

# Explanation of Advance Directive

National Hospital for Geriatric Medicine

## 1. about the Advance Directive

This Advance Directive is provided by the National Hospital for Geriatric Medicine. It is made by the aid of Health and Labor Sciences Research Grand Comprehensive Research on Aging and Health (Katsumata Group, H16-Tyoju-007) and Grants-in-Aid for Scientific Research under Category “B” (Iguchi Group, 17390151).

Many western countries have adopted a “natural death act” or “death with dignity act,” which gives people who are still healthy the opportunity to express their wishes for how they want to die (called an “Advance Directive”). Health care providers are then obligated to respect these wishes.

Health care providers also want to provide care that is as closely in accordance with the patient’s wishes as possible, in cases when patients are unable to express their wishes themselves. Death, unfortunately, visits all people. Rather than simply leaving end-of-life care in the hands of others, wouldn’t you rather receive healthcare in line with your own beliefs? This Advance Directive was created to help people such as you in realizing your own wishes.

## 2. Why is an Advance Directive needed?

As you know, with the advances in medicine there are an increasing number of cases in which people recover and return to active lives following illnesses or accidents that previously would have led to death. At the same time, there are cases in which the patient has a terminal illness or persistent vegetative state, and cannot express his or her wishes. It also sometimes happens that a person cannot express his or her wishes because of deteriorating mental abilities as a result of age or illness.

In cases when the patient cannot state his or her own wishes, we consult with family members and others and try to prolong the patient’s life as much as possible. However, in cases when there is no real hope for recovery we sometimes face the difficult question of how long to continue systemic, high level medical management, such as mechanical respiration or circulation. At such times, an Advance Directive on which the patient has written his or her wishes is very helpful for the provision of medical care.

## 3. Will the Advance Directive be heeded?

Unfortunately, Japan has no laws stipulating that this kind of Advance Directive must be respected by health care providers. Therefore, there is no guarantee that this Advance Directive will be respected by health care providers. As is described in the next clause, the situation with regard to medical treatments for terminal illness or a permanent vegetative state is very difficult and complicated in Japan. One of the reasons it is so difficult is that most patients in such a serious state cannot express their will, nor do they leave advance directives. Health care providers must therefore make decisions without knowing the patient's desires. Most health care providers would like to provide treatment that corresponds to the patient's desires, if they knew them. Therefore, if patients would leave wills or designate Health Care Agents, it would help to overcome these difficult problems. Of course it is also important for health care providers to confirm that what are written in the Advanced Directive are really the patient's wishes. For that purpose, the Advance Directive includes a place for the signature of a witness, and a place for the person in question to designate a Health Care Agent for him- or herself.

#### **4. Present features of terminal care in Japan**

Recently, patients' right to choose their own medical treatment is widely recognized, as seen in the terms informed consent or informed choice. However, this patients' right is not always respected in Japan for medical treatment in the terminal stage. Japanese doctors will not perform serious acts that result in death, such as withdrawing a respirator from the patient who is completely dependant on it, even if there is a clear patient wish for it, because that act will seem like euthanasia. In fact, there was a case in Japan wherein a mother was sentenced for requested-murder because she stopped the respirator of her son, who suffered from amyotrophic lateral sclerosis. Doctors ignored her son's repeated requests to stop the respirator, and finally the mother stopped it. In Japan, death with dignity by avoiding excessive medical treatment in order to die a natural death is commonly confused with euthanasia, in which a person is killed so that he or she may avoid pain. An actual case was reported in the media in Japan, in which a doctor who stopped the respirator of a nearly brain-dead patient, in consultation with the patient's family, was sent to the public prosecutor's office. In such a legally unprotected situation, it is natural that Japanese doctors will not withdraw a respirator even if the patient him/herself wishes it. Because of this excessive cautiousness with regard to the withdrawal of a respirator, there is some concern that a respirator might be withheld from a patient who still has a possibility of recovery, if that possibility is small. In any event, patients, families and doctors have a difficult time to decide whether a respirator should be used or not in each emergency case, considering that the respirator, once used, will never be removed.

