Your Mouth - Your Choice!
Talk to your friends, family, substitute decision-maker or dentist about your dental advance care plan.
This is a workbook to help you start thinking about your values and wishes for future dental care. There may be a time where you are no longer able to express your wishes. This workbook can help you do some planning, and get you to start having conversations with those who you want to be involved in your future dental care. This is YOUR workbook. Use it however makes sense it you. But make sure to share it with those who you want to have this information. Happy planning!

W. worried

When I think about my teeth and oral health in the future, what are the things that worry me? What anxieties and fears do I have? (Check all that apply)

- [ ] Loss of teeth
- [ ] Staining or unsightly teeth
- [ ] Infection
- [ ] I won’t be able to brush or floss by myself
- [ ] I won’t have someone be able to brush or floss for me
- [ ] Gum disease
- [ ] Inability to chew or swallow food
- [ ] “Afraid of dentist”
- [ ] Painful mouth
- [ ] My dentist will not understand what I’m trying to tell them
- [ ] I won’t be able to hear, understand or read the information the dentist gives me about my dental and oral health
- [ ] Not being able to pay for dental care
- [ ] Loss of insurance as I age / retire
- [ ] I won’t have anyone to drive / take me to the dentist

Other worries:

I. ideal

What would be ideal for me in terms of my teeth and oral health in the future? What do I really want? What is important for me in terms of quality of life? (Check all that apply)

☐ A mouth free of cavities or decay
☐ A full set of my own natural teeth
☐ I don’t have all my teeth, but I want to keep the ones I have
☐ I don’t have teeth, or am indifferent about keeping them - but I really want a clean and well-fitting set of dentures
☐ Stopping my grinding / Temporomandibular joint and muscle (TMJ) disorder
☐ Eating hot and cold foods with ease

☐ Having my teeth and mouth cleaned 3 times a day
☐ Orthodontics / braces
☐ Having someone agree to take me to the dentist regularly
☐ To keep going to the same dentist
☐ Having a dentist whose office I can get to easily
☐ Eating the types and textures of food that I love

☐ To change dentists to someone else because:

________________________________________________________________________

☐ Having a dentist who specializes in:

________________________________________________________________________

☐ Other things I would really like to have:

________________________________________________________________________

________________________________________________________________________
What do I “bring to the table” right now? What is working well for me in terms of my teeth and oral health this year? (Check all that apply)

- I am able to easily brush and floss my teeth well by myself
- I have someone who can brush my teeth and floss for me easily and well.
- I am able to put in my own dentures easily
- I have someone who puts in my dentures for me easily and well
- I am pleased with my teeth and appearance
- I find flossing easy
- I am easily able to get to the dentist as often as I need to
- I am covered by insurance for dental care
- I have enough money put aside for dental care and feel okay about affording my dental fees
- My teeth look very good
- My teeth or dentures chew food easily
- I barely have to give my teeth and mouth a thought!
- I can eat hot or cold foods with ease and enjoyment
- Other strengths that I have in terms of my teeth and oral health:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
H. health

Dental health is part of your overall wellness. How is your health right now? (Check all that apply)

☐ I have no health issues at all
☐ I wear glasses or contact lenses (always / sometimes)
☐ I have some hearing loss or hearing difficulties
☐ I use a cane or walker to steady myself
☐ I use a wheelchair or scooter to get around
☐ I have / had high blood pressure
☐ I have diabetes or blood sugar problems
☐ I have had a stroke(s)
☐ I have / had a heart condition
☐ I take prescription medications
☐ I have had fainting / dizzy spells

☐ I take homeopathic, naturopathic or traditional Chinese medicine treatments
☐ I have been in a car accident before
☐ I have had pneumonia
☐ I have trouble breathing sometimes
☐ I have had seizures
☐ I have had problems with my organs or bowels
☐ I am / used to be, a smoker
☐ I drink alcohol (daily / weekly / too much) or take non-prescription drugs
☐ I have / had radiation therapy

☐ I have had surgery in the past for: __________________________________________
☐ I have had cancer before: (which kind) _______________________________________
☐ I have allergies to: _______________________________________________________
☐ Other health issues: _______________________________________________________
Dental care can be costly. Unlike other forms of health care, much of it is not covered by government programs. This section will help you think through some of the financial questions surrounding dental care. If you can find out if you have dental insurance coverage, and what the plan number is, please write it in below – or staple a copy of the insurance plan to this workbook. Check all that apply:

- [ ] I take care of my own finances
- [ ] I have dental insurance coverage now which covers 100% or most of my dental costs:
- [ ] I have no dental insurance coverage
- [ ] I am not sure if I have dental insurance
- [ ] I have dental insurance but it only covers a portion of my costs. I have to pay the remainder.
- [ ] I have dental insurance right now, but I don’t know if I will have it in the future
- [ ] I am a Canadian Veteran and as such have coverage for dental care. See link for more info: www.veterans.gc.ca/eng/services/health/treatment-benefits/poc#poc4
- [ ] My dental insurance will stop if/when I retire
- [ ] My dental insurance will continue after I retire
- [ ] I understand what my insurance provides
- [ ] I have put money aside for future dental care
- [ ] I would like to start putting money aside for future dental care
- [ ] I receive disability benefits
- [ ] I am worried I won’t be able to afford dental care now or in the future
- [ ] I want to know about low-income or free dental clinics
- [ ] I receive the Canadian Pension Plan / Old Age Security
How my dental care is paid

