



## Making My Wishes Clear

The following statements are examples of what you might want to include in your Health Care Directive (HCD) to ensure that your preferences for care and comfort are clearly defined. The statements reflect a variety of views. We offer these statements as clear ways to express your own values, beliefs, and preferences.

**Directions:** Consider each statement. Decide if it reflects your beliefs and values. Identify the statements you want to include in your health care directive. Change the statements as needed to provide even more detail or to more accurately reflect your values and beliefs. When you complete your health care directive, you can add these statements to your document. You may choose to add this document as an addendum to your health care directive. If you choose to add these pages, initial the box in front of the statements that you agree with, and write your name and the date on the bottom of each page.

### General Values

Even if I am mentally unable to engage with others, I want every effort taken to prolong my life.

I want to live as long as possible regardless of quality of life.

It's important to me that I be given every medical opportunity for improvement.

I do not want to be connected to machines, which may keep my body alive.

If I am diagnosed with a dementia that renders me unable to make decisions, I no longer want ANY life sustaining treatments, including food or fluids, if I am unable to swallow or unable to feed myself.

I do not want treatments that will only prolong my life and not improve it.

It is important to me to remain independent. Explain what independence means to you:

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

If I cannot engage in a meaningful way with my family and others, I do not want any treatment that simply prolongs my life. Explain what “meaningful engagement” means to you:

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I do not want to be a burden to my family. Explain what “burden” means to you:

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I do not want to die alone and wish to be in a place where I can be with friends and family, if possible.

It's important for me to be able to talk about what scares me and what death means.

It's important to me that my family is prepared so there are no arguments or uncertainty about my wishes.

I ask family and friends to support my decisions and wishes even if they disagree with them.

### **Pain Control**

Pain control and comfort are very important to me. I would like treatments that provide the maximum level of comfort and reduce pain.

I would like my pain to be managed, even if it makes me less responsive.

Unless the pain is too much for me to bear, I would rather be awake and aware of my surroundings.

I do not want to be heavily medicated and would prefer minimal pain relief efforts.

It's important to me to be kept clean and comfortable.

I am in recovery \_\_ years (insert #) for chemical dependency and I do not want narcotics for pain control.

### **Breathing Support**

If there is even a small chance I will resume breathing on my own, I want a ventilator or respirator.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I have no objections to the temporary use of a respirator/ventilator to enable my family to see me alive to say goodbye.

If my healthcare team does not believe I will ever be able to breathe on my own again, I do not want to be put on a ventilator.

If I am close to death, I do not want to be put on a ventilator.

If I have been put on a ventilator or respirator and have not improved after a recommended (by my healthcare team) period of time, I want the artificial breathing support removed even if removing it allows me to die.

I do not want to be short of breath.

### **Feeding and Fluid Support**

I want nutrition and hydration (feeding tube and IV fluids) provided for me by whatever means necessary.

In the event of dehydration due to an infection, I want IV therapy.

If it would cause pain and suffering, I do not wish to have nutrition or hydration support.

When I am no longer able to take food or fluids by mouth, I do not want a feeding tube or IV liquids.

I understand that when a person is dying, the body processes slow down and eventually cease. When this happens to me and I can no longer take food or fluids by mouth, I do not want food or fluids by artificial means (tubes or intravenous).

### **Emergency Care or CPR**

I want CPR to be attempted if I stop breathing or my heart stops, even if there is only a small chance that it will be successful.

If I stop breathing or my heart stops, I do not want CPR to be attempted.

Even if other life sustaining treatments are being provided, I still do not want CPR attempted if I stop breathing or my heart stops beating.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Religious or Spiritual Considerations

I wish to be present for religious services and have visits from clergy if possible, even if I cannot participate.

It is important to me to pray during this time and feel at peace with God.

I want members of my faith community to pray for me and my family.

I do not want anyone to pray for my sins or try to convert or save me.

### Location of Care

I would prefer to be cared for in a \_\_\_\_\_ setting. (describe type of setting or identify specific location)

I would like to die at home with the proper level of care.

If I cannot take care of my personal needs, I would rather be in a nursing home than have my family take care of me.

I want to receive care where I can have my pet with me.

### Health Care Agent Requests

I want my health care agent to consult with \_\_\_\_\_ (insert name) before making any care decisions.

I want my health care agent to keep \_\_\_\_\_ (insert name) informed about my condition.

My health care agent should know my values and priorities and help my family understand my wishes.

I believe it is reasonable to consider the cost of a treatment when making a decision.

I know that there are many “gray areas” in end-of-life decision making. I also know that I cannot anticipate all the possible dilemmas that my agent(s) might face. All I ask is that you do your best to figure out what I would want under the circumstances.

Name: \_\_\_\_\_ Date: \_\_\_\_\_