COVENANT TRUST

How Do You Want To Live Until You Die?

A dialogue...for you, your family and friends, and future caregivers

Medical decisions you make for yourself are based on those beliefs, preferences and values that matter most to you.

At some point in your life, there may come a time when you become unable to speak for yourself due to serious illness or incapacity, and cannot make those important decisions. Advance Directives let you give instructions about the medical care you want to receive.

Advance Directive is a general term that applies to two types of legal documents. The two basic types of advance directives, which may be called by different names, are:

- Living Wills—provides specific instructions.
- Health Care Powers of Attorney—names a person that you trust to make decisions on your behalf.

Each state treats these documents somewhat differently, and in some cases they may even be combined.

Dialogue Form

To organize your thoughts and feelings prior to completing these legal documents, take some time to express those thoughts using questions like these:

How do you feel about your overall health?

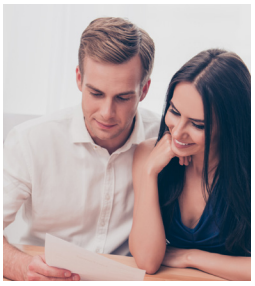
What personal relationships are important to you?

How do you feel about independence or dependence?

How do you feel about pain, illness, dying and death?

What are your goals for the future?

Honest and personal answers to these questions can provide important information for those who might—in the future—have to make medical decisions for us when we are no longer able to do so. Furthermore, your answers can provide a solid basis for families, friends, physicians, pastors, attorneys and others when making such medical decisions. By talking about these issues ahead of time, family disagreements may be minimized. And when such decisions do need to be made, the burden of responsibility may be lessened because others feel confident that they know your wishes. This form allows you to comment not so much on how you want to die, but rather on how you want to live until you die.



Who should complete this form?

Everyone! Age does not matter—some of the most difficult medical decisions must be made on behalf of younger patients. The important thing is to discuss these issues and make your wishes known before situations arise. And, as time goes on, each of us continues to grow and change; so the form should be discussed and updated regularly. Consider attaching a copy of this form to your living will or health care power of attorney.

It is important to know that this dialogue form is neither legally binding nor legally effective in any way.

About You

It is important that your medical treatment be your choice. The purpose of this form is to assist you in thinking about and writing down what is important to you about your health care. If you should become unable to make health care decisions, this form may help others make a decision for you in accordance with your values. You may wish to discuss this form or provide copies of it to family members, your pastor, physician and/or attorney.

Your Information

Your Full Name:

Street:

City/State/Zip: **Birthdate:**

Did anyone assist you in completing this form? ☐ Yes ☐ No

If yes, please enter his/her name, address and relationship to you below.

Name:

Street:

City/State/Zip:

Phone: **Relationship:**

What would you like to say to someone reading this about your overall attitude toward life?

What goals do you have for the future?

What—for you—makes life worth living?

Health and Wellness

What would you like to say about your general health to someone reading this?

What activities do you enjoy?

What do you fear most? What frightens or upsets you?

Have you lived alone or with others during the last ten years?

How comfortable have you been in your surroundings?

How does independence or dependence affect your life?

Health and Wellness

If you were to experience decreased physical and mental abilities, how would that affect your attitude toward independence and self-sufficiency?

How would you describe your current state of health?

Do you have difficulty with activities such as eating, preparing food, sleeping, dressing and bathing, etc.?

If you have health problems or disabilities, how do you feel about them?

How would you feel about life in general if your current physical or mental health gets worse?

Family and Faith

What role do family and friends play in your life?

If you currently have health problems or disabilities, how do they affect: you? Your family? Your work? Your ability to function?

How do you expect family and others to support your decisions regarding medical treatment you may need now or in the future?

Have you made any arrangements for family or others to assist in making medical treatment decisions on your behalf? If so, who has agreed to assist in making decisions for you and under what circumstances?

Family and Faith

What is your spiritual/religious background?

How does your faith community support you?

How do your beliefs affect your feelings toward serious, chronic or terminal illness?

Medical

What are your feelings about burden vs. benefit of medical treatment?

What are your feelings about having enough money to provide for your care?

What comments would you like to make about your finances and any costs associated with your health care?

How do you relate to your doctors? Please comment on trust; decision making; time for satisfactory communication; respectful treatment, etc.

How do you feel about other caregivers—nurses, therapists, chaplains, social workers, etc.?

Medical

What general comments would you like to make about medical treatment?

Are there any specific medications or treatments that you would specifically refuse?

If there was any possibility that you were pregnant, how would that affect health care decisions?

How do you feel about the use of life-sustaining measures and/or feeding if you were suffering from irreversible chronic illness (e.g., Alzheimer's, etc.)? Terminally ill? In a permanent coma?

How do you feel about resuscitation in the event of cardiac arrest if you were suffering from irreversible chronic illness (e.g., Alzheimer's, etc.)? Terminally ill? In a permanent coma?

