

My Beliefs and Values

The following thought-provoking exercises are meant to help you collect your thoughts about your beliefs and values. Being able to clearly communicate your beliefs and values could be useful to others if they have to make healthcare decisions for you.

Initials _____

Date _____

Personal and spiritual beliefs

Many people have special personal or spiritual beliefs that they want respected in decision making about life-sustaining treatments. What are yours?

Instructions: Circle yes, not sure, or no to indicate whether you agree with each statement. If you do not agree with the “always” statements, this could mean that you agree with these statements some of the time, but not always. You can use the space at the bottom of the page to explain and clarify your beliefs.

I believe that it is always wrong to withhold (not start) treatments that could keep me alive. Yes Not Sure No

I believe that it is always wrong to withdraw (stop) treatments that could keep me alive after they’ve been started. Yes Not Sure No

I believe it is wrong to withhold (not provide) nutrition and fluids given through tubes, even if I am terminally ill or in a permanent coma. Yes Not Sure No

I do not wish to receive a blood transfusion or any blood products, such as plasma or red blood cells. Yes Not Sure No

I would like to have my pastor, priest, rabbi, or other spiritual advisor consulted regarding any difficult health care decision that must be made on my behalf. Yes Not Sure No

Name _____

I believe in other forms of treatment, such as healing through prayer, acupuncture, or herbal remedies. I want the following treatments included in my care: Yes Not Sure No

I believe that my loved ones should take their own interests into consideration, as well as mine, when making health care decisions on my behalf.	Yes	Not Sure	No
I believe that it is acceptable to consider the financial burden of treatment on my loved ones when making health care decisions on my behalf.	Yes	Not Sure	No
I believe that my loved ones should follow my directions as closely as possible.	Yes	Not Sure	No

Additional beliefs and/or explanations for my beliefs:

Hope for recovery

People have different feelings about hope that influence what health care they want. What are your feelings about hope?

Imagine that you are very sick and have been told that you will very likely die soon. Yes Not Sure No

I would want all possible treatments, even though my doctors don't think they will help me, because I would hope for a miracle cure that would prolong my life.

Imagine that you have been in a coma for three weeks. The doctors think that the chance that you will ever return to your previous state of health is very small. Yes Not Sure No

I would want to be kept alive indefinitely because I would still hope for a new medical development that would help me to recover.

Weighing pros and cons of treatment for different chances of recovery

People evaluate the pros and cons of medical treatments in very personal ways. This explains why some people choose a treatment and others reject it. A big question is, how much would you be willing to endure if the chance of regaining your current health was high? What if the chance was low? Answer the questions below to carefully evaluate your own willingness to take such risks.

Imagine that you are seriously ill. The doctors are recommending treatment for your illness, but the treatments have very severe side effects, such as severe pain, nausea, vomiting, or weakness that could last for 2 to 3 months.

I would be willing to endure severe side effects if the chance that I would regain my current health was:

high (over 80%)	Yes	Not Sure	No
moderate (50%)	Yes	Not Sure	No
low (20%)	Yes	Not Sure	No
very low (less than 2%)	Yes	Not Sure	No

How would you like to spend your last days?

Many people have strong opinions about what would be important to them at the very end of their lives. For some, they want to express things they would like to have happen. Others want to be sure that certain things they dislike or fear will be avoided. What are some of the things that you would hope for in your last weeks, days, or hours?

Instructions: For each row, check (✓) one answer to express how important these issues would be to you if you were dying.

	Not Important	Moderately Important	Very Important	Extremely Important
a. Avoiding pain and suffering, even if it means that I might not live as long.				
b. Being alert, even if it means I might be in pain.				
c. Being around my family and close friends.				
d. Being able to feel someone touching me.				
e. Having religious or spiritual advisors at my side when I die.				
f. Being able to tell my life story and leave good memories for others.				
g. Reconciling differences and saying "good-bye" to my family and friends.				
h. Being kept alive long enough for my family to get to my bedside to see me before I die, even if I'm unconscious.				

i. What are your biggest hopes about the end of your life?

j. What are your biggest fears about the end of your life?

Worksheet content abbreviated from "Your Life, Your Choices. Planning for Future Medical Decisions: How to Prepare a Personalized Living Will"