



Medical Choices Worksheet

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Make your wishes clear

Intention

This worksheet is intended to improve your chance of living at the end of your life cared for on your own terms, with your wishes honored. It's an opportunity to define and formalize what you would want to happen if your quality of life became unacceptable. Are you willing to consider difficult circumstances now in order to avoid living them later?

Rights

As long as you are able, you have the right to make your own medical decisions; accept or refuse treatment, physicians, or hospitals. You have the right to include particular wishes, such as any expressed in this worksheet, in your Living Will or Advance Directive. You have the right to appoint an agent who can represent you: someone you trust to interpret your wishes, or decide for you if you cannot make or communicate your own wishes. You have the right to dignity, comfort, and the right to change your mind.

Prepare

Just as you live in your own way, so will you die in your own way, at your own time. It's likely you neither know how or when. Faced with illness, you can't tell whether you will actually become well again. Some people live to be old and intact. Others have accidents or diseases, losing their capacities too soon. Some have bodies that outlive their mental capacity. How your life will end is probably beyond your control. What you can do is prepare by making the choices that will help you avoid needless suffering.

Communicate

Because the people that love you will not want you to leave them, they might not be able to admit that there is nothing that will rescue you when your time has come. Having your wishes clearly articulated in both written form and by digital video recordings helps both you and them. The more clarity you can find, and the more you can communicate, describe, and explain, the better. By hearing your thoughts and feelings in your own voice, your agent and family will benefit from a deeper understanding of your wishes, and thus be more able to honor them.

Consider difficult circumstances and choices

The challenge of changing course

You, like everyone else, are driven by survival instincts. During illness and treatment, optimism and hope serve you. At the end, however, when preventing the loss of your life is no longer possible, it may be wise to change course.

What if your body is failing, and medicine can't help you recover?

The default setting in our culture is to keep a person alive as long as is possible, unless that person says otherwise, even when medicine can no longer aid in recovery. If you knew that procedures, drugs, or simply having food and fluids delivered via tubes into your body would mean being kept alive under intolerable conditions, what would you choose? Heroic medicine can save your life but it can also prolong your dying.

What if you never wake up again?

For example, imagine that you can no longer breathe without a ventilator. You must be put under sedation to dull your awareness of the choking sensation from the tube placed deep down your throat; and your hands are tied to the bed railing so that you can't yank the tubes out. This may be well worth it if it enables you to wake up and be conscious. But is it still worth it if recovery is not an option, and you will never be awake again? It has been documented that most physicians, for themselves, choose to let nature take its course after witnessing this end of life process. You can determine what you want for yourself. At the end of your life, how do you want to live?

What if your brain causes you to lose mastery of your own mind?

Dementia attacks your mind before your body. It is not immediately life-threatening, so after your mind is lost, your body lives on, sometimes for decades. The question is at what point do you still want to? From where you sit now, in possession of yourself, can you identify what truly makes you feel like the person you are, and what would make you feel like you were no longer that person? This isn't an easy question, but answering it cannot wait, because later might be too late. What is the kernel of who you are? What makes your life worth living? Are there conditions that would make you want to choose to refuse dramatic life-saving procedures like resuscitation or drugs like antibiotics? Is there ever a point down the line at which you want to be allowed to refuse food and fluid?

Complete your worksheet

Print this worksheet so that you prompt your own inner dialogue, can engage in conversation with others, and take time considering the options. To make it easier, there are checkboxes to indicate your choices. When you have completed answering the questions, scan the worksheet or take a photo of it with your smartphone and upload it to your Important Documents Vault. You can then add your video to this worksheet and have both written and video records stored, all in one place.