Death and Dying

What general comments would you like to make about illness, dying and death?

Where would you prefer to die?

What will be important to you when you are dying (e.g., physical comfort, no pain, family present, etc.)?

Have you made funeral arrangements? If so, with whom?

What general comments would you like to make about your funeral and burial or cremation?

Additional Information

Any other comments relating to health care or quality of life issues that you would like to make?

Have you signed a living will? ☐ Yes ☐ No

If yes, where can it be found?

Have you signed a health care power of attorney? ☐ Yes ☐ No

If yes, where can it be found?

If you have signed a health care power of attorney, who have you named as your agent for health care decisions, and what is their relationship to you?

FIRST CHOICE

Full Name:

Street:

City/State/Zip:

Phone

Relationship:

ALTERNATE CHOICE

Full Name:

Street:

City/State/Zip:

Phone

Relationship:

Your Signature:

Date:

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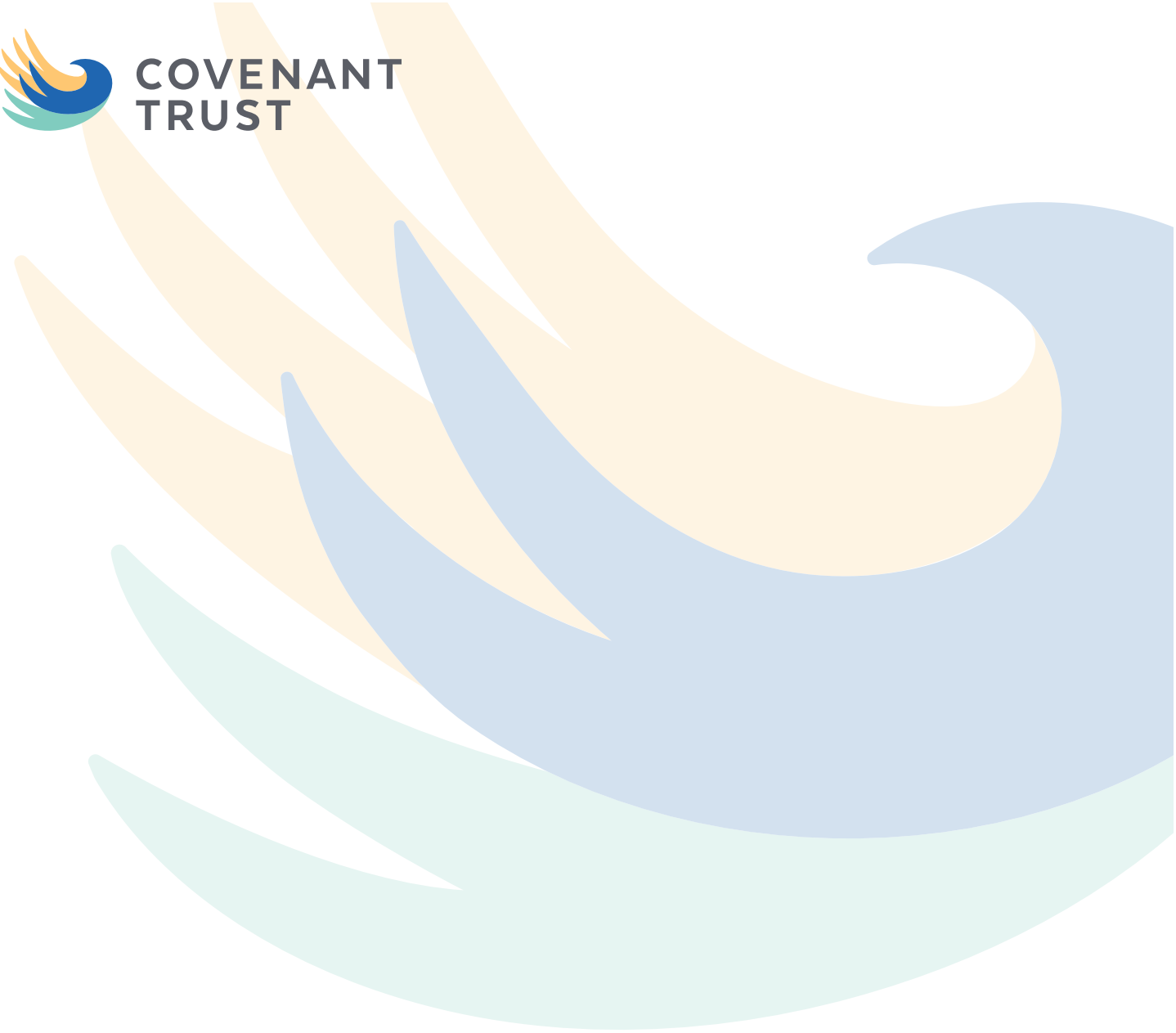

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