

End-of-Life Wishes Letter To Medical Providers



This sample letter sets forth end-of-life wishes. It can serve as a starting point for a personal statement based on an individual's own planning decisions.

Dear Dr. _____ :

It is important to me to have excellent and compassionate care, and to stay as healthy and active as possible over the course of my life. At the end of life, in keeping with my personal values and beliefs, I want treatment to alleviate suffering. Most importantly, I want to ensure that if death becomes imminent, the experience can be peaceful for my family and me.

If there are measures available that may extend my life, I would like to know their chances of success and their impact on the quality of my life. If I choose not to take those measures, I ask for your continued support even if that choice goes against medical advice.

If my condition becomes incurable and death the only predictable outcome, I would prefer not to suffer, but rather to die in a humane and dignified manner. I would like your reassurance that:

- » If I am able to speak for myself, my wishes will be honored. If not, the requests from my healthcare representative and my advance directive will be honored.
- » You will make a referral to hospice as soon as I am eligible, should I request it.
- » You will support me with all options for a gentle death. These include palliative sedation and, if medical aid in dying is authorized in my state, providing a prescription for medications that I can self-administer to help my death be peaceful and dignified.

I am not requesting that you do anything unethical while I am in your care, but I hope for your reassurance that you would support my personal end-of-life care choices as listed above.

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 my requests, please let me know now while I am able to make choices about my care based on that knowledge.

Signature *(Please print this document and sign with a pen.)*

Date

Print Name



This document is not intended as legal advice. Your state may have specific laws about how this document should be completed. Consult local counsel for advice specific to your situation.