

Letter Expressing My End of Life Wishes Sample

Dear XXXXXXX,

If you are reading this because I can't make my own medical decisions due to dementia, please understand I don't wish to prolong my living or dying, even if I seem relatively happy and content. As a human being who currently has the moral, legal, and intellectual capacity to make my own decisions, I want you to know that I care about the emotional, financial, and practical burdens that dementia and similar illnesses place on those who love me. Once I am demented, I may become oblivious to such concerns. So please let my wishes as stated below guide you. They are designed to give me "comfort care", let nature take its course, and allow me a natural death.

- I wish to remove all barriers to a peaceful and timely death.
- Please ask my medical team to provide "comfort care" only.
- Try to qualify me for hospice.
- I do not wish any attempt at resuscitation. Ask my doctor to sign a "Do Not Resuscitate Order" and order me a "Do Not Resuscitate" bracelet to wear from the Medic Alert Foundation.
- Ask my medical team to allow natural death. Do not authorize any medical procedure that might prolong or delay my death.
- Do not transport me to a hospital. I prefer to die in the place that has become my home.
- Do not intubate me or give me intravenous fluids. I do not want treatments that may prolong or increase my suffering.
- Do not treat my infections with antibiotics-give me painkillers instead.
- Ask my doctor to deactivate all medical devices, such as defibrillators, that may delay death and cause pain.
- Ask my doctor to deactivate any medical device that might delay death, even those, such as pacemakers, that may improve my comfort.
- If I'm eating, let me eat what I want, and don't put me on "thickened liquids", even if this increases my risk of pneumonia.
- Do not force or coax me to eat.

- Do not authorize a feeding tube for me, even on a trial basis. If one is inserted, please ask for its immediate removal.
- Ask to stop, and do not give permission to start, dialysis.
- Do not agree to any tests whose results would be meaningless, given my desire to avoid treatments that might be burdensome, agitating, painful, or prolong my life or death.
- Do not give me a flu shot or other vaccine that might delay my death, unless required to protect others.
- Do keep me out of physical pain, with opioids if necessary.
- Ask my doctor to fill out the medical orders known as POLST (Physician Orders for Life Sustaining Treatment) or MOLST (Medical Orders for Life Sustaining Treatment) to confirm the wishes I've expressed here.
- If I must be institutionalized, please do your best to find a place with an art workshop and access to nature, if I can still enjoy them.

Thank you so much for your love and support,

XXXXXX

Reference: Art of Dying Well, Amy Butler