☐ My dental insurance information:
  Insurance company: ______________________ Policy number:__________
  Certificate number:__________

☐ I am covered under someone else’s insurance plan
  Name of Subscriber: _____________________________________________
  Contact Information: _____________________________________________
  Insurance company: ______________________ Policy number:__________
  Certificate number:__________

☐ Insurance policies have different limits for how much they will pay or for what percentage of the bill they will cover. It is helpful to make a quick note below/here about those dollar limits for coverage amounts.
  Insurance coverage:_______________________________________________
  Other: _________________________________________________________

☐ Someone else pays my bills from my account.
  Name: _________________________________________________________
  Contact information: _____________________________________________

☐ My bills are paid by a third party.
  Name: _________________________________________________________
  Contact information: _____________________________________________

Other financial concerns regarding dental care:
  ______________________________________________________________
  ______________________________________________________________
U. understand & appreciate

As a capable adult, I get to make my own health and personal care decisions. But there might come a time when I cannot express my wishes due to capacity issues (like dementia) or because of a physical or mental impairment. Dentists need to get informed consent to treat a patient. Because I’m a capable adult, I can make my own decisions. The dentist will always talk to me first.

However, some people like to involve family members, friends or caregivers to help them make decisions. A dentist will need to get a patient’s consent to include support people in discussions about a client’s dental care.

If I am unable to give consent to make a decision about dental care, even with support, my dentist will need to get informed consent from my correct substitute decision-maker. (See the section on L – Law below for more information on this).

While it is always assumed I am capable of making my own choices, I need to be able to “understand and appreciate” the information and the impact of the decisions being asked of me. I can be capable of making some decisions but not others.

For more information on Advance Care Planning, Substitute Decision-making and Capacity issues in Ontario see:
This section will help you start to think about decision-making surrounding dental care decisions. (Check all that apply)

☐ I make my dental care decisions by myself

☐ Someone else has been making my dental care decisions for me.
   Name: _________________________________________________________
   Contact information:  ______________________________________________
   __________________________________________________________________
   Relationship:  ____________________________________________________

☐ I do not want my dentist to consult anyone except me about my dental care decisions as long as I am capable of making them myself

☐ I like to consult others – like family members, friends or caregivers- about my dental care decisions

☐ I want my dentist to contact ______________________________________ when I need to make a dental care decision. I want their advice and support in making the decision.

Notes:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
If I can understand the information which my dentist gives to me about my dental care, and I can appreciate what it means to me (U: Understand and Appreciate), then I can make my own dental decisions.

I may want my dentist to call a support person, which I have listed above. I can give consent to my dentist to have them contact one of my support people to help me make a decision. But if I become incapable of making my own dental care decisions, then Ontario has specific laws about who my dentist can get informed consent from. Dental care may require decisions about both health and personal care, as well as about financial decisions, it is likely that at some point my dentist will need to get consent from both types of appointed attorneys if I am incapable of giving consent myself.

I can appoint the same person(s) for Health and Personal Care decisions and for Property decisions. However, there might be good reason why I choose different people. My dentist will get consent from one or both types of attorney, depending on the type of decision.

I can find information about the Ontario substitute decision-making system below, or from the Ministry of the Attorney General at:


I can also find more information about substitute decision-making in my copy of the Government of Ontario’s “A Guide to Advance Care Planning” at:

Check all that apply:

☐ I have made a **Continuing Power of Attorney for Personal Care**.
   I understand that dental care is part of health care and if I cannot make my own decisions due to incapacity, then my attorney can make the dental care decision for me.
   My attorney(s) is/are:
   Name: _____________________________________________________________
   Contact information: _____________________________________________
   Second Name (if more than one, or a backup choice appointed): ________
   Contact information: _____________________________________________

☐ I have made a **Continuing Power of Attorney for Property**. I understand that because dental care usually requires payment that I may need someone to make financial decisions for me and pay dental bills.
   My attorney(s) for property is/are:
   Name: _____________________________________________________________
   Contact information: _____________________________________________
   Second Name (if more than one, or a backup choice appointed): ________
   Contact information: _____________________________________________

☐ I have not made a **Continuing Power of Attorney for Personal Care**
☐ I have not made a **Continuing Power of Attorney for Property**
☐ I do not know if I have a **Continuing Power of Attorney** or not.

