

The Foundation \_\_\_\_\_

• East Jefferson General Hospital

# FIVE

# WISHES

## MY WISH FOR:

The Person I Want to Make Care Decisions for Me When I Can't

The Kind of Medical Treatment I Want or Don't Want

How Comfortable I Want to Be

How I Want People to Treat Me

What I Want My Loved Ones to Know

print your name

print your birthdate

# Five Wishes

*There are many things in life that are out of our hands. This Five Wishes booklet gives you a way to control something very important—how you are treated if you get seriously ill. It is an easy-to-complete form that lets you say exactly what you want. Once it is filled out and properly signed it is valid under the laws of most states.*

## What Is Five Wishes?

Five Wishes is the first living will that talks about your personal, emotional and spiritual needs as well as your medical wishes. It lets you choose the person you want to make health care decisions for you if you are not able to make them for yourself. Five Wishes lets you say exactly how you wish to be

treated if you get seriously ill. It was written with the help of The American Bar Association's Commission on the Legal Problems of the Elderly, and the nation's leading experts in end-of-life care. It's also easy to use. All you have to do is check a box, circle a direction, or write a few sentences.

## How Five Wishes Can Help You And Your Family

- It lets you talk with your family, friends and doctor about how you want to be treated if you become seriously ill.
- Your family members will not have to guess what you want. It protects them if you become seriously ill, because
- they won't have to make hard choices without knowing your wishes.
- You can know what your mom, dad, spouse, or friend wants through a Five Wishes living will. You can be there for them when they need you most. You will understand what they really want.

## How Five Wishes Began

For 12 years, a man named Jim Tovey worked closely with Mother Teresa and, for one year, he lived in a hospice she ran in Washington, DC. Inspired by this first-hand experience, Mr. Tovey sought a way for patients and their families to plan ahead and to cope with serious

illness. The result is Five Wishes and the response to it has been overwhelming. It has been featured on CNN and NBC's Today Show and in the pages of *Time* and *Money* magazines. Newspapers have called Five Wishes the first "living will with a heart."

## Who Should Use Five Wishes

Five Wishes is for anyone 18 or older—married, single, parents, adult children, and friends. Over one million Americans of all ages have already used it. Because it works so well, lawyers, doctors, hospitals and hospices, churches and synagogues, employers, and retiree groups are handing out this document.

## Five Wishes States

If you live in the District of Columbia or one of the 35 states listed below, you can use Five Wishes and have the peace of mind to know that it substantially meets your state's requirements under the law:

Arizona	Hawaii	Minnesota	North Dakota
Arkansas	Idaho	Mississippi	Pennsylvania
California	Illinois	Missouri	Rhode Island
Colorado	Iowa	Montana	South Dakota
Connecticut	Louisiana	Nebraska	Tennessee
Delaware	Maine	New Jersey	Virginia
District of Columbia	Maryland	New Mexico	Washington
Florida	Massachusetts	New York	West Virginia
Georgia	Michigan	North Carolina	Wyoming

If your state is not one of the 35 states listed here, Five Wishes does not meet the technical requirements in the statutes of your state. So some doctors in your state may be reluctant to honor Five Wishes. However, many people from states not on this list do complete Five Wishes along with their state's legal form. They find that Five Wishes helps them express all that they want and provides a helpful guide to family members, friends, care givers and doctors. Most doctors and health care professionals know they need to listen to your wishes no matter how you express them.

## How Do I Change To Five Wishes?

You may already have a living will or a durable power of attorney for health care. If you want to use Five Wishes instead, all you need to do is fill out and sign a new Five Wishes as directed. As soon as you sign it, it takes away any advance directive you had before. To make sure the right form is used, please do the following:

- Destroy all copies of your old living will or durable power of attorney for health care. Or you can write "revoked" in large letters across the copy you have. Tell your lawyer if he or she helped prepare those old forms for you. **AND**
- Tell your Health Care Agent, family members, and doctor that you have filled out the new Five Wishes. Make sure they know about your new wishes.

