Dear Doctor,

My Doctor’s Name: ____________________

RE: What matters most to me at the end of my life

I have been reading and thinking about end-of-life issues lately. I realize how important it is that I communicate my wishes to you and my family. I know that you are very busy.

You may find it awkward to talk to me about my end-of-life wishes or you may feel that it is too early to have this conversation. So I am writing this letter to clarify what matters most to me.

My Name: ____________________________

What Matters Most to Me

*Examples: Being at home, doing gardening, going to church, playing with my grandchildren

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

My important future life milestones

*Examples: My 10th wedding anniversary, my grandson’s high school graduation, birth of my granddaughter

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Here is how we prefer to handle bad news in my family

*Examples: We talk openly about it, we shield the children from it, we do not like to talk about it, we do not tell the patient

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Here is how we make medical decisions in our family

*Examples: I make the decisions myself, my entire family has to agree on major decisions about me, my daughter who is a nurse makes the decisions, etc.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Here is who I want making medical decisions for me when I am not able to make my own decisions

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

What I DO NOT want at the end of my life

☐ I do not want to be on a breathing machine
☐ I do not want artificial liquid feeding
☐ I do not want dialysis
☐ I do not want to spend my last days in a hospital
☐ I do not want to die at home
☐ Other: ________________________________________

What I DO WANT at the end of life

☐ I want to be pain free
☐ I want to spend my last days in the hospital
☐ I want you to help me die gently and naturally
☐ I want to die at home
☐ I want hospice care
☐ Other: ________________________________________

If my pain and distress are difficult to control, please sedate me (make me sleep with medicines) even if this means that I may die sooner

☐ Yes
☐ No
What to do when my family wants you to do something different than what I want for myself?

☐ I am asking you to show them this letter and guide my family to follow my wishes.
☐ I want you to override my wishes as my family knows best.

Other information you may want to convey
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please scan this letter into my medical records in a place where your colleagues can read this and be guided by it. I thank you, doctor, for listening to me now and for the future work you are about to do, guided by what matters most to me.

Your grateful patient,

__________________________________
Signature
__________________________________
Print Name
____________
Date

For more information about Advance Directives go to: www.summitohioprobate.com