ADVANCE CARE PLANNING
Position Statement

Advanced Care Planning of North Dakota (ACP ND) is a collaborative group of statewide community partners who have a shared vision of creating a culture across North Dakota where continuous (on-going) advance care planning is the standard of care and every individual's informed preferences for care are documented and upheld.

ACP ND partners believe:

- Quality of care is realized when it meets the person's needs and *upholds their care preferences*.
- Advance care planning provides a *mechanism* to improve the quality of life care for people. It enables the coordination of their desired access to resources and services, to match their anticipated care needs.
- Advance care planning offers everyone, and especially people living with a terminal condition, their families and significant others the opportunity to *take control of decisions which affect their care*.
- Advance care planning should not be considered only relevant to people nearing the end of life but be should be considered by all adults. Advance care planning should be considered as an *ongoing conversation* between the individual, their health professionals and as appropriate their family, health care agent(s), caregivers and others.
- All North Dakotans should be provided the opportunity to specify the type of care they would like to receive. Continual reassessment of current circumstances and likely future scenarios are part of this consideration.
- Advance care planning should be applied and promoted across the healthcare continuum. Facilitating discussions and supporting and engaging in advance care planning is the responsibility of the whole health care system, and should engage all members of the care team. It is not the exclusive domain of any particular healthcare setting.
- Health workers across all levels of the health system should be skilled and educated to engage in advance care planning with patients and their families, significant others and caregivers within the scope of their positions.
- Certified Advance Care Planning Facilitators have expertise to support all who are involved in advance care planning.
- Promoting awareness of healthcare options and engaging in advance care planning discussions is not solely the responsibility of the healthcare system but is also a responsibility of the community and the individual.
- The role of *substitute (or healthcare agent) decision makers* needs to be promoted.
- Written *advance healthcare directives* can form an important part of the advance care planning process for those who wish to develop one, serving as a vehicle for conveying decisions about the type and level of medical intervention people wish to receive.
- Facilitated Advance Care Planning discussions are recommended as they promote fuller understanding of the risks and benefits of treatment options and informed consent related to the provisions written within their advance healthcare directives.