Goals of Care

What is a Goals of Care conversation?

When you have cancer, there are many decisions to make about your care and treatment. A ***Goals of Care*** conversation can make sure that your cancer treatment plan makes sense with **what is important to you**.

Why do I need to have a *Goals of Care* conversation?

Sharing your ***goals, values, and wishes*** with your health care team can:

- Help you (and/or your substitute decision maker) understand your cancer and treatment options
- Help your health care team understand what is most important to you.

How will *Goals of Care* be discussed?

Your health care team will talk to you (and/or your substitute decision maker) about:

- The type of cancer you have
- The treatment options available to you
- Your goals, wishes, and what you value about your health

You can bring a **family member or friend** along to support you when you are talking to your health care team about **your goals and wishes.**

It is also important to share your *Goals of Care* with your **Substitute Decision Maker.**

When will *Goals of Care* be discussed?

Your health care team will give you information on *Goals of Care* at your first appointments. We encourage you to bring up your Goals of Care with your health care team at any time.

	• Take some time to **think about** your goals and wishes related to your cancer care
	• Take home and **fill out the worksheet** attached on the next page
	• **Bring it** to your next visit and **share it** with your health care team

Goals For My Cancer Care

1. Important Goals

What is most important to me? What gives my life meaning? What do I hope treatment will do for me?

Here are a few common examples, select any that apply:

- ☐ Able to eat and taste food
- ☐ Achieve a particular life goal (wedding, milestone, etc.)
- ☐ Be at home
- ☐ Be aware
- ☐ Maintain independence
- ☐ Provide support for family
- ☐ Religious/Spiritual/Cultural beliefs
- ☐ Improve or maintain my quality of life
- ☐ Prolong life
- ☐ Not burden others
- ☐ Be physically comfortable
- ☐ Other: _____

2. Fears and Worries

What fears or worries do I have about my health, care, or treatment options?

Here are a few common examples, select any that apply:

- ☐ Ability to care for others
- ☐ Burdening others
- ☐ Concerns about the meaning of life
- ☐ Death or dying process
- ☐ Emotional/spiritual distress
- ☐ Finances
- ☐ Getting unwanted treatments
- ☐ Loss of control
- ☐ Loss of dignity
- ☐ Symptoms or side-effects
- ☐ Other: _____

3. Function and Abilities

What is most important in my daily life? What does a good day look like? What would be most difficult to lose?

Here are a few examples, select any that apply:

- ☐ Activities of daily life (dressing, bathing, eating, etc.)
- ☐ Being without pain or discomfort
- ☐ Talking
- ☐ Interacting with others
- ☐ Being awake/aware
- ☐ Travelling
- ☐ Hobbies
- ☐ Work
- ☐ Other: _____

Comments:

_____

_____

This worksheet is optional. If completed, please bring it to your next appointment.

Waterloo Wellington Regional Cancer Program
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