Nidus Personal Planning Resource Centre and Registry

Tools for Personal Planning

Values and Beliefs Discussion Guide

What is the purpose of this discussion guide?

The following document is to assist you to clarify and communicate your beliefs, values and preferences about what is important to you and your quality-of-life.

Remember:

There are no right or wrong answers.

There is no required order to the topics and accompanying questions.

The questions are intended to stimulate discussion.

You do not need to write down your answers.

How do I use this discussion guide?

Go through this document with the people you have given legal authority to act on your behalf and discuss the questions together.

How do I appoint someone to act on my behalf?

No one can automatically act on behalf of an adult. Adults need to make a legal personal planning document to authorize someone to act on your behalf.

In BC, a Representation Agreement (RA) is the legal document used to appoint someone for health care and personal care matters. An RA can also cover routine finances. To learn more, go to the Nidus website, under Information, nidus.ca

If you are not pro-active by appointing someone, other laws and policies will decide for you.

Find lots of free information at nidus.ca

For tips:

- To make changes, revoke or resign click *Related Forms*
- To make a Representation Agreement, click *RA Forms* Scroll down. There are two buttons for each type of Agreement. (Be sure to see page 2 at the first download button.)

Can I register and store my completed discussion guide?

You can register and store this completed discussion guide with the *Nidus Registry* under 'Other Documents'.

If you do not already have a Nidus Registry Account, you first need to Sign-Up to create one, then you can register.

If you already have a Nidus Registry Account then Log In and select 'Other Documents' from Registration Options.

Click *How to Register,* for a how-to guide.

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Nidus

Values and Beliefs Discussion Guide

Name: _____

Date: _____

Overall Attitude Towards Life

What would you like your representative to know about your overall attitude towards life? Do you have a philosophy or motto you live by?

What goals do you have for the future?

How satisfied are you with what you have achieved in your life so far?

What do you fear most? What concerns do you have?

What activities do you enjoy (e.g. reading, knitting, watching TV, skiing, dancing)?

Personal Relationships

What role do family and friends play in your life?

What are the most important relationships in your life?

Are there people you want your representative to contact and communicate or consult with if you are seriously ill? Are there others you do not want involved?

Thoughts About Independence and Dependence

Have you experienced times in your life when you had to depend on others? How did this feel? Have others had to depend on you? How do you think they felt?

Do you view medications, equipment and technical aids as a means to dependence or independence?

If your current physical or mental health gets worse, what kind of support would you want from others?

Living Arrangements

Have you lived alone or with others over the last 10 years?

How comfortable are you with current your living arrangements? What do you enjoy the most? What do you dislike?

How might future illness or disability affect your current living arrangement?

If you had to move, what would be the most important features of any new living arrangement? Would you want to move to live closer to family or friends?

Religious Background and Spiritual Beliefs

What is your spiritual/religious background?

How do your beliefs affect your feelings about disability, chronic or terminal illness?

How do your spiritual/religious beliefs support you?

Attitude Toward Health

How would you describe your current state of health? Has it changed recently?

If you have health problems or disabilities, how does it affect you and others?

Do you have difficulty with daily activities such as eating, preparing meals, sleeping, dressing and bathing, etc.

If you have any health problems or disabilities, what helps you cope?

Relationships with Health Care Providers

How do you relate to your doctor?

What are your experiences with the health system? How do you feel about other health care providers such as nurses, therapists, chaplains, social workers, etc.?

Have you used naturopathic or alternative treatments?

Thoughts About Dying and Death

What experiences have you had with death and dying? How has this affected your feelings?

What will be important to you when you are dying (e.g. physical comfort, no pain, family members present, religious rites, etc.)?

Where would you prefer to die (e.g. at home, hospital, hospice)?

Death can be unexpected and sudden; however, a terminal illness may allow time to be with loved ones or finish important activities. If time were limited, what things would you want to say or to do before your death?

What general comments would you like to make about burial or cremation? Have you made pre-paid arrangements?

What qualities, skills, achievements, roles, would you want to be remembered for?

Attitude About Finances

What are your values about money? Are you a spender or a saver?

Which is more important? Spending your money on the best care? Leaving your money to beneficiaries (relatives, charity)?

What is your relationship with your bank or credit union? Do you use a financial advisor?

Other Questions

What would you like to say to your representative(s) about your expectations of him or her (them)?