Steps in Advance Care Planning

1. **Discuss diagnosis.**
   Rationale: Many patients are not aware of their diagnosis and sometimes need education about it before they can do advance planning.
   Example: "What do you know about your diagnosis?"

2. **Discuss prognosis.**
   Rationale: It is important to know whether patients have thought about the future of their illness. Until they do this, they are usually not ready to begin serious advance planning discussions.
   Example: "What do you see happening with your illness over the next few weeks or months?"

3. **Assess readiness to do advance planning.**
   Rationale: It is important to know whether patients are ready to discuss advance planning issues. If they are not, it can be abusive and destructive to the relationship to continue pushing the subject.
   Example: "It would be good to discuss what kind of medical care you want if you should get sick again. How do you feel about talking about this?"

4. **Discuss patient role in decision-making.**
   Rationale: Many patients are not aware that they can and should participate in decision-making.
   Example: "It is important that you think about what kind of medical care you want, so we can help you make decisions."

5. **Discuss clinical issue.**
   Rationale: This helps clarify what is being decided, and allows staff to share some of their thinking about it.
   Example: "This discussion will help us figure out your choices for medical treatment, so that you get just the care you want, not more or less."

6. **Discuss alternatives.**
   Rationale: The patient has a choice among certain options, including doing nothing at all. This is not always clear without an explicit discussion.
   Example: "You could call 911 if you get sick, or you could choose to stay home and have your symptoms relieved with medication."

7. **Discuss pros and cons of alternatives.**
   Rationale: A balanced presentation of the pros and cons of each alternative allows the patient's decision to be fully informed.
   Examples: "Going to the hospital may treat your disease, but the treatment may be very painful." "Staying home allows you to be in familiar surroundings, but if you have
breathing trouble again, going back on the ventilator might be the only way keep you alive."

8. Discuss uncertainties.
   Rationale: This is critical for comprehensive understanding of options. A thoughtful discussion can promote trust and encourage adherence.
   Examples: "Many patients with your illness may not respond well to hospital treatment." "Most patients can have their symptoms controlled completely and be very comfortable, but some might be drowsy."

9. Make decisions.
   Rationale: After the patient understands all the options, as well as their pros and cons and uncertainties, it is time to make explicit decisions about care.
   Example: "Do you think you would like to call the ambulance the next time you get sick, or would you like to stay home?"

10. Make sure all invasive treatment possibilities are covered.
    Rationale: The patient should have a chance to decide upon receiving or withholding all invasive treatments that are likely for the specific diagnosis. Examples include those on ADIL: DNR, CPR, transport to ER, IV, endotracheal intubation, mechanical ventilation or feeding tube.
    Example: "Here's a checklist of treatments that people find handy for making decisions."

11. Assess understanding.
    Rationale: Once the core decisions are made, staff should check with patient to find out if there is understanding of what has been said so far.
    Example: "Does all this makes sense to you?"

12. Make sure patient's true preferences have been expressed.
    Rationale: It is important to make sure that patient has been comfortable with the decision-making process, and is ready to stand by the choices that were made.
    Example: "Do you feel sure about these decisions?"