What Matters Most to Me
Preparing for Conversations about My Health during the COVID-19 pandemic

Wishes of: _______________
Written by: _______________
Date: _______________

As we face the global COVID-19 pandemic, Vancouver Coastal Health (VCH) and Providence Health Care (PHC) encourage you to reflect on your health care wishes and the things that matter most to you. Your health can change quickly in times like these, and it is important that others know how you wish to be cared for if your health situation were to change. We would like you to think about the questions below and share your answers with the people you care about and your health care teams. You are also encouraged to consider completing your advance care plan.*

This is my understanding of my current health condition(s):
______________________________________________
______________________________________________

This is my understanding of COVID-19 and how it could affect my health:
______________________________________________
______________________________________________

I want more information about what is likely ahead with my health: ☐ Yes ☐ No
Some questions I have about my health or COVID-19 include:
______________________________________________
______________________________________________

If I were to become sicker, these are my most important goals or the things that are most important to me:
______________________________________________
______________________________________________
______________________________________________

These are my biggest fears and worries about the future with my health:
______________________________________________
______________________________________________
______________________________________________
This is what gives me strength as I think about the future with my health:

These are the everyday abilities that are critical to me and that I would find unacceptable to live without (e.g. walking without help, bathing myself, eating by mouth, talking, etc...):

If my health were to worsen, this is what I would be willing to go through for the possibility of more time (for example: tests, treatments, hospitalization, CPR, etc.):

These family members/friends are aware of my wishes:

The person that I would want to make medical decisions for me if I could not speak for myself would be (name, relationship):

I have also documented my wishes in an advance care planning document:
___ Representation Agreement
___ Advance Directive
___ Other: __________________

You are invited to provide a copy of this, and your other advance care planning documents, to your care team and your family.

*For information about Representation Agreements, Advance Directives and other aspects of advance care planning please visit www.vch.ca/ACP or www.advancecareplanning.ca

This material has been modified by us. The original content can be found at https://portal.ariadnelabs.org and is licensed by Ariadne Labs under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. Ariadne Labs licenses the original content as-is and as-available, and makes no representations or warranties of any kind concerning the original content or concerning this material, which Ariadne Labs has not reviewed or endorsed.

© Vancouver Coastal Health, April 2020
The information in this document is intended solely for the person to whom it was given by the health care team.
www.vch.ca