



## AN ADVANCE CARE PLANNING WORKBOOK

How much do I	want to know abou	it my health?
I do not like to know anything	I like to know a little at a time	I like to know everything
> As a patient, I'd	like to know	
Only the basics about my condition and my treatment		All the details about my condition and my treatment
> When there is a	medical decision t	to be made, I would like
My health care team to do what they think is best		To have a say in every health care decision
> What are my co	ncerns about medi	cal treatments?
I worry that I won't get enough care		I worry that I will get too much care

What makes life meaningful?	landa var lika ta an and var utina 20 M/b at da
Consider: What does a good day look like? Hood oo for fun? What brings you joy?	iow do you like to spend your time? vvnat do
ou do for fair: What brings you joy!	
What do you value most about your me	ntal or physical health?
What abilities are so crucial to your eve	
without them?	ryday me mat you can't imagme nymg
without them:	
What matters most to you through the e	end of your life?
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What or who supports you during diffic	ult times?
mat of time supports you during aims	

	ou worry about tions or condit				aitii, Oi ueatii:
Vhen you	think about yo	ur death, what	do you war	nt, or not wa	nt, to happen?
	are nearing de / and doctors t				ould you want
					ould you want
					ould you want
our famil		o know and re			ould you want
our famil	y and doctors t	o know and re			ould you want
our famil	y and doctors t	o know and re			ould you want
our famil	y and doctors t	o know and re			ould you want

If you have any questions or would like support around your advance care plan, please call Sunshine Coast Hospice at 604-740-0475 Ext 6 or email us at <a href="mailto:acp@coasthospice.com">acp@coasthospice.com</a>

## Health Care Decision Tool: B.R.A.I.N.

If you are currently facing a health care decision here is a tool to help when you need to make health care choices.

First, find out what treatment is being suggested from your health care team then ask yourself...

В	Benefits	What are the benefits of this procedure/treatment?	
R	Risks	What are the risks of this procedure? How might this negatively affect me and/or those who matter to me?	
A	Alternatives	Are there alternatives to this procedure or treatment?	
I	Intuition	What is my gut feeling about this?	
N	Need time or Nothing	Can I delay this procedure or treatment and take some time to think about it? Can I discuss it with the people who matter to me? What will happen if I choose to do nothing for now?	

Some questions I have about my health condition or different treatments include: