

## **A Letter to My Primary Health Care Provider Concerning Decisions to be Made at the End of My Life**

Dear Dr. \_\_\_\_\_ :

It is important to me to have excellent and compassionate care – to keep me healthy and alive 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 take 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 suffer 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 representative and advance directives will be honored.
- ✓ You will make a referral to hospice should I request it.
- ✓ You will support me with all options for a gentle death, including providing medications that I can self-administer to help my death be as peaceful as possible.

I am not requesting that you do anything unethical while I am in your care, but the understanding of what is ethical is rapidly changing as medicine strives to become more responsive to the personal choices of dying patients.

Also, as you know, the Supreme Court has confirmed that a physician may administer or prescribe medications in such amounts to relieve pain and suffering even though this 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 while I am able to make choices based on that knowledge.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_