

## Statement of Personal Health-Care Values

ASK YOUR PARENT to give some thought to recording her feelings about various health-care issues. Although this statement cannot take the place of an advance directive, it will be helpful for her to think through her feelings about how she wishes to be cared for at the end of life.

**NAME**

**DATE**

If the time comes when I cannot act for myself, please consider the following when making care decisions for me.

*My priorities for my future health care are:*

*If I were terminally ill or in a permanent coma, here is what I think about the following medical treatments:*

Ventilator

Artificial nutrition and hydration

Antibiotics

*With regard to being an organ donor, here are my views:*

*My thoughts on hospice care and palliative care, including the use of medication for pain:*

*Here are my views on lifesaving measures such as CPR (cardiopulmonary resuscitation):*

*Other thoughts:*