

My Values History

To those who may care for me when I am unable to do so myself:

At some point, either because of an injury or illness, I may not be able to care for myself. I may not even be able to make decisions concerning my own care. But I do have definite ideas about how I wish to live my life, how I wish to be cared for if I become unable to care for myself, and how I wish to approach my dying and death if there is any choice in that matter. In the next few pages, I have written about various things that are important to me: how I think about my friends and family, any illness or disability I may develop, my finances, and other things of value to me. Just like a medical history that my doctor has, this document is an expression of my personal values and preferences.

I may have completed other documents, some legally binding such as a testamentary will, Health Care Proxy, and Durable Power of Attorney. While this values history may not have legal status, I hope that you will use it as a guide to determine what care, treatment, or action I would want if I were able to choose myself. Thank you for caring about me and for me.

Name _____

Date _____

SECTION 1 _____

A. WRITTEN LEGAL DOCUMENTS

Have you completed any of the following legal documents? _____
If so, please complete the following:

Health Care Proxy

Date completed _____

Named Agent _____

Location of original _____

Comments (e.g., any specific limitations, special requests, holders of photocopies, etc.)

Living Will

Date completed _____

Location of original _____

Comments (e.g., any specific limitations, special requests, holders of photocopies, etc.)

Durable Power of Attorney (for financial and business affairs only)

Date completed _____

Named Agent _____

Location of original _____

Comments (e.g., any specific limitations, special requests, holders of photocopies, etc.)

Organ Donations

Date completed _____

Location of original _____

Comments (e.g., any limitations on which organs you'd like to donate?)

B. WISHES CONCERNING SPECIFIC MEDICAL PROCEDURES

If you have ever expressed your wishes, either written or orally, concerning any of the following medical procedures, please complete the following. If you have not previously indicated your wishes on these procedures and would like to do so now, please complete the following.

Organ Donation

To whom told _____

When? _____

If written, when? _____

Document location _____

Comments _____

Kidney Dialysis

To whom told _____

When? _____

If written, when? _____

Document location _____

Comments _____

Cardiopulmonary Resuscitation (CPR)

To whom told _____

When? _____

If written, when? _____

Document location _____

Comments _____

Respirators (artificial breathing machine)

To whom told _____
When? _____
If written, when? _____
Document location _____
Comments _____

Artificial Nutrition (tube feeding)

To whom told _____
When? _____
If written, when? _____
Document location _____
Comments _____

Artificial Hydration (water by tube)

To whom told _____
When? _____
If written, when? _____
Document location _____
Comments _____

C. General Comments

Do you wish to make any general comments about the information you provided in the section above? _____

SECTION 2

A. YOUR OVERALL ATTITUDE TOWARD YOUR HEALTH

1. How would you describe your current health status? If you currently have any medical problems, how would you describe them?

2. If you have current medical problems, in what ways -- if any -- do they affect your ability to function? _____

3. How do you feel about your current health status? _____

4. How well are you able to meet the basic necessities of life -- eating, preparing food, sleeping, personal hygiene, etc.? _____

5. Do you wish to make any general comments about your overall health? _____

B. HOW YOU SEE THE ROLE OF YOUR DOCTOR AND OTHER HEALTH CAREGIVERS

1. Do you like your doctor(s)? _____

2. Do you trust your doctor(s)? _____

3 Do you think your doctors should make the final decision about any treatment you might need? _____

4. How do you get along with your nurses, therapists, chaplains, social workers, etc?

5. Do you wish to make any general comments about your doctor and other health caregivers? _____

C. YOUR THOUGHTS ABOUT BEING INDEPENDENT AND IN CONTROL

1. For you, how important is being independent and being able to do most things for yourself? _____

2. If you lost some of your physical and mental abilities, how would that change your attitude toward independence? _____

3. Do you wish to make any general comments about the value of independence and control in your life? _____

D. YOUR PERSONAL RELATIONSHIPS

1. Do you expect that your friends, family, and / or others will support your choices about medical treatment you may need now or in the future? _____

