

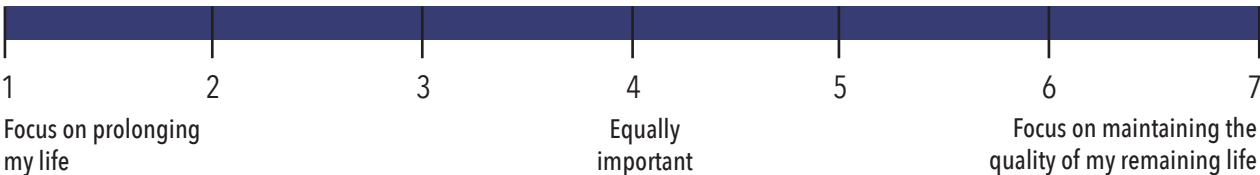
Appendix 2 (as supplied by the authors): “Dear Doctor” letter

Goals of Care Designation Preparation

Dear Doctor,

I and ACCOMPANYING PERSON: _____ participated in the Improving Advance Care Planning in General Practice (iGAP) program on DATE: _____ and wish to discuss (or review) with you my 'Goals of Care' for when I am seriously ill and fill out the Goals of Care Designation form from Alberta Health Services. By serious illness, I understand it to be a major medical problem where there is a possibility that I may die but there is also a possibility that I may get better. I understand that you can not predict the outcome, that I am making decisions today without knowing if I will recover or if I will die (The 'Weather Man' analogy). I understand that we are not planning my terminal or end of life care; but rather, what to do in the event of a serious illness. A trained iGAP facilitator worked with me through one or more 'values clarification tools' that helped me think about and clarify what is important to me. I understand that some of these values compete with each other or that there are trade-offs. From my point of view, when considering treatments when I am seriously ill, the answers to the following questions show what is most important to me:

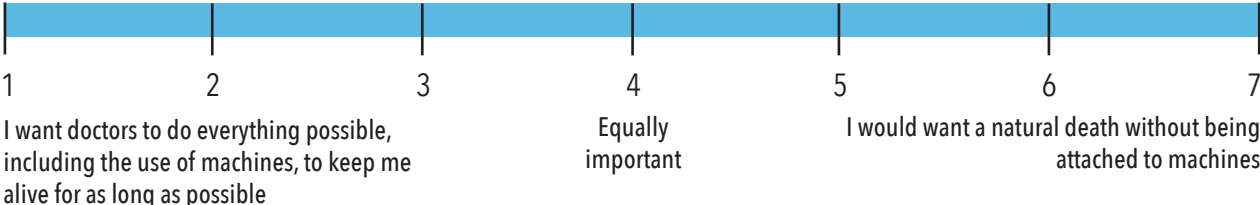
1. **On a scale of 1-7 circle the number to best describe how important the following is to you:**



1 2 3 4 5 6 7

Focus on prolonging my life Equally important Focus on maintaining the quality of my remaining life


2. **On a scale of 1-7 circle the number to best describe how important the following is to you:**



1 2 3 4 5 6 7

I want doctors to do everything possible, including the use of machines, to keep me alive for as long as possible Equally important I would want a natural death without being attached to machines

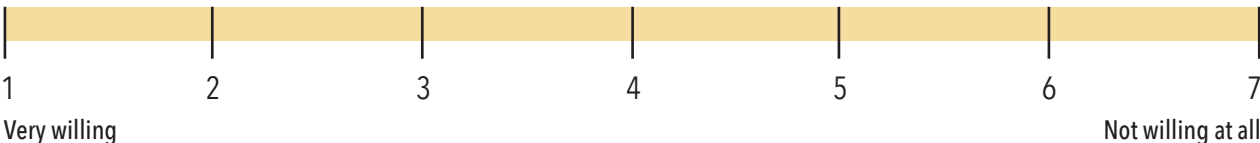
3. **On a scale of 1-7 circle the number to best describe how willing you are to accept the risks of ICU treatments/resuscitation:**



1 2 3 4 5 6 7

Very willing Not willing at all

4. **On a scale of 1-7 circle the number to best describe how willing you are to accept a reduced ability to look after yourself or a lower quality of life following recovery from an ICU stay:**



1 2 3 4 5 6 7

Very willing Not willing at all

The facilitator provided education about the difference between ICU, Medical, and Comfort Care.

Showed me a 5 min CPR Video Decision Aid* that describes the process of CPR, discusses treatment options and outcomes and helps clarify what is best for different patient groups.

Following review of these tools, we discussed the different treatment options available if I become I am seriously ill and I have indicated my preference below:

At this point in time, if life supports were needed to keep me alive, I prefer:

1. Use machines and all possible measures including resuscitation (CPR) with a focus on keeping me alive at all costs.

2. Use machines and all possible measures with a focus on keeping me alive but if my heart stops, no resuscitation (CPR).

3. Use machines only in the short term to see if I will get better but if the illness is prolonged, change focus to comfort measures only. If my heart stops, no resuscitation (CPR).

4. Use full medical care to prolong my life but if my heart or my breathing stops, no resuscitation (CPR) or breathing machines.

5. Use comfort measures only with a focus on improving my quality of life and comfort. Allow natural death and no artificial prolongation of life and no resuscitation (CPR).

6. Unsure

* Please note the CPR video decision aid was not watched if patient was not interested in CPR (only if it was preferred or being considered)

GCD Recommendation

R1 R2 R3 M1 M2 C1 C2 C3

