Levels of care (synonym: levels of intervention)
Expression of the values and wishes of a patient in the form of goals of care, resulting from discussion between the patient or his/her representative and the physician concerning the anticipated evolution of health status as well as medically-appropriate care options and their consequences, in order to orient care and guide the choice of diagnostic and therapeutic interventions.

Cardiopulmonary resuscitation decision or order
A document that records a person’s wish not to be subjected to cardiopulmonary resuscitation or other emergency medical procedures delivered by first responders or other health professionals in the event of an arrest in circulation.

Advance medical directives
A document by which an adult who has the capacity to consent to care indicates in advance the types of medical care that he/she would accept or refuse to receive, in the event that he/she were to become incapable of consent. These wishes are constraining when applicable to a specific situation. Advance medical directives cover certain types of interventions in the following situations: end of life or severe and irreversible loss of cognitive function.

Mandate in anticipation of incapacity to consent to care
A written document by which a legally competent person designates another person to see to his/her welfare and affairs, in the event that he/she becomes incapable of consenting to care.

Other ways of expressing wishes
Other ways of expressing wishes exist, such as a living will, an informal note, or wishes expressed verbally or in written form by the person and placed in his/her medical record, etc.

Note: These different ways of expressing wishes can coexist and complement each other.
The objective of putting these documents into place is to insure **respect of a person’s wishes** with respect to **medically-appropriate** care that is delivered to him/her.

<table>
<thead>
<tr>
<th>Levels of care</th>
<th>No resuscitation decision or order</th>
<th>Advance medical directives</th>
<th>Mandate in anticipation of incapacity</th>
<th>Other ways of expressing wishes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usually initiated by</td>
<td>The physician or medical team</td>
<td>The person</td>
<td></td>
<td>The person</td>
</tr>
<tr>
<td>Determined by</td>
<td>A competent person or his/her representative</td>
<td>A competent person</td>
<td></td>
<td>A competent person</td>
</tr>
<tr>
<td>Determined with</td>
<td>Shared decision</td>
<td>Two witnesses or a notary</td>
<td></td>
<td>Alone or with a witness</td>
</tr>
<tr>
<td>Determined when</td>
<td>A person is facing a health situation that is likely to significantly worsen in the foreseeable future</td>
<td>At any time</td>
<td></td>
<td>At any time</td>
</tr>
<tr>
<td>Does a registry for this type of document exist?</td>
<td>No; the document is placed in the medical record</td>
<td>Yes; the document can be recorded in the advance medical directives registry, or placed in the medical record</td>
<td>Yes; the document can be recorded in the registry of protective supervision</td>
<td>Non; ideally, the document should be made known to the care team</td>
</tr>
</tbody>
</table>

It is important to note that these documents do not replace **discussion** of wishes nor **obtaining consent** to care.

Useful links for more information:
- sante.gouv.qc.ca/en/programmes-et-mesures-daide/loi-concernant-les-soins-de-fin-de-vie/
- www.cmq.org/home.aspx