

# THE LETTER TO YOUR DOCTOR

*Have you written or emailed a 'end of life' preference letter to your doctor?*

*This letter can add to the security of your preferences and assist to keep everyone on board. Your family, loved ones, and doctor should all have updated copies of your preferences. (Delete or add as appropriate)*

## **My doctor's name**

### **RE: What matters most to me at the end of my life.**

*I have been reading and thinking about end-of-life issues lately. I realize how important it is that I communicate my wishes to you and my family.*

*You may find it awkward to talk to me about my end-of-life wishes or you may feel that it is too early for me to have this conversation. So, I am writing this letter to clarify what matters most to me and for you to put it on my records to be used if needed.*

## **My name**

### **What Matters Most to Me**

*Examples: Being at home, doing gardening, being with the community, playing with my children...*

### **My important future life milestones**

*Examples: my wedding anniversary, travelling to my favourite countries, my children's high school graduation, birth of my granddaughter...*

### **Here is how I prefer to handle bad news in my family**

*Examples: We talk openly about it, we shield the children/significant others from it, we do not like to talk about it, we do not tell me as the patient...*

### **Here is how we make medical decisions in our family**

*Examples: I make the decision myself, my entire family has to agree on major decisions about me, my daughter who is a nurse-more responsible- makes the decisions etc...*

**Here is who I would like to make medical decisions for me when I am not able to make my own decisions**

- 1.
- 2.
- 3.

**What I DO NOT want at the end of my life**

*If my heart were to stop beating, do NOT attempt to restart it, I do not want to be on a breathing machine, I do not want artificial liquid feeding, I do not want dialysis, I do not want to spend my last days in a hospital, I do not want to die at home, other...*

**What I DO WANT at the end of life**

*I want to be pain free, I want to spend my last days in the hospital, I want you to help me die gently and naturally, I want to die at home, I want hospice care, other...*

**If my pain and distress are difficult to control, please sedate me** *(make me sleep with sleep medicines)* **even if this means that I may die sooner**

- ☐ Yes  
☐ No

**What to do when my family wants you to do something different than what I want for myself?**

- ☐ *I am asking you to show them this letter and guide my family to follow my wishes*  
☐ *I want you to override my wishes as my family knows best*

**Other information I want to convey**

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