

## Letter to My Physician Concerning My Beliefs and Goals on End-of-Life Care



Dear Dr. \_\_\_\_\_,

It is important to me to stay healthy and active as long as possible. 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, I do not want 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.
- If I request hospice care, you will make a referral to hospice when I am eligible,
- If I am no longer able to find meaning in life, I would like to have the option of using the Oregon Physician Aid-in-Dying law. As you know, this law authorizes physicians to prescribe medications to allow their terminally ill patients to choose the time and manner of death.

If you feel you would not be able to honor these requests, please let me know now, while I am able to make choices about my care.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

For additional information and forms regarding end-of-life care and choices, please visit: [www.compassionforegon.org](http://www.compassionforegon.org).