## **5. How other countries deal with this difficult problem**

In Europe and America, it is well recognized that patients have the right to choose their medical treatment and to refuse unfavorable treatment. Many of these countries have their own “natural death act” in which the rights of patients with terminal illness or in a persistent vegetative state are made clear. Moreover, even if excessive medical treatment such as a respirator is stopped, it cannot be legally considered the cause of death. The cause of death in such cases is the disease or the trauma inducing the terminal or persistent vegetative state. Thus, a “natural death act” not only protects patient s’ rights but also protects doctors from accusations of murder. Two important legal reforms to overcome the problem that many patients with terminal illness or a persistent vegetative state cannot express their desires are also included in these laws. The first reform is that a Health Care Agent nominated by the patient has the right to make a decision in place of the patient. The second reform is that a living will written by the patient is legally valid if he/she writes it when legally competent. In the United States, all hospitals have to introduce a legally acceptable Advance Directive form, including these two legal reforms, to inpatients.

## **6. Features of this Advance Directive**

This Advance Directive is meant to designate your Health Care Agent and to clearly indicate the type of medical treatment you would like in case you cannot express your wishes, as in a “natural death act”. It was prepared with reference to Five Wishes, a booklet used by 3 million Americans, and arranged with consideration of the situation in Japan. It allows you to easily indicate your wishes by selecting from several choices.

## **7. Structure of the Advance Directive**

This document is divided into three main parts. Part 1 is for you to indicate a Health Care Agent; a person who understands your thoughts very well and will act as your agent. Part 2 is for you indicate the medical treatment that you would like to receive. Part 3 is where a witness signs as proof that the Advance Directive you have completed reflects your intentions.

## **8. The limitation of this form**

As is also written in the Advance Directive itself, it is not absolutely necessary for you to authorize a Healthcare Agent in Part 1. However, decisions about actual medical care must be made based on various circumstances. In many cases the opinions of a Health Care Agent can be very

useful in interpreting your intentions from what is written in Part 2. In that sense, it is important to authorize a Health Care Agent who understands your thinking well. We urge you to use Part 1. However, since this Health Care Agent system is not yet legally valid in Japan, there are limitations at present. Moreover, some treatments that we cannot actually expect to be performed because of the very bad legal situation, such as withdrawal of a respirator, are also included in this form. Much more public support is necessary for all of your desires in this Advance Directive form to be respected. Please think about your own wishes when using this form and how to solve this difficult problem in Japan. Your action will serve as a driving force to help make your wishes come true.

## **9. In what case is this Advance Directive used**

This document will be used when you have a terminal illness, or are in a persistent vegetative state, and you cannot decide your medical treatment. This document contains a part (Part 2) where you can make known your wishes in each of these conditions. This document will not be used when you are still able to express your wishes, or when you do not have a terminal illness, or are not in a persistent vegetative state, even if you cannot express your wishes for reasons such as dementia.

## **10. Please use this Advance Directive to reconfirm your wishes**

One of the aims of this document is to get patients to talk with their families and primary physicians about the kind of end-of-life medical care they want. In addition to communicating their wishes to others, this document helps people confirm their own wishes to themselves. The document can also be freely revised or rewritten based on these discussions.

## **11. After you fill up this form**

After you complete this form, please bring it to the hospital window. We will make five copies of it. One copy will be attached to your medical chart, and the original and four copies will be returned to you. Please keep the original form for yourself. One each of the other copies should be given to your Healthcare Agent and your witness, and others may be given to your family members, friends, family physician, or others who care about you. Please be careful to give this form only to persons you trust, however, because it includes your personal information. The copy of your form that is attached to your medical chart might be used to facilitate the movement for making such Advance Directives in Japan. In that case, your information will be treated anonymously and in a fashion so that it cannot be linked to you, and under the approval of the institution's ethics committee. Your personal information will never be divulged. Activities to support the creation of this Advance

Directives are important for improvement of the present problems in the end-of-life healthcare in Japan. We ask for your understanding of this movement to facilitate the creation of advance directives in Japan.

