

PERSONAL DECLARATION OF VALUES

Because death is a part of every life, and can come at any time, there are several reasons for giving it careful thought. You will handle it better if it is on your own terms and it will be very helpful to those who care about you if they know what your preferences are. You may use this as a guide to completing your Advance Directives.

These questions are worth exploring alone, with loved ones, and with your Agents:

- Have you accepted the fact that you are going to die one day?
- Is it death, or the process of dying, that is of most concern to you?
- Have you experienced a friend or relative's death, or known someone who simply wanted to find release from pain and suffering through death?
- Have you given thought to the meaning of life? If yes – a meaning in general, or the specific meaning of your own life at any given moment?
- How would you feel if at some point you felt that your life had lost all meaning?
- Are you able to savor the small things in daily life, things that you perhaps used to take for granted?
- What are some of the things in life that create warm recollections?

If you had a terminal illness, at what point would you want the release of death?

- Intractable symptoms: pain, nausea, fatigue, anorexia, anxiety, confusion, incontinence, difficulty swallowing or breathing, sleeplessness or sleepiness?
- Indignities such as helplessness, loss of bowel and bladder control, inability to wash, dress, eat, walk, or transfer to a toilet or commode?
- Dementia: loss of self, memory, ability to communicate, radical personality or other changes such as repeated angry outbursts?
- Unwillingness to prolong the anguish of those you love as they watch you deteriorate and linger?
- Unwillingness to see your life savings go to the medical and dying industry rather than to those you love or to support causes you believe in?
- Simple inability to enjoy living any longer under the given conditions of life and health?

My preference is to die:

_____ at home, _____ with _____ without hospice care
 _____ in a hospital
 _____ other (specify)_____.

I desire:

_____ cremation _____ burial
 _____ other (specify) _____
 _____ memorial service _____ funeral
 _____ other (specify) _____

_____I have prearranged my cremation or burial and the papers are located. _____

Rate what is important to you by marking each blank with either 1, 2, 3, 4, or 5; 5 being the most important and 1 being the least

	1	2	3	4	5
Knowing the truth about my condition					
Taking part in decision-making involving my healthcare					
Having my healthcare agent participate in decision-making if I am unable to decide for myself					
Living as long as possible, regardless of quality of life					
Dying in a short while, as opposed to a lingering process					
Letting nature "take its course"					
Maintaining control of my life					
Maintaining my quality of life					
Maintaining my dignity					
Maintaining my privacy					
Managing my finances					
Controlling health care costs					
Leaving assets for family, friends, charities, etc.					
Having reasonable mental capacity					
Having physical mobility					
Having good eyesight					
Having good hearing					
Being able to speak					
Being able to communicate with others nonverbally — writing, touching, blinking					

Being comfortable and pain-free, even if it may hasten my death					
Avoiding being a burden on others					
Leaving good memories for friends and family					

Other thoughts and feelings regarding medical treatments and end of life wishes:
