back should be arched normally and not stiff.
- Keep your knees bent, with equal weight placed on both feet. Tighten your stomach and back muscles to maintain a correct support position.
- Use your arms to support the person.
- Again, use your leg muscles as you lift the person.



Step 3

- When you turn, pivot your body by turning on one foot. Do not twist your body.
- Breathe deeply.
- Keep your shoulders relaxed but not hunched.
- If you need a lot of effort to move the person, tie a transfer belt around the person's waist. Hold the belt as you do the transfer.



Body Mechanics for the Caregiver

■ Prevention of Back and Neck Injuries

To avoid injury, get plenty of rest and make sure you have:

1. Good nutrition
2. Good physical fitness
3. Good body mechanics

■ Common Treatments for Caregiver Back Pain

If you experience back pain:

1. Apply a cold ice pack to the injured area every hour for 10 minutes each time.
2. Get short periods of rest and lie in a comfortable position.
3. Stand with your feet shoulder width apart. Place your hands on hips and bend backwards slowly. Do three to five repetitions several times a day.
4. Take short, frequent walks on a flat and level surface.
5. Do not sit, stand or lie in the same position for long periods. It is bad for your back.

Caregivers should seek training from a professional physiotherapist. A physiotherapist can advise you on how to provide this type of care and how to reduce the risk of injury to yourself or the person in your care (care recipient). The physiotherapist will correct any mistakes you make and can identify special problems, if any.

To determine the best procedures, the physiotherapist can examine the physical condition of the care recipient, as well as the furniture and room arrangements at home.



TIP

The Caregivers Training Grant (CTG) allows caregivers to tap on a **\$200 annual subsidy** to attend CTG-approved training courses so that they can better care for their loved ones.

SECTION 2

Moving a Person

When you have to move someone into bed or out of bed, remember these tips:

1. Plan the move and be aware of what you can and cannot do.
2. Let the care recipient do as much work as he can.
3. Do not let the person put his arms around your neck or grab you.
4. Use a transfer belt to balance and support the person.
5. Keep the transfer surfaces e.g. wheelchair and bed as close together as possible.
6. Check the wheelchair position and lock the brakes, keep the armrests and footrests swung out of the way.
7. Let the person look to the place where he is being transferred.
8. If the person is able, place his hands on the bed or chair and assist in the movement. If the person has had a stroke or is afraid, he can hold his hands close to his chest.
9. Ask the person to push and not pull on the bed rails, the chair, or you.
10. Work at the person's level and speed. Check if he feels any pain.
11. Avoid sudden jerking motions.
12. Never pull on the person's arms or shoulders.
13. Position the person correctly. This helps the body regain lost function and helps prevent additional function loss.
14. Get the person to wear non-slip shoes.



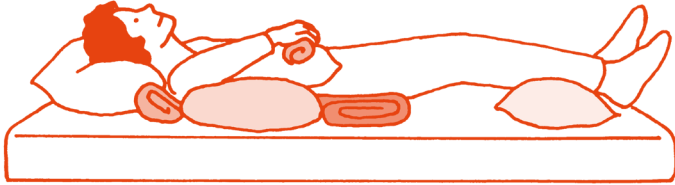
NOTE

Encourage the care recipient **to be as independent** as possible. Do not do everything for him. For example, it's all right for him to stand up partly and sit back down.

Moving a Person

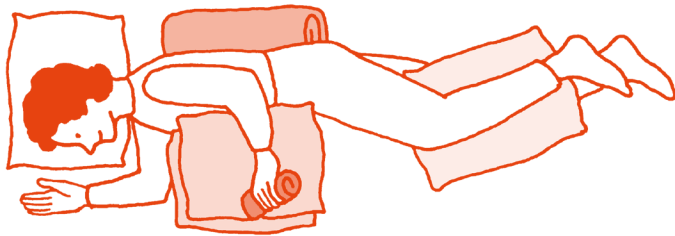
Positioning a Person in Bed

Step 1



- Place a small pillow under the person's head.
- Place a small pillow lengthwise under the calf of the weak leg. Let the heel hang off the end of the pillow to relieve pressure. If the person needs a blanket, make sure the blanket does not create pressure on the toes.

Step 2



- Fold a bath towel and place it under the hip of the person's weak side.
- Place the weak arm and elbow on a pillow. The position of the arm should be higher than the heart.

Positioning a Person on His or Her Strong Side

1. Place a small pillow under the person's head.
2. Keep the person's head in alignment with the spine.
3. Place a pillow at the back to prevent rolling.
4. Place a pillow in front to keep the arm at the same height as the shoulder joint.
5. Place a medium pillow lengthwise between the knees, legs and ankles. The person's knees may be kept slightly bent.
6. Adjust the pillow.

Positioning a Person on His or Her Weak Side

1. Use the same positioning as described above.
2. Change the person's position frequently. He may not be aware of pressure, pain or skin irritation.

Moving a Person

Positioning a Person Higher up in Bed

1. Tell the person what you are going to do.
2. Lower the head of the bed to a flat position and remove the pillow. Do not try to drag the person up.
3. If possible, raise the bed and lock the wheels.
4. Tell the person to bend his knees, place his feet firmly against the mattress and push himself up.
5. Stand beside the bed and place one hand behind the person's back and the other underneath the buttocks.
6. Bend your knees and keep your back in a neutral (arched naturally, not stiff) position.
7. Count "1-2-3" and get the person to push with his feet and pull with his hands towards the head of the bed.
8. Replace the pillow under his head.

Follow these basic rules:

- Never grab or pull the person's arm or leg.
- If it doesn't affect the person's medical condition, raise the foot of the bed slightly to prevent him from sliding down.
- If moving him is difficult, get the person out of bed and back in the wheelchair. Then start over and put him in bed closer to the headboard.



TIP

To prevent back injuries, get the person to hold a grab bar to help with the move. This is easiest and safest for the caregiver's back.

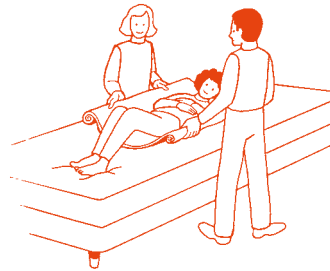
When Two People Move an Unconscious Person

Step 1

- Tell the person what you are going to do even if he seems to be unconscious.
- Remove the pillow.
- If possible, raise the bed and lock the wheels.

Step 2

- Stand on either side of the bed.
- Stand at the side of the bed, with feet shoulder width apart, knees bent, and back in a neutral position.
- Roll the sides of the draw sheet up to the person's body.



Step 3

- Hold on to the draw sheet with your palms facing up.
- Count "1-2-3" before shifting your body weight from the back to the front leg. Keep your arms and back in a locked position. Together, slide the person smoothly up the bed.
- Place pillows under the person's head.
- Ensure the person is in a comfortable position.



NOTE

A drawsheet is a sheet that is folded several times and placed under the person to be moved. It helps prevent skin irritation and should be placed under the shoulders to just below the knees.

Moving a Person

Moving an Unconscious Person Alone

1. If possible, raise the entire bed to a comfortable level and lock the wheels.
2. Remove the pillow.
3. Stand at the side of the bed, with feet shoulder width apart, knees bent, back in a neutral (arched naturally, not stiff) position.
4. Roll the sides of the draw sheet up to the person's body.
5. Slide your arms under the draw sheet and support the person's shoulders and back.
6. Count "1-2-3" and shift your body weight from one leg to another leg as you slide the person towards the top of the bed. Keep your arms and back in a locked position.
7. Slide the person to the top of the bed.
8. Replace the pillow.
9. Position the person comfortably.

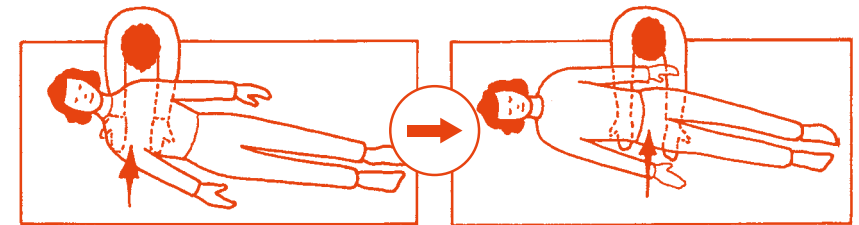
Moving a Person to One Side of the Bed on His or Her Back

Step 1

- Place your feet shoulder width apart, knees bent, back in a neutral (arched naturally, not stiff) position.
- Slide your arms under the person's back to his far shoulder blade. Bend your knees and hips to lower yourself to the person's level.
- Slide the person's shoulders towards you by shifting your weight to your back foot.

Step 2

- Use the same procedure to move the person's buttocks and feet.
- Always keep your knees bent and your back in a neutral position.



Moving the person

Rolling Technique

1. Move the person to one side of the bed as described before.
2. Bend the person's knees.
3. Hold the person at his hip and shoulder blade on the far side of the body.
4. Keep knees bent, back in neutral position and lock your arms to assist the lift.
5. Adjust the pillow.

Moving a Person

■ Raising a Person's Head and Shoulders

1. If possible, ask the person to lift his head and dig both elbows into the bed to support his body.
2. Stand at the side of the bed with feet shoulder width apart, knees bent, back in a neutral (arched naturally, not stiff) position.
3. Help lift the person's shoulders by placing your hands and forearms under the pillow and his shoulder blades.
4. Keep knees bent, your back in neutral position and lock your arms to assist the lift.
5. Adjust the pillow.

■ Helping a Person Sit Up

1. Tell the person what you are going to do.
2. Bend the person's knees.
3. Roll him on his side so that he is facing you.
4. Reach one arm under his shoulder blades.
5. Place the other arm behind his knees.
6. Position your feet shoulder width apart. Keep your centre of gravity close to the bed and the person.
7. Keep your back in a neutral position.
8. Count "1-2-3" and shift your weight to your back leg.
9. Shift the person's legs over the edge of the bed while pulling his shoulders to a sitting position.
10. Remain in front of him until he is in a stable position.

SECTION 3

Help Getting In and Out of Bed

It is common for the elderly or a person with a disability to have trouble turning over or getting in and out of bed.

1. If the person is having trouble getting in and out of bed or turning over in bed, talk to your doctor. Medication may have to be adjusted.
2. A satin sheet or piece of satin material placed across the middle of the bed and tucked under the mattress can make it easier for the person to turn over.
3. Heavy blankets can make it more difficult for the person to turn over.
4. Make sure the path from the bed to the bathroom is well-lit. Use a night light.
5. Keep the bedroom floor clear of things that could cause a person to trip or fall. Don't leave shoes, books or magazines on the floor.

■ Getting Up from Bed

1. Bend knees and place feet flat on bed.
2. Turn to side. Reach arm across the body to start rolling.
3. Move feet off the edge of bed.
4. Use arms to push self into sitting position. If there is a half-side rail or chair fastened to the side of the bed, use it.

■ Lying Down on Bed

1. Sit on the edge of bed.
2. Lift legs into bed one at a time .
3. Lie down with head on pillow.
4. Slide legs into centre of bed. Move one leg at a time.

Help Getting In and Out of Bed

■ Helping Someone Get Into Bed

1. Get the person to approach the bed as though he is going to sit in a chair. He should feel the mattress behind both legs.
2. Get the person to slowly lower himself to a seated position on the bed, using his arms to control the movement.
3. Tell him to lean on his forearm while his body leans down to the side.
4. As the body goes down, the legs will move up (a little like a seesaw).
5. Do not let the person place his knees up on the mattress first. He should not “crawl” into bed.

■ Helping Someone Get Out of Bed

1. Get the person to bend his knees and keep his feet flat on the bed.
2. Get him to roll onto his side towards the edge of the bed by letting his knees fall to that side. Tell him to turn his head and look in the direction he is rolling towards.
3. Help him to lower his feet from the bed and push into a sitting position using his arms.
4. A straight-back chair fixed at the side of the bed or a bed rail can help the person roll more easily.

SECTION 4

Transfers

Transferring a person in and out of bed is an important caregiver activity. It can be done fairly easily if you follow these instructions. Use the same procedure for all transfers so that there is a routine.

■ Helping a Person Stand

Help only as needed but guard the person from falling.

1. Get the person to sit on the edge of the chair or bed. Let him rest a while if he feels dizzy.
2. Tell him to push away from the bed or chair armrests with his hands.
3. Position your knee between his knees.
4. Face him and support the weak knee against one or both of your knees as needed.
5. Place your arms around the person’s waist or use a transfer belt.
6. Keep your back in a neutral position.
7. Count “1-2-3” and tell the person to stand up while pulling him towards you and pushing your knees into his knee if needed.
8. Once he is upright, get him to keep his knee straight in a locked position.
9. Support and help him to stay balanced.



NOTE

If during a transfer you start to lose your hold of the person, do not try to hold him up. Instead, lower him gently to the floor.

■ Helping a Person Sit

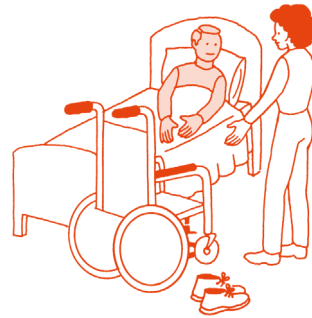
1. Reverse the steps described in “Helping a Person Stand” above.
2. Get the person to feel for the chair or bed with the back of his legs.
3. Get the person to reach back with both hands to the bed or chair armrests and sit down slowly.

Transfers

Transferring from Bed to Wheelchair with a Transfer Belt

Step 1

- Place the wheelchair at a 45° angle to the bed so the person will be transferring to his stronger side.
- Lock the wheels of the chair and the bed.
- Tell the person what you are going to do.



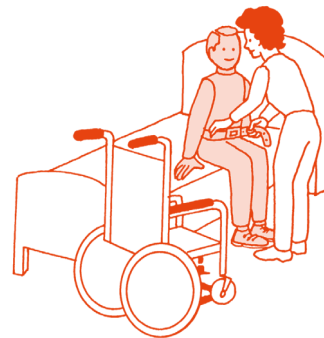
Step 2

- Put on his shoes while he is still lying down if he is weak or unstable.
- Bring him to a sitting position while his legs are over the edge of the bed.



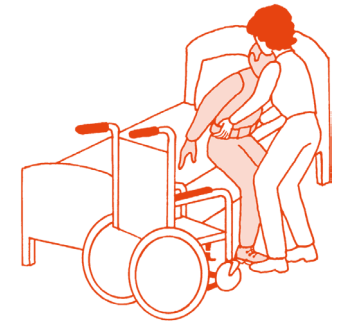
Step 3

- Let him rest a while if he feels dizzy.
- Use a **transfer belt** if the person needs a lot of support.



Step 4

- Help him to a standing position.



Step 5

- Get him to reach for the arms of the chair and pivot your body slowly. A very fast pivot may scare the person, or cause you to lose knee control. You may fall with the care recipient.
- Support him with your arms and knees as needed.
- Adjust him comfortably in the chair.



Transferring from Wheelchair to Bed

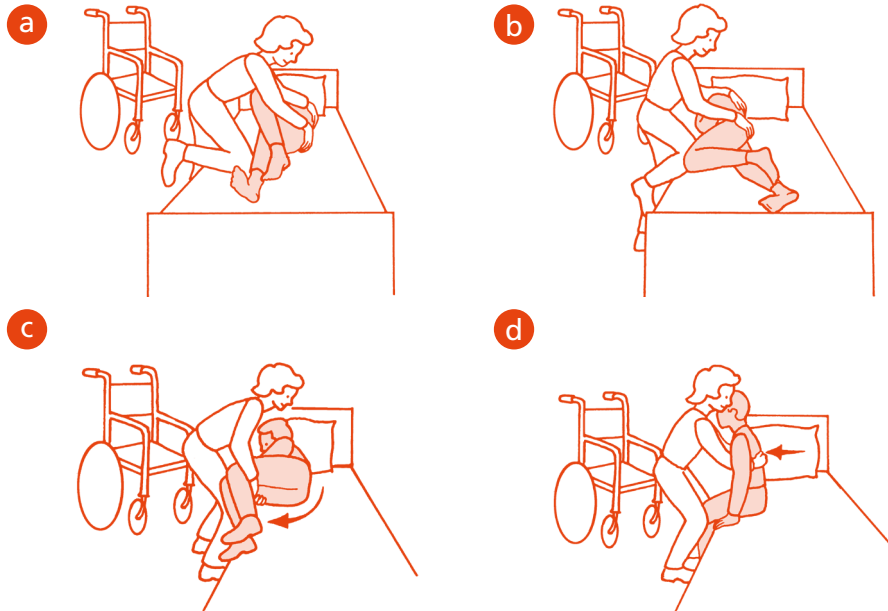
1. Reverse the process described in "Transferring from Bed to Wheelchair with a Transfer Belt".
2. Place the chair at a 45° angle to the bed so the person is on his stronger side. Lock the wheels.
3. Get into a position to provide a good base of support; use good body mechanics.
4. Have the person stand, reach for the bed and pivot.
5. Support and guide him as needed.
6. Adjust the position of the person in bed with pillows.

Transfers

Transferring from Bed to Wheelchair without a Transfer Belt

Step 1

- Place the wheelchair at a 45° angle to the bed so that the person will be transferring to his stronger side.
- **Lock** the wheels of the chair and bed, or use a wheel block.
- Tell the person what you are going to do.
- Bring him to a sitting position with his legs over the edge of the bed following steps a, b, c, and d as shown in the illustration below.
- Let him rest a moment if he feels dizzy.
- Put his shoes on.



Step 2

- Put your arms around his chest and hold your hands together behind his back.
- Support the leg that is farther from the wheelchair between your legs.



Step 3

- Lean back, shift your leg and lift.
- Pivot your body towards the chair.



Step 4

- Bend your knees and let him bend towards you.
- Lower the person into the wheelchair.
- Adjust his position so that he is seated comfortably.



NOTE

As the person becomes stronger, you can provide less assistance. However, use the same body positioning to support his weaker side.

Transfers

■ Transferring from Wheelchair to Bed with a Transfer Board

1. Try to adjust the bed and the chair to the same height if possible.
2. Place the wheelchair at a 45° angle to the bed so that the person will be transferring to his stronger side.
3. Lock the wheels of the chair and bed, or use a wheel block.
4. Tell the person what you are going to do.
5. Remove the armrest nearest the bed.
6. Remove his feet from the footrests and swing the footrests out of the way.
7. Have the person lift his hip and place the board under the hip with the other end of the board on the bed.
8. Ask him to put his hands on the board with hands close to his sides.
9. Ask him to lean slightly forward and make a series of small pushes off the board by straightening his elbows, and inching along the board towards the bed.
10. When he is on the bed, ask him to lean over onto his elbow and pull the transfer board out from under his bottom.
11. Adjust him comfortably in the bed.



Important

MAKE SURE THE PERSON DOESN'T PUT HIS FINGERS UNDER THE BOARD.

Transfers

Transferring from a Wheelchair to a Car

Step 1

- Open the passenger door as far out as possible.
- Move the side of the wheelchair as close to the car seat as possible.
- Lock the chair's wheels.
- Move both footrests out of the way.

Step 2



- Position yourself so that you are facing the person.
- Tell him what you are going to do.
- Bend your knees and hips and lower yourself to his level.
- Hold on to the transfer belt around his waist to help him stand as you straighten your hips and knees.
- If his legs are weak, brace his knees with your knees.

Step 3



- While he is standing, turn him so that he can slowly sit down on the car seat. Make sure that he does not hit his head.

Step 4



- Lift his legs into the car by placing your hands under his knees.
- Move him to face the front.
- Put on his seat belt.
- Close the door carefully.

Additional Resources



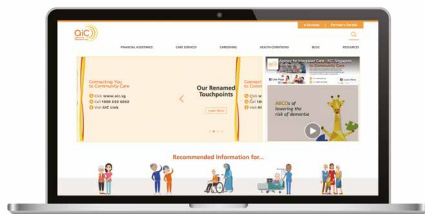
A handy guide covering the basics of caregiving, especially for those new to this.



Practical information and self-care tips to help caregivers maintain their well-being.



Useful tips and information on how to assist your loved one in aspects of daily living.



Agency for Integrated Care

A one-stop resource on eldercare and caregiving for seniors and caregivers.
www.aic.sg



AIC Singapore Facebook Page

An online community for caregivers in Singapore to share information, resources and experiences.
www.facebook.com/AICSingapore



Mobile E-care Locator App

Search, locate and find out more about Singapore's health and social care services with this mobile app.
[www.aic.sg/resources/Mobile Applications](http://www.aic.sg/resources/Mobile%20Applications)



AIC with You

Read more about care options and Intermediate and Long-Term Care related resources, such as caregiving tips and product guides, in this quarterly newsletter.
www.aic-blog.com

Contact Us



AIC Hotline
1800 650 6060



AIC Link @ Maxwell

7 Maxwell Road #04-01
MND Complex Annexe B
Singapore 069111
(Above Amoy Street Food Centre)

Operating Hours:

Mondays to Fridays: 8.30am to 5.30pm
Closed on Weekends and Public Holidays

Resource centre for all your care needs where our Care Consultants are here to advise caregivers and their loved ones on getting the right care at the right place, enabling seniors to age-in-place.

For other AIC Link locations, visit

[www.aic.sg/Resources/AIC Link](http://www.aic.sg/Resources/AIC%20Link)



AIC Hotline

1800-650-6060

Operating Hours:

Mondays to Fridays: 8.30am to 8.30pm
Saturday: 8.30am to 4.00pm
Closed on Sundays and Public Holidays

One-stop national toll-free helpline providing convenient access to information to all eldercare and caregiving support services.

Email: enquiries@aic.sg

Learn more about what we do:



Click **www.aic.sg**



Call **1800 650 6060**



Visit **AIC Link**

The Agency for Integrated Care (AIC) aims to create a vibrant care community for people to live well and age gracefully. AIC coordinates and supports efforts in integrating care to achieve the best care outcomes for our clients. We reach out to caregivers and seniors with information on staying active and ageing well, and connect people to services they need. We support stakeholders in their efforts to raise the quality of care, and also work with health and social care partners to provide services for the ageing population. Our work in the community brings care services and information closer to those in need.

Information is correct as of November 2019.



A Caregiver's Guide to Avoid Burnout



Connecting You
to Community Care

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Introduction

Providing emotional support and physical care to someone who is ill can be a satisfying and rewarding journey. It can also be challenging, especially if you need to balance a job, family and housework on top of caring for the person who is ill (care recipient). It may even lead to feeling stressed, angry and guilty.

Caregivers may think they can (and should) do everything by themselves. However, this can lead to burnout. It is important for caregivers to get practical and emotional support. Sharing your concerns with others will help relieve stress. It may also give you a different and positive way of looking at the challenges of being a caregiver.



“Sharing your concerns with others will help relieve stress.”

SECTION 1

Managing Negative Emotions

A caregiver's role is challenging. You may want perfect results for everything you do but it is not possible. When you are unhappy, you may look for excuses to be angry. Caregivers may also feel impatient, depressed and hostile.