## **12. Making changes to this advance directive**

Your wishes may change somewhat in the future. At such times, you can revise this Advance Directive freely. Making various revisions shows that you are thinking seriously about this problem, and indicates that your most recent thoughts are well considered.

However, please note the following when making changes.

1. Clearly invalidate your previous Advance Directive, either by destroying all previous copies or by writing "Revoked" in large letters on the invalidated document.
2. Give a copy of the new Advance Directive to your Healthcare Agent, family, and doctor, and inform them of the changes.

# 資 料 7

本研究で作成された事前指示書（英訳）

# Advance Directive

## **Part 1 Person who can make decisions about health care on my behalf (Health Care Agent) in the event that I am unable to do so myself**

### **1. Conditions for authorizing a Health Care Agent**

In the case that I am no longer able to make judgments or speak myself, I entrust the person indicated below to make judgments for me. (I am aware that I do not need to authorize such an agent, and that I can change my Health Care Agent at any time.)

If I do authorize a Health Care Agent, I will explain to him or her my wishes as written in this Advance Directive, and give him or her a copy. It is my hope that my Health Care Agent will understand my wishes and make efforts so that I receive medical care in accordance with my wishes, to the extent possible. If the case that I do not authorize a Health Care Agent, I will leave Part 1 blank and go on to Part 2.

### **2. My Health Care Agent may make decisions regarding medical care on my behalf in the event that both of the following occur.**

- (1) My primary physician determines that I am unable to make decisions regarding medical care.
- (2) A second doctor concurs with the determination of my primary physician that I am unable to make decisions regarding medical care.

### **3. Information about my Health Care Agent**

(1) Name:

(2) Relationship with me:

(3) Phone:

(4) Address:

#### **4. Extent of authority granted to my Health Care Agent**

I give the following authority to my Health Care Agent.

- I authorize my Health Care Agent to make medical decisions on my behalf so that I can receive medical care in accordance with my wishes as written in Part 2.
- I would like full consideration to be given to my wishes as written in Part 2, but I entrust my Health Care Agent to make decisions for my actual medical care.
- I have written my wishes in Part 2, but I entrust my Health Care Agent to make all decisions regarding my actual medical care.

#### **5. Points of consideration in selecting an appropriate Health Care Agent**

To help make sure that I have chosen an appropriate person as my Health Care Agent, I have considered the following making my decision.

- (1) The person knows me well, cares about me, and is able to make difficult decisions.
- (2) My spouse or a family member may not always be the best Health Care Agent, as it may be difficult for them to make level-headed judgments.
- (3) On the other hand, my spouse and family members know me well and care about me, and in some cases may be the best Health Care Agent.
- (4) It is better that I choose a person who will find it easy to be nearby.
- (5) The person is someone who has a good understanding of my wishes for medical care, and will work on my behalf to see that these wishes are realized.
- (6) The person is an adult.
- (7) A doctor or a person who manages a medical institution is not appropriate as my Health Care Agent (unless such a person is also my spouse or a family member).

## **Part 2 My wishes for medical care**

### **1. Conditions for writing my wishes for medical care**

In this Part 2 state my wishes for medical care. Completing this part is essential if I did not designate a Health Care Agent in Part 1. I will not necessarily fill in every item; in some places I may fill in only those parts that are in line with my wishes.

I recognize that Japan does not have a “Natural Death Act,” so my doctor is not legally obligated to follow my wishes. I am also aware that following my wishes does not necessarily release my doctor from responsibility. However, I clearly indicate my wishes here so that they



will be understood, and so that I may receive medical care as closely in accordance with my wishes as possible.

**2. My basic wish for medical treatment and care (fill in box (■) that applies)**

- I want my pain to be reduced to the minimum. I do not mind if this means that I will be drowsy or I will sleep more than I normally would.
  
- I want to face death in a natural state to the extent possible. Therefore, I want to avoid being given strong medicines that will reduce my level of consciousness even if that means I will have to bear some pain.

**3. My wishes for medical treatment (fill in boxes (■) that apply)**

If I come to be in any of the conditions below and two or more doctors believe there is no chance of recovery, I do not wish to have the medical treatments indicated. If any of these treatments have been started, I wish for them to be stopped.