## The Person I Want To Make Health Care Decisions For Me When I Can't Make Them For Myself.

If I am no longer able to make my own health care decisions, this form names the person I choose to make these choices for me. This person will be my Health Care Agent (or other term that may be used in my state, such as proxy, representative, or surrogate). This person will make my health care choices if both of these things happen:

- My attending or treating doctor finds I am no longer able to make health care choices, **AND**
- Another health care professional agrees that this is true.

If my state has a different way of finding that I am not able to make health care choices, then my state's way should be followed.

### The Person I Choose As My Health Care Agent Is:

First Choice Name

Phone

Address

City/State/Zip

If this person is not able or willing to make these choices for me, *OR* is divorced or legally separated from me, *OR* this person has died, then these people are my next choices:

Second Choice Name

Third Choice Name

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

### Picking The Right Person To Be Your Health Care Agent

Choose someone who knows you very well, cares about you, and who can make difficult decisions. A spouse or family member may not be the best choice because they are too emotionally involved. Sometimes they are the best choice. You know best. Choose someone who is able to stand up for you so that your wishes are followed. Also, choose someone who is likely to be nearby so that they can help when you need them. Whether you choose a spouse, family member, or friend as your Health Care Agent, make sure you talk about these wishes and be sure that this person agrees to respect

and follow your wishes. Your Health Care Agent should be **at least 18 years or older** (in Colorado, 21 years or older) and should **not** be:

- Your health care provider, including the owner or operator of a health or residential or community care facility serving you.
- An employee of your health care provider.
- Serving as an agent or proxy for 10 or more people unless he or she is your spouse or close relative.

## **My Wish For The Kind Of Medical Treatment I Want Or Don't Want.**

**I** believe that my life is precious and I deserve to be treated with dignity. When the time comes that I am very sick and am not able to speak for myself, I want the following wishes, and any other directions I have given to my Health Care Agent, to be respected and followed.

### **What You Should Keep In Mind As My Caregiver**

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means that I will be drowsy or sleep more than I would otherwise.
- I do not want anything done or omitted by my doctors or nurses with the intention of taking my life.
- I want to be offered food and fluids by mouth, and kept clean and warm.

### **What "Life-Support Treatment" Means To Me**

Life-support treatment means any medical procedure, device or medication to keep me alive.

Life-support treatment includes: medical

devices put in me to help me breathe; food and

water supplied by medical device (tube feeding);

cardiopulmonary resuscitation (CPR); major

surgery; blood transfusions; dialysis; antibiotics;

and anything else meant to keep me alive.

If I wish to limit the meaning of life-support treatment because of my religious or personal beliefs, I write this limitation in the space below.

I do this to make very clear what I want and under what conditions.

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### **In Case Of An Emergency**

If you have a medical emergency and ambulance personnel arrive, they may look to see if you have a <b>Do Not Resuscitate</b> form or bracelet. Many states require a person to have a <b>Do Not Resuscitate</b> form filled out and	signed by a doctor. This form lets ambulance personnel know that you don't want them to use life-support treatment when you are dying. Please check with your doctor to see if you need to have a <b>Do Not Resuscitate</b> form filled out.
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*Here is the kind of medical treatment that I want or don't want in the four situations listed below: I want my Health Care Agent, my family, my doctors and other health care providers, my friends and all others to know these directions.*

### **Close to death:**

If my doctor and another health care professional both decide that I am likely to die within a short period of time, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

- I want to have life-support treatment.
- I do not want life-support treatment. If it has been started, I want it stopped.
- I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

### **In A Coma And Not Expected To Wake Up Or Recover:**

If my doctor and another health care professional both decide that I am in a coma from which I am not expected to wake up or recover, and I have brain damage, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

- I want to have life-support treatment.
- I do not want life-support treatment. If it has been started, I want it stopped.
- I want to have life-support treatment if my doctor believes it could help, but I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

### **Permanent And Severe Brain Damage And Not Expected To Recover:**

If my doctor and another health care professional both decide that I have permanent and severe brain damage, (for example, I can open my eyes, but I can not speak or understand) and I am not expected to get better, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