Feelings of Guilt

Even if you are doing everything well, you may think that you are not doing enough. At least once every day, tell yourself:



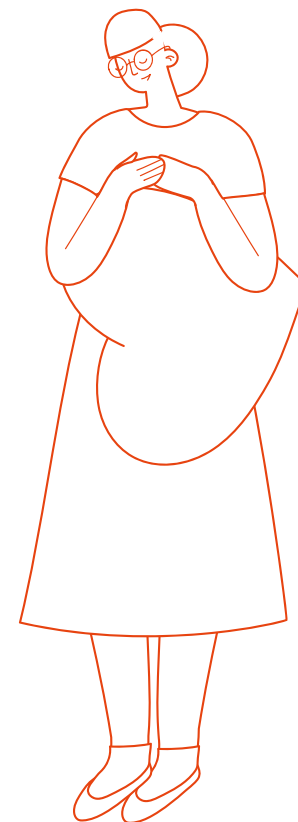
How much you are helping the person in your care (the care recipient).



Even if you don't do everything well, you are doing everything with love.



You are improving your caregiving skills and showing compassion.



Managing Negative Emotions

Depression is Dangerous

Depression endangers the caregiver's health and well-being and can affect the care recipient's recovery. Depression can increase the risk of developing illnesses in the major diseases category, particularly heart disease.

Symptoms of Depression

Feeling sad, anxious or "empty"	Feelings of hopelessness
Feelings of guilt, worthlessness, helplessness	Loss of interest or enjoyment in hobbies and other activities, including sex
No energy, always tired, feeling "slowed down"	Can't concentrate, remember things or make decisions
Oversleep or can't sleep	Loss of appetite, weight loss or weight gain
Thoughts about death or suicide, or suicidal attempts	Restless, always feeling irritated

If you have five or more of these symptoms for more than two weeks, you may have depression. Make an appointment and talk to a doctor, psychiatrist or psychologist.

If you have stress symptoms, here are some ways to manage them:



To avoid burnout, set aside time for yourself



Make and keep doctors' appointments to maintain your own health



Join a caregiver support group to expand your network



Make use of respite care opportunities – you must rest so that you can care for your loved one better



Talk to a professional, friend or family member about the challenges you face and explore ways to manage your stress

Managing Negative Emotions

■ Anger

You may feel trapped because of your care recipient's illness. It's natural to feel frustrated or angry but showing it openly to your care recipient will not improve the situation.

However, it's not healthy to keep those feelings to yourself. Instead, try these options:

1. Join a support group for caregivers. It can provide opportunities for you to share your feelings openly. Group members will understand how you feel and no one will make you feel guilty. They may even offer practical, effective advice or solutions. Research also shows that support groups can help caregivers deal with their situations better.
2. Make an appointment with a therapist, family counsellor or spiritual advisor. If possible, make one for yourself and a separate one for you and the care recipient.
3. Keep a diary and write down your feelings.
4. Remember that care recipients who feel that they have lost control of their life may try to control whom or what they can.
5. Don't blame your care recipient for the situation you are in. Try to separate the person from the condition. The illness, not the care recipient, is the reason for the difficulties and challenges both of you are facing.



Sometimes it is necessary to **tell the care recipient how you feel**. However, avoid accusing him or her personally. Telling him or her "You make me angry" may make the situation worse. Instead, try telling him or her this: "I am trying to understand what you are going through, please try to understand what I am going through too."

SECTION 2

Coping with Emotional Burdens

It may seem as though you are the only one facing these problems, but you are not alone. Every caregiver faces the following at some point:

1. The need to hide his or her grief
2. Fear of the future
3. Worries about money
4. Having less ability to solve problems

■ Dependency and Isolation

Fear of dependency, loneliness or isolation are common in families of people who are ill. The care recipient can become more and more dependent on the caregiver. At the same time, the caregiver will need more respite and support. Many caregivers may feel bad asking for help. However, those caregivers who are able to develop personal and social support will cope better.

■ Knowing When to Seek Help

"Why doesn't anyone ask how I am doing?"

It is easy to feel invisible. Everyone's attention may be on the person with the illness. They may not understand the caregiver. Many caregivers say that nobody asks how they are. Mental health experts' advice is not to let such feelings build up. Caregivers must tell other people how they feel and what they need.

Support groups, religious and spiritual advisors, or mental health counsellors can advise caregivers on new and positive ways to ask for help.

Coping with Emotional Burdens

Seek professional help if you:

1. Drink more alcohol than usual
2. Often take prescriptive medication without a doctor's advice
3. Suffer from skin rashes, backaches, colds or a flu that won't go away
4. Can't focus or think clearly
5. Feel tired and don't want to do anything
6. Feel sad all the time
7. Have fear and anxiety
8. Feel worthless and guilty
9. Feel depressed for two weeks or more
10. Have thoughts of committing suicide
11. Have physically hurt or is thinking about hurting the care recipient

Managing Anger

Anger is a common emotion for both caregivers and care recipients. The situation feels unfair. Both sides may say hurtful words during a difficult situation. One person may slam a door during a disagreement or both sides may start shouting instead of talking.

If you feel angry and frustrated, don't ignore these emotions. Find healthy and positive ways to let off steam. Try some of these methods to let go of anger and frustration in a safe way:

1. Exercise e.g. take a walk to cool down
2. Write your thoughts in your diary
3. Go to a private corner or room and take out your anger on a big pillow

Checklist: Dealing with Physical and Emotional Burdens

Don't give in when your care recipient is too demanding

Live one day at a time

Make a list of important tasks, think of ways to make your work easier, allow some things to be left undone

When handling a difficult task, make it easier by listening to music

Find time for regular exercise, keep fit and increase your energy

Focus on getting relaxing sleep instead of more sleep

Take short rests in the day to get enough sleep

Set aside time for meditation, reflection or prayer

Do deep breathing exercises and meditate to free your mind of troubles

Take care of your self-esteem; remember that you have skills and talents

Realise that you have limitations and accept them

Set goals; remember that you may not be able to do everything like before

Have a balanced diet

Make time for yourself

Coping with Emotional Burdens

Checklist: Dealing with Physical and Emotional Burdens - *Con't*

Treat yourself to a massage	Keep in contact with friends and take part in interesting activities
Let friends or family know that you welcome help; allow them to help with respite care	When you visit the doctor, talk about your caregiving responsibilities, not just your symptoms
Share your concerns with a friend	Join a support group, or start one to share ideas and resources
Use respite care services in the community	Speak openly and honestly to people who should be doing more to help
Make a list of tasks and assign specific ones to people who offer to help	Don't feel guilty about your emotions. They are natural and very human
Express your anger and frustration by writing down your feelings	Allow yourself to cry
Remind yourself that you are doing something important for the person in your care	

SECTION 3

Self-Care for Caregivers

If you don't take care of yourself, the care recipient may suffer too. Part of your responsibility towards the person in your care is to take care of yourself.



Here's a thought to keep in mind: In the safety talk before a flight, the flight stewardess always tell the adults to put on the oxygen mask first before they help the children. This is because if the adults faint, the children's safety and lives will be at risk too.

Exercise

Even moderate exercise helps. A sedentary (lack of physical activity) lifestyle is a risk factor for all major diseases.

Walking is an easy way to exercise. If you cannot walk for 30 – 40 minutes at a stretch, try several 5 – 10 minute periods. Exercise improves your mood as well as your appearance. It also gives you opportunities to meet new friends. Find a way to make exercise part of your day.



Sport Singapore runs many ActiveSG Gymsnasiums islandwide that you can use at a low cost. You can also join a brisk walking club at your nearest Community Club.

Self-Care for Caregivers

■ Eat Right

Nutrition is important. Learn to read food labels and avoid foods with high fat content. Monitor portion sizes; for example, one serving of meat is about a palm-sized amount.



1. Calorie-dense foods, e.g. chocolate, pack a lot of calories in a small package. For example, 230 grams of broccoli is about 65 calories, while 230 grams of chocolate chip cookies is about 1,070 calories. Fresh fruit and vegetables usually have fewer calories than processed foods. Canned fruit often contain added sugar, while canned vegetables generally have added salt.
2. The Health Promotion Board recommends two servings of fruit and two servings of vegetables daily. To ensure you achieve that goal, keep apples, oranges, papayas, pears and bananas in the kitchen and snack on fruit throughout the day.

■ Take Care of the Caregiver

Many caregivers neglect their own health. Do not ignore signs of health problems. Stay healthy by exercising, eating a proper diet and going for regular medical check-ups.

Many caregivers do not get enough sleep. If your sleep is disrupted because the care recipient needs help during the night, draw up a schedule so that you can take turns with other family members to stay awake.

■ Meditation

Your journey as a caregiver can be less stressful if you practise meditation. Think of meditation as sitting still and doing nothing.

Here are seven easy steps:

1. Sit up straight on a chair or a big, firm pillow.
2. As you inhale, tense up your entire body – arms, legs, buttocks, fists. Scrunch up the muscles in your face too.
3. Hold for two-three seconds.
4. Exhale and relax (repeat twice).
5. Take a deep breath; let your belly expand.
6. Exhale and relax (repeat twice).
7. Breathe normally and be aware of your thoughts for five minutes.



1. Most people think meditation is about clearing your mind of thoughts. Instead of emptying your mind, “observe” your thoughts. There are no “right” or “wrong” thoughts. Don’t focus on any of your thoughts but don’t force yourself to stop thinking. An easy way to do that is to label each thought as it bubbles up e.g. *sad thought, happy thought, angry thought, depressed thought, to-do list thought*. Then, let the thought go and label the next one that appears.
2. Use a kitchen timer to help you keep track of the five minutes.

Self-Care for Caregivers

■ Meditation - Con't

It is not important how much time you spend meditating. You can start by spending five minutes on it. Meditation can be effective in reducing stress if you practise it every day.

Meditate before your care recipient wakes up or after he or she goes to bed or is taking a nap. You may spend only five or ten minutes on it, but you will notice its benefits after a few weeks.

SECTION 4

Planning for The Long Term Care

Caregivers think they can and must do everything themselves. You may be able to manage for a few weeks or even months, but the average caregiver may spend years in that role.

Treat caregiving as though you are running a marathon. Pace yourself from the start, so that you do not run too fast and burn out before the race is over.

Find effective ways to share your load or get help from others:

1. Talk to a counsellor or therapist
2. Talk to a neutral third party, even if it's by phone or e-mail
3. Join a local or online support group
4. Keep a diary



If you find yourself feeling angry about your caregiving responsibilities, don't keep it inside. Instead, talk about it.

■ Respite Time

Respite time gives you a break from your caregiving responsibilities. It can help you to relieve stress. Therefore, having respite time from your role as a caregiver is not a luxury, it is a necessity.

Every caregiver needs respite time. It may be hard to think of your own needs when caring for a loved one. However, if you don't, your life will be taken over by your duties and you will burn out.

Planning for The Long Term Care

■ Respite Time - Con't

Your care recipient's level of care needs determines whether he or she can be left alone and for how long. Here are some care options:

1. Ask a family member or friend to stay with your care recipient for an hour or more.
2. Take your care recipient to a day care centre.
3. Get home care services to help your care recipient for a few hours per week or per month.
4. Hire a foreign domestic worker.
5. Help your care recipient join a support group.

After you arrange for help, you must make an effort to take time off (e.g. once a week) to do something for yourself.



NOTE

To make this happen, you must insist on making use of this time to take care of your own needs. Remember, caregiving is a marathon, not a sprint. You should see respite time as a means to help you finish the race.

■ Respite Zone

A respite zone is an area set aside just for the caregiver. This space could be your bedroom, a spare room or an office. It should be a place for you to take a break while the care recipient rests or is taken care of by someone else.

Here are some things to note while creating your respite zone:

1. Keep in mind what you want to do there e.g. read, paint, write.
2. Identify the time you will use it e.g. during your care recipient's nap time, or when someone takes over your caregiving duties.

3. Identify a suitable space in your home e.g. the balcony, a spare room, or a corner of your bedroom. Use a screen or a curtain for privacy if you can't close the door.
4. Modify the space according to your needs e.g. place a reading chair with a lamp or a headset for music. Keep whatever is necessary for your respite activity.

Your respite zone should be a place you created. The objective is to have a place of your own in your home where you can relax. Some may enjoy surfing the Internet while others may enjoy listening to music.

You can use your respite zone for creative projects like painting, sewing, writing, baking, gardening and photography. These activities can take your mind off your responsibilities.

Your respite zone should be just for you. You need to feel secure that your things are safe and will not be used or thrown away. It is important for the people you live with to understand that this space is yours.



TIP

It is not selfish to set aside space and time for yourself. Without the space, time and the opportunity to be with your own thoughts, your caregiving journey may be harder than it has to be.

Taking care of a family member or friend who is sick and may not recover completely can be a difficult job. However, if you do not take time off and create space for yourself, what will happen if you fall sick?

Respite care is necessary for you and your care recipient's well-being.

Planning for The Long Term Care

■ Changes in Attitude Can Relieve Stress

Here are some suggestions to help reduce your stress level:

1. Learn to say no. Setting limits can improve relationships.
2. Control your attitude: Don't think about what you don't have or can't change.
3. Appreciate what you have and can do.
4. Find simple ways to have fun: Play a board game, organise family photos, listen to music, read about an inspiring person.
5. Learn ways to better manage your time e.g. make a to-do list (include things that you enjoy).
6. Knowledge is empowering; get information about your care recipient's condition.
7. Limit coffee and caffeine intake.
8. Make sure you have a support system.
9. Share your feelings with someone.
10. Keep a journal – write down three new things you are grateful for every day.
11. Memorise an inspiring poem.



NOTE

You can improve your situation by acknowledging your role. Caregivers who are the spouse of their care recipients may not see their caregiving role as separate from their role as a spouse.

No matter how much the caregiver loves the care recipient, long-term caregiving can be too much for one person. Ask for and accept help from as many sources as possible.

■ Outside Activities

Successful caregivers don't give up their own activities. Many organisations have respite care services to give caregivers a break. Other family members are often happy and willing to spend time with the care recipient. Try to get respite care on a regular basis and keep a list of the people you can go to for help.

If your friends want to know how they can ease your burden, ask them to:

1. Call and be a good listener as you may voice strong feelings
2. Offer words of appreciation for your efforts
3. Share a meal
4. Help you find useful information about community resources
5. Show genuine interest
6. Stop by to visit, or send cards, letters, pictures, or humorous newspaper clippings
7. Share the workload

Additional Resources



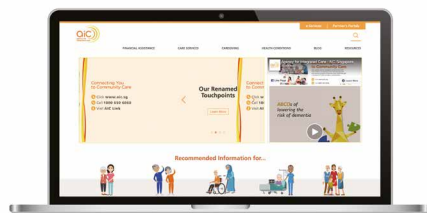
A handy guide covering the basics of caregiving, especially for those new to this.



Useful tips and information on how to assist your loved one in aspects of daily living.



Tips on safely moving your loved ones without causing any injury to yourself.



Agency for Integrated Care

A one-stop resource on eldercare and caregiving for seniors and caregivers.

www.aic.sg



Mobile E-care Locator App

Search, locate and find out more about Singapore's health and social care services with this mobile app.

[www.aic.sg/resources/Mobile Applications](http://www.aic.sg/resources/Mobile%20Applications)



AIC Singapore Facebook Page

An online community for caregivers in Singapore to share information, resources and experiences.

www.facebook.com/AICSingapore



AIC with You

Read more about care options and Intermediate and Long-Term Care related resources, such as caregiving tips and product guides, in this quarterly newsletter.

www.aic-blog.com

Contact Us



AIC Hotline
1800 650 6060



AIC Link @ Maxwell

7 Maxwell Road #04-01
MND Complex Annexe B
Singapore 069111
(Above Amoy Street Food Centre)

Operating Hours:

Mondays to Fridays: 8.30am to 5.30pm
Closed on Weekends and Public Holidays

Resource centre for all your care needs where our Care Consultants are here to advise caregivers and their loved ones on getting the right care at the right place, enabling seniors to age-in-place.

For other AIC Link locations, visit

[www.aic.sg/Resources/AIC Link](http://www.aic.sg/Resources/AIC%20Link)



AIC Hotline

1800-650-6060

Operating Hours:

Mondays to Fridays: 8.30am to 8.30pm
Saturday: 8.30am to 4.00pm
Closed on Sundays and Public Holidays

One-stop national toll-free helpline providing convenient access to information to all eldercare and caregiving support services.

Email: enquiries@aic.sg

Learn more about what we do:



Click **www.aic.sg**



Call **1800 650 6060**



Visit **AIC Link**

The Agency for Integrated Care (AIC) aims to create a vibrant care community for people to live well and age gracefully. AIC coordinates and supports efforts in integrating care to achieve the best care outcomes for our clients. We reach out to caregivers and seniors with information on staying active and ageing well, and connect people to services they need. We support stakeholders in their efforts to raise the quality of care, and also work with health and social care partners to provide services for the ageing population. Our work in the community brings care services and information closer to those in need.

Information is correct as of November 2019.

Caregiver Wellness Quiz

Caregiving can take its toll on your health and wellness. It's important that you stay in touch with your own feelings and reach out for help if you need it. Take this quiz to reflect on how you're feeling about the level of stress in your life.

	Never	Sometimes	Often	Almost Always
I find it difficult to balance work, family and caregiving responsibilities	0	1	2	3
I have conflicts with my friends, family members or care recipient	0	1	2	3
I worry that I'm not doing a good job as a caregiver	0	1	2	3
I feel guilty	0	1	2	3
I feel anxious	0	1	2	3
I feel sad and cry periodically	0	1	2	3
with sleep	0	1	2	3
I experience chronic neck or back pain	0	1	2	3
I have tension headaches	0	1	2	3

*This checklist has been reprinted with permission from *Caregivers Nova Scotia*.

Your Score

- 0-10 You are probably managing well. Remember that it's still important to think about ways of preventing stress from building up.
- 11-15 You may need to seek out some additional support. Try to identify the things that are causing you stress – you may not be able to change all of them, but there may be areas where you can ask for help or make changes to relieve some of your stress.
- 16-19 You may be experiencing caregiver distress and your responsibilities may already be taking a toll on your physical and emotional well-being. It is important that you talk to your doctor or healthcare professional, a family member, friend, or join a support group to help reduce your level of distress.
- 20+ You may be experiencing caregiver burnout. To protect your physical and mental health, it is important that you talk to your family doctor or healthcare professional today about your stress. You may also want to talk with family or friends or join a support group.

This quiz and its scoring are meant as a guide and should not be used in place of advice from your doctor or healthcare professional. Also, keep in mind that your score will change depending on when you take this quiz and where you are in your caregiving journey. If you took this quiz on three different days, you might have three very different scores. Please check back from time to time to see how you are doing.

Consider the tasks you manage, as well as your quiz score. Do you need a break, assistance with transportation, information related to finances, support in the home, help with house maintenance, someone to talk to, or are you a young caregiver who isn't sure where to turn? For information on how to find support in your community, visit ontariocaregiver.ca.

CAREGIVING

GRIEF

Choose A Feeling Page

This **Choose A Feeling Page** shows the wide array of emotions that children might experience. Using this page may be useful when asking your child about their feelings. Ask your child to point to what they are feeling. This may help your child to express and make sense of their feelings.



EXHAUSTED



CONFUSED



ECSTATIC



GUILTY



SUSPICIOUS



ANGRY



HYSTERICAL



FRUSTRATED



SAD



CONFIDENT



EMBARRASSED



HAPPY



INSOUCIOUS



DISGUSTED



FRIGHTENED



ENRAGED



ASHAMED



CAUTIOUS



SMUG



DEPRESSED



OVERWHELMED



HOPFUL



LOVELY



LOVESTRUCK



JEALOUS



BORED



SURPRISED



ANXIOUS



SHOCKED



SHY

What Is Anticipatory Grief?

Anticipatory grief is grief that occurs before death. It is common among people facing their own death or the eventual death of a loved one. While not experienced by everyone, it is quite common and a normal part of the grieving process. The feeling of loss may occur not only at the time of death, but often at the time of diagnosis and along the journey.

Anticipatory grief can involve witnessing the changes and reacting to them. These are just a few of the losses you face when someone close to you is near death:

- You may be losing a companion.
- The roles in your family may be changing.
- You may fear losing your financial security.
- You may be losing your dreams about the future.

Anticipatory grief can be quite confusing and painful. It may come with many emotions, including anxiety, guilt, fear, and irritability. You may also lose sleep, have difficulty concentrating and making decisions, or remembering things. These unexpected emotions may be because you're in an "in-between place" when a loved one is dying. You might feel mixed emotions as you try to find the balance between holding on to hope and letting go. All of these symptoms are normal.

Anticipatory grief is different for everyone and neither good nor bad. For some, grief before death gives you the chance to say goodbye that you wouldn't have had when a loved one dies suddenly. However, it does not replace or even shorten the period of grieving that follows death.

Coping With Anticipatory Grief

It's important to let yourself grieve. Find a friend or another loved to help you:

- Share your feelings openly.
- Maintain hope.
- Prepare for death.

Some people may wonder why you are grieving before the death has happened. Some may even become angry about it.

Keep in mind that letting go doesn't mean you have to stop loving the person you're losing. During this stage, you can begin to find a safe place in your heart to hold memories that will never die.

Resources

Sometimes it may be useful to access other supports and information sources. Below lists websites, books, supportive organizations that may be helpful to all.

Websites:

[Very Well Health: How Anticipatory Grief Differs from Grief After Death](#)

[Canadian Virtual Hospice](#)

[Canadian Hospice Palliative Care Association](#)

[LivingMyCulture.ca](#)

[Hospice Northwest](#)

[Don't Duck the Conversation \(Planning Guide\) Hospice Northwest](#)

[Speak up ON](#)

Books for Adult Reading:

Final Gifts by Maggie Callanan and Patricia Kelly

I Don't Know What to Say by Dr. Robert Buckman

Books for Children for Reading and Discussions:

I Will Always Love You by Melissa Lyons

Someone Special is Very Sick: Serious Illness Activity Book by Jim and Joan Boulden

How to Help Children Through A Parent's Serious Illness by Kathleen McCue

Booklets:

Coming Full Circle Booklet

Preparing for the Journey (Caring for Indigenous People who are Seriously Ill) CERAH Booklet



The Journey Through Grief

Your hope for healing is here.

Let's Talk About It

.....

Grief is one of the heart's natural responses to loss. When we grieve we allow ourselves to feel the truth of our pain, the measure of loss in our life. By our willingness to mourn, we slowly acknowledge, integrate, and accept the truth of our losses.

In this book you will learn about:

- It takes courage to grieve, to honour the pain we carry.
- We can grieve in many ways, and in touching the pain of recent and long-held griefs, we come face to face with our genuine human vulnerability, with helplessness and hopelessness. These are the storm clouds of the heart.
- Grief is very individual. This book is filled with ideas that can help you through your own grief journey. This does not mean that you will connect with everything or anything that is written in this book and that is ok too.



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You've already come so far

.....

Just by identifying your grief, you've already completed a big step in this journey. What you're feeling is normal. There is no time line on grief, no set destination. Getting through grief is about a hope for healing. It's never about how or when to feel certain things.

It's ok to feel hopeless at points in the journey as well. Maybe a certain thing you are trying is not working, consider trying a different technique in this resource. A step in a different direction.

At the end of this book, we've included advice from our grief group participants. They have, and are, travelling through grief. They know that grief is unique to everyone, and hope that sharing what helped them might help you.

"Make a decision to change your thoughts."

-Griever's Advice

This book compiles many tools and resources to help you along your journey through grief. You are unique, as is your loss, and the way you are journeying through your loss. Everyone's path is different, and it's bound to change along the way.