**(1) I am in the terminal period of illness\*<sup>1</sup>**

- Resuscitation\*<sup>3</sup> (ventilator and so on)
- Artificial dialysis
- Administration of antibiotics
- Nutrition by PEG\*<sup>4</sup>
- Nutrition and water by other than PEG

**(2) I am in a persistent vegetative state\*<sup>2</sup>**

- Resuscitation (ventilator and so on)
- Artificial dialysis
- Administration of antibiotics
- Nutrition by PEG
- Nutrition and water by other than PEG

\*<sup>1</sup>The terminal period is the period from the time a patient becomes bed-ridden with a lethal disease or trauma until he or she dies. The terminal period is considered to be approximately six months or shorter (the 3<sup>rd</sup> meeting of Bioethics, Japanese Medical Association, 1992).

\*<sup>2</sup>Persistent vegetative state refers to whole brain damage with the exception of the brainstem, usually continuing for over 3-6 months during which the patient is unconscious and cannot communicate with other persons, but maintains heart beat, respiration and other organ functions (the investigative commission for medical treatment of terminal illness, Ministry of Health, Labor, and Welfare, 2004).

\*<sup>3</sup>Resuscitation refers to medical treatments for patients near death, such as heart massage, intubation, tracheotomy, ventilator, medication with XX, and so on (the investigative commission for medical treatment of terminal illness, Ministry of Health, Labor, and Welfare, 2004).

\*<sup>4</sup>Percutaneous endoscopic gastrostomy: The operation to create gastrostomy using endoscopy and so on.

**4. My wishes for a doctor and medical care institution are indicated below. I request that these wishes be considered.**

My preferred doctor:

My preferred medical institution:

Place where I would like to spend my final days:

### **Part 3 Proof of the validity of this document**

#### **1. My confirmation signature**

(1) I affirm that what is written here are my own thoughts, and sign below as proof of this.

Signature:

(2) Date of signature:

(3) Date of birth:

(4) Sex: male / female

(5) Address:

(6) If I cannot sign this document myself, I request that the person below complete it on my behalf.

Signature of Health Care Agent:

Address of Health Care Agent:

#### **2. Witnesses to the validity of this document**

To prove the validity of this document, it is signed by the witnesses below, who are not the Health Care Agent and are age 20 years or older.

(1) Signature of Witness

I hereby attest that this document was completed voluntarily and is valid.

(2) Date of signature:

(3) Date of birth:

(4) Sex: male / female

(5) Address:

資 料 8

F I V E W I S H E S

# FIVE

## MY WISH FOR:

The Person I Want to Make Care Decisions for Me When I Can't

The Kind of Medical Treatment I Want or Don't Want

How Comfortable I Want to Be

How I Want People to Treat Me

What I Want My Loved Ones to Know

print your name

birthdate

Social Security number

# Five Wishes

*There are many things in life that are out of our hands. This Five Wishes booklet gives you a way to control something very important—how you are treated if you get seriously ill. It is an easy-to-complete form that lets you say exactly what you want. Once it is filled out and properly signed it is valid under the laws of most states.*

## What Is Five Wishes?

Five Wishes is the first living will that talks about your personal, emotional and spiritual needs as well as your medical wishes. It lets you choose the person you want to make health care decisions for you if you are not able to make them for yourself. Five Wishes lets you say exactly how you wish to be

treated if you get seriously ill. It was written with the help of The American Bar Association's Commission on the Legal Problems of the Elderly, and the nation's leading experts in end-of-life care. It's also easy to use. All you have to do is check a box, circle a direction, or write a few sentences.

## How Five Wishes Can Help You And Your Family

- It lets you talk with your family, friends and doctor about how you want to be treated if you become seriously ill.
- Your family members will not have to guess what you want. It protects them if you become seriously ill, because they won't have to make hard choices without knowing your wishes.
- You can know what your mom, dad, spouse, or friend wants through a Five Wishes living will. You can be there for them when they need you most. You will understand what they really want.

