STEP	Activities by Healthcare Workers or Trained Facilitators	Sample Conversations
INITIATE	- Identify beneficiaries - Introduce and normalise the ACP concept - Check for existing AMD; is it valid?	We encourage all our patients to think about planning for the future. What do you understand/have been told about your illness? Any questions? What do you hope for?
EDUCATE	- Explain ACP concept, advantages and limitations, available resources and documents - Encourage the selection of surrogate decision-makers - Check perceptions of CPR, ICU care and outcomes	Who would you want to speak for you when you cannot? You can hope for the best but you must plan for the rest. A heart attack means the heart has stopped and has to be restarted. In someone who is dying, when the heart stops, it cannot be restarted.
DISCUSSION	- Request the presence of the surrogate decision maker - Explore values related to death/dying, dependence, dignity, religious background, finances - Elicit goals of care (longevity vs quality, comfort, suffering) - Recommend treatment plans (optional) aligned with patient's values	What would you like to do if time ran short? What trade-offs are you willing to make for added time? How much suffering would be acceptable for the sake of more time? May I suggest a treatment plan that allows you to work toward your goals?
DOCUMENT	- Discussions to be documented in medical records - Ensure completed AMD copies are shared with all concerned (patient, surrogate, family, HCP) as per privacy norms	
SUMMARIZE & CLOSE	- Use standard closing phrases, check for concerns - Revisit and review annually	I know this has been a lot to discuss. You are brave to talk about this. I will be with you at every step. I'll check in with you once a year to see if the document still fits your wishes.

Modified from: Butola S, Gursahani R. Advance care planning and the ethical obligation of death literacy as a public health initiative in India. Indian journal of medical ethics. 2024;9(4):308-12.