Consider reading through this resource, and trying a couple of the approaches that speak to you.



Mediation

Go within to find meaning.

Meditation can remove stress and replace it with a dose of inner peace. It's one of the best tools we have to balance our emotions, deal with physical and psychological distress, and promote the peace of the present moment. It can be tough to meditate without a teacher or guide; enter guided meditations. Meditating on your own requires some effort, while guided meditations quite literally walk you through a meditation and help you find a calm and peaceful state—one step at a time.

To meditate on grief, let yourself sit, alone or with a comforting friend. Take the time to create an atmosphere of support. When you are ready, begin by sensing your breath. Feel your breathing in the area of your chest. This can help you become present to what is within you. Take one hand and hold it gently on your heart as if you were holding a vulnerable human being. You are.

As you continue to breathe, bring to mind the loss or pain you are grieving. Let the story, the images, the feelings come naturally. Hold them gently. Take your time. Let the feelings come layer by layer, a little at a time. Keep breathing softly, compassionately. Let whatever feelings are there, pain and tears, anger and love, fear and sorrow, come as they will. Touch them gently. Let them unravel out of your body and mind. Make space for any images that arise. Allow the whole story. Breathe and hold it all with tenderness and compassion. Kindness for it all, for you and others.

Hold your grief gently. Let it be honoured. You do not have to keep it in anymore. You can let it go into the heart of compassion; you can weep. Releasing the grief we carry is a long, tear-filled process. Yet, it follows the natural intelligence of the body and heart. Trust it, trust the unfolding.

Keep in mind that grief doesn't just dissolve. Instead it arises in waves and gradually, with growing compassion, there comes more space around it. The heart opens and in its own time, little by little, gaps of new life—breaks in the rain clouds appear. The body relaxes and freer breaths appear. This is a natural cycle you can trust—how life and the heart renews itself. Like the spring after winter, it always does.



Music

The power to lift a heavy heart.

Music moves us unintentionally. Without your permission, its beauty or rhythm can bring tears to your eyes or a smile to your face....even when you didn't think it possible. The sound of your favourite song engulfs your body like the deep water in a bathtub filled to the brim, calming raw emotions and aching body parts.

Dancers, of course, know this very well. Their toes have lives of their own, tapping to the beat no matter what. If you shared the love of music with the one you lost, listening to something they loved might bring you closer again.

The right song selection can alter the darkest of moods and the saddest of hearts. Picking gentle music that's barely there duplicates that feeling you get on a massage table as someone gently kneads your muscles into relaxation.





Massage

Muscle kneading releases the pain.

Muscle kneading soothes a ravaged soul. Scented oils pave the way for seasoned fingers to glide along trouble spots. And when stress hits your life, these spots are everywhere.

Stressed muscles block the movement of oxygen and nutrients, increasing toxins and getting your body out of alignment. The healing power of touch helps to balance your body's energy flow so you can better handle whatever life throws at you.

Another option is a foot massage. Reflexology tells us that toes and soles mysteriously connect with different parts of the body. Manipulation of these small and mostly forgotten parts affects the rest of your body and relaxation is guaranteed.





Art

Illustrate your emotions.

Illustrate your angst, or celebrate the beauty of the person you've lost. Loss always means change, and change is hard. Hardship begs to be expressed... through a pencil sketch, a polished painting, or a sculpted hunk of clay. Plain-old pencil lead is easiest, but adding colour gives you more options for expressing true feelings. Flinging paint across a canvas compels you to let your emotions out, but it also allows you to keep private feelings secret if you want – seemingly random strokes hide true meanings from the world. Sculptors have a special advantage: there's something about squishing clay and the mess of sculpting that helps stir up and spit out intense feelings faster. Art is a natural emotional outlet for artists or for those who aspire to be artists. Most memorable works of art have tragic stories behind them. Perhaps this is why children seem so free; using their fingers to move paint around the page lets feelings out naturally.

Nature

Let Mother Nature comfort you.

Nature works its magic all the time. Being away from civilization and all that it entails is a change of pace that calms the body and brain. It's the reality check we all need from time to time because life cycles are displayed everywhere in nature. Every fallen leaf and every flower in bloom reminds us of the way it's supposed to be. Loss is inevitable in life; so is growth.

You may painfully feel your loved one's absence in a home you shared. You're never really alone in the woods or any small wooded space. Wind rustles through the trees, and nearby creeks provide the sound of a happy trickle. Birds carry on with their chirping as you pass underneath them. Squirrels jump branch to branch, occasionally chasing each other around a trunk until the blur of tails resembles a party streamer wound around just for the occasion. Some little things you could smile at.

The ocean has its own special magic. The roar of the waves can help to drown out your sorrow – the noise is so loud that no one can hear you screaming into the wind. On a fair weather day, the perpetual white noise of mild surf can hypnotize you into relaxation.

Spending time in nature can help calm the chatter in your head, clearing the way for the thoughts that matter most to you or no thoughts at all.





Plant a Tree



Nurturing it keeps your loved one close.

Filling a hole in the earth with a special tree can help fill the hole in your heart. As you dig, you'll not only stir the soil, but you'll also free up whatever emotions have taken root in your soul. Planting a tree and taking care of this living remembrance will help keep the memory of your loved one alive. As you watch it grow and mature – losing and regaining its leaves and blossoms over time – you'll be constantly reminded that life continues no matter what.

This dedication ritual might be difficult, but here's an idea that may help:

Feel the grief and the loss in the hole as you dig. Then fill it up with the love of whomever you lost.

Aroma

Connecting to the sense of smell.

Soothing your senses with aroma lightens the load of a heavy heart, even if it's just for a nanosecond. Favourite scents spur smiles: the first whiff of morning coffee, fresh baked chocolate chip cookies, honeysuckle.

Whether your healing path is through a rose garden or a sandy beach, your nose can guide you to a better state of mind. Visit the florist, buy a scented candle, or add lavender to your bath.

Beyond the common smells that surround us every day, serious relief comes from the inhalation of specific scents used by professional aromatherapists. Aromatherapy uses oils that are more than just good smells; these scents actually can help you to relax by attaching to your nerve receptors, inducing a chemical response – for example, lavender oil stimulates a calming effect.





Aromatic recommendations.

Essential oils are the essence of a plant. A single drop of Rose Oil has the power to heal the head and heart as well as ease the pain of grief and loss.

Recommended Oils:

- Rose
- Neroli
- Lavender
- Frankincense
- Ylang Ylang
- Cedarwood

Direct inhalation: Rub 1-3 drops in your palms, breath in for 30-60 seconds.

Bath: Add 6-12 drops of oil to a teaspoonful of honey or unscented coconut oil. Stir the mixture into your bath water, get in, soak, and let your body and mind be soothed.

Soothe Your Senses



Calm the emotional overload.

All your senses are in high gear. They deserve a break. If the thought of doing anything for yourself is too hard right now, consider this a homework assignment. It's important to nourish yourself a little every day because it will keep your body healthier and might even spark a new perspective.

Try soothing your senses with pleasure. Plan a whole day of sensory bliss. Bombarding all five senses guarantees that something will trickle in to help soothe your heart. Pampering them will help you regroup.





Support Groups

Proof you're not alone.

Many people try to deal with loss on their own because this is what they learned, passed down from generation to generation. The old saying of "toughing it out" do not appear to work. Being too embarrassed, shy, or ashamed to ask for help just prolongs the pain. There's sure to be a better way to go through life than the hard way.

What makes support groups work so well is the mix of experiences that this small circle of strangers are going through or have been through. They understand exactly what you are going through right now, and suddenly you don't feel alone anymore. And watching the veterans who stay to support new group members proves that you'll eventually feel better.

A small room full of people holding tissue boxes is bound to make you feel more like letting it all hang out. In these groups, tears are common. It feels safer when everybody's crying. Support groups are more than just chances to vent. Learning from one another where to go from here moves your emotions along, and the shared experiences sometimes creates forever friendships.





Consider other support.

Professional Support, EAP & Therapy

Check your local listings for social workers, psychotherapists, and psychologists that have their own private practice.

Spiritual Centres, Churches & Clergy

Many religious and spiritual centres are often great resources when it comes to providing faith-based support groups and one-on-one support.

Local resources.

ARCH Hospice: *Grief & Bereavement Support* | archhospice.ca | 705-942-1556

One-on-one counselling sessions, child and youth loss support & grief support groups.

Victoria Order of Nurses: *Bereavement Program* | von.ca | 705-942-8200

Offers bereavement support group programming.

SAH Crisis Services: *Crisis & Psychiatric Intervention* | 705-759-3398

Prevent crises from worsening, short term support & referrals to services.

Canadian Mental Health Association | ssm-algoma.cmha.ca | 705-759-5989

Provides advocacy, education, referrals, and counselling services.

Nogdawindamin: *Anishnawbek Care & Crisis Support* | nog.ca | 705-946-3700

Integrated Anishnawbek support and care to families and children.

Algoma Family Services | algomafamilyservices.org | 705-945-5050

Adult and children's mental health services, counselling, & therapeutic group programs.

SAH Senior's Mental Health | 705-759-9396

For seniors experiencing complex grief, depression, or other mental health concerns.

Conclusion

Wishing you well.

Now that you have some ideas on how to help yourself through this difficult time, maybe you can identify with at least a few and take the first baby steps toward healing. If any of these strategies work for you, the relief you feel will be, well.... A relief.

When you feel stuck, you often need something to jump-start your healing process. Think of **The Journey Through Grief** as a little travelling support group to use as a resource whenever you need a boost. The key to someone else's solace may just be the piece of the puzzle that will fit for you, helping you move forward to living again. Your life can come alive again if you give it a chance.

We know it can be difficult to hear this, but hindsight tells us that every loss, disappointment, and failure brings with it the opportunity for learning and growth. However difficult it is, many people often find renewed meaning and enrichment for having known and cherished a lost loved one.

Grief takes its own sweet time, so patience is key- patience with yourself, with others, and with the passage of time. Every person's experience is his or her own and cannot be rushed. Be kind to yourself, and stay connected with those around you who listen with compassion. And remember: you won't always feel like this.








Hope for Healing: Advice from the ARCH Grief Group

1. *Hold onto memories of the good times*
2. *Minimize the severe missing if possible*
3. *Make a decision to change your thoughts*
4. *Volunteer*
5. *Do not isolate*
6. *Partake in self care*
7. *Treat yourself to dinner*
8. *Release a butterfly*
9. *Engage in friendship and laughter*
10. *Attend a grief group*
11. *Keep busy with an enjoyable hobby*
12. *Be around others who “get it”*
13. *Talk about your emotions*
14. *Get involved in the community*
15. *Welcome free time/down time*
16. *Step out of your comfort zone*
17. *Spend time with family*

- 
18. *Face your fears*
 19. *Spend time in nature*
 20. *Share your experiences*
 21. *Find ways to create meaningful accomplishments*
 22. *Stay organized with lists*
 23. *Journal*
 24. *Have gratitude*
 25. *Be conscious in your grief journey*
 26. *Be patient with yourself*
 27. *Embrace your creativity*
 28. *Attend a memorial service*
 29. *Take time to find yourself*
 30. *Be gentle with yourself*
 31. *Look for a positive*
 32. *Have the courage to say no*
 33. *Continue to talk to your loved one*
 34. *Read books on grief*
 35. *Take one day at a time*



Comfortable end-of-life journeys

229 Fourth Line West
Sault Ste. Marie, Ontario P6A 0B5
info@archhospice.ca | 705-942-1556

Grief Resources

MyGrief.ca

This resource is a free, online resource that helps you to understand and move through your grief. There are 9 modules that you can work through at your own pace.

Module 1- Grieving before the loss

Module 2- Understanding grief

Module 3- How has this loss affected my family and me?

Module 4- Moving through grief

Module 5- Making sense of intense emotions

Module 6- Managing difficult situations

Module 7- Caring for yourself

Module 8- Do I need more help and where do I find it?

Module 9- When life starts to get better

SECTION 2:

CLIENT AND
CAREGIVER
INFORMATION
PAGES

PPSMP

The Palliative Pain and
Symptom
Management Program



Journey Towards the End of Life: Signs and Symptoms

Is your loved one entering the final stages of life? Are you seeking ways to prepare yourself for this event?

This pamphlet has been designed to assist you with the challenges you will be facing. While the following information may be difficult for you, please know

that the intention is to help prepare you for what to expect. Your physical and emotional wellbeing is as important as that of the dying person. Please be aware that not all the described signs of approaching death will be seen in every dying person. If you have questions or concerns about the care of your loved one, please discuss these with your doctor or nurse.



Signs That Death Is Approaching and Helpful Responses

Sleeping

The person may spend an increasing amount of time sleeping, and appear to be uncommunicative or difficult to awake. This normal change is due in part to the changes in the body's metabolism.

How to help: Sit with your loved one; hold his/her hand, but don't shake it or speak

loudly. Speak softly and naturally. Spend time with your loved one at times when he/she is more alert or awake. Avoid speaking about the person in his/her presence. Speak to him/her directly even

if there is no response. Never assume that he/she can't hear; hearing is the last sense to be lost.

Confusion

They may seem confused about the time, place, and identity of people around them, including close and familiar people. This is also due to metabolism changes.

How to help: Identify yourself before you speak, rather than asking the person to guess who you are. Speak softly and clearly.

Restlessness

Your loved one may make restless, repetitive movements such as pulling at the bed linen or clothing. This may be due to decreased oxygen circulation to the brain.

How to help: Don't interfere with or try to restrain these movements. Speak quietly and naturally; lightly massage the forehead; read to the person or play soothing music.

Reduced food and fluid intake

The person may want little or no food and fluid.

How to help: Recognize this as a normal part of the dying process. Do not try to force the person to take food and/or a fluid. To do so would increase the person's discomfort. Small amounts of a desired food, or ice chips will usually suffice.

Coolness

The hands, arms, feet, and then legs may be increasingly cool to touch. The face may be pale, and the feet and legs a purple-blue mottled colour. This indicates that the circulation of blood is decreasing to the body's extremities and is being reserved for the most vital organs.

How to help: Keep the person warm with blankets, using just enough to keep him comfortable. Avoid using an electric blanket.

Incontinence

The person may lose control of bladder and bowels as the muscles in these areas begin to relax. These symptoms occur commonly when death is imminent.

How to help: Ask the nurse to suggest appropriate padding, and/or use of an incontinence product.

Congestion

There may be loud gurgling sounds coming from the person's throat or chest. This is because the person is unable to swallow saliva, and doesn't mean she/he's uncomfortable.

How to help: Avoid suctioning, as this may cause sharp discomfort. Turn the person's head to the side and allow gravity to drain the saliva. You can wipe the mouth with a moist cloth.

Changes in Breathing Pattern

Breathing may be irregular and may stop for 10 to 30 second periods. He/she may experience periods of rapid, shallow pant-like breathing. After death there may be a "last sigh" or gurgling sound. These

common patterns are due to decreased circulation to the internal organs.

How to help: Raising the head of the bed or turning the person to the side. Hold your loved one's hand and speak softly.

Decreased Urine

Urine output normally decreases and may become tea coloured or concentrated. This is due to the decreased fluid intake as well as a decrease in circulation to the kidneys.

How to help: Asking your nurse if anything needs to be done.

Withdrawal

The person may seem unresponsive, withdrawn or in a comatose-like state. This shows preparation for release, and the beginning of letting go.

How to help: Since hearing remains all the way to the end, speak to your loved one in a normal tone; identify yourself by name when you speak; hold the person's hand; say whatever you need that will help him/ her to let go.

Visual-Like Experience

The person may speak or claim to have spoken to a person already dead, or to see places/people not visible to you. This isn't a drug reaction or hallucination. The person is detaching from this life, and is being prepared for the transition, so it will not be frightening.

How to help: Accept what the person is saying. Avoid explaining away or arguing. The experience is real to your loved one and is normal and common.



Decreased Socialization

The person may want to be with just a few or only one person. This is a sign of preparation for release. If you are not part of this, it doesn't mean you are not loved or are unimportant. It means you have already fulfilled your task with your loved one; it's time for you to say goodbye.

How You Will Know When Death Has Occurred?

- Your loved one will be entirely unresponsive.
- He/she will not be breathing.
- The pulse and heartbeat will stop.
- Your loved one's eyes will be fixed in one direction; they may be opened or closed.
- Loss of control of bladder or bowel may occur.

What to do Immediately After Your Loved One Has Died

Please know that there is no right or wrong way to be at this time. Do what you feel is right for you and not what you may feel is expected of you.

How to help: You may wish to spend time with the person; take as much time as you need. For some this may be hours, while others may not wish to stay. Do not be afraid to touch, hug or kiss the person. Some people may wish to lie down beside him/her. These reactions are normal

Please be aware that others may have needs which are different from yours, so be sensitive to and supportive of their special concerns.

Crying is a personal reaction. For some this is a natural reaction to grief. Others may internalize their feelings, and may not be able to cry. This doesn't mean that one grieves more than the other; both reactions are normal.

Prayer: For some prayers are very important, but unnecessary for others. Be guided by your inner self and do what is right for you.

Cultural rituals: It may be necessary for you to attend to special cultural needs at this time.

Spirituality: For some this is a very important consideration, while others may have a lesser need. Consult with the advisor of your choice.

Bereavement Issues

If you need help at this difficult time, please contact your spiritual advisor, social worker, or care provider. They can help you contact the best resources for you.

Plan Ahead

Know what your loved one's wishes are.

The person and family may decide to make funeral arrangements ahead of time. This will help in the following ways:

- Ensures that the person's wishes are known and respected.
- Reduces the number of decisions that will need to be made right after death.
- Provides an opportunity to talk about arrangements, concerns and feelings.
- Allows for affairs to be in order for those left behind.
- Reduces family stress during the early time of grief.

Completion of Estate Plans: Ensure that affairs are in order where possible. If a will has been made, and financial matters organized, it will be easier for the family to take care of estate matters. It will also help to avoid legal issues involved in the disbursement of assets.

Substitute Decision Maker

Power of Attorney of Personal Care: It is important to appoint a person who will act in this capacity in the event that the person is no longer able to make decisions regarding medical care. Talking with the appointed person, family members, and the physician will ensure that the person's rights to dignified medical care are honoured.

Power of Attorney for Finances: It is important to appoint a person who will act in this capacity in the event that the person is no longer able to make

decisions regarding financial matters. Talking with the appointed person will ensure the person's wishes regarding personal business are honoured.

Caring for Yourself

Seeing your loved one dying can absorb all your energies. If the process is a long one, you are at risk of becoming mentally and physically exhausted. Please know that your well being is as important as that of the dying person. In fact, one of the best things you can do for your loved one just now is to care for yourself. Both you and the dying person may experience feelings of frustration, guilt, sadness, or anger

These emotions are common and normal. They occur in response to the losses you are now experiencing.

How to help: Paying careful attention to attend to your needs.

Rest: Sleep may not come easily, but do try to get adequate rest.

Nutrition: While you may not feel like eating, do attend to your nutritional needs.

Time for Yourself: Time away from your loved one is essential if you are to avoid mental exhaustion. Ask other family members or friends to stay with the person to give you an opportunity to reenergize.

Remember, there is no perfect way to care, be guided by your love for the person.



Resources and Additional Information

Hospice Palliative Care Ontario (HPCO): www.advancecareplanning.ca

Contact Information

Office Hours: Monday to Friday 8:30 a.m. to 4:30 p.m. (Local Time)

Thunder Bay

961 Alloy Drive
Thunder Bay, ON P7B 5Z8
Tel: 1-807-345-7339
Toll-free: 1-800-626-5406

Dryden

6 – 61 King Street
Dryden, ON P8N 1B7
Tel: 1-807-223-5948
Toll-free: 1-877-661-6621

Kenora

35 Wolsley Street, Suite #3
Kenora, ON P9N 0H8
Tel: 1-807-467-4757
Toll-free: 1-877-661-6621

Fort Frances

110 Victoria Avenue
Fort Frances, ON P9A 2B7 Tel:
1-807-274-8561
Toll-free: 1-877-661-6621

Home and Community Care Support Services North West
961 Alloy Drive
Thunder Bay, Ontario P7B 5Z8
Telephone: 807-345-7339

Advance Care Planning

Helping you know and exercise your rights in preparing for a time when you may be unable to make decisions about your care.

Practical Matters

- End of life decision making is a process, not a one-time event
- You may wish the care team to participate in meetings to learn relevant information, available treatments, and to offer emotional and psychological support
- Discuss questions or concerns about physical care with your doctor, nurse and Local Health Integration Network Care Coordinator
- Contact your spiritual advisor if there are spiritual matters to be explored or if you need help with the memorial service or funeral
- You may discuss emotional and family matters with a social worker
- Talk with your Local Health Integration Network Care Coordinator to arrange a Palliative Care volunteer who can visit you in the home, if available
- Talk with a lawyer to assist with your estate matters, the making of a will and designating a power of personal care. A will and organized financial matters will be easier for the family.
- The care team is available to help look at all options

Planning Ahead

- Ensures that wishes are known and respected
- Reduces the number of decisions that will need to be made at time of death and right after death
- Gives an opportunity to talk about concerns and feelings
- Allows for affairs to be in order for those left behind
- Reduces family stress during the early time of grief

Substitute Decision Maker (SDM)

An SDM is someone who makes decisions on your behalf if you become incapable of making them yourself. You appoint them through a document called a Power of Attorney for Personal Care. The person(s) you appoint is called your Attorney for Personal Care. Talking with the appointed person, family members and the family physician will ensure that your personal care decisions are honoured. You may wish to discuss the use of specific treatment at the end of life including life-sustaining treatments, Do Not Attempt Resuscitation orders, antibiotics, artificial nutrition and hydration, the withholding and withdrawal of therapies at the end of life.

Continuing Power of Attorney for Property

It is important to appoint a person who will act as Attorney for Property in the event that you are no longer able to make decisions regarding finances, home, possessions and property matters. Talking with the appointed person will ensure that your wishes are carried out.

Anxiety

Life-threatening illness creates an uncertain future which causes anxiety. The Anxiety may increase as the illness progresses. This makes it more difficult to cope with the situation. Anxiety is common for the person with advanced disease and in partners and relatives. If it persists or is severe consult with your health care team.

You may notice:

- Fear about the situation or people/events around them.
- Increased irritability, poor concentration
- Difficulty getting to and staying asleep.

What might help:

- Encourage expression of their feelings
- Give the information they need to ease the anxiety (you may have to consult members of the health care team)
- Allow them to feel in control wherever possible.
- Distraction or relaxation techniques
- Music or aroma therapy or other complementary therapies.

Shortness of Breath (Dyspnea)

Shortness of breath is one of the most feared symptoms, and perhaps the most distressing to a dying person. Regardless of the cause, the person can be made more comfortable by doing a few simple things. The shortness of breath can be caused by some things that can be remedied by your health care team (i.e. chest infections with antibiotics) so it is important to report shortness of breath to them.

What might help:

- Providing a cool draft from an open window or a fan blowing across, not at, his/her face.
- Maintain a calm presence.
- Positioning may help. Try to position him/her at the side of the bed leaning on a table with a pillow with shoulders raised or pillows under the arms if lying in bed.
- Try to prevent accumulation of blankets and keep things away from the head area
- Avoid strong scents such as perfume, cleaning agents, food and any other odours.