## How Five Wishes Began

For 12 years, a man named Jim Tovey worked closely with Mother Teresa, and, for one year, he lived in a hospice she ran in Washington, DC. Inspired by this first-hand experience, Mr. Tovey sought a way for patients and their families to plan ahead and to cope with serious

illness. The result is Five Wishes and the response to it has been overwhelming. It has been featured on CNN and NBC's Today Show and in the pages of *Time* and *Money* magazines. Newspapers have called Five Wishes the first "living will with a heart."

## Who Should Use Five Wishes

Five Wishes is for anyone 18 or older — married, single, parents, adult children, and friends. Over three million Americans of all ages have already used it. Because it

works so well, lawyers, doctors, hospitals and hospices, faith communities, employers, and retiree groups are handing out this document.

## Five Wishes States

If you live in the District of Columbia or one of the 36 states listed below, you can use Five Wishes and have the peace of mind to know that it substantially meets your state's requirements under the law:

|             |               |                |               |
|-------------|---------------|----------------|---------------|
| Alaska      | Hawaii        | Minnesota      | North Dakota  |
| Arizona     | Idaho         | Mississippi    | Pennsylvania  |
| Arkansas    | Illinois      | Missouri       | Rhode Island  |
| California  | Iowa          | Montana        | South Dakota  |
| Colorado    | Louisiana     | Nebraska       | Tennessee     |
| Connecticut | Maine         | New Jersey     | Virginia      |
| Delaware    | Maryland      | New Mexico     | Washington    |
| Florida     | Massachusetts | New York       | West Virginia |
| Georgia     | Michigan      | North Carolina | Wyoming       |

If your state is not one of the 36 states listed here, Five Wishes does not meet the technical requirements in the statutes of your state. So some doctors in your state may be reluctant to honor Five Wishes. However, many people from states not on this list do complete Five Wishes along with their state's legal form. They find that Five Wishes helps them express all that they want and provides a helpful guide to family members, friends, care givers and doctors. Most doctors and health care professionals know they need to listen to your wishes no matter how you express them.

## How Do I Change To Five Wishes?

You may already have a living will or a durable power of attorney for health care. If you want to use Five Wishes instead, all you need to do is fill out and sign a new Five Wishes as directed. As soon as you sign it, it takes away any advance directive you had before. To make sure the right form is used, please do the following:

- Destroy all copies of your old living will or durable power of attorney for health care. Or you can write "revoked" in large letters across the copy you have. Tell your lawyer if he or she helped prepare those old forms for you. *AND*
- Tell your Health Care Agent, family members, and doctor that you have filled out the new Five Wishes. Make sure they know about your new wishes.

## The Person I Want To Make Health Care Decisions For Me When I Can't Make Them For Myself.

**I**f I am no longer able to make my own health care decisions, this form names the person I choose to make these choices for me. This person will be my Health Care Agent (or other term that may be used in my state, such as proxy, representative, or surrogate). This person will make my health care choices if both of these things happen:

- My attending or treating doctor finds I am no longer able to make health care choices, AND
- Another health care professional agrees that this is true.

If my state has a different way of finding that I am not able to make health care choices, then my state's way should be followed.

### The Person I Choose As My Health Care Agent Is:

First Choice Name

Phone

Address

City/State/Zip

If this person is not able or willing to make these choices for me, *OR* is divorced or legally separated from me, *OR* this person has died, then these people are my next choices:

Second Choice Name

Third Choice Name

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

### Picking The Right Person To Be Your Health Care Agent

Choose someone who knows you very well, cares about you, and who can make difficult decisions. A spouse or family member may not be the best choice because they are too emotionally involved. Sometimes they are the best choice. You know best. Choose someone who is able to stand up for you so that your wishes are followed. Also, choose someone who is likely to be nearby so that they can help when you need them. Whether you choose a spouse, family member, or friend as your Health Care Agent, make sure you talk about these wishes and be sure that this person agrees to respect

and follow your wishes. Your Health Care Agent should be at least 18 years or older (in Colorado, 21 years or older) and should not be:

- Your health care provider, including the owner or operator of a health or residential or community care facility serving you.
- An employee of your health care provider.
- Serving as an agent or proxy for 10 or more people unless he or she is your spouse or close relative.

