

## CARE OBJECTIVES, LIFE OBJECTIVES

A discussion about levels of care aims to facilitate communication when the time comes to make decisions about the care and treatment that a seriously ill person wishes to receive, or not receive.

At the end of this conversation between the doctor and the patient, **four options** may be considered:

### **A** Prolong life with all necessary care

The health care team will perform all medically appropriate interventions, and may transfer the patient if the intervention cannot be done on site.

### **B** Prolong life with some limitations to care

The interventions carried out aim to reverse the deterioration of the patient's health while preserving his or her quality of life.

### **C** Ensure comfort as a priority over prolonging life

The care provided primarily aims to ensure the patient's comfort by relieving symptoms. Interventions aiming to correct reversible health problems may also be performed.

### **D** Ensure comfort without prolonging life

The care provided essentially aims to ensure the patient's comfort and relieve symptoms.

This choice is recorded on a form that is kept in the patient's medical file.

The health care team then establishes a care plan using relevant and medically appropriate interventions that respect the desires and preferences expressed by the patient.

## Cardiopulmonary resuscitation

During the discussion about levels of care, the doctor will also raise the issue of resuscitation in the event of cardiorespiratory arrest (CRA).

### Do you want someone to attempt to resuscitate you in the event of cardiorespiratory arrest?

This is an important question because in this kind of emergency situation, the medical team must make quick decisions and will not be able to consult you.

Your decision regarding resuscitation in the event of cardiorespiratory arrest is also recorded on the form that states your choice regarding levels of care.

You may obtain a copy of this form to keep on hand at your place of residence. Ambulance attendants will be able to consult it in the event of an emergency intervention.

**Your decisions regarding levels of care and cardiopulmonary resuscitation are not final. You may change your mind at any time and modify your choices.** After discussion with your doctor, a new form indicating your new choices will replace the old form.

This process does not replace consent. This is why the health care team must always have your consent before treating you, except in exceptional emergency situations.

**Whatever decisions you make, you are always free to consent to, or refuse, treatment.**



## TO START THE DISCUSSION:

- If you think the time has come to discuss levels of care for yourself or for a loved one, talk to a doctor.
- If, for example, a critical situation arises or you are hospitalized, you can ask the care personnel whether it is a good time to start talking about these decisions.
- If this is the case, the doctor will explain how likely it is that your health will improve as well as treatment options and their chances of success, their drawbacks and side effects.
- This information will allow the doctor to guide you in choosing the care objectives and level of care (A to D) that suit you best.
- The doctor will then fill out a form, noting the decisions made during the discussion. He or she will also record your wishes regarding whether to attempt cardiopulmonary resuscitation (CPR), if necessary. Finally, he or she will sign the form and place it in your medical record so that the health care team can act accordingly.
- A copy of the completed form may also be taken to your place of residence so that this information will be accessible to ambulance attendants, who will then be able to make quick decisions that respect your wishes.
- A standard "Levels of Care and Cardiopulmonary Resuscitation" form is available at all Québec health care facilities.
- In addition to getting advice from your doctor, a nurse or a social worker, you can get information on this process from the users' committee of your health care facility.

## Levels of care

# LET'S TALK ABOUT IT





## CARE ACCORDING TO EACH PERSON'S WISHES

The discussion about levels of care concerns anyone, whether a child or an adult, who suffers from a serious illness that will likely lead to a deterioration of their health.

Whether you are a patient yourself, or a loved one of a seriously ill person, you can ask the health care team to start this discussion during a care episode, such as a hospitalization. In the case of incapacity, it is the patient's representative who will participate in this discussion.

The discussion will allow the doctor to speak to you in more detail about your health and the different therapeutic options available to you.

**What are the effects and advantages of the suggested treatment?**

**Are there other possible options?**

This dialogue aims to help you specify your care objectives and your life objectives. During the discussion, the doctor will be able to guide you in choosing a level of care that corresponds to your needs, values and personal outlook.

Decisions made during this conversation will be recorded on the "Levels of Care and Cardiopulmonary Resuscitation" form, which is available in all health care facilities in Québec.

Once the form has been completed and signed by the doctor, it will be placed in your medical record.

The discussion about levels of care aims to **encourage clear, shared and personalized decisions.**



## TALKING ABOUT MY WISHES FOR CARE

The patient's participation in decisions that concern him or her is the foundation of a discussion about levels of care. When an illness arises that might limit your life expectancy and quality of life, it is important to clarify your life plan.

**What are my prospects?**

**What are the pros and cons of the treatments suggested for me?**

**What will my life be like?**

Despite advances in medical knowledge and technologies, the results of interventions may vary. When the chances for improvement are slim and the consequences are significant, it is completely legitimate to ask yourself whether, for example, you want to begin or continue a treatment.

To fully participate in these decisions, don't hesitate to start the discussion and make your priorities known while you are still able.

**The decision process is made much easier if you have informed your loved ones of your wishes before your health deteriorates or an emergency situation arises.**

If you have previously thought about your wishes and made them known, it will be easier for the medical team to carry out a care plan that respects your choices and is acceptable to your loved ones.

The representative you have designated in the event of incapacity should also be aware of your wishes in order to act in your best interests.

Discussing levels of care offers everyone who has been affected by a serious illness an opportunity to get through this difficult stage of life in a more harmonious and respectful environment.

## HOW TO MAKE YOUR WISHES KNOWN

Levels of care are not the only way to express your wishes if an illness affects your quality of life and life expectancy. There are other ways to make your wishes known to ensure that the care you are given is in accordance with your values and life objectives.

■ **Advanced medical directives (AMD)**, much like the last will and testament, are personal initiatives that may be undertaken at any time in your life. They do not require the participation of a doctor.

For more information on advanced medical directives (AMDs), consult the government of Québec's [Portail santé mieux-être](#).

To obtain the form for AMDs, you can also contact the Régie de l'assurance maladie du Québec by calling 1 800 561-9749.

■ **A discussion about levels of care** is necessary when a serious illness is likely to lead to a deterioration of your health. It usually takes place during a care episode, and the choice of the appropriate level of care must be made in the presence of a doctor.

For documentation on levels of care, visit [INESSS.qc.ca](#). You can also call 514 873-2563 or 418 643-1339.

It should be noted that requests for medical aid in dying **CANNOT** be made through this process.

■ **Medical aid in dying**, as defined in the *Act respecting end-of-life care*, involves its own distinct process and criteria.

For more details, consult the government of Québec's [Portail santé mieux-être](#) or contact the Commission sur les soins de fin de vie at 1 844 200-2059.

## HAVING YOUR SAY

When you or a relative, child or spouse has a serious illness, the whole family is affected. Despite this difficult situation, several decisions must be made.

**What treatments will I receive?**

**What will be the consequences if I refuse an intervention?**

**Can I participate in these decisions?**

Here are a few of the questions you are faced with when your health, or the health of a loved one, is in danger.

**A discussion about levels of care** aims to make this decision-making process easier, and to ensure that the care you will be provided will respect your health needs, your values and your choices.

If a relative's life expectancy and quality of life are affected by illness, or if your own health requires long-term care, don't hesitate to discuss your care objectives with your doctor and family members.

This discussion is important because **these decisions are yours to make!**