If I have not designated a substitute decision- maker through a **Power of Attorney for Personal Care**, my dentist must turn to the hierarchy of substitutes named in the law for the dental health decisions.
Legal terms can be confusing. The legal system of substitute decision-making can have difficult terms or concepts. This section shows the way that your dentist will know who to get consent from if you become incapable of making these decisions. This is the order in which your dentist will go down the list to find the legal decision-maker for you if you become incapable of making dental decisions

1. Guardian
What is a Guardian? (Of the Person. Of Property. Of Both)

An Ontario court could appoint a person to be a legal substitute decision-maker for health and personal care, for financial issues, or for both. This is rare and can be expensive. It would only happen after you were incapable. This is not something you can choose or plan for in advance.

A. Guardian of the Person
A Court may appoint a guardian of the person to make decisions on behalf of an incapable person in some or all areas of personal care, usually because there is no power of attorney for personal care. The guardian must be at least 16 years old.

B. Guardian of Property
A guardian of property is someone who is appointed by the Public Guardian and Trustee or the court to look after an incapable person's property. Both the guardian and the incapable person must be at least 18 years old. A guardian is different from an attorney; an attorney is chosen by the individual, before becoming incapable, to act on their behalf, while a guardian is appointed after incapacity. A guardian can be a statutory guardian or a guardian appointed by the court.

Many people believe their families will be able to step in if something happens and they cannot make decisions for themselves. This isn’t always true. Also – you may want to make clear exactly who you prefer to make decisions for you. Pick the best person for the job. That may not always be a family member.

For personal care and health decisions such as where you live, what you eat or what medical care you will receive if you get sick or injured, you can name someone in a Continuing Power of Attorney for Personal Care.

You can name someone to make financial decisions for you, such as paying your bills, with a Continuing Power of Attorney for Property.

TIP: No one can make you sign a power of attorney if you don’t want to. But, if you don’t choose one, the government may have to appoint someone to make certain decisions for you. It’s better if you choose someone you feel you can really trust, who knows your wishes.

A. What is a Power of Attorney for Personal Care?

A Power of Attorney for Personal Care is a document through which you appoint your substitute decision-maker and give them the power to make decisions about all aspects of your personal care, unless you specify otherwise. This includes your health care, shelter, clothing, nutrition, hygiene, and personal safety.

A Power of Attorney for Personal Care is only used if you become incapable of making a particular decision. You continue to make your own decisions unless you are found to be incapable of making a certain decision.

B. Continuing Power of Attorney for Property

A Continuing Power of Attorney for Property is a legal document in which a person gives someone else the legal authority to make decisions about their finances. The person who is named as the attorney does not have to be a lawyer. The power of attorney is called “continuing” because it can be used after the person who gave it is no longer mentally capable to make the financial decisions themselves. Some people use the word “enduring” or “durable” which means the same as “continuing”.
3. Default Substitution Makers for Health and Personal Care

**My spouse**, common-law spouse or partner

Name: ________________________________________________________________

Contact information: ______________________________________________________

**My child** (if they are 16 years of age or older) or Parent

Name(s): ______________________________________________________________

Contact information: ______________________________________________________

**A parent** with right of access only  Custodial parents rank ahead of non-custodial parents

Name(s): ______________________________________________________________

Contact information: ______________________________________________________

**My brother or sister**

Name(s): ______________________________________________________________

Contact information: ______________________________________________________

**Any other relative** by blood, marriage or adoption

Name(s): ______________________________________________________________

Contact information: ______________________________________________________

-----------------------------------------------------------------------------

**TIP:** Having appointed a person to be your executor in your Will does not help.
Wills only can be used after a person has passed away – never before.
Resources

Advocacy Centre for the Elderly  
416.598.2656  
www.acelaw.ca

The National Initiative for the Care of the Elderly (NICE)  
416.978.0545  
www.nicenet.ca

The Ontario Network for the Prevention of Elder Abuse  
416.916.6728  
www.onpea.org

Seniors.gc.ca  
1.800.622.6232  
www.seniors.gc.ca

The Ontario Seniors’ Secretariat  
1.888.910.1999  
www.seniors.gov.on.ca

Advance Care Planning and Ontario Substitute Decisions Act  
1.800.668.9938  
www.attorneygeneral.jus.gov.on.ca/english/family/pgt/pgtsda.pdf

Canadian Dental Association  
613.523.1770  
www.cda-adc.ca/en/oral_health/cfyt/dental_care_seniors

Disclaimer:

Information in this workbook is not legal advice. If possible, it is best if you can talk to a lawyer to make formal advance planning documents like Continuing Powers of Attorney. If you are a senior, or a substitute decision-maker for a senior who is incapable of making certain legal decisions, and you cannot afford a lawyer, you may be able to get legal advice from the Advocacy Centre for the Elderly:  
www.acelaw.ca or by calling: 416-598-2656

Laws sometimes change. This legal information is correct as of February 2014. Always check to make sure that your legal information is current.
Take the Bite Out of Elder Abuse

Advancing Dental Care in our changing world
www.archerdental.ca


Tel. 416.763.2000  416.964.9070  Email. info@archerdental.ca
625 Runnymede Road Toronto, Ontario, M6S 3A3
600 Sherbourne Street, Suite 808 Toronto, Ontario, M4X 1W4