

Letter to My Physician Concerning My Beliefs About End-of-Life Care

Dear Dr. _____,

It is important to me to stay as healthy and active as possible and to have excellent and compassionate end-of-life care. My personal values and beliefs lead me to want treatment to alleviate suffering at the end of life. Most importantly, I want to ensure that, if I am terminally ill and if death is imminent, the experience can be peaceful for me and my family. If there are measures available that may extend my life, I would like to know their chance of success and their impact on the quality of my life. If I choose not to take those measures, I ask for your continued support.

If my medical condition becomes incurable and death the only predictable outcome, I would prefer not to suffer, but rather to die in a humane and dignified manner. I would like your reassurance that:

- If I am able to speak for myself, my wishes will be honored. If not, the requests from my healthcare representative and advance directives will be honored.
- You will make a referral to hospice as soon as I am eligible, if I request it.
- You will support me with all options for a gentle death, if I become terminally ill.

This includes providing medications that I can self-administer, at the time of my choosing, to help me achieve a peaceful death. As you know, the State of Oregon's Death With Dignity Law authorizes physicians to prescribe medications to allow terminally ill patients to choose the time and manner of death.

I hope you will accept this statement as a fully considered decision and an expression of my deeply held views. I hope for your reassurance that you would support my personal end-of-life care choices as listed above. If you feel you would not be able to honor such requests, please let me know now, while I am able to make choices about my care based on that knowledge.

Signed: _____ Date: _____

Print Name: _____

For additional information and forms regarding end-of-life care and choices, please visit:
www.compassionforegon.org.