

03

Planning for the Future

Corresponds to Chapter 5 in the *Palliative Care Is... A collective response to death, dying, and grief in the inner city* Resource Guide.

Purpose of the Discussion

This module introduces advance care planning in ways that reflect the realities of homelessness and harm reduction settings.

Key Messages

- Planning can happen through informal conversations and relationships.
- Understanding someone's wishes can help guide care later.
- Planning is about dignity, voice, and respect.

Before You Facilitate

- Familiarize yourself with any local advance care planning tools, policies, or substitute decision-maker/proxy/care directive laws relevant to your region.
- Consider what resources exist locally that participants could refer to.
- Be aware that planning conversations may raise questions about roles, responsibilities, and legal processes.

During the Discussion

- Emphasize that planning does not need to be formal to be meaningful.
- Encourage participants to reflect on moments where someone shared wishes, values, or concerns that later helped guide care.
- Acknowledge that planning can be difficult in contexts where life circumstances are uncertain.

Closing the Conversation

- Reinforce that even small conversations about wishes or values can help guide care.
- Encourage participants to continue noticing and documenting these moments when appropriate.

Discussion Guide

Talking about death can't change what's already happened, but it can change what happens next

Purpose

This guide is designed to help frontline workers reflect on why talking about and planning for the future, especially around illness, dying, and death, matters in your work. While advance care planning may seem far off or irrelevant in crisis-driven environments, you are often already having these conversations in informal ways.

This guide helps deepen that awareness and equips workers to support the people you care for in naming their wishes, identifying who they trust, and making even small plans for when they may not be able to speak for themselves. It also highlights how workers themselves are a vital part of the circle of care, and that supporting planning doesn't mean having all the answers. It means making space for what matters.



Introduction: Why it Matters

In frontline work, death is often sudden, unjust, and unsupported. People die in hospital without their friends knowing. Belongings are lost. Pets are left behind. Wishes are never known, let alone respected. This takes a toll on everyone, including workers.

Talking about death won't stop it, but planning can help people live with more choice and dignity, and it can ease the pain and confusion that often follows. While it may be overwhelming when you feel like you have to 'do it right' it's much more about having these conversations before a crisis happens. You may already be the one hearing the most important things: who someone trusts, what they fear, what they don't want. This guide will help you turn those conversations into plans (big or small) that reflect the person's voice and values.

Case Scenario

Tasha's Story

Tasha is 38 and has been living in an encampment for the past year. She uses opioids and occasionally accesses the drop-in where you work. She's told you she's scared of hospitals because of how she's been treated in the past. Lately, you've noticed she's coughing more and seems more tired. One day, she says offhandedly, "ff I ever end up in a coma or something, don't let them do anything weird to me."

Discussion Questions:

- Have you worked with someone like Tasha? What might be some follow up questions you could ask her?
- If you have heard someone say something similar in the past, what did you do or wish you had done?
- What made you feel like it was a problem Did you notice any opportunity for support or planning here?

Recognizing Planning in Ordinary Conversations

Many people we support live with serious illness alongside poverty, homelessness, racism, and stigma that planning doesn't always start with paperwork. It starts with trust, with listening, and with the casual things people say that hint at deeper wishes, fears, and needs.

Discussion Questions:

- How comfortable are you having that conversations? In times when you have felt concerned, how
- comfortable are you asking for help?
- How do you hold and remember those details?
- What's one small way you've helped someone plan, even informally, for what might come?

Who's in the Circle of Care?

In the health care system, there's a lot of focus on next of kin and legal family. But many people you support have chosen families, street families, or estranged relationships. Knowing who matters to a person is foundational to good care.

Discussion Questions:

- What could be important to consider when asking people about their family and circle of support?
- How could you help someone map out their circle of care, even informally?
- Have you ever advocated for a chosen family member to be recognized in a care setting?

Decision-Making & Substitute Decision Makers

If someone becomes too sick to make decisions, the health system will look for a legal or biological family member. That can leave out people that they would wish to make decisions for them. Supporting someone to choose a decision maker ahead of time can make all the difference.

Discussion Questions:

- What would you do or how would you feel if someone asked you to make decisions for them? How can you inform yourself about the work involved in this commitment?
- Are there legal or organizational policies where you work that affect your ability to act as a decision maker?
- In the case a person is expressing interest, how can you support someone to name their decision maker, even if it's not you? (Note: There are processes in government when a person doesn't have a decision maker (e.g., Public Guardian) so you shouldn't feel pressured to take on this role or that you are required to identify another decision maker for them.)



Planning for Death and After Death

It can feel hard or even taboo to talk about what someone wants after they die. But for many people, it's a relief to know they have a say about their belongings, pets, rituals, or final resting place.

Discussion Questions:

- Have you ever seen someone's death create confusion or distress because no one knew what they wanted?
- What kinds of things have people told you they want done with their stuff, their body, or their memory?
- How does it feel talking with someone about their plans for after they die?
- Have you experienced situations where someone knows what they want in the case of their expected death, but their needs or values are different in the case of a sudden, unplanned emergency (like someone who does not want resuscitation as part of their cancer treatment, but if they were to overdose would still want resuscitation)?

Closing Reflection

Advance care planning can feel formal or intimidating, but it's often already happening in small, meaningful moments. When someone says "Don't let them put tubes in me," or "Give my stuff to Jodie if anything happens," they're trusting you with something important.

You don't have to do it all. You just have to start the conversation, or hold space when it happens. You can help people think through their choices, write things down, or get connected with someone who can help with forms and decisions.

We can only do what we can. Often having something written down or expressed is better than nothing, but sometimes in cases of family complication, pets, belongings, what we write down in our informal notes doesn't always hold up in legal/health systems. This shouldn't discourage your efforts.

You're already part of the circle of care. Helping someone plan, whether it's a formal document or a conversation on the front steps, is one more way you walk with people through life, death, and everything in between.