- Acupuncture or pressure, distraction, relaxation exercises and imagery may help.
- Breathing techniques which your health team can show you (i.e. pursed lips breathing) may help.

Appetite

Decreased appetite and dehydration is a normal part of dying. The dying person may not feel the thirst and hunger that would be expected from not eating or drinking. Natural endorphins prevent the dying person from feeling hunger. The person may also feel less hungry and thirsty because they are not as active and their bodies become unable to process food as they normally would. Loss of appetite and loss of weight are frequently accompanied by generalized fatigue. Even if it was possible to increase appetite and nutrition, loss of weight does not improve. Nutrition will not stop the progression of disease. Dying people and their loved ones must understand that loss of weight is a common part of the dying process.

You may notice the person:

- Eats very little, is not interested in food or may feel unable to eat
- Refuses solids and will only drink liquids
- Loses weight

You can help by:

- Serving small portions of favourite foods, as tolerated and desired
- Offering nutritional supplements, as desired
- Avoiding disagreeable or nauseating smells
- Making meal time a social occasion
- Freshening and cleaning the person's mouth before and after eating
- Having loose dentures relined or try Poly grip
- Telling the health care provider if nausea is a problem, as anti-nausea medications can be helpful
- Offering small amounts of fluids taken as often as tolerated
- Offering sips of water or diluted juices if nausea and vomiting are a problem
- Offering ice chips or popsicles for the person to suck on
- Understanding that the provision of artificial nutrition and hydration is a medical treatment. Withholding or withdrawing artificial nutrition and hydration is not done to hasten death, but is done because the burdens may outweigh any benefits

Fatigue

Fatigue and/or decreasing strength can happen over a number of weeks and months, or can occur fairly quickly over a few days. Fatigue is a very distressing symptom and frequent occurrence of dying people. It prevents them from achieving their goals and enjoying even simple activities. As the ill person gets weaker, patterns of daily life in the home will need to change and adjust.

A person may:

- Experience fatigue as easy tiring, generalized weakness, exhaustion, or mental tiredness
- Tire more easily and need to nap often
- Become tired or exhausted after activities that once were easy
- Become short of breath easily, such as when changing position or talking
- Need help to walk, bath or dress
- Feel anxious or frustrated with changes in energy and strength
- Become extremely weak and may need to be cared for in bed

You can help by:

- Adapt activities of daily living to coincide with times of maximum energy
- Help the dying person to perform and enjoy as many of the activities as are most important to them
- Giving reassurance as loss of independence can be upsetting for anyone
- Finding a way the person can call for help if needed, i.e. blow a whistle, bang on plastic cup, jingle a bell
- Discussing methods to rest before activities, to ensure the person can do the things they want to do
- An Occupational Therapist or Physiotherapist may be able to offer suggestions for assistive devices and training in energy conservation
- Learning how to help the person move more easily. Members of the care team may have suggestions to help
- Providing equipment such as a walker or wheelchair to increase safety and make care in the home easier

Expected Death Check List

Name: _____ Date of birth: _____ / _____ / _____
Month Day Year

Telephone Home: () _____ Other: () _____

Funeral Home: _____ Telephone: () _____

Address & Directions to the home: _____

In the event of death:

DO NOT CALL 911

- Do not attempt resuscitation order ☐ Yes
- DNRC Form ☐ Yes
- Notify main contact (if you are not the main contact)
- If main contact not available, notify an alternate contact or support person as identified in the Plan of Care
- Notice Doctor/Registered Nurse Practitioner to pronounce death/Doctor/Nurse Practitioner to complete medical certificate
- If Doctor not available, notify prearranged alternate
- Call Spiritual Advisor, if arranged/desired
- Notify funeral home, or funeral alternative, for pick up of deceased body
- Notify the LHIN Case Manager/Community Coordinator, who will notify LHIN service providers

(all these numbers can be found on the client information sheet)

Additional Instructions:

Provider to ensure EDITH Notification form (in brown envelope) is completed and faxed to Care Coordinator

Medications and Pain Management

To be successful in managing pain, attention must be given to all the causes or components of pain: physical, psychological, family, social. Each person's particular circumstance is unique and variable from day to day. Such things as the person's interaction with family and caregivers, their knowledge about their illness, and their involvement in their care plan all influence pain management.

Pain can be a one of, or a mixture of, the following types of pain:

1. **Superficial** – usually localized and non-radiating
 2. **Deep** – usually localized and non-radiating
 3. **Visceral** – more spread out over the involved internal organs
 4. **Neuropathic pain** – radiation of pain along nerves, may be burning and/or deep aching, or lightening like jabs of brief sharp pain
- It will help the health care provider to know the location, duration, radiation of pain, and activities or medications that relieve or worsen the pain
 - Does the pain affect sleep, socializing, or activities of daily living?
 - Keeping track of when and how often the medications are taken is easier to do if a medication record is used. Preparing the medications ahead of time helps. An egg carton or Dosette can work for separating out the pills throughout the day.
 - Pain may be due to the disease but may also be due to other causes such as arthritis and muscle stiffness
 - Pain can change moods and can be influenced by thoughts or emotions
 - Report any change in pain to the health care provider
 - Encourage & allow the person to talk about their feelings regarding pain
 - Relieve pain by using medicine, natural healing methods, humour, music, relaxation, deep breathing, guided imagery, television, reading to them, therapeutic touch, massage, cold packs, warm blanket, position changes
 - Pain is usually treated with medication on a regular basis. A smaller dose of medication, a break through or rescue dose, can be given to help relieve the pain that comes between doses of scheduled pain medication
 - If having difficulty swallowing pills, have them try drinking water first and place the pill at the back of the tongue and then swallow more water. Some pills can be mixed in applesauce or pudding. It is important to talk to the health care provider before crushing pills. Some cannot be crushed i.e. MS-Contin.
 - Medications come in many forms: liquids, suppositories, injectable, or patch
 - A constant source of discomfort requires a constant source of relief
 - Opioid analgesics (narcotic pain relieving medications) are potent & safe for relieving moderate to severe pain

- Observe for side effects of opioids: common – constipation, nausea, drowsiness, sedation, dry mouth; less frequently – hallucinations, vertigo (dizziness), pruritus (itchy skin), confusion, urinary retention; rarely – respiratory depression (slow breathing). Side effects can often be managed.
- Opioids do not cause the psychological dependence involved in addictions
- Physical dependence is not the same as addiction. Its presence does not mean that opioids cannot be discontinued. If the pain decreases or disappears, opioids can be reduced or discontinued under the health care provider's guidance.
- As death nears, stop all unnecessary medication

Nausea and Vomiting

Nausea and vomiting are common problems in progressive disease. The person may feel sick, have loss of appetite, may vomit occasionally or often, have trouble keeping down oral medication, and may feel comfortable at rest but feel sick with movement.

Interventions:

- Relaxation and cognitive therapy such as mental imagery can be used to control some causes of nausea
- Transcutaneous electrical nerve stimulation and acupuncture may help
- Encourage change in diet to tolerable food, i.e. small amounts of clear fluids
- Encourage taking of any prescribed anti-nausea medication regularly
- Some medications can be given by suppository or bandage type of patch
- Provide sufficient mouth care
- Remove any vomit soiled clothing or containers as soon as possible
- Fresh air may help

Constipation

This common problem is associated with a reduced frequency of bowel movements and an increase of stool consistency (hardness) that leads to difficulty passing stool. It can be caused by the natural progression of the disease, mechanical obstruction from a tumour, bowel adhesions or hernia, decrease in fluid intake, changes in diet, some medications, and decreased activity.

Interventions:

- Schedule toileting for same time each day, after a meal or warm drink is sometimes more effective
- Try to get to a toilet or onto a commode, or at least sitting up
- Avoid bulk agents like bran since it is not a good laxative, one needs to drink a lot of water, it tastes bad and in debilitated people it may lead to a bowel obstruction

- Take appropriate laxatives, suppositories, or enemas as recommended by physician, e.g. prune juice 120 – 240 ml once to twice per day, Senna, bisacodyl, lactulose, milk of magnesia, magnesium citrate, glycerin suppositories, etc
- If there is no bowel movement in three days, it is important to tell your health care provider so they can adjust the medication, suggest a suppository or an enema

Diarrhea

Diarrhea is passage of frequent, loose stool, usually more than 3 unformed stools per 24- hour period. The most common cause at the end of life is overuse of laxatives followed by infection. Investigations will depend on stage of illness.

Interventions:

- Encourage drinking clear fluids
- Avoid milk and gas forming foods
- Hold laxatives
- Consider bulk agents such as bran but beware of causing constipation or bowel obstruction
- The physician may consider use of medications to stop the diarrhea

Mouth Care

As a person becomes weaker he/she is unable to drink their usual amounts of fluids. This may happen with nausea, vomiting and or lack of appetite. When body fluids are reduced, saliva may dry up. If the person breathes through their mouth or is using oxygen it can be worsened.

You May Notice:

- The person complains of a sore mouth or of a bad taste in the mouth
- The person complains of the mouth feeling dry and uncomfortable
- The tongue may be red and coated
- The lips may be dry and cracked

What may help:

- Maintaining a clean mouth with good oral hygiene
- After cleaning the mouth lubricate the lips. Vaseline is good unless the person has oxygen treatment.
- Remove and brush dentures once daily. Swab the mouth with a swab stick or gauze moistened in a mouth rinse (water, baking soda) after the dentures are removed. If the person is very drowsy, the dentures should be removed.
- Mouth care should be done hourly if the person is taking very little orally
- Add a small amount of lemon juice to water and crushed ice to stimulate saliva
- Check commercial mouth washes as some have alcohol and may make a dry mouth worse
- Rinsing the mouth by using a small amount of one of the following mouth rinse solutions:
 - 4 cups water, 1 teaspoon salt, 1 teaspoon baking soda
 - 1 oz. Ginger Ale & 2 Tsp. baking soda
 - Mixture containing 1/3 water, 1/3 hydrogen peroxide, 1/3 mouth wash
 - Natural methods i.e. cedar boughs boiled in water

Skin Care

Skin breakdown is a potential problem for the dying person. It can cause discomfort and increase isolation from people. The odour that can occur with skin breakdown (ulcers) and infection can be offensive to people, who then avoid interaction with the dying person.

You May Notice the Person:

- Develops red skin at pressure areas such as the tailbone, elbows and heels
- Has broken areas in the skin, itchy areas or rashes

What may help:

- **Prevention is the best cure**
- Keep skin clean and dry. Skin is irritated by sweat, urine, feces, wound drainage
- Urinary catheters may help keep the skin clean and reduce the amount of help needed to care for a dying person
- Use incontinence pads on the bed for bed ridden people, if stool incontinence is occasional or small amount, rather than using diapers
- Change the person's position every 2-4 hours. Some health care providers recommend changing a person's position every 8-12 hours as long as appropriate and sufficient skin care preventive measures are used.
- Learn how to move the person safely and protect yourself as well. Avoid shearing the skin by using bed pads, or folded flannel sheets, to move and turn the dying person.
- As the person becomes weaker, the best position in bed is slightly on the side propped up by pillows along the whole body, particularly supporting the shoulders and trunk areas
- Use small pillows or rolled up towels between knees
- Keep skin folds and creases clean by daily sponge baths. Dry thoroughly. Daily baths may not be necessary if very drying to the skin.
- Use bath oils and lotions on dry or itchy skin. If cream is applied, rub it in gently to avoid irritation.
- Put extra padding on the bed to cushion the person: egg crate foam, sheepskin pads, special mattresses
- Tell the health care provider about any reddened or open areas in the skin. There are protective dressings that can be applied to sensitive skin or open areas that will reduce irritation and provide comfort.
- Control of odours may be achieved by: opening the window for fresh air, opening kitty litter or activated charcoal in a pan under the bed, have an open cup of vinegar in the room
- Observe for signs of pain when person receiving care. They may need more medication, or decline skin care until pain medication takes effect.
- Know that in the last few hours of life the person may not want to be disturbed

Needs of the Family

In Palliative Care we strive to support both the patient and family/care providers to enable their choices. Family caregivers play an important role in providing both physical and emotional support to a loved one at the end of their life. Having the support of family and friends is very important in helping them cope with the disease in end of life care. Family caregivers also need support to adjust to the reality that a loved one is dying. You will undergo a grieving process – a normal human emotional response to a loss. The loss occurs not only at the time of death, but often much earlier such as at the time of diagnosis, and as the ill person and family experiences the many losses associated with the End-of-Life journey. This is known as anticipatory grief, which is an unconscious preparation for changes in status.

Most people have not witnessed an actual death and therefore need factual information and the opportunity to get answers to their concerns and questions. Understanding the individual needs of the dying person will not only help you as caregiver to accept what is happening, but will also help your loved one obtain the best quality of life through this journey.

- Ask for information about the illness, treatment options, the dying process and available resources
- Remember – there are no ‘silly questions’. Do not be afraid to bring up topics surrounding death, to ask questions or express concerns with other members of the care team
- For additional information, refer to the “A Guide for Caregivers” and additional resources in the in home chart
- Do not hesitate to reach out to others for support, such as the visiting nurse, social worker, chaplain, visiting volunteer
- Set realistic expectations – don’t demand too much of yourself
- Accept that you may need the help of others (personal support worker, Volunteer, friends, other family members) for household tasks and childcare if required

Remember it is very important to attend to the needs of the family caregiver as well as to the dying person. See additional resources included with your common chart or speak to your health care provider.

Needs of the Children

It is normal for parents to protect their children from harm and pain, particularly painful information about death and dying. However, most children cope better if given honest

information – information appropriate to their age and development stage. Even very young children can sense when others around them are upset.

- Read the enclosed resource on “Preparing the Children”
- Talk to your health care provider about specific resources and professional supports available for children.

Palliative Performance Scale (PPSv2)

version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

Instructions for Use of PPS (see also definition of terms)

1. PPS scores are determined by reading horizontally at each level to find a 'best fit' for the patient which is then assigned as the PPS% score.
2. Begin at the left column and read downwards until the appropriate ambulation level is reached, then read across to the next column and downwards again until the activity/evidence of disease is located. These steps are repeated until all five columns are covered before assigning the actual PPS for that patient. In this way, 'leftward' columns (columns to the left of any specific column) are 'stronger' determinants and generally take precedence over others.

Example 1: A patient who spends the majority of the day sitting or lying down due to fatigue from advanced disease and requires considerable assistance to walk even for short distances but who is otherwise fully conscious level with good intake would be scored at PPS 50%.

Example 2: A patient who has become paralyzed and quadriplegic requiring total care would be PPS 30%. Although this patient may be placed in a wheelchair (and perhaps seem initially to be at 50%), the score is 30% because he or she would be otherwise totally bed bound due to the disease or complication if it were not for caregivers providing total care including lift/transfer. The patient may have normal intake and full conscious level.

Example 3: However, if the patient in example 2 was paraplegic and bed bound but still able to do some self-care such as feed themselves, then the PPS would be higher at 40 or 50% since he or she is not 'total care.'

3. PPS scores are in 10% increments only. Sometimes, there are several columns easily placed at one level but one or two which seem better at a higher or lower level. One then needs to make a 'best fit' decision. Choosing a 'half-fit' value of PPS 45%, for example, is not correct. The combination of clinical judgment and 'leftward precedence' is used to determine whether 40% or 50% is the more accurate score for that patient.
4. PPS may be used for several purposes. First, it is an excellent communication tool for quickly describing a patient's current functional level. Second, it may have value in criteria for workload assessment or other measurements and comparisons. Finally, it appears to have prognostic value.

Definition of Terms for PPS

As noted below, some of the terms have similar meanings with the differences being more readily apparent as one reads horizontally across each row to find an overall 'best fit' using all five columns.

1. Ambulation

The items 'mainly sit/lie,' 'mainly in bed,' and 'totally bed bound' are clearly similar. The subtle differences are related to items in the self-care column. For example, 'totally bed bound' at PPS 30% is due to either profound weakness or paralysis such that the patient not only can't get out of bed but is also unable to do any self-care. The difference between 'sit/lie' and 'bed' is proportionate to the amount of time the patient is able to sit up vs need to lie down.

'Reduced ambulation' is located at the PPS 70% and PPS 60% level. By using the adjacent column, the reduction of ambulation is tied to inability to carry out their normal job, work occupation or some hobbies or housework activities. The person is still able to walk and transfer on their own but at PPS 60% needs occasional assistance.

2. Activity & Extent of disease

'Some,' 'significant,' and 'extensive' disease refer to physical and investigative evidence which shows degrees of progression. For example in breast cancer, a local recurrence would imply 'some' disease, one or two metastases in the lung or bone would imply 'significant' disease, whereas multiple metastases in lung, bone, liver, brain, hypercalcemia or other major complications would be 'extensive' disease. The extent may also refer to progression of disease despite active treatments. Using PPS in AIDS, 'some' may mean the shift from HIV to AIDS, 'significant' implies progression in physical decline, new or difficult symptoms and laboratory findings with low counts. 'Extensive' refers to one or more serious complications with or without continuation of active antiretrovirals, antibiotics, etc.

The above extent of disease is also judged in context with the ability to maintain one's work and hobbies or activities. Decline in activity may mean the person still plays golf but reduces from playing 18 holes to 9 holes, or just a par 3, or to backyard putting. People who enjoy walking will gradually reduce the distance covered, although they may continue trying, sometimes even close to death (eg. trying to walk the halls).

3. Self-Care

'Occasional assistance' means that most of the time patients are able to transfer out of bed, walk, wash, toilet and eat by their own means, but that on occasion (perhaps once daily or a few times weekly) they require minor assistance.

'Considerable assistance' means that regularly every day the patient needs help, usually by one person, to do some of the activities noted above. For example, the person needs help to get to the bathroom but is then able to brush his or her teeth or wash at least hands and face. Food will often need to be cut into edible sizes but the patient is then able to eat of his or her own accord.

'Mainly assistance' is a further extension of 'considerable.' Using the above example, the patient now needs help getting up but also needs assistance washing his face and shaving, but can usually eat with minimal or no help. This may fluctuate according to fatigue during the day.

'Total care' means that the patient is completely unable to eat without help, toilet or do any self-care. Depending on the clinical situation, the patient may or may not be able to chew and swallow food once prepared and fed to him or her.

4. Intake

Changes in intake are quite obvious with 'normal intake' referring to the person's usual eating habits while healthy.

'Reduced' means any reduction from that and is highly variable according to the unique individual circumstances.

'Minimal' refers to very small amounts, usually pureed or liquid, which are well below nutritional sustenance.

5. Conscious Level

'Full consciousness' implies full alertness and orientation with good cognitive abilities in various domains of thinking, memory, etc. 'Confusion' is used to denote presence of either delirium or dementia and is a reduced level of consciousness. It may be mild, moderate or severe with multiple possible etiologies. 'Drowsiness' implies either fatigue, drug side effects, delirium or closeness to death and is sometimes included in the term stupor. 'Coma' in this context is the absence of response to verbal or physical stimuli; some reflexes may or may not remain. The depth of coma may fluctuate throughout a 24 hour period.

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The Palliative Performance Scale version 2 (PPSv2) tool is copyright to Victoria Hospice Society and replaces the first PPS published in 1996 [J Pall Care 9(4): 26-32]. It cannot be altered or used in any way other than as intended and described here. Programs may use PPSv2 with appropriate recognition. Available in electronic Word format by email request to judy.martelli@caphealth.org

Correspondence should be sent to Medical Director, Victoria Hospice Society, 1900 Fort St, Victoria, BC, V8R 1J8, Canada

The Last Days and Hours

The dying person will go through a number of physical changes as the body “slows down” and prepares for the final stage of life. As a caregiver, it is beneficial if you are aware of these physical changes, and know these to be normal. Each situation is different. Not all of these signs and symptoms will occur in all dying persons. Persons are often aware of their impending death.

When a person is dying, they may...

1. Be less responsive, sleep longer periods and sometimes have difficulty waking

- Weakness & fatigue usually increase as the person gets closer to death
- May clench teeth, grasp hands, moan with position change or movement
- Keep visiting times brief or encourage visitors to sit quietly at the bedside

2. Have a decrease in intake of food and fluids

- Usually causes dry mouth & nose, less urine production

3. Have difficulty swallowing, “forget” to swallow, lose their gag reflex

- “Forcing” to eat or drink can cause vomiting or choking
- The mouth may often be open

4. Become confused, restless, or agitated, unable to recognize familiar people or surroundings

- Speak calmly and naturally, avoiding any argument
- The physician may recommend medications to calm the person

5. Become restless, pull at bed linen, or may have visions of persons or things not present

- Give reassurance, the experience is real to the person, and is normal
- Calm soothing music or gentle massage may ease a restless person
- Discuss with the Case Manager, as caregiver relief may be available

6. Have irregular pulse or heartbeat, low blood pressure

- Normal signs of the “slowing down” process

7. Have moaning, irregular, shallow, rapid, or shallow pant-like breathing, or increased use of accessory respiratory muscles

- It is quite common to have long pauses of 10 – 30 second periods between breaths
- Giving oxygen is rarely necessary, may only prolong the dying process

8. Develop “wet or rattly” sounding breathing

- This is caused by saliva collecting at the back of the throat, and because of weak muscles, the person cannot swallow. This does not mean that the person is uncomfortable.
- Try turning, and supporting, the person on their side with the use of pillows
- You can wipe the mouth with a moist cloth or sponge-tipped swabs
- Raise the head of the bed, or raise the upper body with pillows
- It is often more distressing to caregivers than to the person

9. Be responsive to voice or touch

- Speak calmly – everything you say may be heard – whether eyes are open or closed

10. Lose control of bladder or bowels

- Protective padding can be used on the bed. A urinary catheter may be helpful.
- The amount of urine will decrease, and may be a darker colour, as death approaches

11. Have cool legs and arms with the skin showing a mottled blue / purple appearance

- The underside of the body may become a darker colour
- Use just enough coverings to keep the person comfortable
- Avoid using an electric blanket

At the Time of Death

- There will be no response
- There will be no breathing
- There will be no heartbeat or pulse
- Eyes will be fixed in one direction – they may be open or closed
- There may be loss of control of urine / bladder or bowels

If You Think Death Has Occurred

1. Remain calm.

- 2. Do not call 911, Police, Fire or Ambulance.** This is not necessary when the death is expected. If these personnel come to the home they may attempt resuscitation and transfer to the hospital's Emergency Department.
- 3.** Notify the Home Care Nurse/Doctor, as discussed and arranged with the Home Care Nurse/Doctor &/or LHIN Care Coordinator/Case Manager (CCC/CM).
- 4.** Call family, a spiritual advisor, and friends that you would like to be present.
- 5.** Take time to say goodbyes before calling the funeral home, or alternative.

6. Call the funeral home, or alternative.
7. Please call the CCC/CM at the Local Health Integration Network and leave a message.
8. **There is no hurry to do any of this.** Spend as much time with your loved one as you wish. If you feel you want help with the things that need to be done ask for help.
9. Funeral plans can be made by appointment during business hours as convenient.
10. Your physical and emotional well-being as a caregiver is just as important as the dying person's. Talk to the CCC/CM if you have any concerns or fears about the death or expected death.

What is Palliative Care?

Hospice palliative care is aimed at relief of suffering and improving the quality of life for persons who are living with or dying from advanced illness or are bereaved.

