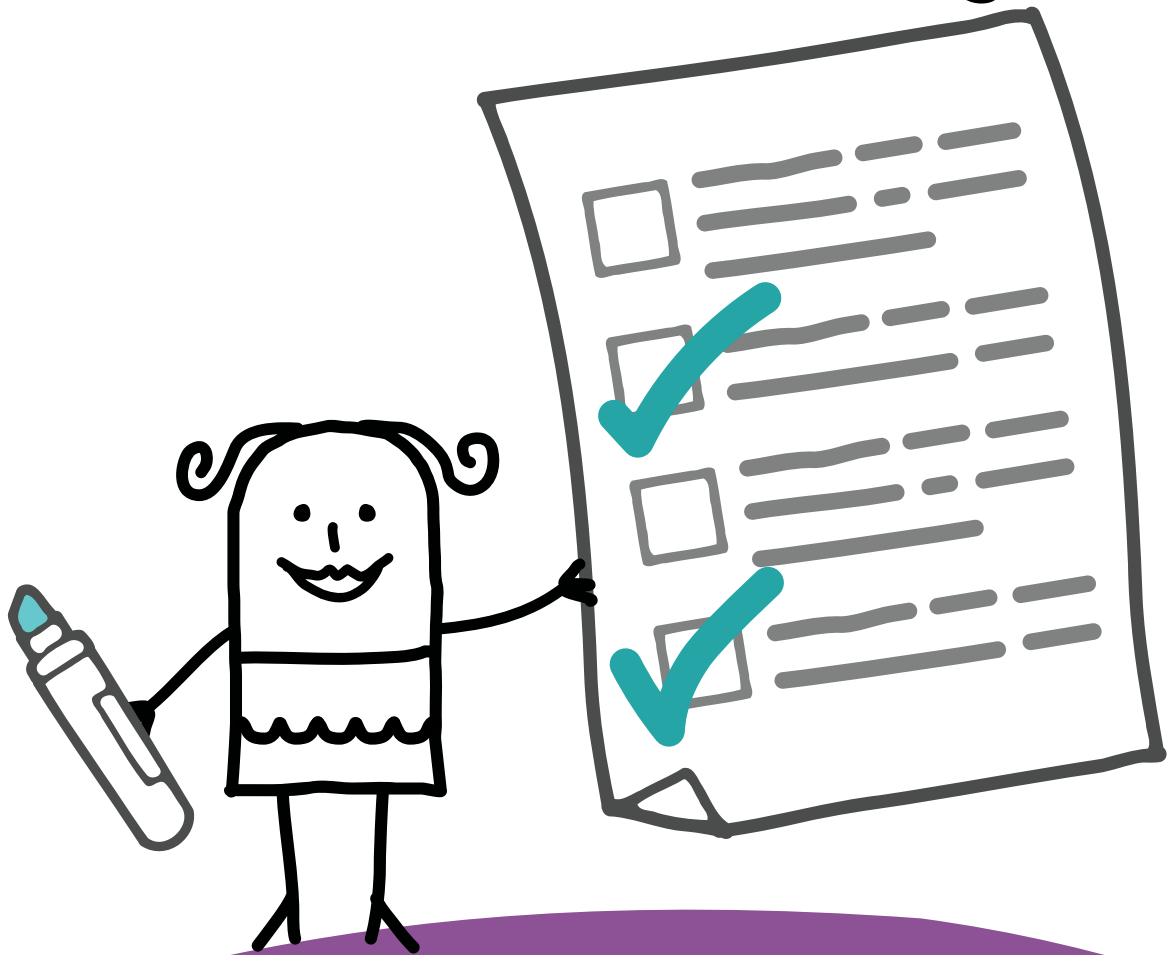


W.I.S.H.F.U.L. thinking:

Dental Advance Care Planning Tool



Your Mouth - Your Choice!

Talk to your friends, family, substitute decision-maker or dentist about your dental advance care plan.

It's just a "small bite"!

This workbook belongs to: _____

My contact information: _____

I am using this workbook to express my values, wishes and beliefs about dental advance care planning.

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!



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)

- | | |
|--|---|
| <input type="checkbox"/> Loss of teeth | <input type="checkbox"/> Painful mouth |
| <input type="checkbox"/> Staining or unsightly teeth | <input type="checkbox"/> My dentist will not understand what I'm trying to tell them |
| <input type="checkbox"/> Infection | <input type="checkbox"/> I won't be able to hear, understand or read the information the dentist gives me about my dental and oral health |
| <input type="checkbox"/> I won't be able to brush or floss by myself | <input type="checkbox"/> Not being able to pay for dental care |
| <input type="checkbox"/> I won't have someone be able to brush or floss for me | <input type="checkbox"/> Loss of insurance as I age / retire |
| <input type="checkbox"/> Gum disease | <input type="checkbox"/> I won't have anyone to drive / take me to the dentist |
| <input type="checkbox"/> Inability to chew or swallow food | |
| <input type="checkbox"/> "Afraid of dentist" | |
| <input type="checkbox"/> Other worries: | |

I. ideal



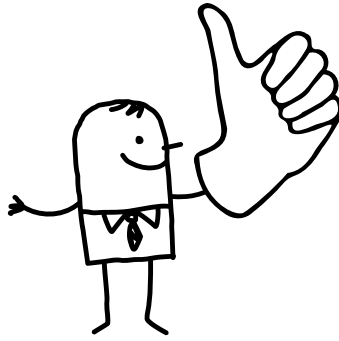
What would be ideal for me in terms of my teeth and oral health in the future? What do I really want? What is important for me in terms of quality of life? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> A mouth free of cavities or decay | <input type="checkbox"/> Having my teeth and mouth cleaned 3 times a day |
| <input type="checkbox"/> A full set of my own natural teeth | <input type="checkbox"/> Orthodontics / braces |
| <input type="checkbox"/> I don't have all my teeth, but I want to keep the ones I have | <input type="checkbox"/> Having someone agree to take me to the dentist regularly |
| <input type="checkbox"/> I don't have teeth, or am indifferent about keeping them - but I really want a clean and well-fitting set of dentures | <input type="checkbox"/> To keep going to the same dentist |
| <input type="checkbox"/> Stopping my grinding / Temporomandibular joint and muscle (TMJ) disorder | <input type="checkbox"/> Having a dentist whose office I can get to easily |
| <input type="checkbox"/> Eating hot and cold foods with ease | <input type="checkbox"/> Eating the types and textures of food that I love |
| <input type="checkbox"/> To change dentists to someone else because: | |

Having a dentist who specializes in:

Other things I would really like to have:

S. strengths

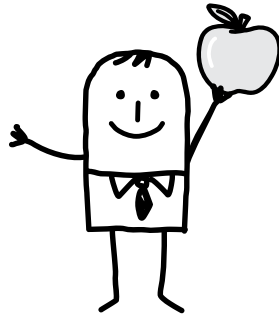


What do I “bring to the table” right now? What is working well for me in terms of my teeth and oral health this year? (Check all that apply)

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

Other strengths that I have in terms of my teeth and oral health:

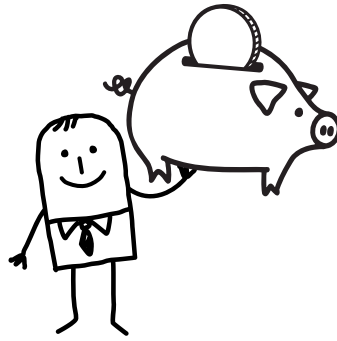
H. health



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

- | | |
|--|--|
| <input type="checkbox"/> I have no health issues at all | <input type="checkbox"/> I take homeopathic, naturopathic or traditional Chinese medicine treatments |
| <input type="checkbox"/> I wear glasses or contact lenses (always / sometimes) | <input type="checkbox"/> I have been in a car accident before |
| <input type="checkbox"/> I have some hearing loss or hearing difficulties | <input type="checkbox"/> I have had pneumonia |
| <input type="checkbox"/> I use a cane or walker to steady myself | <input type="checkbox"/> I have trouble breathing sometimes |
| <input type="checkbox"/> I use a wheelchair or scooter to get around | <input type="checkbox"/> I have had seizures |
| <input type="checkbox"/> I have / had high blood pressure | <input type="checkbox"/> I have had problems with my organs or bowels |
| <input type="checkbox"/> I have diabetes or blood sugar problems | <input type="checkbox"/> I am / used to be, a smoker |
| <input type="checkbox"/> I have had a stroke(s) | <input type="checkbox"/> I drink alcohol (daily / weekly / too much) or take non-prescription drugs |
| <input type="checkbox"/> I have / had a heart condition | <input type="checkbox"/> I have / had radiation therapy |
| <input type="checkbox"/> I take prescription medications | |
| <input type="checkbox"/> I have had fainting / dizzy spells | |
| <input type="checkbox"/> I have had surgery in the past for: _____ | |
| <input type="checkbox"/> I have had cancer before: (which kind) _____ | |
| <input type="checkbox"/> I have allergies to: _____ | |
| <input type="checkbox"/> Other health issues: _____ | |
-

