

A LETTER TO MY PHYSICIAN CONCERNING DECISIONS TO BE MADE AT THE END OF MY LIFE

Name of MD _____ Date _____

Address of MD _____

Dear Dr. _____,

It is important to me to have excellent and compassionate care – to keep me healthy and, at the end of my life, to alleviate my suffering and to ensure that I have a peaceful and dignified death. When there are measures to extend my life, I would like to know the chances of success and the impact on the quality of my life. If I choose not to accept those measures, I ask for your continued support.

If my medical condition becomes incurable and death is the only predictable outcome, I would prefer not to linger, but rather to die in a humane and dignified manner. I would like the reassurance that:

- If I am able to speak for myself, my wishes will be honored. If not, the requests from my health care Agent and Advance Directives will be honored.
- You will make a timely referral to Hospice should I or my Agent request it.

As you know, the Supreme Court has confirmed that a patient may refuse any or all medications and/or treatments, and that a physician may administer or prescribe medications in such amounts as to relieve pain and suffering - even though these actions may hasten death.

I hope you will accept this statement as a fully considered decision and an expression of my deeply held views. If you feel you would not be able to honor such requests, please let me know now, while I am able to make choices based on that knowledge.

Signed: _____ Date: _____

Printed Name _____

Address _____