Palliative care is a special kind of health care for individuals and families who are living with a life-threatening illness that is usually at an advanced stage. The goal of palliative care is comfort and dignity for the person living with the illness as well as the best quality of life for both this person and his or her family. *A “family” is whoever the person says his or her family is. It may include relatives, partners and friends.*

An important objective of palliative care is relief of pain and other symptoms. Palliative care is planned to meet not only physical needs but also the psychological, social, cultural, emotional and spiritual needs of each person and family. Palliative care may be the main focus of care when a cure for the illness is no longer possible.

Palliative care services are helpful not only when a person is approaching death but also at earlier stages in the illness. Palliative care may be combined with treatments aimed at reducing or curing the illness, such as chemotherapy. Families also benefit from support when their loved one is dying and after his or her death.

Adapted CHCPA, 2002

Palliative Care:

- Affirms life and regards dying as a normal process;
- Intends neither to hasten or postpone death;
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications

Adapted WHO, 2007

End-of-Life Decision-Making

When diagnosed with a life-threatening illness, our reaction, the decisions we make, and what influences our decisions are not based solely on medical facts, risks & benefits. The way we interpret them, the importance we place on different risks and benefits are deeply personal. We must confront some very difficult decisions. The entire health care team is available to provide information and support with making these difficult decisions.

- When nearing the end-of-life, discussions about possible care should be in the context of whether the care will prolong life and whether the possible benefits outweigh the burdens and discomfort. In the last stages of illness nearing the end-of-life, life-sustaining interventions are not usually undertaken since they would only serve to prolong the dying process.
- “Life Support” with a ventilator involves: Being a patient in the hospital Intensive Care Unit (ICU), drugs to make the person drowsy, a tube through the mouth into the windpipe is hooked up to a machine that helps the person to breathe. One cannot eat or talk with the tube in place. A second smaller tube is put through the mouth or nose into the stomach to provide nutrition. Monitoring equipment for oxygen levels and blood pressure, and intravenous fluid lines are also required.
- “Life Support” with medication involves: Being a patient in the ICU, drugs to support the blood pressure & heart. These cannot fix the problem. Because the drugs can damage the small veins in the arm, a central line is needed. This special intravenous is placed in the larger veins in the neck, collarbone or leg areas. Another intravenous is needed in an artery to monitor oxygen levels and blood pressure.
- Cardiopulmonary resuscitation (CPR) in the event of cardiac or respiratory arrest must be discussed. In situations in which chances of successful resuscitation are non-existent physicians are **not** obliged to offer CPR.
- CPR involves: Attempting to resuscitate by pushing on the chest over the heart area, giving intravenous medications, and using electric shock to attempt to restart the heart. A tube is put through the mouth into the windpipe to get oxygen into the lungs by artificial respiration. Some of the ribs may break and internal organs be bruised because of the CPR. If the heart cannot be restarted quickly, brain damage will occur. This brain damage can be significant – ranging from loss of memory to total dependence on others for day-to-day activities. If successful at restarting the heart, life support will be needed afterwards. Only 1-4% of patients with chronic illnesses survive to leave the hospital and almost no one with cancer survives. Many people who do survive are sicker and they may have brain damage that could be severe.
- A Do Not Resuscitate order does not mean the person and health care providers have given up. It simply means that the person recognizes the severity of illness and the gravity of the situation in which CPR would be needed and understands chances of successful resuscitation are uncertain or low AND does not wish to undergo CPR.

Adapted from Ian Anderson Program in End-of-Life Care

EOL SYMPTOMS

What To Do When Someone Dies



A Checklist of Gentle Reminders

These pages aim to simplify the cancellation of a deceased person's government-held information. Other useful instructions and suggestions are also provided. For further assistance, please contact your ServiceOntario centre at 40 Manitou Road, in Manitouwadge. Our hours are Monday to Friday (except statutory holidays), 8:30 a.m. to 5:00 p.m. To reach us by telephone, call (807) 826-1149.

<p>6.....SOCIAL ASSISTANCE</p> <p><input type="checkbox"/> Notify Ontario Works</p> <p><input type="checkbox"/> Notify Ontario Disability Support Program (ODSP)</p> <p><input type="checkbox"/> Notify Family Responsibility Office</p> <p>7.....INCOME TAX BENEFITS</p> <p><input type="checkbox"/> Notify Canada Revenue Agency</p> <p><input type="checkbox"/> Review Entitlements to Income Tax Programs</p> <p><input type="checkbox"/> GST Credit</p> <p><input type="checkbox"/> Child Tax Benefit</p> <p>7.....LEGAL MATTERS</p> <p><input type="checkbox"/> Update Real estate and Property Deed(s)</p> <p><input type="checkbox"/> Update Power of Attorney</p> <p><input type="checkbox"/> Update Will and Testament</p> <p>7-9.....PERSONAL IDENTIFICATION</p> <p><input type="checkbox"/> Return Passport</p> <p><input type="checkbox"/> Return Driver's Licence</p> <p><input type="checkbox"/> Transfer Vehicle Registration</p> <p><input type="checkbox"/> Return Accessible Parking Permit</p> <p><input type="checkbox"/> Return Ontario Health Card</p> <p><input type="checkbox"/> Cancel Natural Resources Permit(s)</p> <p><input type="checkbox"/> Cancel Outdoors Card</p> <p><input type="checkbox"/> Return Firearms Licence</p> <p><input type="checkbox"/> Transfer Firearms Registration(s)</p> <p><input type="checkbox"/> Return Native Status Card</p> <p><input type="checkbox"/> Cancel Prospector's Licence</p> <p><input type="checkbox"/> Cancel Pleasure Craft Operator Card</p> <p><input type="checkbox"/> Transfer Pleasure Craft Licence</p> <p>9.....WHEN THE ESTATE IS SETTLED</p> <p><input type="checkbox"/> Return Birth Certificate</p> <p><input type="checkbox"/> Return Social Insurance Number Card</p> <p><input type="checkbox"/> Return Citizenship or Immigration Document</p> <p>10.....OTHER CANCELLATIONS</p> <p><input type="checkbox"/> Clubs / Memberships</p> <p><input type="checkbox"/> Utilities / Services</p> <p><input type="checkbox"/> Canada Post Mail</p>	<p>4-5.....PUBLIC PENSIONS</p> <p><input type="checkbox"/> Notify Public Pensions</p> <p><input type="checkbox"/> Canada Pension Plan (CPP)</p> <p><input type="checkbox"/> Old Age Security Pension (OAS)</p> <p><input type="checkbox"/> Québec Pension Plan</p> <p><input type="checkbox"/> International Benefits</p> <p><input type="checkbox"/> Apply for Pension Benefits</p> <p><input type="checkbox"/> CPP Death Benefit</p> <p><input type="checkbox"/> CPP Survivor's Benefit</p> <p><input type="checkbox"/> CPP Children's Benefit</p> <p><input type="checkbox"/> OAS Allowance for the Survivor</p> <p><input type="checkbox"/> Guaranteed Income Supplement</p> <p><input type="checkbox"/> Guaranteed Annual Income System (GAINS)</p> <p><input type="checkbox"/> Notify Other Public Pensions</p> <p><input type="checkbox"/> Veterans Affairs Canada</p> <p><input type="checkbox"/> Canadian Forces</p> <p>5.....PRIVATE PENSIONS</p> <p><input type="checkbox"/> Employer Pension Plan</p> <p><input type="checkbox"/> Group Benefits</p> <p>5.....FINANCIAL MATTERS</p> <p><input type="checkbox"/> Notify Bank(s)</p> <p><input type="checkbox"/> Cancel Debit Card(s)</p> <p><input type="checkbox"/> Cancel Credit Card(s)</p> <p><input type="checkbox"/> Retirement Savings</p> <p><input type="checkbox"/> Other Investments</p> <p>5-6.....PUBLIC INSURANCE</p> <p><input type="checkbox"/> Review Eligibility to Ontario Drug Benefits</p> <p><input type="checkbox"/> Co-Payment Plan for Seniors</p> <p><input type="checkbox"/> Trillium Drug Program</p> <p><input type="checkbox"/> Notify Workplace Safety and Insurance Board</p> <p>5.....PRIVATE INSURANCE</p> <p><input type="checkbox"/> Notify Private Insurance Companies</p> <p><input type="checkbox"/> Life Insurance</p> <p><input type="checkbox"/> Health Insurance</p> <p><input type="checkbox"/> Home Insurance</p> <p><input type="checkbox"/> Auto Insurance</p>
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GENERAL INFORMATION

The Funeral Service

If the final arrangements will consist of a memorial service, interment or direct disposition, a funeral home or transfer service should be contacted. A funeral director can help with most, if not all, of the arrangements for the service. For information on the responsibilities of funeral homes, contact the Ontario Board of Funeral Services at 1-800-387-4458.

The Burial or Cremation

If the final arrangements will consist of earth burial or cremation, the funeral home or transfer service you select will look after this with you. For information regarding the responsibilities of cemeteries and crematoriums, contact the Ontario Ministry of Government Services, Cemeteries Section, at 1-800-268-1142.

With a Will

One of the first steps after someone dies is locating the will, the written document that specifies how the deceased's property will be distributed. The will may be filed with the lawyer or local court, it may be with a family member or friend, in a safety deposit box, or hidden in a drawer at home.

Upon recovering the will, the executor therein named administers the estate, thereby carrying out the final wishes of the deceased. The will may or may not be subject to probate, the process whereby a court verifies a will and determines its validity. Be prepared to pay an estate administration tax to probate a will.

Without a Will

If there is no will (intestate), or a will is declared invalid, a lawyer is in the best position to provide legal advice about whether or not it is necessary to obtain a Certificate of Appointment of Estate Trustee. This court-issued document will grant executive authority to a deceased person's relative or representative in order that estate matters can be settled.

If a grant of administration cannot be obtained, a Public Trustee (a government official) is appointed and the estate is distributed according to the *Succession Law Reform Act* of Ontario. To speak to the Estates Section of the Office of the Public Guardian and Trustee regarding administering an intestacy, call 1-800-366-0335. To view legal material using the Internet, go to www.attorneygeneral.jus.gov.on.ca or www.e-laws.gov.on.ca.

Minor Child

If the deceased person's nearest relative is a minor child (under the age of 18), you may wish to contact the Office of the Children's Lawyer at the Ministry of the Attorney General for specific instructions. The number is 1-416-314-8000.

Death Outside the Province

If the death occurred outside of Ontario but the burial or other disposition is to take place within Ontario, a burial, transit or removal permit is required from the jurisdiction in which the death occurred. The funeral director can assist further.

Burial Outside the Province

If the death occurred within Ontario but the burial or other disposition is to take place outside of Ontario, the body cannot be moved until an Ontario burial permit is obtained. The funeral director can assist further.

Death Outside the Country

If the death occurred outside the country, contact the Canadian Consulate Office of that country for instructions on how to proceed. Canadian foreign representatives are listed on the Foreign Affairs Canada website at www.fac-ae.gc.ca. Your local Government Information Centre can help you find the number.

The Death Registration

The *Death Registration* is the permanent, legal, government-held record of the death of an individual. To register a death, a family member, and the funeral director will complete the *Statement of Death*, a document which provides general information about the deceased. In turn, the physician or coroner attending the death completes the *Medical Certificate of Death*, a document which captures information about the cause of death. Both forms are mailed independently to the Local Division Registrar of the municipality in which the death occurred, at which point, the death is registered.

The Death Certificate

The *Death Certificate* is a copy of the *Death Registration*, certified by the Ontario Registrar. The *Death Certificate* may be necessary in order to settle the deceased's estate and finance matters. Though the funeral director's *Statement of Death* can be used under most circumstances, some organizations require that the Registrar General issues the *Death Certificate*. Application forms are available at www.mgs.gov.on.ca, or from your local ServiceOntario Centre.

SUPPORTING DOCUMENTS

The following list identifies some of the official documents which may be required in order to support death notices and/or death benefit applications:

- ☐ Statement of Death (a stamped document issued by the funeral director)
- ☐ Death Certificate (a certified document issued by the Ontario Registrar)
- ☐ Birth Certificate or citizenship document
- ☐ deceased
- ☐ spouse
- ☐ dependent(s)

- ☐ Proof of Landing or immigration document
- ☐ Current passport
- ☐ Health Card
- ☐ Social Insurance Number card

- ☐ deceased
- ☐ spouse
- ☐ dependent(s)
- ☐ Income tax records and/or assessments
- ☐ deceased
- ☐ spouse

- ☐ Marriage Certificate or proof of common-law union

- ☐ Divorce papers
- ☐ Insurance records
- ☐ Loan agreements
- ☐ House and property records
- ☐ Pension records
- ☐ Will and Testament
- ☐ Certificate of Appointment of Estate Trustee
- ☐ Proof of funeral expenses
- ☐ Direct deposit information (void cheque)

Certified True Copies

In some instances, sending a certified true copy of an original document is acceptable proof of supporting documentation. Your local ServiceOntario Centre can provide you with these copies, free of charge. You must present the original, unaltered document.

Commissioner for Taking Affidavits

In instances where the required supporting documentation is not available, a sworn statement or formal declaration may be accepted. A Commissioner for Taking Affidavits at your local ServiceOntario Centre may be able to complete this form with you. Call us at (807) 826-1149 for more information.

GETTING HELP

Legal Advice

If there is no will and/or you would like to obtain legal advice, you may want to check your local listings. Keep in mind, contacting the Lawyer Referral Service at 1-900-565-4577 for a free one half-hour consultation generates a \$6 toll service charge on your telephone bill.

Counseling and Support

The loss of a relative, a loved one or a close friend is a difficult time. Help is available for individuals seeking professional counseling or support. The following community organizations offer services to bereaved individuals or families dealing with grief or loss:

Canadian Mental Health Association
(807) 345-5564
Ontario Psychological Association
1-800-268-0069
Bereaved Families of Ontario
1-800-236-6364

"What to Do When Someone Dies"

This guide contains instructions on how to properly notify government organizations of a deceased person's death. Not only does proper and timely notification safeguard the deceased individual's personal, government-held information, it also helps to ensure benefits are paid to eligible survivors in an efficient manner. Keep in mind, most benefits from government programs are not issued automatically. You must apply for them.

ServiceOntario

Assistance with the information contained in this guide is available from the knowledgeable staff at your local ServiceOntario Centre. Visit 40 Manitou Road, Manitouwadge. Hours are Monday to Friday (except statutory holidays), 8:30 am to 5:00 p.m. To reach us by telephone, call (807) 826-1149.

PUBLIC PENSIONS

Canada Pension Plan and
Old Age Security Pension

When a *Canada Pension Plan* (CPP) and/or *Old Age Security Pension* (OAS) pensioner dies, Service Canada must be notified and pension earnings must be terminated. The estate is entitled to payments received for the month in which the death occurred and payments received thereafter are returned or repaid. Service Canada can be notified of the death by sending the *Statement of Death* to:

Service Canada
CPP and OAS
PO Bag 2013
Timmins ON P4N 8C8

To speak to a Service Canada agent regarding CPP or OAS programs, call 1-800-277-9914. Quote the deceased's Social Insurance Number. Information is also available at www.sdc.gc.ca.

Survivor Benefits

The spouse or dependent(s) of a deceased CPP and/or OAS pensioner may be eligible for survivor benefits under Canada's retirement income system. These include:

- the *Death Benefit*: a one-time payment to, or on behalf of, the eligible estate of a deceased CPP contributor;
- the *Survivor's Pension*: a monthly pension paid to the eligible surviving spouse or common-law partner of a deceased CPP contributor;
- the *Children's Benefit*: a monthly benefit paid to eligible dependent children of a deceased CPP contributor; and
- the *Allowance for the Survivor*: a monthly pension for eligible low-income seniors between the ages of 60 and 64.

Application Forms

Application forms for CPP and OAS programs are available at www.sdc.gc.ca, or by visiting your local Government Information Centre at 40 Manitou Road, Manitouwadge

Guaranteed Income Supplement

The *Guaranteed Income Supplement* (GIS) provides additional money, on top of the Old Age Security pension, to eligible low-income seniors over the age of 65. Eligibility for the supplement may need to be reviewed upon the death of an OAS pensioner. To review your file,

speak to a Service Canada agent at 1-800-277-9914. Information is available at www.sdc.gc.ca.

Guaranteed Annual Income System

The *Guaranteed Annual Income System* (GAINS) provides additional money, on top of the Old Age Security pension and the Guaranteed Income Supplement, to eligible low-income seniors over the age of 65. GAINS is notified of the death when CPP or OAS benefits are cancelled. However, if you would like to contact GAINS directly, call the Ontario Ministry of Finance at 1-800-263-7965.

Québec Pension Plan

If the deceased person was receiving benefits from *Québec Pension Plan* (QPP), *Régie des rentes du Québec* must be notified of the death. Call 1-800-463-5185 to reach this office, at which time entitlements to survivor benefits under QPP should be reviewed. Information is available at www.rmq.gouv.qc.ca.

International Benefits

If the deceased had worked in another country, or was receiving a foreign government pension, the foreign social security agency should be notified of the death. A listing of international social security administration websites is available at www.sdc.gc.ca. The office of International Operations for Service Canada, at 1-800-454-8731, may be of further assistance. Eligible survivors may qualify for benefits from Canada or abroad. Be sure to review your entitlements under the program.

Veterans Affairs Canada

The death of a Veterans Affairs Canada (VAC) pensioner or survivor should be reported to the local Regional Office @ 1-800-387-0930. Quote the file number or social insurance number when you place the call

Veterans Affairs Canada
214 Red River Road, Suite 202
Thunder Bay ON P7B 1A6

The eligible survivor(s) may qualify for death benefits. Visit www.vac-acc.gc.ca for more information, or speak to an agent at 1-866-522-2122.

To help with funeral, burial, and grave marking expenses, the estate may qualify for financial assistance from Last Post Fund. For more information, visit www.lastpostfund.ca, or speak to an agent at 1-800-563-2508.

Canadian Forces

The death of a Canadian Forces (CF) pensioner or survivor should be reported in writing to the CF pension office. Quote the Service Number when you mail the *Statement of Death* to:

National Defence Headquarters
 Constitution Building
 305 Rideau St.
 Ottawa ON K1A 0K2

Once notification of the death has been received, and circumstances have been reviewed, the Canadian Forces pension office will contact the survivor(s) regarding further documentation, if required, and advise of any further benefits payable.

To speak to a representative at the CF pension office, call 1-800-267-0325. Information is also available at www.admfincs.forces.gc.ca.

PRIVATE PENSIONS

Employer Pension

If the deceased person was covered by an employer pension plan, the executor, survivor or beneficiary should contact the former employer to end the deceased's membership in the plan and to obtain an entitlement package. This personalized information will provide details of the survivor benefits payable.

If the deceased person was contributing to an employer pension plan, and was still employed at the time of their death, the employer will issue a statement outlining the policy's refund options. Wages owing may also need to be verified.

Employer pension plans are regulated by the Financial Services Commission of Ontario. Call 1-800-668-0128 if you need to reach this office. Information is available at www.fisco.gov.on.ca.

Group Benefits

If applicable, the deceased person's estate may be entitled to group benefits from the company or union, or from other entities such as fraternal orders or professional associations with which the deceased was a member.

FINANCIAL MATTERS

Banking and Credit Cards

The executor or next-of-kin must inform the deceased person's bank(s) or financial institution(s) of the death. The account must be closed or renamed, and the debit card(s) must be cancelled.

Credit card companies must be advised of the death. Find out if the deceased held payment protection on their credit card(s) as this could pay off all, or most, of a cardholder balance.

Prior to collecting money in person from banks, insurance companies, or other agencies, telephone their offices in order to determine what documents to bring and what other information may be necessary.

Savings and Investments

Sources other than public or private pensions may exist from which the deceased person received funds. These may include registered retirement pension plans such as RRSPs and GICs or income from investments like stocks and bonds. The executor, survivor or beneficiary should contact the issuing agent, financial institution or trust company in order to redeem or transfer the proceeds.

Any person entitled to retirement or financial benefits should seek competent advice as to the payment options available under the plan and the tax consequences of each.

PUBLIC INSURANCE

Ontario Drug Benefits

If the deceased person was in receipt of drug benefits through the Ontario Health Insurance Plan (OHIP), membership in the program will be terminated when the Health Card is returned.

If applicable, the surviving spouse or dependent(s) residing in the same household should review their entitlements under Ontario's prescription drug benefit programs. Speak to a representative by contacting the Co-Payment Plan for Seniors at 1-888-405-0405, or the Trillium Drug Program at 1-800-575-5386. Information is also available from the website at www.health.gov.on.ca.

Workplace Safety and Insurance Board

If the deceased person was in receipt of benefits from Workplace Safety and Insurance Board (WSIB), this agency should be notified as soon as possible of the death. Quote the file number when you mail the *Statement of Death* to:

Workplace Safety and Insurance Board
1113 Jade Court
Suite 200
Thunder Bay, ON P7B 6V3

Survivor Benefits

If you are the spouse or dependent of a worker who died as a result of a workplace injury or illness, you may wish to contact WSIB to claim survivor benefits. These may include:

- lump-sum and monthly payments;
- help with funeral and transportation costs;
- bereavement counseling; and/or,
- help with joining the workforce.

For more information, speak to a representative at WSIB by calling 1-800-465-3934. To visit the website, go to www.wsib.on.ca. You may find the fact sheets on survivor benefits useful.

PRIVATE INSURANCE

Private Insurance Coverage

Find out if the deceased person held private insurance coverage, such as life, health, home or automobile insurance. Private insurance policies must be reviewed, cancelled and/or re-assigned. Contact the broker or agent. If necessary, a listing of insurance companies is available at www.ontarioinsurance.com.

Some insurance companies require that the policy be returned to them. Be sure to keep a photocopy of the document before surrendering it. It's also a good idea to record contact names, actions taken or follow-ups required when discussing your file. Keep in mind, matters pertaining to life or health insurance should be reviewed with the legal representative or financial advisor.

Private insurance companies are regulated by the Financial Services Commission of Ontario. If necessary, call 1-800-668-0128 to reach this office. Online information is available at www.fscsco.gov.on.ca.

SOCIAL ASSISTANCE

Ontario Works

If the deceased person was in receipt of financial assistance from Ontario Works, the local office should be notified of the death as soon as possible. Call (807) 826-4809, located at the Municipal Office, 1 Mississauga Dr., Manitouwadge, ON P0T 2C0, benefits from Ontario Works may help with eligible funeral expenses.

Ontario Disability Support Program

If the deceased person was in receipt of benefits under the Ontario Disability Support Program (ODSP), the regional office should be notified of the death as soon as possible. Quote the Member Identification Number when you send the *Statement of Death* to:

Ministry of Community and Social Services
Ontario Disability Support Program
Income and Employment Supports
435 James St. S, Suite 111
Thunder Bay, ON P7E 6S9

For more information, speak to a representative at ODSP by calling 1-800-465-5561. To visit the website, go to www.mcscs.gov.on.ca.

Family Responsibility Office

The Family Responsibility Office (FRO) must be notified of the death of a support payer, a support recipient, or a child entitled to support payments. The *Statement of Death* must be submitted and documentation providing legal authority for another person to act on behalf of the deceased may be required.

Support Payers

Upon receiving the *Statement of Death* of a deceased support payer, the FRO will close a support payer's file and stop all enforcement of the support obligation.

