

Healthcare Worksheet

- 1) Who would you want to make medical decisions for you if you were unable to do so? (This person does not have to be a family member.) Feel free to name more than one person.

- 2) Which is most appealing to you:
 - a. Being comfortable/maintaining a certain quality of life
 - b. Living as long as possible (even if it requires machines to keep me alive)

- 3) At the end of life, is there anything you wouldn't want to do in order to live longer (i.e. be in a coma and unable to communicate, require the use of machines to stay alive, be in severe pain, etc.)? _____

- 4) If diagnosed with a terminal illness, what kind of treatment do you prefer?
 - a. Try everything possible, even if there's not a good chance of getting better
 - b. Try life-sustaining treatments, but cease treatment if I am not improving or if my quality of life is declining
 - c. Manage my pain and symptoms without treatment (palliative care)

- 5) If you are unable to make your own healthcare decisions, how much flexibility would you like your agent to have?
 - a. S/he has authority to make any and all decisions in accordance with my wishes
 - b. S/he has some flexibility, but cannot _____
 - c. S/he must follow all direction laid out in my directive to physicians

- 6) What should your health care team know about your faith or spiritual beliefs? _____

- 7) If treatment becomes ineffective, how/where/with whom would you like to spend your remaining time? _____

- 8) What should your health care team know about how you want your body treated after death?