F. financial



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:

- | | |
|---|--|
| <input type="checkbox"/> I take care of my own finances | <input type="checkbox"/> My dental insurance will continue after I retire |
| <input type="checkbox"/> I have dental insurance coverage now which covers 100% or most of my dental costs: | <input type="checkbox"/> I understand what my insurance provides |
| <input type="checkbox"/> I have no dental insurance coverage | <input type="checkbox"/> I have put money aside for future dental care |
| <input type="checkbox"/> I am not sure if I have dental insurance | <input type="checkbox"/> I would like to start putting money aside for future dental care |
| <input type="checkbox"/> I have dental insurance but it only covers a portion of my costs. I have to pay the remainder. | <input type="checkbox"/> I receive disability benefits |
| <input type="checkbox"/> I have dental insurance right now, but I don't know if I will have it in the future | <input type="checkbox"/> I am worried I won't be able to afford dental care now or in the future |
| <input type="checkbox"/> 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 | <input type="checkbox"/> I want to know about low-income or free dental clinics |
| <input type="checkbox"/> My dental insurance will stop if/when I retire | <input type="checkbox"/> 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: _____

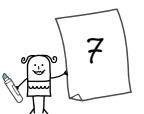
Insurance policies have different limits for how much they will pay or for what percentage of the bill they will cover. It is helpful to make a quick note below/here about those dollar limits for coverage amounts.

Insurance coverage: _____
Other: _____

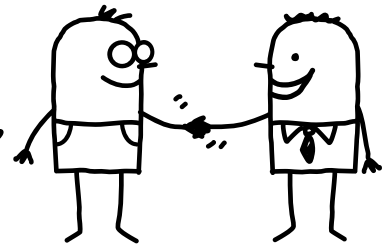
Someone else pays my bills from my account.
Name: _____
Contact information: _____

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:

"A Guide to Advance Care Planning":

www.seniors.gov.on.ca/en/advancedcare/docs/AdvancedCare.Guide.pdf



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: _____

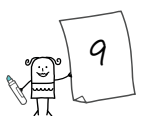
Relationship: _____

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

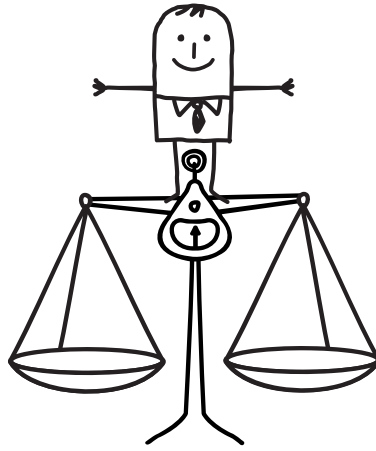
I like to consult others - like family members, friends or caregivers- about my dental care decisions

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: _____



L. law



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.

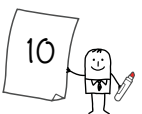
I can appoint the same person(s) for Health and Personal Care decisions and for Property decisions. However, there might be good reason why I choose different people. My dentist will get consent from one or both types of attorney, depending on the type of decision.

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

<http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/poa.pdf>

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:

<http://www.seniors.gov.on.ca/en/advancedcare/docs/AdvancedCare.Guide.pdf>



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): _____

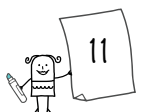
Contact information: _____

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.



If not me, then who?



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.

2. Power of Attorney – (Of Personal Care. Of Property. Of Both)

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.
.....



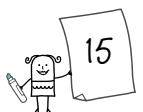
Resources

Advocacy Centre for the Elderly	416.598.2656	www.ancelaw.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.ancelaw.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



www.bcli.org/ccel



www.seniors.gc.ca



www.nicenet.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