2. Have you made arrangements for your family or friends to make medical treatment decisions on your behalf? If so, who has agreed to make decisions for you and in what circumstances? _____

3. What -- if any -- unfinished business from the past are you concerned about (for example, personal and family relationships, business or legal matters, etc.)? _____

4. What role do your friends and family play in your life? _____

5. Do you wish to make any general comments about the personal relationships in your life? _____

E. YOUR OVERALL ATTITUDE TOWARD LIFE

1. What activities do you enjoy, for example, hobbies, TV, etc.? _____

2. Are you happy to be alive? _____

3. Do you feel that life is worth living?

4. How satisfied are you with what you have achieved in your life?

5. What makes you laugh / cry? _____

6. What do you fear most? What frightens or upsets you? _____

7. What goals do you have for the future?

8. Do you wish to make any general comments about your attitude toward life?

F. YOUR ATTITUDE TOWARD ILLNESS, DYING, AND DEATH

1. What will be important to you when you are dying (for examples, physical comfort, no pain, family or friends present, etc.)?

2. Where would you prefer to die?

3. What is your attitude toward death?

4. How do you feel about the use of life-sustaining measures if you became terminally ill or there was no hope of recovery? _____

Being in a permanent coma? _____

Having a chronic illness that couldn't be reversed (such as Alzheimer's)? _____

5. Do you wish to make any general comments about your attitude toward illness, dying, and death? _____

G. YOUR RELIGIOUS OR MORAL BACKGROUND AND BELIEFS

1. What is your religious or moral background? _____

2. How do your religious or moral beliefs affect your attitude toward serious or terminal illness? _____

3. How is your attitude toward death affected by your religious or moral beliefs?

4. How does your faith community, church, or temple view the role of prayer or religious sacraments during an illness?

5. Do you wish to make any general comments about your religious or moral background and beliefs?

H. YOUR LIVING ENVIRONMENT

1. What has been your living situation during the last 10 years (for example, lived alone, with others, etc.)? _____

2. How difficult is it for you to maintain a living situation that you find comfortable? Does any illness or medical problem that you now have mean that it will be more difficult in the future?

3. Do you wish to make any general comments about your living situation?

I. YOUR ATTITUDE ABOUT FINANCES

1. How much do you worry about having enough money to provide for your care?

2. Which would you prefer to spend your money on: more on your own care, or more to be saved for the benefit of your relatives and/or friends?

3. Do you wish to make any general comments concerning your finances and the cost of health care?

J. YOUR WISHES CONCERNING YOUR FUNERAL OR MEMORIAL SERVICE

1. What are your wishes concerning your funeral or memorial service, burial or cremation?

2. Have you made definite arrangements? If so, with whom? _____

3. Do you wish to make any general comments about how you would like your funeral or memorial service, burial or cremation conducted or arranged?

OPTIONAL QUESTIONS

1. How would you like your obituary or announcement of your death in the newspaper to read?

2. Write yourself a brief eulogy -- a statement about yourself to be read at your funeral or memorial service.

3. Is there anything else that you want to tell the person who may have to make important decisions about your health care, your care when you are dying, or after your death?

About the Values History. . .

The Values History was developed by Pam Lambert, Joan McIver Gibson, and Paul Nathanson at the Center for Health Law and Ethics, Institute of Public Law at the University of New Mexico and published in "Law, Medicine, & Health Care", a journal of the American Society of Law, Medicine, and Ethics, Volume 18, number 3 (Fall, 1990). The document was published without copyright protection in order to encourage others to adapt it for particular needs. Please feel free to make copies of the blank form if you need them. *Massachusetts Health Decisions* is pleased to make the Values History available to our friends. We believe it will serve as a useful addition to other advance planning documents and encourage you to talk with other people who may be involved in your health care and life planning choices.

Massachusetts Health Decisions
781-784-1966
E-mail: proxy@masshealthdecisions.org