

Medical Values Worksheet*

Name: _____

The following are questions you may want to consider as you make decisions and prepare documents concerning your healthcare preferences. You may want to write down your answers and provide copies to family members and healthcare providers or simply use the questions as food for thought and discussion.

How important to you are the following items?

	Very Important			Not Important	
Letting nature take its course	4	3	2	1	0
Preserving my age-appropriate quality of life	4	3	2	1	0
Staying true to my spiritual beliefs and traditions	4	3	2	1	0
Living as long as possible, regardless of age-appropriate quality of life	4	3	2	1	0
Being independent	4	3	2	1	0
Being comfortable and as pain-free as possible	4	3	2	1	0
Leaving good memories for family and friends	4	3	2	1	0
Making a contribution to medical research/teaching	4	3	2	1	0
Being able to relate to family and friends	4	3	2	1	0
Being free of physical limitations	4	3	2	1	0
Being mentally alert and competent	4	3	2	1	0
Being able to leave money to family, friends, charity	4	3	2	1	0
Dying in a short while rather than lingering	4	3	2	1	0
Avoiding expensive care	4	3	2	1	0

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What will be important to you when you are dying (e.g. physical comfort, no pain, family members present, etc.)?

How do you feel about the use of life-sustaining measures in the face of terminal illness? Permanent coma? Irreversible chronic illness or disability (e.g. Alzheimer's disease)?

Do you have strong feelings about particular medical procedures? Some procedures you may want to make decisions about include: mechanical breathing (respirator), cardio-pulmonary resuscitation (CPR), artificial nutrition and hydration (nutrition and fluid given through a tube in the veins, nose, or stomach), antibiotics, kidney dialysis, hospital intensive care, pain-relief medication, chemo or radiation therapy, and surgery.

Would your feeling about these procedures change depending on your health condition and prognosis? Would you want to avoid certain treatments only when death was certain, or also when you would probably be left extremely incapacitated as an outcome? Would you want to avoid certain treatments if they were used only to prolong the dying process, but accept them if they would alleviate pain?

What limitations to your physical and mental health would affect the healthcare decisions you would make?

Would you want to have financial matters taken into account when treatment decisions were made?

Would you want to be placed in a nursing home if your condition warranted?

Would you prefer hospice care, with the goal of keeping you comfortable in your home during the final period of life, as an alternative to hospitalization?

Do you want to be spoon-fed if you can't feed yourself?

In general, do you wish to participate or share in making decisions about your healthcare and treatment?

Would you always want to know the truth about your condition?

Would you want to be an organ donor at the time of your death?

Specific Instructions

A. If you were in an irreversible coma or a persistent vegetative state and, in the opinion of your doctor and at least two other doctors, had no known hope of regaining awareness and higher mental functions, then your wishes would be:

Cardiopulmonary Resuscitation: at the point of death, using drugs and electric shock to keep the heart beating

I want _____ **I do not want** _____

Mechanical Breathing: breathing by machine

I want _____ **I do not want** _____

Major Surgery: such as removing the gall bladder or part of the intestines

I want _____ **I do not want** _____

Kidney Dialysis: cleaning the blood by machine or by fluid passed through the belly

I want _____ **I do not want** _____

Chemotherapy: using drugs to fight cancer

I want _____ **I do not want** _____

Invasive Diagnostic Tests: such as using a flexible tube to look into the stomach

I want _____ **I do not want** _____

Blood or Blood Products: such as giving transfusions

I want _____ **I do not want** _____

Pain Medication: even if they dull consciousness and indirectly shorten my life

I want _____ **I do not want** _____

Antibiotics and simple diagnostic tests should be administered

I want _____ **I do not want** _____

B. If you were in a coma and in the opinion of your doctor and at least two other doctors, have a small possibility of recovering fully, a slightly greater possibility of living with permanent brain damage, and a much larger possibility of dying, then your wishes would be:

Cardiopulmonary Resuscitation: at the point of death, using drugs and electric shock to keep the heart beating

I want _____ **I do not want** _____

Mechanical Breathing: breathing by machine

I want _____ **I do not want** _____

Major Surgery: such as removing the gall bladder or part of the intestines

I want _____ **I do not want** _____

Kidney Dialysis: cleaning the blood by machine or by fluid passed through the belly

I want _____ **I do not want** _____

Chemotherapy: using drugs to fight cancer

I want _____ **I do not want** _____

Invasive Diagnostic Tests: such as using a flexible tube to look into the stomach

I want _____ **I do not want** _____

Blood or Blood Products: such as giving transfusions

I want _____ **I do not want** _____

Pain Medication: even if they dull consciousness and indirectly shorten my life

I want _____ **I do not want** _____

Antibiotics and simple diagnostic tests should be administered

I want _____ **I do not want** _____

C. If you have brain damage that in the opinion of your doctor and at least two other doctors cannot be reversed and which make you unable to recognize people or to communicate in any way, and I also have a terminal illness, such as incurable cancer, that will likely cause my death, then my wishes are:

Cardiopulmonary Resuscitation: at the point of death, using drugs and electric shock to keep the heart beating

I want _____ **I do not want** _____

Mechanical Breathing: breathing by machine

I want _____ **I do not want** _____

Major Surgery: such as removing the gall bladder or part of the intestines

I want _____ **I do not want** _____

Kidney Dialysis: cleaning the blood by machine or by fluid passed through the belly

I want _____ **I do not want** _____

Chemotherapy: using drugs to fight cancer

I want _____ **I do not want** _____

Invasive Diagnostic Tests: such as using a flexible tube to look into the stomach

I want _____ **I do not want** _____

Blood or Blood Products: such as giving transfusions

I want _____ **I do not want** _____

Pain Medication: even if they dull consciousness and indirectly shorten my life

I want _____ **I do not want** _____

Antibiotics and simple diagnostic tests should be administered

I want _____ **I do not want** _____

I have executed this instrument on _____, 20__.

Signature

Print Name