- I want to have life-support treatment.
- I do not want life-support treatment. If it has been started, I want it stopped.
- I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

### **In Another Condition Under Which I Do Not Wish To Be Kept Alive:**

If there is another condition under which I do not wish to have life-support treatment, I describe it below. In this condition, I believe that the costs and burdens of life-support treatment are too much and not worth the benefits to me. Therefore, in this condition, I do not want life-support treatment. (For example, you may write "end-stage condition." That means that your health has gotten worse. You are not able to take care of yourself in any way, mentally or physically. Life-support treatment will not help you recover. Please leave the space blank if you have no other condition to describe.)

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**The next three wishes deal with my personal, spiritual and emotional wishes. They are important to me. I want to be treated with dignity near the end of my life, so I would like people to do the things written in Wishes 3, 4, and 5 when they can be done. I understand that my family, my doctors and other health care providers, my friends, and others may not be able to do these things or are not required by law to do these things. I do not expect the following wishes to place new or added legal duties on my doctors or other health care providers. I also do not expect these wishes to excuse my doctor or other health care providers from giving me the proper care asked for by law.**

## WISH 3

### **My Wish For How Comfortable I Want To Be.**

**(Please cross out anything that you don't agree with.)**

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means I will be drowsy or sleep more than I would otherwise.
- If I show signs of depression, nausea, shortness of breath, or hallucinations, I want my care givers to do whatever they can to help me.
- I wish to have a cool moist cloth put on my head if I have a fever.
- I want my lips and mouth kept moist to stop dryness.
- I wish to have warm baths often. I wish to be kept fresh and clean at all times.
- I wish to be massaged with warm oils as often as I can be.
- I wish to have my favorite music played when possible until my time of death.
- I wish to have personal care like shaving, nail clipping, hair brushing, and teeth brushing, as long as they do not cause me pain or discomfort.
- I wish to have religious readings and well-loved poems read aloud when I am near death.

## WISH 4

### **My Wish For How I Want People To Treat Me.**

**(Please cross out anything that you don't agree with.)**

- I wish to have people with me when possible. I want someone to be with me when it seems that death may come at any time.
- I wish to have my hand held and to be talked to when possible, even if I don't seem to respond to the voice or touch of others.
- I wish to have others by my side praying for me when possible.
- I wish to have the members of my church or synagogue told that I am sick and asked to pray for me and visit me.
- I wish to be cared for with kindness and cheerfulness, and not sadness.
- I wish to have pictures of my loved ones in my room, near my bed.
- If I am not able to control my bowel or bladder functions, I wish for my clothes and bed linens to be kept clean, and for them to be changed as soon as they can be if they have been soiled.
- I want to die in my home, if that can be done.

# WISHES

## My Wish For What I Want My Loved Ones To Know.

(Please cross out anything that you don't agree with.)

- I wish to have my family and friends know that I love them.
- I wish to be forgiven for the times I have hurt my family, friends, and others.
- I wish to have my family, friends and others know that I forgive them for when they may have hurt me in my life.
- I wish for my family and friends to know that I do not fear death itself. I think it is not the end, but a new beginning for me.
- I wish for all of my family members to make peace with each other before my death, if they can.
- I wish for my family and friends to think about what I was like before I became seriously ill. I want them to remember me in this way after my death.
- I wish for my family and friends to look at my dying as a time of personal growth for everyone, including me. This will help me live a meaningful life in my final days.
- I wish for my family and friends to get counseling if they have trouble with my death. I want memories of my life to give them joy and not sorrow.
- After my death, I would like my body to be (circle one): buried or cremated.
- My body or remains should be put in the following location \_\_\_\_\_.
- The following person knows my funeral wishes: \_\_\_\_\_.

If anyone asks how I want to be remembered, please say the following about me:

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If there is to be a memorial service for me, I wish for this service to include the following (list music, songs, readings or other specific requests that you have):

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(Please use the space below for any other wishes. For example, you may want to donate any or all parts of your body when you die. Please attach a separate sheet of paper if you need more space.)

