
Voicing my wishes and choices

Information regarding my end of life wishes



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I,

ask that my family, my friends, my doctors, my attorneys and my healthcare providers follow my wishes as communicated in this booklet.

This booklet is only to be used in the case that I can no longer communicate my wishes myself.

My Signature: _____

Date: _____

Sometimes, people can feel very uncomfortable when they are ill.

For example, they might have pain, become sleepy or not feel like themselves.

It is important for others to know how you want to be treated and what will make you feel more comfortable, especially if you become very ill and cannot express your wishes on your own.

How I want to be **comforted**

My favourite music is:

My favourite food is:

The kinds of book, stories, or readings I like are:

Other thoughts I have about treating my pain, or helping to make me comfortable are:

I would also like:

These are few of the comforts that are important to me:

I want treatment to help me, if I:

- Look sad
 - Am irritable/frustrated
 - Look nauseated
 - Look confused
 - Look like I am having a hard time breathing
 - Am cold or hot
-

If I am in pain, I would like:

- My healthcare providers to give me enough medication to relieve my pain, even if that means I will not be awake enough to interact with my family or friends

OR

- To receive medications to reduce my pain, but I do not want to be too sleepy or drowsy. I want to be awake enough to interact with my friends and family

Other things that are important to me:

- If I am not able to get to the bathroom in time, please change my clothes and sheets right away so that I am always clean
 - If my friends are coming to visit, please dress me, comb my hair and do whatever else is needed to help me look like myself
 - Massages whenever possible, as long as they do not cause me discomfort
 - To be bathed regularly
 - To have music playing in my room
 - To have my favourite foods available
 - To be read to
-

Whether you are at hospital or home, when you are feeling poorly or are very ill, there may be times when you want people around you, or you may prefer to not have visitors present.

How I would like to be supported

- I do not want to be alone
- I would like my family to be with me whenever possible
- I would like my friends to be with me whenever possible
- I would like visitors whenever possible
- Please always ask me before visiting
- If I am sleeping when someone comes to visit, I would like to be woken up

(please check all that apply)

The people I want with me are:

I especially want these people with me when:

Things that I would find comforting to have in my room are:

If people are very upset or crying, I would like them to:

- Share their feelings with me
- Visit me at another time
- Other:

When the end of my life is near, I would like:

- To die at home
- To die at the hospital
- Other

The types of **Life Support Treatment**

I want, or do not want

If a time comes when you are very ill and not able to speak for yourself, it will be important for your family and healthcare providers to know whether you would choose to try life support treatment.

Life support treatment means any medical procedure, device or medication used to try to keep you alive. It can include medical devices put in to help you to breathe, an artificial pacemaker to help you maintain your heartbeat, food and water supplied by medical device, cardiopulmonary resuscitation (CPR), major surgery, blood transfusions, dialysis, antibiotics and anything else meant to keep you alive.

No matter what you decide about life support treatment:

- ✓ Everything will always be done to support you and help you feel comfortable
- ✓ You will always be offered food and fluids by mouth
- ✓ Nothing will be done or omitted with the intention of taking your life

If I am close to death and likely to die within a short period of time, and life support treatment would only delay the moment of my death:

- I want to try life support treatment no matter what
- I do not want to try life support treatment
- I want to try life support treatment if my doctor believes that it could help my symptoms

If I have permanent and severe brain damage and I am not expected to get better, and life support treatment would only delay the moment of my death:

- I want to try life support treatment no matter what
- I do not want to try life support treatment
- I want to try life support treatment if my doctor believes that it could help my symptoms

Describe here if you want to try certain forms of life support treatment, but not others, or if you wish to state other conditions in which you would want, or not want, life support treatment:

What I would like **my family** **and friends to know** about me

It is important to me that my family/friends:

- Get along
- Take care of themselves
- Take care of one another
- Respect my wishes, decisions and choices, even if they don't agree with them
- Get counselling or find a support group for themselves if they are having a hard time

(please check all that apply)

I want my family to know that I am thankful for their love and support. I am especially thankful for:

I want my friends to know that I am thankful for their love and support. I am especially thankful for:

If I have hurt or upset any of my friends, family or others, I wish to be forgiven for:

When I have been hurt or upset by my family, friends or others, they should I know I forgive them for:

These are the things that are important to know about me:

The things that give me strength are:

The things that give me joy are:



Not everyone has a religion or spiritual beliefs with which they feel connected. Others find great comfort in a faith or belief system. On this page, you can write down your own thoughts on religion and spirituality, discuss your wishes and indicate what brings you the greatest comfort, in case you are unable to express these wishes for yourself.

My **spiritual thoughts** and wishes

- I would not like to have spiritual/religious activities incorporated into my care

- I would like to have spiritual/religious activities incorporated into my care
 - I would like people to come pray with me
 - I would like members of my religious/spiritual community to be told about my illness and I would like them to pray for me
 - I would like members of my religious/spiritual community to visit me
 - I would like a religious leader, such as a chaplain, rabbi, priest or pastor to visit me while I am sick
 - Every day
 - Once a week
 - Just when I ask

(please check all that apply)

The words, music and/or activities I find comfort from are:

People from my religious community that I would like to come visit me are:

Based on my personal beliefs, I would like people to talk about death or the afterlife as:

How I wish to be remembered

If it is more comfortable, you may choose to let others decide about a funeral, a memorial service, and caring for your body after death. Or you can use these pages to voice your preferences.

- I prefer not to be a part of planning my service

- I prefer to plan my service
 - The type of service I would like is:
 - Funeral
 - Memorial service
 - Celebration of my life
 - I would like:
 - To be buried
 - To be cremated
 - To donate my body to science
 - To be an organ donor

(please check all that apply)

I would like the following funeral director to be appointed:

The clothes that I would like to be wearing (for service/cremation/burial) are:

Items that I would like to be with me are:

The music/food I want at my service are:

The people I would like to be present are:

I would like these readings at my service:

I would like these arrangements at my service:

If my family or friends want to make contributions or donations, I would like them to go to:

People in your life will always love you and think about you. There may be special ways that you want to distribute your belongings and be remembered, especially on certain days, such as your birthday, holidays, or any other day that is important to you. This is a page to detail any wishes that you have for how you would like to be remembered for the years after you are gone.

As with the other pages, take you time filling this out. You family and friends will appreciate knowing what you desire and how you would like to be remembered, so that they can fulfill your wishes and know that by doing so, they have your special approval.

This is how I would like, to **share my belongings**

Pets:

Clothes:

Games:

Books:

Art:

Music:

Photographs:

Phone:

Computer/laptop/ipad:

Other electronics:

Furniture:

Other belongings:

The person I would feel most comfortable going through my belongings is:

Special days

How I would like to be remembered on my birthday:

How I would like to be remembered on other important days:

When people ask about me, please say the following:



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