



UNIVERSITY OF OTTAWA  
HEART INSTITUTE  
INSTITUT DE CARDIOLOGIE  
DE L'UNIVERSITÉ D'OTTAWA

# GOALS OF CARE

YOUR WISHES MATTER



When you are admitted to the hospital, it is important for the hospital staff to know your wishes for your healthcare.

## **Definitions**

### **What is CPR?**

CPR stands for *cardiopulmonary resuscitation*. This is done during a medical emergency. A healthcare provider will assess whether the patient is breathing or if they have a pulse. If they do not, a member of the team will apply firm pressure to the middle of the patient's chest. They will continue to do this to mimic the heartbeat. A tube may also be inserted in the patient's mouth and airway. This is known as *intubation*. The chest compressions are important to continue to circulate blood throughout the body. Intubation is important to provide oxygen into the airway.

### **What is defibrillation?**

When a patient stops breathing, does not have a pulse and/or has an irregular heart rhythm, nurses and doctors can try to correct that rhythm by giving an electrical shock to the patient. This can be done several times to restart the patient's heartbeat.

If defibrillation is done quickly and is successful in restoring the heartbeat, there may be immediate recovery. There also may still be the need for ventilation and medication to support the lungs and heart.

## Code status

There are four code status levels. We want you to understand each level so you can decide which level best respects your wishes. If you have any questions about the information in this pamphlet, your healthcare team can help.

### **Category 1: Full treatment**

Unless you choose a different category, you are automatically a Category 1 when you come to the Heart Institute. Full treatment means you want to receive all life-saving measures. This means you would receive:

- CPR, including...
  - Defibrillation.
  - Intubation (a tube inserted in your mouth and airway).
  - Ventilation (having a machine help you breathe because you cannot breathe on your own).
- Admission to the intensive care unit (ICU) for closer monitoring if needed.
- Medications to treat your medical issues and keep you comfortable.

### **Category 2: Full treatment except CPR**

- You do not want CPR, meaning:
  - You do not want to be intubated.
  - You do not want to be ventilated.
  - You do not want defibrillation.
- You will still be admitted to the ICU for closer monitoring if needed.
- You would still receive medications to treat your medical issues and keep you comfortable.

### **Category 3: Full treatment except CPR and admission to the ICU**

- You do not want CPR, meaning:
  - You do not want to be intubated.
  - You do not want to be ventilated.
  - You do not want defibrillation.
- You would not be admitted to the ICU.
- You would still receive medications to treat your medical issues and keep you comfortable.

### **Category 4: Comfort care**

- You do not want CPR, meaning:
  - You do not want to be intubated.
  - You do not want to be ventilated.
  - You do not want defibrillation.
- You would not go to the ICU.
- Our focus is making you comfortable.
- This category is for patients nearing the end of life.

### **Can I change my mind?**

Yes!

If you change your mind, you, your power of attorney (POA) for personal care or a substitute decision-maker (SDM) can change your code status any time. This is not a one-time decision.

There are also times when you may want to change your code status for a short period, such as during a procedure or surgery.

### **Role of POAs for personal care and SDMs**

A power of attorney (POA) for personal care or a substitute decision-maker (SDM) only comes into play if you are incapable of making your own health-related decisions. If you are incapable, your POA or SDM carries out your wishes for health and personal care. We look for a legally assigned POA for personal care first, and then a SDM.

When a POA or SDM becomes the decision-maker for an incapable patient, that person “steps into the shoes” of that patient. They must try to make decisions for the patient that follow their wishes.

(<https://www.speakupontario.ca/resource-guide/part-2-substitute-decision-makers>)

### **How do you create a POA for personal care?**

Visit this website to download the free kit on creating a POA:

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

You can also get a print copy mailed to you by calling:

- ServiceOntario – toll free at 1-800-267-8097
- The Office of the Public Guardian and Trustee – toll free at 1-800-366-0335

Another option is to have a lawyer write your POA. This option may be better if your personal affairs are complicated.

### **How do you choose a SDM?**

If you do not have a legal POA for personal care, healthcare staff will depend on an SDM. The Health Care Consent Act (1996) provides a legal order of your family members who may act as your SDM(s). For a list of this legal order, please visit “Speak Up Ontario” at:

<https://www.speakupontario.ca/resource/the-substitute-decision-maker-hierarchy>

POAs can be a spouse or partner, your parents or children, siblings, any relative, or a good friend. When choosing a POA for personal care, it is important to choose someone you feel will respect your wishes. You should try to speak openly about your wishes to anyone you choose as a POA.

If you do not have a POA for personal care, then the person, or persons, in your life ranked highest in the legal order of the Health Care Consent Act will act as a SDM for health care.

The legal order is:

- Spouse or common law partner.
- Parents and/or children.
- Parent with right of access only.
- Siblings.
- Any other relatives (such as aunts, uncles, cousins, and grandchildren).

During your hospitalization, if you or your family would like more information about this process, please ask to meet with a social worker.

### **Risks and concerns**

Resuscitation is done in an emergency for a life-threatening illness.

Unfortunately, resuscitation is not always successful. There is a risk of injury and a risk of decrease in functional ability for survivors, which may be permanent.

There is a lower rate of survival and a higher risk of significant functional disability for older patients and those with other chronic medical illnesses.

Consider your health status, your personal beliefs and values, your religious beliefs and your personal experiences when deciding if you want CPR. If you want to discuss your personal risk and benefits, please speak with your healthcare provider.

### **A word about organ donation**

For information about organ donation and how to register, please visit:

[www.beadonor.ca](http://www.beadonor.ca)



