What Matters Most…
*(Adapted from the Stanford Letter Project, Stanford University School of Medicine)*

My name: ______________________
My doctor’s name: ______________________
Date: ______________________

Dear Doctor,
This letter is to share with you and my health care team what I value most in my life to guide my end-of-life care.

What matters most to me (examples: being at home, going to church, playing with my grandchildren):

My important future life milestones (examples: my 30th wedding anniversary, my grandson’s graduation, birth of my granddaughter):
This is how we prefer to handle bad news in my family (examples: we talk openly, we shield the children, we do not like to talk about it):

This is how we make medical decisions in our family (examples: I make the decision myself, my entire family has to agree on major decisions, my daughter who is a nurse makes the decisions):

These are the people I want making medical decisions for me if I am not able to make them myself:
1. Name: 
   Relationship to me:

2. Name: 
   Relationship to me:

3. Name: 
   Relationship to me:

What I DO NOT want at the end of my life (check all that apply):
- [ ] If my heart were to stop beating, do not attempt to restart it.
- [ ] I do not want to be on a breathing machine.
- [ ] I do not want artificial liquid feeding if I cannot eat.
- [ ] I do not want dialysis (a machine to filter my blood).
- [ ] I do not want to spend my last days in a hospital.
- [ ] I do not want to die at home.
- [ ] Other, please explain:
What I DO want at the end of life (check all that apply):

- I want to be pain free.
- I want you to help me die gently and naturally.
- I want to spend my last days in the hospital.
- I want to die at home.
- I want hospice care.
- I want you to take all necessary steps to keep me alive (including with a breathing machine, artificial feeding and dialysis).
- Other, please explain:

If my pain and distress are difficult to control, please sedate me (make me go to sleep with sleep medicines) even if this means that I may die sooner.

- Yes
- No

Other information about my values or end-of-life wishes I want you to know about:

Please add this letter to my medical record so you and your colleagues can read it and be guided by it.

Signed, your grateful patient,

______________________

…part of the “Your Life, Your Wishes” Project
(www.YourLifeYourWishes.com)

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Source: AMA. Practice transformation series: plan for end of life with your patients. 2016.