For Your Information

Answers to Frequently Asked Questions

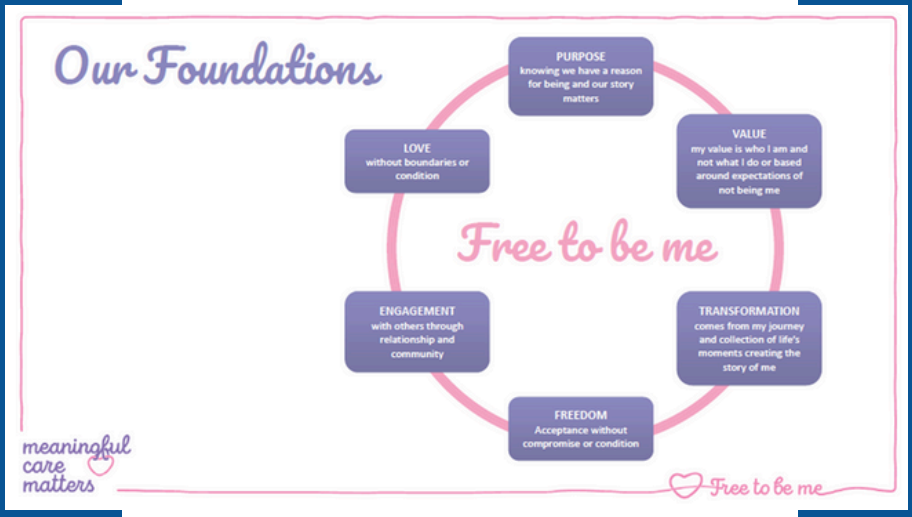
Do you need to know the who's who of the Elliott Community Team members,? ***Check out our CONTACT PAGE***

The Butterfly Approach Philosophy & Key Concepts

- Moving away from a task-focused, clinical approach to care towards one that is more flexible and relaxed
- Providing staff with training and tools and strategies to make emotional connections with the people living in the home as well as an understanding of the complex needs of people living with dementia
- Enhancing the environment to make it feel more like home
- Creating spaces and places to support the unique needs of individuals at different stages of the dementia journey
- Valuing people's life history and the importance of people's emotional memories
- Filling the home with objects and items that tell the story of the people living in it

Remember, you cannot change the fact that the person has dementia, however, you CAN change your approach and you CAN make the person feel good about themselves!

Meaningful Care Matters (MCM) is the organization that awards accreditation to homes that strive to implement the Butterfly Approach model of care.



Some people, as their experience of dementia changes, may find that they struggle to use speech or understand what is being said to them.

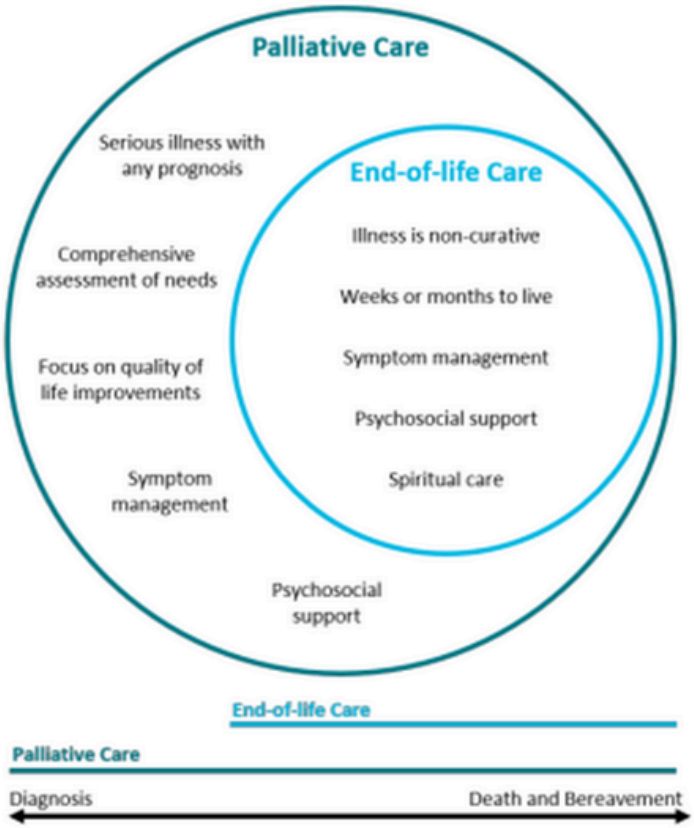
Because all people with dementia are different and are individuals, the way they express a need will also be unique.

Some of the expressions you may notice are:

- Exploring the home areas, including neighbour's rooms
- Gathering items that are not their own possessions
- Expressing fear or frustration in the moment

Palliative Care, End-of Life Care, and life-limiting (serious) illness

Palliative care is a comprehensive and compassionate approach to care that improves the quality of life of individuals with life-limiting illness and their families. It provides relief from symptoms, pain, and stress while addressing the physical, emotional, social, and spiritual needs throughout the illness journey. Palliative care is available to all people with life-limiting illness regardless of age, prognosis, disease stage, or treatment choice. (Pallium Canada, 2025).



What is life-limiting (serious) illness?
A health condition that carries a high risk of mortality and may negatively impact a person's daily function or quality of life

Do not resuscitate (DNR) orders:
You have the option to complete a "do not resuscitate" order. This instructs medical professionals not to perform CPR if your heart or breathing stops.

Cardiopulmonary resuscitation (CPR) is an emergency procedure consisting of chest compressions, usually combined with mouth-to-mouth ventilation. CPR is an effort to manually circulate blood and preserve intact brain function. Trained medical professionals may apply rapid defibrillation via an Automated External Defibrillators (AED). Emergency Medical Services may attempt advanced resuscitation measures.

Options at End of Life

Talk to your health care provider, family, friends or other caregivers about end-of-life care options.

Options may include palliative care AND:

- do not resuscitate orders
- refusal or withdrawal of treatment
- refusal of food and drink
- palliative sedation to ensure comfort
- medical assistance in dying

Advance Care Planning

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- Conversations to confirm a person's substitute decision-maker (SDM) and prepare SDM for future decision-making
- Focus on values and what is important to the person
- ACP is not consent for future care

Goals of Care Discussion

- Discussion in the context of a current illness about a person's values & goals leading up to a treatment or care decision
- Aim is to align available treatment options with a person's goals

Consent for Treatment of Care

- If you are not mentally capable of making your own healthcare decisions, your SDM(s) will need to consent for you.
- ACP conversations you have today will make it easier for your SDM(s) in the future so they don't have to guess at your wishes in the middle of a difficult time.

A substitute decision-maker (SDM) will **ONLY** make your healthcare decisions when you are NOT mentally capable of making a healthcare decision

What does it mean to be mentally capable?

Being mentally capable means that you must have the ability to **BOTH**:

Understand the information you are given about the decision to be made:

- Why is the treatment being recommended?
- What are the benefits of saying Yes or No?
- Are there any other options?

And

Understand what could happen if you say Yes or No to the treatment:

- How might it help or harm you?
- What will likely happen if you have it (or decide not to)?

https://www.advancecareplanningontario.ca/