Support Recipients

Although the FRO stops enforcement of the Order, the support recipient may be able to enforce the Order against the estate of the deceased payer. Additionally, the recipient may have other claims against the estate of the payer, including possible claims under the *Succession Law Reform Act*. There may be strict time limitations for bringing a claim. A

deceased's income, complete and send *Form RC65, Election to Change Marital Status*. Guardians or ex-spouses must submit a formal application in order to be considered for the CCTB. Complete and send *Form RC66, Canada Child Tax Benefit Application*. To speak to an agent regarding the Canada Child Tax Benefit, call 1-800-387-1193.

LEGAL MATTERS

Real estate, Property, Wills

Depending on how simple or complex the legal and financial affairs are, a lawyer or financial advisor may be involved in the settling of the deceased person's real estate and property matters. The lawyer may also be involved in the drafting of a new Power of Attorney, Living Will and/or Last Will and Testament to reflect changes as a result of the death.

Real estate and property title deed transfers are directed to the local Land Registry Office. Visit 189 Red River Road, Suite 201, Thunder Bay, ON P7B 1A2 or call 807-343-7436

Property tax inquiries are directed to the municipality. Visit the Township of Manitouwadge at 1 Mississauga Drive, Manitouwadge, or call (807) 826-3227.

Land transfer tax inquiries are directed to the Tax Revenue Division of the Ministry of Finance. Call 1-800-263-7965 to speak to an agent.

PERSONAL IDENTIFICATION

Passport

An expired passport has no validity. It can be retained or destroyed. A current passport must be returned to the issuer for cancellation. A deceased's valid Canadian passport cannot be retained unless this is requested in writing when the passport is returned. Mail the passport, along with the *Statement of Death*, to:

Passport Canada
979 Alloy Drive, Suite 201
Thunder Bay, ON P7B 5Z8

For more information, visit www.ppt.gc.ca, or contact Passport Canada at 1-800-567-6868. To cancel a foreign passport, contact the Canadian Consulate Office representing the country in which the passport was issued.

INCOME TAX BENEFITS

recipient may wish to consult with a lawyer to determine which options are available to them. To notify the FRC of the death, and/or to discuss your file, please have the 7-digit Case Number ready when you call 1-800-267-4330. To visit the website, go to www.mccs.gov.on.ca.

Canada Revenue Agency

Canada Revenue Agency (CRA) should be notified of a deceased person's death in writing, or mail it to your Tax Services Office at

Canada Revenue Agency
130 South Syndicate Ave
Thunder Bay, ON P7E 1C7

To speak to a representative at CRA, or to order publications or forms, call 1-800-959-8281. Online services are available at www.cra.gc.ca.

Final Tax Return

Upon receipt of the final tax slips (T4s, T5s, etc.), the estate can submit the deceased's final income tax and benefit return. Generally, this is completed immediately after the death, or by April 30 the following year. You may find the income tax guide titled *Preparing Returns for Deceased Persons* useful.

GST Credit

The estate is entitled to the GST Credit payable for the month in which the death occurred. Payments received thereafter must be returned or repaid.

The surviving spouse can request future GST entitlements by filing a *T1 General*. If a *T1 General* has already been filed, and if the surviving spouse wishes to have the benefit recalculated without taking into account the deceased's income, complete and send *Form RC65, Election to Change Marital Status*.

To speak to an agent regarding the GST Credit, call 1-800-959-1953.

Child Tax Benefit

If the deceased person was in receipt of the Canada Child Tax Benefit (CCTB), the surviving spouse residing at the same address should request a transfer of the benefit by calling 1-800-387-1193. A formal application is not required. If the surviving spouse wishes to have the CCTB recalculated without taking into account the

The estate may qualify for a refund of unused portions of 3-year fishing or hunting licence fees. If applicable, ask for this in writing when you return the card.

For more information, speak to a representative at 1-800-387-7011. For online Outdoors Card services, go to www.themnrstore.gov.on.ca.

Firearms Licence, Firearm Registration(s)

If the deceased person held a valid firearms licence, such as a Firearms Acquisition Certificate (FAC), a Possession-Only Licence (POL), or a Possession and Acquisition Licence (PAL), return the card, along with the *Statement of Death*, to:

Canada Firearms Centre
PO Box 1200
Miramichi NB E1N 5Z3

If the deceased person was in possession of firearms, these will need to be transferred, deactivated or disposed of. Keep in mind, heirs acquiring firearms through inheritance must be suitably licensed.

For further assistance, call 1-800-731-4000. Information is also available at www.cfc.gc.ca.

Native Status Card

If the deceased person was in possession of a Native Status Identification Card, Indian and Northern Affairs Canada (or the local band) must be notified of the death. Send the card, along with the *Statement of Death*, to:

Indian and Northern Affairs Canada
100 Anemki Dr, Suite 101
Thunder Bay, ON P7J 1A5

For more information, speak to a representative at 1-800-567-9604. To visit the website, go to www.inac.gc.ca.

Accessible Parking Permit

These offices are listed at www.international.gc.ca.

A deceased person's driver's licence, vehicle registration, and/or Accessible Parking Permit are surrendered to the ServiceOntario office located at 40 Manitou Road, Manitouwadge. This office will cancel the licence, transfer the registration, and return the permit to the central licensing office.

Keep in mind, in order to confirm the new ownership of a vehicle, you may be asked to present the Last Will and Testament, the Certificate of Appointment of Estate Trustee, and/or the nomination of the new owner of the vehicle. Where the *Sworn Statement for the Transfer of a Used Motor Vehicle* is required, a Commissioner for Taking Affidavits at your local ServiceOntario Centre can complete this form with you.

For more information, contact your local ServiceOntario office at (807) 826-1149. To access the website, go to www.mto.gov.on.ca.

Health Card

The Health Card of the deceased person must be returned to a ServiceOntario office. Upon returning the Health Card, you will be asked to complete and sign a *Change of Information* form and provide a copy of the *Statement of Death*.

Natural Resources Permit(s)

The cancellation or transfer of Ministry of Natural Resources (MNR) permits, such as land-use or trapline permits, is directed to the issuing district MNR office. MNR's provincial call centre will transfer your request to the office of your choice when you dial 1-800-667-1940. If you would like to access MNR's website, go to www.mnr.gov.on.ca.

Outdoors Card

A deceased person's Outdoors Card is canceled when the Outdoors Card Centre is notified of the death. Return the card, along with the *Statement of Death*, to the following coordinates:

Outdoors Card Centre
PO Box 9000
Peterborough, ON K9J 8T3

WHEN THE ESTATE IS SETTLED

Birth Certificate

When the estate has been finalized, the deceased's birth certificate, either the wallet-size and/or the long format, is returned, along with a copy of the *Statement of Death*, to:

Office of the Registrar General
189 Red River Rd., 2nd Floor
Thunder Bay ON P7B 6L8

If the deceased was not in possession of a birth certificate, and one is required to complete estate matters, the executor or closest next-of-kin may apply for the long-form certificate. Go to www.mgs.gov.on.ca to print the application form or to access online services. The form is also available at your ServiceOntario Centre.

If the deceased was born outside of Ontario, contact the issuing vital statistics agency for instructions on cancelling the birth certificate. ServiceOntario can provide the telephone number for you.

For more information regarding Ontario birth certificates, call 1-800-461-2156.

Social Insurance Number Card

When the estate has been finalized, the Social Insurance Number card of the deceased is returned, along with the *Statement of Death*, to:

Social Insurance Registrations
PO Box 7000
Bathurst NB E2A 4T1

You can also drop off the card at your local Service Canada Centre at 52 Peninsula Road, Marathon, ON P0T 2E0

For more information, call (807) 229-0959, or visit www.serviccanada.gc.ca.

Citizenship or Immigration Document

If applicable, when the estate has been finalized, a deceased's citizenship or immigration document must be returned, along with the *Statement of Death*, to:

Citizenship and Immigration Canada
PO Box 10000
Sydney, NS B1P 7C1

For more information, call 1-888-242-2100, or visit www.cic.gc.ca.

Prospector's Licence

If the deceased person held a Prospector's Licence, the Ontario Ministry of Northern Development and Mines should be notified of the death by calling 1-888-415-9845. The card can be destroyed.

Call this number to speak to a representative about outstanding mining claims. Information on claims is available at www.mndm.gov.on.ca.

Pleasure Craft Operator Card

If the deceased person was in possession of a Pleasure Craft Operator Card, the issuing agent should be notified of the death. Speak to a representative at the telephone number provided on the back of the card. Find out if the card can be destroyed.

For related information, call the Office of Boating Safety at Transport Canada at 1-800-267-6687, or visit www.tc.gc.ca/BoatingSafety.

Pleasure Craft Licence

If the deceased person owned a pleasure craft or boat, the licence or registration must be transferred. The executor must submit the following documents:

- 1) the *Statement of Death*;
- 2) the original licence, with the reverse side completed and signed by the executor or by the new owner of the boat; and,
- 3) the Certificate of Appointment of Estate Trustee, or the nomination of the new owner of the boat, or a Statutory Declaration to this effect.

The documents are mailed to:

Canada Border Services Agency
Postal Bag 4300
North Bay ON P1B 9B4

Where the original pleasure craft licence has been lost or misplaced, you may submit the form titled *Declaration: A Commissioner for Taking Affidavits at your local Government Information Centre* can complete this form with you.

For more information, call the Canada Border Services Agency at 1-800-223-0442, or visit www.tc.gc.ca/BoatingSafety.

OTHER CANCELLATIONS

NOTES

Clubs / Memberships

Service groups with which the deceased was a member should be notified of the death. These may include the following:

- caregivers and/or support services
- clubs, charities, volunteer groups
- professional associations
- academic alumnus
- memorial societies
- newspaper and/or magazine subscriptions
- frequent flyer and/or buyers cards

Utilities / Services

If applicable, the deceased person's service utilities must be cancelled or transferred. These may include the following:

- heat
- hydro
- cable
- satellite
- telephone
- cellular
- Internet

Canada Post Mail

Canada Post's Mail Redirection Service is available free-of-charge for one full year on behalf of a deceased person's estate. To sign up for Canada Post Mail Redirection, the executor or next-of-kin appointee must present the following documents at the Canada Post service outlet of the deceased:

- 1) the *Statement of Death*;

- 2) the completed Canada Post Change of Address Notification; and,

- 3) the Certificate of Appointment of Estate Trustee (With or Without a Will) or the

Canada Post Statutory Declaration.

Where the Canada Post Statutory Declaration is required, a Commissioner for Taking Affidavits at your local Government Information Centre can complete this form with you.

For more information, visit or call a Canada Post service outlet, or go to www.canadapost.ca.

EOL CHECKLIST



Do Not Resuscitate Confirmation Form

To Direct the Practice of Paramedics and Firefighters after February 1, 2008
Confidential when completed

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

Patient's name – please print clearly

Surname

Given Name

1. **“Do Not Resuscitate”** means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:

- Chest compression;
- Defibrillation;
- Artificial ventilation;
- Insertion of an oropharyngeal or nasopharyngeal airway;
- Endotracheal intubation;
- Transcutaneous pacing;
- Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.

2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) **will** provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

The signature below confirms with respect to the above-named patient, that the following condition (check one ☒) has been met and documented in the patient's health record.

- ☐ A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.
- ☐ The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.

Check one ☒ of the following:

☐ M.D. ☐ R.N. ☐ R.N. (EC) ☐ R.P.N.

Print name in full

Surname

Given Name

Signature

Date (yyyy/mm/dd)

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.

**Formulaire de confirmation d'ordonnance de ne pas réanimer****Pour guider l'intervention des paramédics et des pompiers après le 1 février, 2008***Confidentiel une fois rempli*

Lorsque ce formulaire est signé par un médecin (M.D.), un infirmier autorisé (I.A.), un infirmier autorisé de la catégorie spécialisée (I.A. (cat. spéc.)) ou un infirmier auxiliaire autorisé (I.A.A.), un paramédic ou un pompier **n'entreprendra pas** de réanimation cardiorespiratoire (RCR) de base ou avancée (voir le point 1) et **prendra** les mesures nécessaires pour assurer le confort (voir le point 2) du patient désigné ci-dessous :

Nom du patient – Veuillez écrire lisiblement

Nom de famille

Prénom

1. « **Ordonnance de ne pas réanimer** » signifie que paramédic (conformément à l'exercice de la profession) ou le pompier (conformément à son niveau de compétence) **n'entreprendra pas** de réanimation cardiorespiratoire (RCR) de base ou avancée, telle que :

- les compressions thoraciques;
- la défibrillation;
- la ventilation artificielle;
- l'insertion d'une canule oropharyngée ou nasopharyngée;
- l'intubation endotrachéale;
- la stimulation transcutanée;
- l'administration de médicaments d'urgences de réanimation comme, entre autres, des vasopresseurs, des antiarythmiques et des antagonistes opioïdes.

2. Afin d'assurer le confort du patient (soins palliatifs), paramédic (conformément à l'exercice de la profession) ou le pompier (conformément à son niveau de compétence) **effectuera** les interventions ou les thérapies jugées nécessaires pour assurer le confort ou alléger la douleur. Ces mesures incluent, sans s'y limiter, l'aspiration oropharyngée; l'administration d'oxygène, de nitroglycérine, de salbutamol, de glucagon, d'épinéphrine pour l'anaphylaxie, de morphine (ou d'autres analgésiques opioïdes), d'ASA ou de benzodiazépines.

La signature ci-dessous confirme que la condition suivante (cochez la case appropriée ☒) est remplie et documentée dans le dossier médical du patient désigné ci-dessus.

- ☐ Il existe un plan de traitement qui tient compte du désir exprimé par le patient (s'il est capable) ou du consentement du mandataire (si le patient est incapable) de ne pas inclure la RCR dans le plan de traitement du patient.
- ☐ À l'heure actuelle, le médecin estime que le patient ne bénéficiera presque certainement pas de la RCR. La RCR ne fait pas partie du plan de traitement, et le médecin a eu un entretien à ce sujet avec le patient capable ou avec son mandataire si le patient est incapable.

Cochez une ☒ des désignations professionnelles suivantes :

☐ M.D.☐ I.A.☐ I.A. (cat. spéc.)☐ I.A.A.**Nom complet en lettres moulées**

Nom de famille

Prénom

Signature

Date (aaaa/mm/jj)

- Chaque formulaire possède un numéro de série unique.
- Il est permis d'utiliser des photocopies uniquement lorsque ce formulaire a été dûment rempli.

DNR FORM

Get a death certificate

You can apply for a death certificate at any time, but it cannot be issued until a death is registered.

You may need an original or certified copy of this certificate to:

- settle an estate
- access insurance benefits
- access or cancel certain government services (e.g., health card, pension)
- research a family tree

Who can request: next of kin, an executor or estate administrator.

Death Registration

A funeral director usually oversees the process of registering a death.

To register a death, a funeral director submits 2 documents to a municipal clerk's office:

A Medical Certificate of Death: the attending doctor or a coroner completes this form, outlining the cause of death.

A Statement of Death: a family member and a funeral director complete this form, together. It includes personal information about the deceased (e.g., family history, age at death, place of death).

Information that is gathered about causes of death can be used for medical/health research or statistics.

THEREFORE A DEATH CERTIFICATE CANNOT BE ISSUED ON THE DATE OF THE DEATH TO FAMILIES UNTIL THE PAPERWORK HAS BEEN FILED BY THE FUNERAL DIRECTOR. ONCE INFORMATION IS COMPLETED, THE FAMILY CAN APPLY FOR A DEATH CERTIFICATE WHICH THE FORM HAS BEEN SUPPLIED IN THIS BINDER.



ServiceOntario

Office of the
Registrar General

Medical Certificate of Death - Form 16

Note: Form 8 must be completed for stillbirths. This form must be completed by the attending physician, coroner or RN(EC) before a burial permit can be issued. Please PRINT clearly in blue or black ink as this is a permanent legal record.

Office Use Only

Information About the Deceased

1. Last name or single name				First and middle names				2. Date of death (yyyy/mm/dd)			
3. Sex	4. Age	5. If under 1 year Months Days		6. If under 1 day Hours Minutes		7. Gestation age	8. Birth weight				
9. Place of death (name of facility or location)											
<input type="checkbox"/> Hospital <input type="checkbox"/> Long term care <input type="checkbox"/> Private Residence <input type="checkbox"/> Other (specify)											
10. City, town, village or township						Regional municipality, county or district					

Cause of Death

11. Part I				I				Approximate interval between onset and death			
Immediate cause of death (a)											
due to, or as a consequence of											
Antecedent causes, if any, (b)											
due to, or as a consequence of											
(c)											
due to, or as a consequence of											
Underlying cause of death (d) (Stated last)											
Part II								II			
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I											
12. If deceased was a female, did the death occur:											
<input type="checkbox"/> during pregnancy <input type="checkbox"/> within 42 days following the end of pregnancy * <input type="checkbox"/> between 43 days and 365 days following the end of pregnancy * <input type="checkbox"/> not pregnant within the past year <input type="checkbox"/> unknown if pregnant within the past year											
13. Was the deceased dead on arrival at the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No											
14. Was there a surgical procedure within 28 days of death? <input type="checkbox"/> Yes <input type="checkbox"/> No											
15. Date of surgery (yyyy/mm/dd)											
16. Condition necessitating surgery											

Autopsy Particulars	17. Autopsy being held? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Does the cause of death stated above take account of autopsy findings? <input type="checkbox"/> Yes <input type="checkbox"/> No	19. May further information relating to the cause of death be available later? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Traumatic or Violent Death (if applicable)			
20. If accident, suicide, homicide or undetermined (specify)		21. Place of injury (e.g. home, farm, highway, etc.)		22. Date of injury (yyyy/mm/dd)
23. How did injury occur? (describe circumstances)				

Certification

By signing below, you certify that the information provided is correct to the best of your knowledge, according to instructions and requirements.

24. Your signature (physician, coroner, RN(EC))				25. Date (yyyy/mm/dd)	
26. Your name (last, first and middle names or single name)			27. Your title:		If RN(EC), Registration number
			<input type="checkbox"/> Physician <input type="checkbox"/> Coroner <input type="checkbox"/> RN(EC)		
28. Your address (street number and name, city, province, postal code)					

To be Completed by the Division Registrar

By signing below, I am satisfied that the information in this Medical Certificate of Death and in the corresponding Statement of Death is correct and sufficient and I agree to register the death.

Signature	Date (yyyy/mm/dd)	Registration number	Div. reg. code no.
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Section 21 of the *Vital Statistics Act*, and section 35 of O.Reg. 1094 made under that Act collectively require a legally qualified medical practitioner, coroner or registered nurse who holds an extended certificate of registration, under the *Nursing Act*, 1991 [RN(EC)], to complete and sign this form forthwith after the death, investigation or inquest, as the case may be, and deliver it to the funeral director in charge of the body, who, in turn, must remit it to the local division registrar before the death can be officially registered and a burial permit issued.

Cause of Death - The cause of death section is designed to facilitate the reporting and collection of an **underlying cause of death**.

Part I is designed for the certifier to report a sequence of conditions leading to the death in ascending causal order, one condition per line. In some cases a statement of a single disease or condition which describes completely the sequence of events or may be wholly responsible for the death will suffice in Part 1 (Example 1). Where the certifier finds it necessary to record more than one cause, it is important that these be stated in ascending causal order indicative of their mutual relations and in the format provided on the form (e.g., the immediate cause (most recent) on the top line, followed by antecedent cause(s) followed by the underlying cause on the lowest line) (Examples 2, 3 and 4).

Part II is designed for the certifier to report any significant conditions which contributed to the death. These conditions would have pre-existed or co-existed and contributed in some way to the death and would not be part of the sequence reported in Part 1.

Information is sought in this organized fashion so that the selection of the underlying cause for statistics may be made in the light of the certifier's viewpoint.

Purpose of Medical Certification of Death - The principal purposes are to establish the fact of death, and to provide an on-going mortality data resource for measuring health problems, guiding health programs, and evaluating health promotion and disease-control activities.

Cause-of-death assignment - For statistical purposes the **underlying cause** (i.e., the disease or injury which initiated the train of events leading to death, or the circumstance of the accident or violence which produce the fatal injury) is selected for coding and tabulation for the official cause-of-death statistics. It is the certifier's responsibility to provide the underlying cause of death in Part 1.

Approximate interval between onset and death - This is often of great value in selecting the underlying cause for statistical purposes (as described above). Enter the length of time that passed between the onset of each cause of death and the date of death. The duration should be specified in unit of time (e.g., years, months, days, hours, etc.). It is important to approximate the duration or enter "unknown" rather than leaving blank.

Maternal deaths - Record all diseases resulting from pregnancy, abortion, miscarriage, or childbirth. Section 12 must be completed for maternal deaths.

Cancer - In all cases the organ or part FIRST affected (i.e., primary site of the neoplasm) should be specified.

Surgery - If there was a surgical procedure within 28 days of death, specify the condition necessitating surgery and the operative findings.

Autopsy and autopsy findings - An indication of whether or not an autopsy is being held and whether the cause of death stated takes into account autopsy findings is valuable in assessing the reliability of cause-of-death statistics. Where an autopsy is being held and the recorded cause of death does not take account of autopsy findings, or if there is an indication that "further information relating to the cause of death may be available later", a supplementary enquiry of the certifier may be initiated by the Registrar General.

Medical Assistance in Dying (MAID) - When a patient dies as a result of MAID, the medical condition (i.e., illness, disease or disability) according to the current International Classification of Diseases and Related Health Problems, is to be recorded as the cause of death. This condition will be selected as the cause of death for vital statistics. (MAID is not to be recorded on the medical certificate of death).

The following examples illustrate the essential principles in completing the cause of death section of the certificate.

Cause of Death	Example 1	Example 2	Example 3	Example 4
Part I				
Immediate cause of death:	(a) Lobar pneumonia (due to, or as a consequence of)	(a) Acute peritonitis (due to, or as a consequence of)	(a) Pneumonia (due to, or as a consequence of)	(a) Respiratory failure (due to, or as a consequence of)
Antecedent causes, if any,	(b) Pneumonia (due to, or as a consequence of)	(b) Acute appendicitis (due to, or as a consequence of)	(b) Lung metastases (due to, or as a consequence of)	(b) Pneumonia (due to, or as a consequence of)
Underlying cause of death (stated last)	(c) COPD (due to, or as a consequence of)	(c) Breast carcinoma	(c) Breast carcinoma	(c) COPD (due to, or as a consequence of)
Part II				
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1.	Diabetes	Breast Cancer	Chronic Bronchitis	History of smoking

Confidentiality - Subsection 53(1) of the *Vital Statistics Act* specifically protects the confidentiality of the physician's, coroner's, and RN(EC)'s medical certification as follows:

"No division registrar, sub-registrar, funeral director or person employed in the service of Her Majesty shall communicate or allow to be communicated to any person not entitled thereto any information obtained under this Act, or allow any such person to inspect or have access to any records containing information obtained under this Act".

Under the Office of the Registrar General entitlement policy, next-of-kin may apply for a certified copy of this document.

Note: Stillbirth registration forms (Forms 7 and 8) **must** be used when registering a stillbirth.

Personal information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, c.V.4 as amended, and may be used to register and record births, stillbirths, deaths, marriages, additions or changes of name, corrections or amendments, provide certified copies, extracts, certificates, search notices, and photocopies and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes as applicable.