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# Signing The Five Wishes Form

*Please make sure you sign your Five Wishes form in the presence of the two witnesses.*

I, \_\_\_\_\_, ask that my family, my doctors, and other health care providers, my friends, and all others, follow my wishes as communicated by my Health Care Agent (if I have one and he or she is available), or as otherwise expressed in this form. This form becomes valid when I am unable to make decisions or speak for myself. If any part of this form cannot be legally followed, I ask that all other parts of this form be followed. I also revoke any health care advance directives I have made before.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

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

## Witness Statement - (2 witnesses needed):

I, the witness, declare that the person who signed or acknowledged this form (hereafter "person") is personally known to me, that he/she signed or acknowledged this [Health Care Agent and/or Living Will form(s)] in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence.

I also declare that I am over 18 years of age and am NOT:

- The individual appointed as (agent/proxy/ surrogate/patient advocate/representative) by this document or his/her successor,
- The person's health care provider, including owner or operator of a health, long-term care, or other residential or community care facility serving the person,
- An employee of the person's health care provider,
- Financially responsible for the person's health care,
- An employee of a life or health insurance provider for the person,
- Related to the person by blood, marriage, or adoption, and,
- To the best of my knowledge, a creditor of the person or entitled to any part of his/her estate under a will or codicil, by operation of law.

*(Some states may have fewer rules about who may be a witness. Unless you know your state's rules, please follow the above.)*

Signature of Witness #1

Signature of Witness #2

Printed Name of Witness

Printed Name of Witness

Address

Address

Phone

Phone

## Notarization - Only required for residents of Missouri, North Carolina, Tennessee and West Virginia

• If you live in Missouri, only your signature should be notarized.

• If you live in North Carolina, Tennessee or West Virginia, you should have your signature and the signatures of your witnesses, notarized.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the said \_\_\_\_\_ and \_\_\_\_\_

known to me (or satisfactorily proven) to be the person named in the foregoing instrument and witnesses, respectively, personally appeared before me, a Notary Public, within and for the State and County aforesaid, and acknowledged that they freely and voluntarily executed the same for the purposes stated therein.

My Commission Expires: \_\_\_\_\_

## What To Do After You Complete Five Wishes

- Make sure you sign and witness the form just the way it says in the directions. Then your Five Wishes will be legal and valid.
- Talk about your wishes with your health care agent, family members and others who care about you. Give them copies of your completed Five Wishes.
- Keep the original copy you signed in a special place in your home. Do NOT put it in a safe deposit box. Keep it nearby so that someone can find it when you need it.
- Fill out the wallet card below. Carry it with you. That way people will know where you keep your Five Wishes.
- Talk to your doctor during your next office visit. Give your doctor a copy of your Five Wishes. Make sure it is put in your medical record. Be sure your doctor understands your wishes and is willing to follow them. Ask him or her to tell other doctors who treat you to honor them.
- If you are admitted to a hospital or nursing home, take a copy of your Five Wishes with you. Ask that it be put in your medical record.
- I have given the following people copies of my completed Five Wishes:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

### Residents of Institutions In CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, NEW YORK, and NORTH DAKOTA Must Follow Special Witnessing Rules.

If you live in certain institutions (a nursing home, other licensed long term care facility, a home for the mentally retarded or developmentally disabled, or a mental health institution) in one of the states listed above, you may have to follow special "witnessing requirements" for your Five Wishes to be valid. For further information, please contact a social worker or patient advocate at your institution.

*Five Wishes is meant to help you plan for the future. It is not meant to give you legal advice. It does not try to answer all questions about anything that could come up. Every person is different, and every situation is different. Laws change from time to time. If you have a specific question or problem, talk to a medical or legal professional for advice.*

#### Five Wishes Wallet Card

Important Notice to Medical Personnel:  
I have a Five Wishes Advance Directive.

Signature \_\_\_\_\_

Please consult this document and/or my Health Care Agent in an emergency. My Agent is:

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

My primary care physician is:

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

My document is located at:

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\_\_\_\_\_  
\_\_\_\_\_