

Religious and Spiritual Beliefs

- I would prefer to be cared for in a (Lutheran, Catholic, Jewish, non-sectarian) home.
- If possible I wish to be present for religious services and have visits from clergy (minister, priest, rabbi, imam) even if I do not appear to understand or cannot fully participate.
- I want my family and friends to know that because of my faith I believe that I will be going to a better place when I die. So, if I'm "seeing the light," I don't want them to try and bring me back!
- I do not want anyone visiting me to pray for my sins or to try and convert or save me.

Other Statements about Care

- I would prefer to die at home with hospice services to support my caregivers.
- If I am no longer able to take care of my own personal needs, I would rather be in a nursing home or other care facility than to have my family have to care for me.
- If it is necessary for me to be placed in a nursing home, I would prefer (or prefer to avoid) *(name of nursing home)*.
- I realize I may not have much choice over where I receive my care, but I hope, wherever I am, I can... (for example, "look out a window and see trees and sky," "listen to my favorite music," "have my dog with me," etc.)
- I believe it is reasonable and correct to consider the cost when making a decision about any treatment or procedure.
- I would like my health care agent to consult with *(name the person)* before making any care decision on my behalf.
- I want my health care agent to keep *(name the person or persons)* informed about my condition.
- I ask family members and friends to support my decisions and those my health care agent makes on my behalf, even if they do not agree with my preferences.
- 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 decision maker(s) might face. All I ask is that you do your best to figure out what I would want under the circumstances.

More information about Advance Care Planning and Health Care Directives is available at www.hospicemn.org

SAMPLE LANGUAGE

Most health care directive forms have space where you can write about your health care wishes and preferences. But sometimes it's hard to know what to say—or how to say it.

This handout includes sample statements that could be used on a health care directive form or as part of any statement of health care wishes and preferences. The statements represent a variety of values, beliefs and preferences. You may agree with some of the statements and disagree with others. You may even want to use some of these words in your own health care directive.

Sample Language for Health Care Directives

General Statements about Feelings, Values and Preferences

- I have lived a good, long life. I am not afraid to die. If I am near death, I do not want any treatments or procedures that will only prolong my life rather than make it better.
- Any decision about my care should be based on the quality of life it is likely to preserve. I would not want my life extended if I could not understand what was going on around me or recognize and interact with the people I love.
- I believe that every human being is valuable, even if he or she is not aware of surroundings and cannot interact with other people. So, even if I become mentally incapacitated, I wish to be given the benefit of any treatment or care that will extend or improve my life.
- I believe that life is sacred and that we should do everything we can to preserve it. If a choice had to be made between keeping me alive and keeping me comfortable, I believe I would always choose to be kept alive, even if that meant that I had to endure pain.

General Statements about Treatments to Support or Prolong Life

- Even if I am so debilitated that I can no longer recognize and appreciate the people and events in my daily life, I want any treatment that would preserve my life or that might reduce or prevent further deterioration in my physical or mental condition.
- Do not start or continue life-sustaining procedures if my condition is unlikely to improve and I am not expected to regain the capacity to live my life in a way that is meaningful to me. (In addition, it's a good idea to give a more detailed description of what it would mean to live your life in a meaningful way.)
- If I am no longer able to make these decisions myself, I do not want to be kept alive by artificial measures (use of machine for breathing, nutrition and fluids delivered through tubes). I would not want my own, my family's, or the taxpayers' financial resources used in this way.

Statements about Pain Control

- Because I watched my own father die in excruciating pain, it is my wish that good pain control be the first item of business in my care. I do not want to have to spend my last days (or weeks, or hours) in pain. I would much prefer to be sedated and die peacefully.

- I hope that pain and other unpleasant symptoms can be kept to a minimum. I'd rather be awake and aware for the last precious days of life, unless I'm in too much pain or discomfort to enjoy them anyway.
- I believe that pain is part of life. I would rather experience pain than be so "out-of-it" that I can't interact with the people I care about.
- I believe that if God gives us pain, He has a reason. I do not want to be drugged to the point that I don't feel pain.

Statements about Specific Procedures Ventilator/Respirator

- I would want you to try a respirator or ventilator to keep me alive if there's even a slight a chance I will resume breathing on my own. If I do not resume breathing on my own after you've tried this treatment for a reasonable period of time, please do not hesitate to take me off the respirator.
- Life would not be worth living if I had to be kept on a respirator indefinitely. If doctors believe that I will never breathe on my own again, I do not want to be put on a respirator.
- If I am close to death, I do not want to be put on a respirator or ventilator for any reason. If such treatment has been started, I wish to have it discontinued.

Artificial Nutrition and Hydration

- I want nutrition and hydration provided for me, by whatever means are necessary, unless to do so would cause me pain and suffering or be otherwise medically inadvisable.
- I understand that when a person is dying, the bodily 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 nutrition or fluids by artificial means (tube or intravenous).

Cardiopulmonary Resuscitation (CPR)

- I want CPR even if there is only a slight chance that it will restore my breathing/heartbeat.
- If I have an incurable terminal illness or injury and my physician thinks that I will live only a few weeks or less, even if lifesaving treatment or care is provided to me, I do not want CPR.
- If I am close to death, I do not want CPR.