Questions about this collection should be directed to: The Deputy Registrar General, Office of the Registrar General
189 Red River Road
PO Box 4600
Thunder Bay ON P7B 6L8
Telephone: 1-800-461-2156 (outside Toronto but within North America) or 416-325-8305 (in Toronto or outside North America)
416-325-3408 (TTY/Teletypewriter)

Request for Marriage Certificate

(For marriages which took place in Ontario only)

If you have any questions, please contact the
Office of the Registrar General
189 Red River Road
PO Box 4600
Thunder Bay ON P7B 6L8
Telephone: 1 800 461-2156 (outside of Toronto)
416 325-8305 (in Toronto)
416 325-3408 (TTY/Teletypewriter)
Fax: 807 343-7459

(THIS SPACE RESERVED FOR OFFICE USE ONLY)

Please PRINT clearly in blue or black ink.

In the context of this form, the word "Applicant" refers to the person completing this Request.

Applicant Name

First Name	Last Name
------------	-----------

Mailing Address

Organization / Firm (if applicable)				
Street No.	Street Name	Apt. No.	Buzzer No.	PO Box
City		Province		
Country	Postal Code	Telephone Number (including area code)		Ext.

1. What information are you requesting and how much will it cost?

<input type="checkbox"/>	Marriage Certificate (File Size) NOTE: Section 4a must be completed This contains basic information, such as names, date and place of marriage.	\$15.00 each	Quantity <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/>	Certified Copy of Statement of Marriage (Long form) NOTE: Section 4b must be completed This contains all information registered on the statement of marriage including signatures.	\$22.00 each	Quantity <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/>	Search A search results in a letter that either confirms the marriage registration exists or that there is no registration (see Instruction #4). If you don't know the exact date of the marriage event, choose a year based on information you may have obtained for this purpose, and write it in the space provided for the date. We will search that whole year plus two years before and after, for a total of five years. You may also request a search of additional years, in increments of five years.			
Range of years searched _____ to _____		Each 5 years searched\$15.00	\$	<input type="text"/>

The Office of the Registrar General holds records for marriages that happened in Ontario during the past 80 years.

To obtain older records, contact:

Archives of Ontario
134 Ian Macdonald Boulevard
Toronto ON M7A 2C5
1 800 668-9933
416 327-1600

2. Details of Brides/Grooms

Name of Bride/Groom	Last name before marriage	First Name	Middle Name
Any other last name used		Place of Birth (Province/Country)	

Name of Bride/Groom	Last name before marriage	First Name	Middle Name
Any other last name used		Place of Birth (Province/Country)	

3. Details of Event

Date of Marriage	OR, If date unknown, range of years to search	Place of Marriage (City, Town or Village)
Year 	Month 	Day
TO		

Is either bride/groom deceased? ☐ YES ☐ NO

4. Details of the Applicant (Please indicate to which category of entitled individuals the applicant belongs)

4a. Applicants for a Marriage Certificate (File Size):

I am: <input type="checkbox"/> bride/groom <input type="checkbox"/> parent of either bride/groom <input type="checkbox"/> child of the marriage	
Only the individuals above are entitled to apply for a Marriage Certificate (File Size). If either or both bride(s)/groom(s) are deceased, the following additional Next of Kin (see Instruction #1) are entitled to apply for a Marriage Certificate (File Size): My relationship is: <input type="checkbox"/> sibling of either bride/groom <input type="checkbox"/> If either bride(s)/groom(s) is deceased, and the Next of Kin are also deceased, the Extended Next of Kin (see Instruction #1) may apply. Please indicate the applicant's relationship to either bride/groom _____	<i>In the case that the applicant is the Next of Kin or the Extended Next of Kin, please complete the following certification:</i> I, _____ (name, please print), am the _____ of _____. I certify that I am the Next of Kin, or the Next of Kin are deceased, and I am the Extended Next of Kin.
<input type="checkbox"/> Authorized Representative of any entitled individual (see Instruction #2). Proof of authorization is required and must be attached to this application (see Instruction #3)	

4b. Applicants for a Certified Statement of Marriage (Long Form):

I am: <input type="checkbox"/> bride/groom. Only bride(s)/groom(s) are entitled to apply	
If either or both bride(s)/groom(s) are deceased, the Next of Kin are entitled to apply (see Instruction #1). My relationship is: <input type="checkbox"/> parent of either bride/groom marriage <input type="checkbox"/> child of the marriage <input type="checkbox"/> sibling of either bride/groom <input type="checkbox"/> either or both the bride(s)/groom(s) is deceased, and the Next of Kin are also deceased, the Extended Next of Kin (see Instruction #1) may apply. Please indicate the applicant's relationship to the bride/groom _____	<i>In the case that the applicant is the Next of Kin or the Extended Next of Kin, please complete the following certification:</i> I, _____ (name, please print), am the _____ of _____. I certify that I am the Next of Kin, or all the Next of Kin are deceased, and I am the Extended Next of Kin.
<input type="checkbox"/> Authorized Representative of any entitled individual (see Instruction #2). Proof of authorization is required and must be attached to this application (see Instruction #3)	

5. Why are You Requesting this Information? (Select One)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> pension benefits | <input type="checkbox"/> insurance | <input type="checkbox"/> divorce |
| <input type="checkbox"/> estate settlement | <input type="checkbox"/> immigration | <input type="checkbox"/> other (specify) _____ |

I authorize the Office of the Registrar General to issue the requested document/information, and consent to the Ministry of Government Services collecting information about myself and the person(s) named on the record (if other than myself) from such other sources as may be necessary to verify the information on this form and my entitlement to the service required, and the disclosure of such information to the Ministry of Government Services. I am aware that it is an offence to wilfully make a false statement on this form.

Signature of Applicant	Daytime Telephone Number (including area code)	Ext.	Date Signed		
			Year	Month	Day

Instructions

Instruction #1

For the purposes of entitlement to a Marriage Certificate (File Size), Next of Kin to the Bride/Groom include: Parents of either the Bride/Groom and Children of the marriage. If either (or both) of the Bride/Groom is deceased, Sibling(s) are entitled. Extended Next of Kin (closest surviving relative) to the Bride/Groom include: Grandmother, Grandfather, Aunt, Uncle, First Cousin, Niece, Nephew, or Grandchild.

For the purpose of entitlement to a Certified Copy of Statement of Marriage (Long Form), Next of Kin to the Bride/Groom include: Parents of either the Bride/Groom, Children of the marriage, Sibling(s) of the Bride/Groom. Extended Next of Kin (closest surviving relative) to the Bride/Groom include: Grandmother, Grandfather, Aunt, Uncle, First Cousin, Niece, Nephew, or Grandchild.

Instruction #2

Authorized Representative includes an estate trustee, an executor or administrator, a person with power of attorney or a person with legal guardianship acting on behalf of the deceased or an entitled individual.

Instruction #3

Proof of Authorization includes a certificate of appointment of estate trustee, letters of administration, an order under the *Declarations of Death Act*, 2002, a will, proof of power of attorney and proof of legal guardianship.

Instruction #4

A search may be requested by an individual getting married in another jurisdiction to demonstrate that he/she has not been married in Ontario (sometimes referred to as a letter of non-impediment).

Mail the Completed Request to: The Office of the Registrar General 189 Red River Road PO Box 4600 Thunder Bay ON P7B 6L8 Fax: 807 343-7459	If you require faster service than 6-8 weeks, please apply online at www.ServiceOntario.ca
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Personal information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, c.V.4 and will be used to provide certified copies, extracts, certificates, or search notices and to verify the information provided and your entitlement to the service requested and for security and law enforcement purposes. It is an offence to wilfully make a false statement on this form. Questions about this collection should be directed to: The Deputy Registrar General, Office of the Registrar General, 189 Red River Road, PO Box 4600, Thunder Bay ON P7B 6L8. Telephone outside Toronto 1 800 461-2156 or in Toronto 416 325-8305, TTY/Teletypewriter (for the hearing impaired) 416 325-3408 or Fax: 807 343-7459.

Payment Method and Credit Card Authorization

Applicant's Information

Applicant's First Name	Applicant's Last Name
------------------------	-----------------------

Persons Named on the Marriage Certificate

Name of Bride/Groom	Last name before marriage	First Name	Middle Name
Name of Bride/Groom	Last name before marriage	First Name	Middle Name

- If you're sending your payment from anywhere other than Canada, you must pay with an international money order in Canadian funds drawn on a Canadian clearing house, or by VISA, MasterCard or American Express.
- We will not accept post-dated cheques. An administration fee of \$35.00 will be applied to any cheques returned by a Financial Institution.
- We **DO NOT** accept cash as payment for any type of application.
- Please note that fees are subject to change without notice. You may send your request by mail, and pay by cheque or money order, made payable to Minister of Finance, or by VISA, MasterCard or American Express.

Your Payment Options

☐ Cheque or Money Order. Please make payable to: "Minister of Finance".

☐ Credit card payment. Please complete Credit Card Information below. ▼
You must pay by credit card if you are faxing your request to us.
Our fax number is: **807 343-7459**.

Credit Card Information

Print Name of Cardholder (<i>as it appears on the credit card</i>)	Name of Credit Card Company <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Signature of Cardholder X	Date Year Month Day
Credit Card Number (print clearly)	Expiration Date MM YY

Request for Death Certificate

(For deaths which took place in Ontario only)

(THIS SPACE RESERVED FOR OFFICE USE ONLY)

If you have any questions, please contact the

Office of the Registrar General
189 Red River Road
PO Box 4600
Thunder Bay ON P7B 6L8
Telephone: 1 800 461-2156 (outside of Toronto)
416 325-8305 (in Toronto)
416 325-3408 (TTY/Teletypewriter)
Fax: 807 343-7459

Please PRINT clearly in blue or black ink.

In the context of this form, the word 'Applicant' refers to the person completing this Request.

Applicant Name

First Name

Last Name

Mailing Address

Organization / Firm (if applicable)

Street No.	Street Name	Apt. No.	Buzzer No.	PO Box
City/Town		Province	Country	Postal Code
Telephone Number (including area code)		Ext.		

What Information are you Requesting and How much will it Cost?

<input type="checkbox"/> Death Certificate (File Size) This contains basic information, such as name, date and place of death.	\$15.00 each	Quantity <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Certified Copy of Statement of Death (Long Form) This contains all information registered on the Statement of Death including signatures.	\$22.00 each	Quantity <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Certified Copy of Statement of Death and Medical Certificate of Death (Extended Long Form) This contains all information registered on both the Statement of Death and Medical Certificate of Death including signatures and cause of death information.	\$22.00 each	Quantity <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Search A search results in a letter that either confirms a death registration exists or that there is no registration. If you don't know the exact date of death, choose a year based on information you may have obtained for this purpose, and write it in the space provided for the date. We will search that whole year plus two years before and after, for a total of five years. You may also request a search of additional years, in increments of five years. Range of years searched _____ to _____	Each 5 years searched\$15.00		\$ <input type="text"/>

The Office of the Registrar General holds records for deaths that happened in Ontario during the past 70 years.

To obtain older records, contact:

The Archives of Ontario
134 Ian Macdonald Boulevard
Toronto ON M7A 2C5
1 800 668-9933
416 327-1600

Details of Deceased Person

Last Name of Deceased				First Name		Middle Name(s)
Date of Death Year	Month	Day	Sex	Age (at time of death)	Marital Status (at time of death)	Place of Death (City, Town, Village)
If the person was married or in a common-law relationship at the time of death, name of spouse or partner (Last name before marriage)						
				First Name		Middle Name(s)
Mother's Maiden Name (Last Name before marriage)				First Name		Middle Name(s)
Father/Other Parent's Name (Last Name)				First Name		Middle Name(s)

Details of Applicant (If you are only applying for a death certificate, please skip this section.)

If you are applying for a Certified Copy of a Statement of Death and/or a Medical Certificate of Death (Long Form or Extended Long Form), please indicate to which category of entitled individuals (see Instruction #1) you belong:

Next of Kin

☐ Parent ☐ Spouse/Common Law Partner ☐ Child ☐ Sibling

If all of the above Next of Kin are deceased, and you are the Extended Next of Kin (see instruction #1), please indicate your relationship to the deceased person _____

When you request a Certified Copy of Statement of Death, the Office of the Registrar General requires you to certify that you are the Next of Kin or if all the Next of Kin are deceased, you are the Extended Next of Kin.

I, _____, am the _____ of _____. I certify that I am the Next of Kin, or all of the Next of Kin are deceased, and I am the Extended Next of Kin.

Authorized Representative

☐ Authorized Representative of any entitled individual (see Instruction # 2).
Proof of authorization is required and must be attached to the application (see Instruction #3).

Why are You Requesting this Information? (Select One)

☐ pension benefits ☐ insurance ☐ immigration ☐ estate settlement ☐ other (describe) _____

I authorize the Office of the Registrar General to issue the requested document/information, and consent to the Ministry of Government Services collecting information about myself and the person(s) named on the Record from such other sources as may be necessary to verify the information on this form and my entitlement to the service required, and to the disclosure of such information to the Ministry of Government Services. I am aware that it is an offence to wilfully make a false statement on this form.

Signature of Applicant	Daytime Telephone Number (including area code)		Date Signed		
		Ext.	Year	Month	Day

Personal information contained on this form is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990, c.V.4 and will be used to provide certified copies, extracts, certificates, or search notices and to verify the information provided and your entitlement to the service requested and for security and law enforcement purposes. It is an offence to wilfully make a false statement on this form. Questions about this collection should be directed to: The Deputy Registrar General, Office of the Registrar General, 189 Red River Road, PO Box 4600, Thunder Bay ON P7B 6L8. Telephone outside Toronto: 1 800 461-2156 or in Toronto: 416 325-8305, TTY/Teletypewriter (for the hearing impaired) 416 325-3408, or Fax: 807 343-7459.

Instruction #1

Next of Kin are entitled to apply for a Certified Copy of a Statement of Death and/or a Medical Certificate of Death. Next of Kin include: *Spouse, **Common Law Partner, Mother, Father / Other Parent, Daughter, Son, Sister, and Brother.

If all of the above individuals are deceased, the Extended Next of Kin may apply. Extended Next of Kin include: Grandmother, Grandfather, Aunt, Uncle, First Cousin, Niece, Nephew or Grandchild.

*Spouse means either party to a marriage.

**Common Law Partner means two people living together continuously in a conjugal relationship outside of marriage for a period of no less than 3 years or two people who have lived together in a relationship of some permanence if they are the parents of a child.

Instruction #2

Authorized Representatives include an estate trustee, an executor or administrator, a person with power of attorney or a person with legal guardianship acting on behalf of the deceased or an entitled individual.

Instruction #3

Proof of Authorization includes a certificate of appointment of estate trustee, letters of administration, a will, proof of power of attorney and proof of legal guardianship.

Instruction #4

An "other parent" refers to a person who is named as a parent on the deceased's birth registration, where the biological father of the deceased is unknown and the deceased was born from assisted conception with an anonymous sperm donor.

Mail the Completed Request to:
The Office of the Registrar General
189 Red River Road
PO Box 4600
Thunder Bay ON P7B 6L8
Fax: 807 343-7459

If you require faster service than 6-8 weeks, please apply online at www.ServiceOntario.ca

Payment Method and Credit Card Authorization

Applicant's Information

Applicant's First Name	Applicant's Last Name
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Person Named on the Death Certificate


Last Name of Deceased	First Name	Middle Name(s)
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- If you're sending your payment from anywhere other than Canada, you must pay with an international money order in Canadian funds drawn on a Canadian clearing house, or by VISA, MasterCard or American Express.
- We will not accept post-dated cheques. An administration fee of \$35.00 will be applied to any cheques returned by a Financial Institution.
- We **DO NOT** accept cash as payment for any type of application.
- Please note that fees are subject to change without notice. You may send your request by mail, and pay by cheque or money order, made payable to Minister of Finance, or by VISA, MasterCard or American Express.

Your Payment Options

- ☐ Cheque or Money Order. Please make payable to: "Minister of Finance".
- ☐ Credit card payment. Please complete Credit Card Information below. ▼
- ☐ You must pay by credit card if you are faxing your request to us.
Our fax number is: **807 343-7459**.

Credit Card Information

Print Name of Cardholder (<i>as it appears on the credit card</i>)	Name of Credit Card Company		
	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Signature of Cardholder	Date		
	Year	Month	Day
Credit Card Number (print clearly)	Expiration Date		
	MM	YY	

CERTIFICATE FORMS

West Jet Bereavement Fares

WestJet offers bereavement fares to those who are experiencing an imminent death or have had a death in their family*

These fares:

- may only be booked by calling 1-888-937-8538 (1-888-WESTJET)
- require some additional general information at the time of booking. We may call you if we need to know a little more
- are available on our Econo, Flex and Plus Lowest fares
- do not include travel on our partner airlines
- require that travel be completed within a 14-day period
- offer maximum flexibility with no fees. We encourage you to look for a lower price on our website before booking a bereavement fare, but please note that these fares would be subject to a change fee, if applicable.

*For the purposes of bereavement travel, family includes:

- Aunt/uncle
- Brother/sister (including common law, in-law, step)
- Child (including common law, in-law, step)
- Executor
- Grandchild (including great-grandchildren)
- Grandparent (including great-grandparents)
- Legal guardian and spouse of legal guardian
- Nephew/niece
- Parent (including common law, in-law, step)
- Spouse (including common law, same sex)

Civic Funeral Fares

WestJet offers discount fares to guests travelling to a funeral for firefighters, police officers, military personnel and emergency services personnel who have died in the line of duty.

These fares:

- may only be booked by calling 1-888-937-8538 (1-888-WESTJET)
- require some additional general information at the time of booking. We may call you if we need to know a little more
- are available on our Econo, Flex and Plus Lowest fares
- do not include travel on our partner airlines
- require that travel be completed within a 14-day period
- offer maximum flexibility with no fees. We encourage you to look for a lower price on our website before booking a bereavement fare, but please note that these fares would be subject to a change fee, if applicable.

Air Canada Bereavement Fares

Air Canada offers reduced bereavement fares if you need to travel because of an imminent death or a death in your immediate family.

Air Canada's bereavement policy applies to:

- Immediate family members
- Any flight marketed and operated by Air Canada, Air Canada Rouge or Air Canada Express
- Any Economy Class fare, except for our North America Basic fare
- Bereavement travel that occurs within 10 days of booking and that does not exceed 60 days

Air Canada's bereavement policy does not apply to:

- Codeshare flights or flights operated by another airline

How to Obtain Bereavement Fares?

If you contact Air Canada by phone to request a bereavement fare, they will ask you to provide the following information:

- The name of the family member
- The relationship of dying or deceased to the customer
- The name of the hospital or residence, as well as the attending physician's name, address and phone number, or
- The name, address and phone number of the memorial or funeral home, along with the date of the memorial or funeral

If you're purchasing your ticket at an Air Canada airport ticket counter, they ask that you provide:

- A copy of the death certificate or
- letter from the attending physician or hospital defining the imminent death of your family member

If you have already travelled:

If you have already travelled and would like to obtain a refund, Air Canada asks that you submit your request within 90 days of the date when your ticket was issued. Air Canada asks that if you complete their ticket refund application online, to please provide the following:

- A copy of the death certificate
- A statement of Death issued by the coroner or the funeral director
- A letter from the attending physician or hospital (original or copy)
- A Registration of Death issued by a provincial government

You may also submit your refund request by writing to:

Air Canada, Refund Services
P.O. Box 6475,
Winnipeg, Manitoba, R3C 3V2
Canada

Who is Considered Immediate Family?

For the purposes of bereavement travel, immediate family includes:

Spouse (includes common law, same sex partners and ex-spouse),

Child (includes / step / grand / great grand),

Parent (includes step / grand / great grand / in-law / common law in-law),

Son or daughter (includes step / in-law / common law in-law),

Brother, sister (includes step / half / in-law / common law in-law),

Legal guardian and spouse of legal guardian (with proof of judgment)

All above **include** in-laws of a same sex partner.

Porter Bereavement Fares

Porter does not offer bereavement fares.

TRANSPORTATION

NORTHWEST FUNERAL ALTERNATIVE INC.

WHAT IS IT?

It is a **Not For Profit Corporation** that provides its members with a simple alternative to elaborate practices. We are known as a Transfer Service and are licenced by the Board of Funeral Service.

WHAT IS THE ALTERNATIVE PROVIDED BY NORTHWEST?

Upon the death of a member, Northwest will provide the following Basic Service:

- a) Remove the deceased from the place of death and provide transportation to the cemetery or crematorium; any jewellery or personal property is the responsibility of next-of-kin or executor, not Northwest.
- b) Arrange for the completion of the necessary legal papers; Provide proofs of death.
- c) Assist in the composition of a newspaper death notice if desired;
- d) Assist in the arrangement of a committal or service if desired.
- e) Notify Canada Pension and Old Age Pension and provide benefit application forms.
- f) Northwest Funeral Alternative Inc. cannot conduct, arrange for or be present at a visitation or memorial service.

TERMS OF MEMBERSHIP

Membership requires a non-refundable Lifetime Membership Fee of \$25.00 and the completion and filing of the designation form.

WHO IS INCLUDED IN THE LIFETIME MEMBERSHIP

The applicant and the applicant's spouse, dependent children of the applicant. Each person under a membership may vote at a meeting of the Northwest Funeral Alternative members.

WHY THE CORPORATION WAS FORMED

This Corporation was formed to accommodate its members, and potential members, who wished to avoid if possible, dealing with funeral homes. They are people who choose not to have their bodies embalmed, cosmetically restored or put on display. They prefer utmost simplicity carried out by caring licenced professionals.

(This information sheet should be retained by the applicant when the form is completed and mailed or delivered to the office.)

NORTHWEST FUNERAL ALTERNATIVE INC.

TEL (807) 623-2025

FAX (807) 623-6098

TOLL FREE 1-800-305-7912

428 Balmoral Street, Thunder Bay, ON P7C 5G8

SERVICES PROVIDED IN THE MARATHON DISTRICT

BASIC SERVICE	840.00
BASIC CREMATION CONTAINER	130.00
ADDITIONAL MILEAGE 298 km x2 (\$1.00/km round trip)	596.00
SUNSET Cremation Fee (includes Cemetery Licence Fee)	462.00
Or	
RIVERSIDE Cremation Fee (includes Cemetery Licence Fee)	517.70
DOCUMENTATION	
CORONER'S CREMATION CERTIFICATE	75.00

Following is a summary of prices, provided by Northwest in the Marathon area, for our Basic Service, at the two Thunder Bay area crematoriums.

	<u>Sunset</u>	<u>Riverside</u>
Basic Service Amount	\$840.00	\$840.00
Fiberboard Container	130.00	130.00
Additional Mileage (\$1.00/km)	596.00	596.00
Cremation	462.00	517.70
H.S.T.	<u>263.64</u>	<u>270.88</u>
SUB -TOTAL	\$2,291.64	\$2,354.58
Coroner's Certificate	75.00	75.00
<u>TOTAL</u>	<u>\$2,366.64</u>	<u>\$2,429.58</u>

Please Note: The bus lines do not always accept Cremated Remains for shipping. If an alternate shipper is used (e.g. Priority Post or a courier company), an additional charge of \$56.50 (\$50.00 + \$6.50 HST) will apply.

Managing Director - Joanne McNicol

Note: Prices subject to change without notice.

