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Common Misconceptions about Advance Care Planning & Healthcare Consent in Ontario

1 ACP is only about end of life medical interventions.

FALSE Illness and accidents can happen at any time. ACP is about a patient identifying their Substitute Decision Maker (SDM) and telling their SDM what is important to them.

2 An SDM or attorney named as a POAPC can have ACP conversations on behalf of an incapable person.

FALSE Only a capable patient can do Advance Care Planning. SDMs can only give or refuse consent to treatment and make other health decisions for a mentally incapable patient.

3 Patients who have had previous ACP conversations have agreed to specific healthcare treatments.

FALSE Even if your patient has already had ACP conversations, healthcare providers must get informed consent for a specific healthcare decision. ACP conversations only help SDMs prepare for and guide future healthcare decisions for their loved ones.

4 A patient judged mentally incapable of making one healthcare decision is unable to make any healthcare decisions.

FALSE Healthcare decisions vary in complexity, so people might be capable to make some decisions but not others. Each decision must be considered on its own.

5 If a person has documented their wishes in a POAPC or a Living Will, a healthcare practitioner can use this as consent without involving the SDM.

FALSE Wishes are not consent. The information included in these documents is a guide for the SDM, not a replacement for formal consent.

6 ACP conversations must be in writing in Ontario.

FALSE Patients are not legally obliged to write down their wishes. They can communicate in many ways – e.g. verbally, in writing, in video, etc. However expressed, their most recent wishes always take precedence.

7 Most people understand what ACP is and have already done it.

FALSE 2013 research¹ shows that only 25% of Canadians over the age of 30 have an end of life plan. And only about 40% of people over 70 have one.

8 If a patient's SDM is unavailable, the healthcare team can make decisions on their behalf.

FALSE The healthcare team must find another person on the SDM hierarchy to ask for consent to treatment. The only time consent is not required from a patient or their SDM is in an emergency.

¹ Environics research survey commissioned by St. Elizabeth, October 2013; cited in Ontario Medical Association report entitled "Advanced Care Planning Strategy: Backgrounder, OMA's End-of-Life Care Strategy, April 2014".