*I understand that my Health Care Agent can make health care decisions for me. I want my Agent to be able to do the following: (Please cross out anything you don't want your Agent to do that is listed below.)*

- Make choices for me about my medical care or services, like tests, medicine, or surgery. This care or service could be to find out what my health problem is, or how to treat it. It can also include care to keep me alive. If the treatment or care has already started, my Health Care Agent can keep it going or have it stopped.
- Interpret any instructions I have given in this form or given in other discussions, according to my Health Care Agent's understanding of my wishes and values.
- Arrange for admission to a hospital, hospice, or nursing home for me. My Health Care Agent can hire any kind of health care worker I may need to help me or take care of me. My Agent may also fire a health care worker, if needed.
- Make the decision to request, take away or not give medical treatments, including artificially-provided food and water, and any other treatments to keep me alive.
- See and approve release of my medical records and personal files. If I need to sign my name to get any of these files, my Health Care Agent can sign it for me.
- Move me to another state to get the care I need or to carry out my wishes.
- Authorize or refuse to authorize any medication or procedure needed to help with pain.
- Take any legal action needed to carry out my wishes.
- Donate useable organs or tissues of mine as allowed by law.
- Apply for Medicare, Medicaid, or other programs or insurance benefits for me. My Health Care Agent can see my personal files, like bank records, to find out what is needed to fill out these forms.
- Listed below are any changes, additions, or limitations on my Health Care Agent's powers.

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**If I Change My Mind About Having A Health Care Agent, I Will**

- Destroy all copies of this part of the Five Wishes form. *OR*
- Tell someone, such as my doctor or family, that I want to cancel or change my Health Care Agent. *OR*
- Write the word "Revoked" in large letters across the name of each agent whose authority I want to cancel. Sign my name on that page.



# WISH 2

## My Wish For The Kind Of Medical Treatment I Want Or Don't Want.

**I** believe that my life is precious and I deserve to be treated with dignity. When the time comes that I am very sick and am not able to speak for myself, I want the following wishes, and any other directions I have given to my Health Care Agent, to be respected and followed.

### What You Should Keep In Mind As My Caregiver

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means that I will be drowsy or sleep more than I would otherwise.
- I do not want anything done or omitted by my doctors or nurses with the intention of taking my life.
- I want to be offered food and fluids by mouth, and kept clean and warm.

### What "Life-Support Treatment" Means To Me

Life-support treatment means any medical procedure, device or medication to keep me alive.

Life-support treatment includes: medical devices put in me to help me breathe; food and water supplied by medical device (tube feeding); cardiopulmonary resuscitation (CPR); major surgery; blood transfusions; dialysis; antibiotics;

and anything else meant to keep me alive.

If I wish to limit the meaning of life-support treatment because of my religious or personal beliefs, I write this limitation in the space below. I do this to make very clear what I want and under what conditions.

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### In Case Of An Emergency

If you have a medical emergency and ambulance personnel arrive, they may look to see if you have a Do Not Resuscitate form or bracelet. Many states require a person to have a Do Not Resuscitate form filled out and

signed by a doctor. This form lets ambulance personnel know that you don't want them to use life-support treatment when you are dying. Please check with your doctor to see if you need to have a Do Not Resuscitate form filled out.

*Here is the kind of medical treatment that I want or don't want in the four situations listed below. I want my Health Care Agent, my family, my doctors and other health care providers, my friends and all others to know these directions.*

**Close to death:**

If my doctor and another health care professional both decide that I am likely to die within a short period of time, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

- I want to have life-support treatment.
- I do not want life-support treatment. If it has been started, I want it stopped.
- I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

**In A Coma And Not Expected To Wake Up Or Recover:**

If my doctor and another health care professional both decide that I am in a coma from which I am not expected to wake up or recover, and I have brain damage, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

- I want to have life-support treatment.
- I do not want life-support treatment. If it has been started, I want it stopped.
- I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

**Permanent And Severe Brain Damage And Not Expected To Recover:**

If my doctor and another health care professional both decide that I have permanent and severe brain damage, (for example, I can open my eyes, but I can not speak or understand) and I am not expected to get better, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