Effective January 2020

"Simplicity and Dignity"

NORTHWEST FUNERAL ALTERNATIVE INC.

TEL (807) 623-2025

FAX (807) 623-6098

TOLL FREE 1-800-305-7912

428 Balmoral Street, Thunder Bay, ON P7C 5G8

BASIC SERVICE PRICE LIST - THUNDER BAY

Manager - Joanne McNicol

Staff Services		275.00
	Obtain Medical Certificate of Death	
	Obtain Coroner's Cremation Certificate	
	Registering the Death and Obtain Burial Permit	
	Deliver necessary paperwork to crematorium	
	Attend to necessary details for arrangements for burial or cremation	
	Meet with family to assist and advise on arrangements	
	Bereavement Authority of Ontario Assessment Fee	
Administration, Documentation		200.00
	Prepare for authorizing and distribution of all documents required	
	Provide Proof of Death Certificates for estate purposes (10)	
Transportation		300.00
	Required for the initial removal from the place of death and the final transfer of the remains to the place of disposition (cemetery or crematorium). Includes use of service vehicle (25km allowance)	
Facility		
	Use of refrigerated holding room	<u>65.00</u>
Basic Service Amount		840.00
<u>Additional Costs & Options</u>		
Cremation	Sunset Cremation Fee (Includes Government Administrative Surtax)	462.00
	Riverside Cremation Fee (Includes Government Administrative Surtax)	505.31
	Coroner's Cremation Certificate	75.00
Burial	Direct Burial Fee	250.00
	Arrangements for interment (without using basic service)	50.00
Caskets & Containers	Fibreboard Cremation Container with liner by Glenwood	130.00
	Pine Container by Northwest Funeral	355.00
	September Poplar Casket	1350.00
Memorial	Memorial Candle (Flameless)	50.00
	Economical Stationary Package (register book, pens, donation envelopes, 1 box of 25 cards)	25.00
	Burgundy Stationary Package (register book, pens, donation envelopes, 1 box of 25 cards)	65.00
	Full Set Up of Memorial Service	175.00
	Memory Board Rental pick up 2 days before service, return the day after (business days)	35.00
	Rental Urn	55.00
Notices	Newspaper Announcement (Billed directly to the family)	-----
	Laminated Obituary Bookmarks	5.00
Miscellaneous	Membership Fee	25.00
	Acknowledgment cards (box of 25)	16.00
	Out of Town Mileage (per kilometer - return)	1.00
	Velvet Urn Pouch (no urn purchase)	50.00
	Cremated Remains Shipping Charge (Out of Town)	50.00
	Trade Service Fee	50.00
	Assistance for arranging shipping of Cremated Remains outside Canada	350.00

Unless otherwise identified, all prices do not include applicable taxes

*Prices in effect January 1st, 2019

"Simplicity and Dignity"

PAYMENT AND FUNDING

Payment (At Need)

Unless otherwise specified, payment is due within 30 days of signing the contract. Payment may be made by cash, cheque, debit and most major credit cards. Beyond the allotted time, interest will be charged at a rate of 1.5%, which is equivalent to 18% per annum (APR)

Following is a summary of prices, provided by Northwest in the Thunder Bay area, for our Basic Service, at the two Thunder Bay area crematoriums, at the time of need.

	<u>Sunset</u>	<u>Riverside</u>
Basic Service Amount	\$840.00	\$840.00
Fiberboard Container	130.00	130.00
Cremation	462.00	505.31
H.S.T.	<u>186.16</u>	<u>191.79</u>
SUB -TOTAL	\$1,618.16	\$1,667.10
Coroner's Certificate	<u>75.00</u>	<u>75.00</u>
<u>TOTAL</u>	<u>\$1,693.16</u>	<u>\$1,742.10</u>

Funding (Prepaying)

For your convenience, we offer prepayment through individual trust accounts with GFD. You may pay the money through Northwest via cheque, pre-authorized chequing or money order payable to GFD where it will accrue interest until the contract is fulfilled (when the services and supplies are delivered) or the contract is cancelled.

For Prepaid Funeral Arrangements:

Crematorium / Cemetery Fees cannot be prepaid through Northwest Funeral Alternative, Inc.
The price for prepaying would be as follows:

Basic Service Amount	\$840.00
Fiberboard Container	130.00
H.S.T.	<u>126.10</u>
SUB -TOTAL	\$1,096.10
Coroner's Certificate	<u>75.00</u>
<u>TOTAL</u>	<u>\$1,171.10</u>

Additional information about our payment and funding options is available upon request.

FUNERAL INFORMATION



Coping With the Death of a Loved One

A Practical Guide for Family
Members and Caregivers



Let's Talk About It

In this pamphlet you will learn about:

- The next steps after losing a loved one
- How to identify and process feelings of grief
- Where to find extra help for the next step in your journey



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Introduction

Our team extends our sincere sympathy to you and your family.

Coping with the death of a loved one is a most difficult task. You may feel tired, irritable, have difficulty performing daily tasks and have a hard time focusing. People tell us that it leaves them feeling shocked, numbed, lonely, sad, and unable to function.

During the next few hours and days, you will be called upon to make many decisions — some you are required to do, others you may choose to do. This information has been prepared to assist you during this difficult period. We hope it will help you cope with the immediate death-related events, your plans for a funeral or service, burial or cremation, and basic legal and financial matters.

We are here for you and your family when it matters most. The entire family may feel devastated, disorganized and confused at this time — these feelings are normal. At this time of great stress, we encourage you to let us know. A staff member can put you in touch with someone who can help.

First Things First

Matters for Immediate Consideration

At this time of loss you may feel disorganized and overwhelmed, you may be called upon to make sudden arrangements and decisions. Some are required by law, while other decisions depend on you and your personal circumstances.

Staff are available to assist you with any immediate calls you want to make to notify family, close friends, or neighbours. At your request, they can also notify your clergy, and assist you to call the funeral home.

Confirmation of Death

A doctor will confirm that your loved one has died, and will complete a Medical Certificate of Death that states the patient's name, age, date of death, and cause of death. This form will be forwarded to the funeral home or transfer service, which will then issue a Proof of Death Certificate.

A Death Certificate may be needed as proof of death for some benefit claims.

You may request a copy of the Death Certificate from the Registrar General's Office, available about three months after the death. To obtain a copy of the Official Death Certificate, contact:

The Office of the Registrar General
189 Red River Road, P.O. Box 4600 Thunder Bay, ON P7B 6L8
416-325-8305 / Toll Free: 1-800-461-2156 Fax: 807-343-7459

If you require faster service than 6-8 weeks, please apply online at www.serviceontario.ca





Autopsy

You may be asked to consent to an autopsy when the exact cause of death is not clear, or to further medical research. In these cases, it is voluntary. When an autopsy is required for legal purposes such as a sudden unexplained death, the Coroner has the legal authority to order one. An autopsy will not interfere with your plans for an open casket funeral.

Notification: Family, Friends and Others

You may want to notify members of the family, close friends or a neighbour before you leave the hospice. Staff involved in the care of your loved one may assist you with any immediate calls. If you wish, they will notify your clergy or other resource person to assist you. We are available to offer support and comfort, and assist you with some of the difficult decisions you will have to make during the next few hours.

Funeral Arrangements

Calling the funeral home should be one of the first things you do. You may want to choose a funeral home near your own home, or one which has been recommended by others.

The following website may be helpful:

www.funeralboard.com

To find contact information for funeral homes go to the Registrant Search and click on Business Directory.



Families Without Any Financial Resources

Social service departments across Ontario provide assistance and payment for burial in cases where the family of the deceased lacks financial resources. The funeral services provided will be limited, yet dignified, with burial in common ground.

Let the Funeral Director know that you are planning to request financial assistance from Social Services. To have eligibility assessed, contact **Sault Ste. Marie Ontario Works at 705-759-5266 or www.socialservices-ssmd.ca**

Please have the following documents available:

- Social Insurance Number
- Updated bank books (even if account is empty), and/or proof of income such as cheque stubs
- Ontario Health Insurance Number
- Verification of date of birth: such as a Passport, Birth Certificate, Driver's License
- Proof of citizenship: such as a Passport, Landed Immigrant Status papers Proof of Death Certificate - this can be obtained from the funeral home.
- Name, address, and telephone number of chosen funeral home.

Note that Ontario Works requires the benefit received from CPP when requests for financial assistance to support the burial are made to Ontario Works. This is used by Ontario Works to help cover the cost of the burial.

For Spouse of the Deceased

If you or your spouse were receiving Old Age Security, contact Service Canada, Income Security Program to discuss the possibility of new, increased benefits.

If you are between the ages of 60 and 65, and your spouse did not receive Old Age Security, in some cases you may be eligible for Old Age Security Benefits (specifically referred to as the "Allowance for the Survivor").

Service Canada: 1-800-277-9914



Practical Concerns

Personal Checklist

Listed below are items you might find helpful to gather together in a folder. They will assist you with some of the more concrete tasks that need to be completed in the first few weeks.

- OHIP/ Health Card
- Group Medical Benefit Cards
- Birth Certificates for Deceased and Dependents
- Marriage Certificate
- Death Certificate: Funeral Directors & Certified Copies
- Social Insurance Number
- Most Recent Copy of the Will
- Life Insurance Policies
- Bank or Credit Institution Passbooks/Statements
- Credit Cards
- Safety Deposit Box/Keys
- Stocks, Bonds, Certificates, Documents
- Recent Pay Stub from Employer
- Recent Contracts Entered Into
- Loan and Mortgage Documentation
- Real Estate and Property Title Deeds
- Car Ownership Registration and Insurance Policies
- Previous Two Years' Income Tax Returns
- Association and Club Memberships and Subscriptions
- Lawyer (to administer the estate and probate the Will)
- Household Bills (utilities, etc.)





Termination of Coverage or Entitlement to Benefits

One of the tasks that you need to tend to following the death of your loved one is the termination of coverage by government departments. You may also be entitled to collect personal benefits.

Financial Assistance

You may be eligible for financial assistance from some of the following sources:

Canada Pension Plan

If the deceased has paid into the Canada Pension Plan (CPP), contact the local CPP office. The CPP death benefit should be applied for as soon as possible after the death occurs. A lump-sum death benefit is payable to the estate of a deceased person who contributed to the Plan for at least the minimum qualifying period. The spouse and dependent children of the deceased may also be eligible for Survivor's Benefits under the plan. The telephone number is listed in the Blue pages under:

Service Canada

English - 1-800-277-9914

French - 1-800-277-9915

Veterans Affairs Canada

Veterans receiving a Veterans Affairs Canada (VAC) pension or allowance may qualify for grants to be applied toward the cost of a funeral. Assistance with cemetery costs may also be provided. All branches of The Royal Canadian Legion have a welfare officer who can provide further information and assistance with claims. The funeral director can also assist you in contacting the local VAC office.

Royal Canadian Legion Branch 25

96 Great Northern Rd, Sault Ste. Marie, ON P6B 4Y5
705-945-8721

The Last Post Fund

The Last Post Fund provides for a dignified burial of any veteran in need who served in the Armed Forces of Canada or any of Canada's Allies during a major war.

The Last Post Fund

55 St Clair Avenue East, Suite 905 Toronto, ON M4T 1M2
Toll Free: 1 (800) 465-7113

The Workplace Safety & Insurance Board

(formerly Worker's Compensation Board)

A burial allowance is available for individuals who died accidentally while on the job. Inquiries and applications should be directed to:

The Workplace Safety & Insurance Board

200 Front Street West Toronto, ON M5V 3J1
416-344-1000





Ontario (No-Fault) Insurance

If death was the result of a motor vehicle accident, contact the car insurance company as soon as possible. Under Ontario's no-fault insurance program a payment will be made to cover part of the funeral expenses. In cases of motor vehicle accident where neither the deceased nor the other party were insured, contact the Accident Claims Fund. The deceased may still qualify for the funeral benefit.

Accident Claims Fund
416-590-7043

Life Insurance

If the deceased had life insurance, contact the insurance agent or local representative for assistance with claim forms. In the case of the death of a school-aged child, check the insurance policy you may have purchased through the school insurance program.



Organizations & Clubs

Many organizations, lodges, and social clubs provide a death benefit payable to the estate of the deceased member. Contact any organization to which the deceased belonged. Inquire if the deceased paid into survivor's benefit, death benefits or life insurance through the organization. You can also let the Funeral Director know the names and addresses of all the lodges, clubs, and associations to which the deceased belonged. He or she will know organizations that offer a benefit to which you are entitled, and will assist you in applying for them.

Employer

Check with the Human Resources Department to determine whether the deceased was enrolled in a pension plan, has life insurance, or was eligible for some type of termination pay at time of death. If the deceased was a union member, inquire with the union as well, since some private benefits programs exist in conjunction with respective union dues.

OHIP and Other Health Insurance Coverage

If insurance was in the deceased's name, notify the insurance companies in writing.

Car Ownership and Insurance

If the deceased owned a car, you must notify the Ministry of Transport and the insurance company.

Ministry of Transportation

www.mto.gov.on.ca

Settling the Estate and Other Affairs

After the funeral or service is over, you will have to deal with the final legal and financial matters relating to the deceased's affairs, as well as your own.

Contacting your lawyer can help you with such complicated details as locating the Will, having the Will probated, gaining access to safety deposit boxes, closing out bank accounts, or accessing joint bank accounts so you can get immediate cash until more money becomes available to you.

The lawyer can also advise you in all matters related to the estate. If you are concerned about legal fees, ask! Most lawyers will give you an estimate of what the maximum fee will be.

The lawyer may feel that you can deal with some of the matters yourself, and will advise you how to do so. If you do not have a lawyer, and are concerned about choosing one, you might want to call:

The Law Society of Upper Canada Lawyer Referral Service

General Inquiries: 416-947-3300 Osgoode Hall
130 Queen Street West Toronto, ON M5H 2N6
www.LSUC.ON.CA

The Law Society maintains a referral service for those wanting help in choosing a lawyer. If you choose a lawyer from the referral service, mention that you obtained his or her name from the referral service when you phone for an appointment. A free half-hour interview will be provided. You can request a lawyer near your home and/or one who can speak your particular language.



How Do I Get Through This?

Understanding Grief

We have been told that the death of a loved one may bring about profound changes. Grief is our normal response to life's losses as well as a natural part of the cycle of change. It is not an event but a process which takes time to unfold. Often, with the initial shock, people don't feel the full impact of the loss right away. It may come sometime later, when all the activity surrounding the funeral or service is over, and the initial shock has worn off.

People have different ways of expressing their feelings around death. You may feel the need to cry or talk about your feelings. Some people become focused on "doing something", while others prefer to work it through alone. There is no right way to grieve. Do what you need to do. While every individual experiences loss differently, a number of reactions may be experienced as part of grief. Some people experience these feelings in a matter of days - for others, these feelings can come and go, on some level, throughout life.

Shock - "I just can't believe it."

The first actual announcement that a death has occurred is often shocking. The impact of the tragedy may take a few minutes, or days, or weeks, or even longer to realize. This sense of shock may occur even if you are "prepared" for the death. The sense of unreality of the death may even reoccur in the future.

Emotional Release - "I can't stop crying."

Tears may be one reaction to death, and may ease the tension and strain of grieving.





Guilt - “I should have...”

Frequently, survivors recall things that they think could have been done for the person who died. These feelings of guilt are common, and frequently are tied to our sense of regret when someone dies. Sometimes people even experience guilt stemming from situations that were beyond their control, for example in the case of traumatic, sudden death.

Anger - “Why me? It’s not fair!”

You may feel anger toward the health care team, family, friends, or the deceased for leaving you alone, or anyone you think might have been able to prevent the death, and even toward the Creator. These feelings can be both surprising and uncomfortable. Disclosing these feelings may be helpful.

Sadness - “Is life worth living? Life will never be happy again.”

Sadness is a feeling which you turn inwards, and is highly personal. A feeling of weariness may develop from depression and frustration. Sometimes, people can’t imagine how they will go on living. At times, suffering in silence seems easier than sharing with others. No one has ever felt these feelings exactly as you do. Memories of your loved one may be both joyful and sad, but in time, the sadness will lessen. Be patient with yourself. The expression of sadness is not a sign of weakness but an indication of strength.

Depression - “Life is not worth living. What’s the point?”

Bereaved people often feel deep despair, unimaginable loneliness, and a sense of hopelessness - nothing feels worthwhile. Your life has changed and you feel that you cannot adapt. These feelings are most intense if you are on your own, or have limited family or social supports. Depression is not just feeling sad. It is a combination of emotions and physical reactions which can go on for a long time. Prolonged depression, panic, a desire to run away, and suicidal thoughts may occur. If you are experiencing any of these, it is time to get help and consult a professional.

Loneliness - “I just can’t bear it. Without her/him, I can’t go on.”

Bereaved people often feel isolated. Quiet times can be most difficult after friends and family leave and return to their daily routine. Anxiety and loneliness can create emotional pain. The strain of grief can even cause physical distress. If you find that physical symptoms continue for any period of time, you may want to contact your family doctor.

Confusion and Preoccupation - “I feel like I’m going crazy!”

It may be difficult to concentrate on anything because of constant memories of the deceased. Your mind is bombarded by a storm of emotions and thoughts. This could result in you experiencing confusion, memory loss, having trouble concentrating or making decisions. It might feel like you are “going crazy.” This state of confusion is temporary. In fact, continual preoccupation with the loss may cause us to worry about our own stability, and feel that we are losing control. Not knowing what to do and not understanding what is happening can result in panic. Give yourself time to remember as well as a way to remember - perhaps by creating a memory book, or framing a special photograph. Move forward at a pace that is comfortable for you.





Lost - “I don’t know how to go on alone.”

The death of a loved one may involve the death of your dreams, and the loss of your future as you thought it would be. You may feel completely lost. This feeling is often accompanied by intense anxiety over what the future holds for you. Part of the healing process is to regain a sense of self and purpose. You will either need to work towards this, or it may happen without you even being aware of it.

Relief - “I feel lighter, they would’ve wanted it this way.”

If the death has followed a long illness, you may feel a sense of relief that the suffering is finally over. This does not mean a lack of love for your loved one, and will not lessen your times of sadness, loneliness and tears. It is okay to feel relief. You can strike a balance between your feelings of loss, and honouring your loved one’s memory.



Checklist - Signs and Symptoms of Grief

In addition to the roller-coaster of feelings, there are a number of other reactions related to grief. They may occur at any point in the bereavement process - early on, or much later, even when you might think that you are no longer experiencing the effects of grief. Although there is a wide range of grief reactions, some common ones are listed below:

Physical reactions

- exhaustion, sighing
- change in appetite
- susceptibility to illness
- sleeping problems
- lack of strength
- headaches
- lack of/increase in energy
- increased sensory awareness
- change in self-care
- numbness
- palpitations/breathlessness

Spiritual beliefs

- spiritual confusion
- questioning belief system
- shattered faith
- loss of hope
- search for meaning/purpose
- support from Higher Power/God

Behavioural reactions

- disoriented to time and place
- searching and yearning
- blaming others
- apathy

Thought processes

- impaired self-esteem
- repeated review of events
- detached from surroundings
- difficulty concentrating
- increase/decrease of dreams

Associated feelings

- emptiness
- despair
- hopelessness
- helplessness
- bitterness
- euphoria

Getting Through the Crisis

Grief “Work”

It is often difficult to come to grips with the full reality of what has happened. Some people say that viewing the body of the deceased and discussing the death with friends, helps them to begin accepting the permanency of the loss.

Support

As soon as you are able, you might want to accept the sympathy of people. Their warmth and support may be helpful at this critical moment, and throughout the grief process. Being with friends, sharing your feelings with them, is one way to allow others to show they care.

Hasty Decisions

Sometimes we might be tempted to make hasty decisions during periods of crisis or loss.

Memories

Your own memories of the person who died are important. By remembering the past, good and bad, you may eventually be able to move on.

Consulting Professionals

Feel free to contact your clergy, faith leaders, family doctor, and/or local grief support services. They can all be excellent resources.







Caring for Yourself - “I don’t have time to think about myself.”

All of the practices that make sense for maintaining good health are more important to remember now. There is a strong relationship between high levels of stress, such as that which is endured when a loved one has died, and your body’s ability to resist illness.

Do what you can to take the best care of yourself physically, emotionally, and spiritually. It is important to remember to get enough rest, eat nutritious food, exercise and share your feelings with someone you can trust and feel comfortable talking to.

When to Seek Professional Help for Grief

If you recognize any of the symptoms of complicated grief or clinical depression, talk to a mental health professional right away. Left untreated, complicated grief and depression can lead to significant emotional damage, life-threatening health problems, and even suicide. But treatment can help you get better.

Contact a grief counselor or professional therapist if you:

- Feel like life isn’t worth living
- Wish you had died with your loved one
- Blame yourself for the loss or for failing to prevent it
- Feel numb and disconnected from others for more than a few weeks
- Are having difficulty trusting others since your loss
- Are unable to perform your normal daily activities

In emergency situations, please seek **Crisis Services: Sault Area Hospital** which is accessible 24 hours a day:

750 Great Northern Road Sault Ste. Marie, Ontario P6B 0A8
705-759-3398

Community Resources



If the intensity of the grief does not lessen over time, you may consider seeking help from a professional or support service.

The following are some free resources that can refer you on to counselling and other support services in your community.

ARCH Hospice

Telephone: 705-942-1556

Website: www.archhospice.ca

229 Fourth Line West

Sault Ste. Marie, ON P6A 0B5

Clergy/Churches

There are many clergy and church groups who connect with individuals during a time of grief and loss. Please reach out.

Canadian Mental Health Association: Central Access and Information Service

Telephone: 705-759-5989

Website: www.ssm-algoma.cmha.ca





Compassion Helpline

Telephone: 1-866-649-9641

Crisis Services: Sault Area Hospital

No appointment is necessary.

Telephone: 705-759-3398

Website: www.sah.on.ca

750 Great Northern Road

Sault Ste. Marie, ON P6B 0A8

Employee Assistance Program

Ask your supervisor or Human Resources Department if you have an Employee Assistance Program (EAP). Often these services include grief counselling at no cost to employees and sometimes support family members as well.

Mental Health Helpline

Telephone: 1-866-531-2600

Website: www.mentalhealthhelpline.ca



That's Enough

*I can't remove your loneliness, or heal your broken heart.
Can't take away the shadows, that make your nights so dark,
But I can stay beside you, when life is getting tough.
If we come close together, that's enough.*

*I don't have all the answers, and I don't know what to say.
I can't make living safer, or take the rain away,
But I can always hold you, when the storm is getting rough.
If we come close together, that's enough.*

*I had to learn so many things, and fail so many times,
Before the day I finally realized,
If we could take the sorrow, from every loss that comes along,
We'd have to take the loving out of life.*

*I can't remove the dangers, from a world so full of fears.
I can't make living safer, or take away your tears.
But I can always love you, with a love that you can trust.
And if we come close together, that's enough.*

- Deanna Edwards



Comfortable End-of-Life Journeys

229 Fourth Line West
Sault Ste. Marie, Ontario P6A 0B5
info@archhospice.ca | 705-942-1556

BEREAVEMENT SUPPORT

Any questions or
concerns please feel
free to contact the
Marathon Family
Health Team

(807) 229-3243 or the
Wilson Memorial
General Hospital
(807) 229-1740