Canadians are increasingly interested in expressing and encouraged in communicating their wishes regarding their care and having more control over decisions that are made if they become incapacitated. This can be done verbally, or expressed in writing through advance care plans, by appointing a proxy decision-maker, or both. Physicians should assist their patients in developing an advance care plan (ACP) (also known as an advance or personal directive or living will). Health care providers should honour a patient’s advance care plan unless there are reasonable grounds for not doing so.

Patients’ and health care providers’ concerns with autonomy, capacity, informed consent, quality of life and death have spurred the development of advance care planning and powers of attorney for health care. The Canadian Medical Association (CMA) holds that the right to accept or reject any treatment or procedure ultimately resides with the patient or their legal proxy. This includes the right to accept or refuse resuscitative and other life-saving or sustaining measures should they become medically indicated. Furthermore, under certain circumstances it may be appropriate for a patient to indicate to the physician and other relevant persons, by means of an advance care plan, whether s/he wants such life-saving or sustaining measures should the need arise.

Patients frequently believe that an advance care plan will be honoured under all circumstances. The reality of medical practice makes this impossible. If the advance care plan is specific to a particular set of circumstances that are not in play when the patient becomes incapable, the plan itself will have no force, although it can provide indications as to the patient’s values. On the other hand, if an advance care plan is so general that it applies to all possible circumstances that could arise, it may be too vague to give any usable direction to the physician. In either case physicians will have to rely on their professional clinical judgment to decide if the advance care plan applies to the situation at hand. Physicians and patients can refer to relevant provincial laws on advance care planning.

Principles:

1. All Canadians should have an
Advance care planning should be routine practice. Physicians and other health care professionals should regularly discuss advance care planning with all adults, not just seniors and other adult patients living with life-limiting illnesses, when they have capacity and are not acutely ill.  

Advance care plans should be revisited if the patient’s health status changes or when a “sentinel event,” (e.g., marriage, parenthood) occurs. The CMA encourages discussing organ and tissue donation as part of the advance care plan.

All advance care plans should identify a proxy decision-maker. Ideally the patient’s proxy will participate in the planning process. In the course of the consultative process, the physician has the opportunity to educate the patient and their proxy as to possible medical procedures and ensure patients and their proxies understand the limits of such plans. Also, the physician should impress upon the patient the need to advance care plans readily accessible. It is preferable that advance care plans be expressed in writing.

2. A patient’s duly executed advance care plan shall be honoured by the attending physician unless: a) there are reasonable grounds to suppose that it no longer represents the wishes of the patient; or b) that the patient was coerced or lacked capacity at the time the plan was prepared.

3. If a patient does not wish to execute an advanced care plan, physicians should encourage him/her to identify a specific person who will have the legal power to act as their proxy decision-maker if s/he becomes incapacitated. All patients should be asked to identify a proxy decision-maker who will be considered the patient's legal delegate in accordance with local legislation and who would be called upon to clarify or interpret the patient’s advance care plan, wishes, values or beliefs should the patient lose capacity as determined by the physician. The proxy should be made aware that they have been selected as proxy and that all decisions made on the patient’s behalf are based on the patient’s prior wishes. The identity of the proxy should be disclosed to the physician.

4. Physicians whose patients do wish to draw up advance care plans should be encouraged to identify a proxy decision-maker who will be considered the patient's legal delegate in accordance with local legislation. In most cases, the involvement of a lawyer is not required but patients may want to consult a lawyer under particular circumstances.


5. Advanced care planning for persons with dementia should be pursued as early as possible while the person with dementia can still express their wishes and thereby contribute to the conversation. Those with limited cognitive functions should be encouraged to participate to the best extent of their ability.

6. Mature or emancipated minors should have the right to advance care planning. Paragraph 25 of the CMA Code of Ethics stipulates that physicians should “[r]espect the autonomy of minors who are authorized to consent to treatment.” Minors, in consultation with their parents and physicians, may wish to engage in advance care planning. Paragraph 25 of the CMA Code of Ethics also states: “[r]ecognize the need to balance the developing competency of minors and the role of families in medical decision-making.”

CMA Recommendations:

7. The CMA encourages all physician members to complete their own advanced care plan.

8. The CMA supports the development and availability of training in advance care planning for all physicians.

9. The CMA supports provincial/territorial fee codes that include payment for assisting patients with advance care planning.

10. The CMA supports the integration of advance care plans within patient records.

11. The CMA advocates for the inclusion of advanced care plan functionality as an electronic medical record vendor conformance and usability requirement for all approved digital charting software.

12. The CMA supports institutional processes that recognize and support advance care planning. This includes developing a more facile, streamlined, and consistent process to exchange information about patients’ advance care wishes/directives between family physicians and acute or tertiary care physicians.

13. The CMA recommends that governments promote information and education on advance care planning for patients and their proxies.

14. The CMA supports development of a strategy for advance care planning, palliative and end-of-life care in all provinces and territories.

15. The CMA recommends the use of a

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national advance care planning toolkit website with references to provincial and territorial resources as a valuable resource that can be used to talk about advance care planning with patients.

16. The CMA promotes the incorporation of advance care planning in future federal and provincial dementia strategies.