Section 1: Defining what's important

When medical treatment cannot improve the quality, nor lengthen the duration of your life, what matters to you the most? **Choose what is most important to you:**

- Being alert
- Able to communicate
- Able to initiate
- Able to care for myself
- Able to walk
- Able to move my body
- Able to feed myself
- Able to experience pleasure
- Being as comfortable as possible
- Making the most of my time now
- Being pain-free, even if under sedation
- Being able to enjoy myself
- Being with family and loved ones
- Being safe
- Being at home
- Being touched
- Being close to nature
- Allowing nature to take its own course
- Compassionate and respectful care
- Spiritual connection and support
- My own state of mind
- Pleasant surroundings
- Music, images, views
- Remembering good times
- Giving and receiving love
- Giving and receiving forgiveness
- Feeling joy and gratitude
- Not suffering, emotionally or physically
- Not being alone
- Not being a physical burden
- Not being a financial burden
- Not being agitated or anxious
- Not being afraid or in a state of panic
- Not being hooked up to machines
- Not being sedated
- Not being fed if I do not ask for food
- Not being given water unless I ask
- Staying alive no matter what

Section 2: Living with dementia

It can begin with not remembering what you did yesterday but progress to not remembering how to sit, stand, speak, hold a spoon, or know what to do with it. If you have dementia, what, if any, of the following conditions feel intolerable? **Choose the conditions that feel intolerable to you:**

- | | | |
|---|---|--|
| <input type="checkbox"/> Cannot think | <input type="checkbox"/> Cannot speak | <input type="checkbox"/> Cannot swallow food |
| <input type="checkbox"/> Cannot remember | <input type="checkbox"/> Cannot communicate | <input type="checkbox"/> Cannot swallow water |
| <input type="checkbox"/> Cannot read | <input type="checkbox"/> Cannot be expressive | <input type="checkbox"/> Uncontrollable severe anxiety |
| <input type="checkbox"/> Cannot understand | <input type="checkbox"/> Cannot express pain | <input type="checkbox"/> Uncontrollable severe agitation |
| <input type="checkbox"/> Cannot maintain my hygiene | <input type="checkbox"/> Cannot initiate anything | <input type="checkbox"/> Believes everyone is against me |
| <input type="checkbox"/> Cannot control my bladder | <input type="checkbox"/> Do not know where I am | <input type="checkbox"/> Inconsolably afraid |
| <input type="checkbox"/> Cannot control my bowels | <input type="checkbox"/> Do not know who I am | <input type="checkbox"/> Angry outbursts |
| <input type="checkbox"/> Cannot feed myself | <input type="checkbox"/> Cannot recognize family | <input type="checkbox"/> Incessant crying, howling |
| <input type="checkbox"/> Cannot walk | <input type="checkbox"/> Cannot request food | <input type="checkbox"/> Violent behavior |
| <input type="checkbox"/> Cannot move | <input type="checkbox"/> Cannot request drink | <input type="checkbox"/> Severe untreatable pain |

Section 3: When meaningful recovery is not an option

When meaningful recovery is not an option, choose the life sustaining treatments that you would want for each of the following conditions:

	Condition 1 My body is irreversibly failing	Condition 2 I am irreversibly unconscious	Condition 3 My mind is irreversibly failing
Electroshock to restart my heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing tube, ventilator, sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart stimulating, diuretic, or regulating drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics for any infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood, plasma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artificial hydration (IV fluids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artificial nutrition (feeding tube)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Anatomical gifts and autopsy

A. What are your choices regarding anatomical gifts and organ donation?

- | | |
|--|--|
| <input type="checkbox"/> WANT to be an organ donor | <input type="checkbox"/> Do NOT want to be an organ donor |
| <input type="checkbox"/> WANT to donate: | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Decision made by my appointed agent |
| <input type="checkbox"/> Lung | |
| <input type="checkbox"/> Kidney | |
| <input type="checkbox"/> Liver | |
| <input type="checkbox"/> Intestines | |
| <input type="checkbox"/> Pancreas | |
| <input type="checkbox"/> Cornea | |
| <input type="checkbox"/> Tissue (skin, bone, heart valves) | |

B. What are your choices regarding autopsy?

- | | |
|--|--|
| <input type="checkbox"/> WANT an autopsy | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Do NOT want to have an autopsy | <input type="checkbox"/> Decision made by my appointed agent |

C. What are your choices regarding the donation of your body for science?

- | | |
|---|--|
| <input type="checkbox"/> WANT to donate my body for science | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Do NOT want to donate my body for science | <input type="checkbox"/> Decision made by my appointed agent |

Section 5: Living Will / Advance Directive

Who has a copy of your living will and your power of attorney (POA) for health care?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Designated agent (POA) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Doctor | |
| <input type="checkbox"/> Hospital or care facility | |