- I want to have life-support treatment.
- I do not want life-support treatment. If it has been started, I want it stopped.
- I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

**In Another Condition Under Which I Do Not Wish To Be Kept Alive:**

If there is another condition under which I do not wish to have life-support treatment, I describe it below. In this condition, I believe that the costs and burdens of life-support treatment are too much and not worth the benefits to me. Therefore, in this condition, I do not want life-support treatment. (For example, you may write "end-stage condition." That means that your health has gotten worse. You are not able to take care of yourself in any way, mentally or physically. Life-support treatment will not help you recover. Please leave the space blank if you have no other condition to describe.)

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**T**he next three wishes deal with my personal, spiritual and emotional wishes. They are important to me. I want to be treated with dignity near the end of my life, so I would like people to do the things written in Wishes 3, 4, and 5 when they can be done. I understand that my family, my doctors and other health care providers, my friends, and others may not be able to do these things or are not required by law to do these things. I do not expect the following wishes to place new or added legal duties on my doctors or other health care providers. I also do not expect these wishes to excuse my doctor or other health care providers from giving me the proper care asked for by law.

### **My Wish For How Comfortable I Want To Be.**

(Please cross out anything that you don't agree with.)

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means I will be drowsy or sleep more than I would otherwise.
- If I show signs of depression, nausea, shortness of breath, or hallucinations, I want my care givers to do whatever they can to help me.
- I wish to have a cool moist cloth put on my head if I have a fever.
- I want my lips and mouth kept moist to stop dryness.
- I wish to have warm baths often. I wish to be kept fresh and clean at all times.
- I wish to be massaged with warm oils as often as I can be.
- I wish to have my favorite music played when possible until my time of death.
- I wish to have personal care like shaving, nail clipping, hair brushing, and teeth brushing, as long as they do not cause me pain or discomfort.
- I wish to have religious readings and well-loved poems read aloud when I am near death.

### **My Wish For How I Want People To Treat Me.**

(Please cross out anything that you don't agree with.)

- I wish to have people with me when possible. I want someone to be with me when it seems that death may come at any time.
- I wish to have my hand held and to be talked to when possible, even if I don't seem to respond to the voice or touch of others.
- I wish to have others by my side praying for me when possible.
- I wish to have the members of my faith community told that I am sick and asked to pray for me and visit me.
- I wish to be cared for with kindness and cheerfulness, and not sadness.
- I wish to have pictures of my loved ones in my room, near my bed.
- If I am not able to control my bowel or bladder functions, I wish for my clothes and bed linens to be kept clean, and for them to be changed as soon as they can be if they have been soiled.
- I want to die in my home, if that can be done.

## My Wish For What I Want My Loved Ones To Know.

(Please cross out anything that you don't agree with.)

- I wish to have my family and friends know that I love them.
- I wish to be forgiven for the times I have hurt my family, friends, and others.
- I wish to have my family, friends and others know that I forgive them for when they may have hurt me in my life.
- I wish for my family and friends to know that I do not fear death itself. I think it is not the end, but a new beginning for me.
- I wish for all of my family members to make peace with each other before my death, if they can.
- I wish for my family and friends to think about what I was like before I became seriously ill. I want them to remember me in this way after my death.
- I wish for my family and friends and caregivers to respect my wishes even if they don't agree with them.
- I wish for my family and friends to look at my dying as a time of personal growth for everyone, including me. This will help me live a meaningful life in my final days.
- I wish for my family and friends to get counseling if they have trouble with my death. I want memories of my life to give them joy and not sorrow.
- After my death, I would like my body to be (circle one): buried or cremated.
- My body or remains should be put in the following location \_\_\_\_\_.
- The following person knows my funeral wishes: \_\_\_\_\_.

If anyone asks how I want to be remembered, please say the following about me:

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If there is to be a memorial service for me, I wish for this service to include the following (list music, songs, readings or other specific requests that you have):

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(Please use the space below for any other wishes. For example, you may want to donate any or all parts of your body when you die. Please attach a separate sheet of paper if you need more space.)

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