

Five Wishes Primer

Modified for use in Lecture series: Nourish Your Mind 2010, for the complete text go to:
<http://www.livingwills-freelegal.org/Five-Wishes-Living-Will.html>

WHAT ARE THE FIVE WISHES?

The five wishes are:

1. Your wish naming the person you want to make care decisions for you when you can't, (a medical proxy of sorts).
2. Your wish for the kind of medical treatment you want or don't want. This section addresses "life-support treatment" and provides different circumstances for you to determine whether you would want it or not want it, if you were either close to death, in a coma, had permanent and severe brain damage, or in an "end-stage condition".
3. Your wish for the level of comfort you wish to be provided, pain management and including any "extras" you might wish for in your environment, such as type of music, etc.
4. Your wish for how you want people to treat you: whether you prefer to have visitors, and other social aspects of your care.
5. Your wish for what you want your loved ones to know.

SO, WHAT IS THE DOWNSIDE?

The downside, is in *only* using the Five Wishes Living Will form of document. While, yes, it is better than having *no* advance directive, the Five Wishes form may not be readily recognizable to the medical profession of your state. The medical provider of your state will undoubtedly be more readily familiar with the terminology *and definitions* of the specific language offered in the provider's state's recommended form.

A majority of states, though not all of them, do have laws that recognize advance directives; your medical provider may not have the legal knowledge, or the time to do research so check to see what your state requires. To eliminated confusion and delay in implementing this important document make copies available to physician and others involved in these final days.

In short, the Five Wishes is a great document to have ***in conjunction with*** either your state's recommended form, however, it is not recommended to be used alone. So,

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For information contact Patrick H. Davis, MSW e-mail: Davis@iACT-NOW.com*

remembering that our state governments make the laws over its citizens, it is best to look to, and educate yourself about, and use the framework of your state's recommended form.

Five Wishes

Do you remember this Mother Goose rhyme about wishes? Did you say it when you were a child? Did you teach it to your children? What about Jiminy Cricket's famous song from *Pinocchio*, "When You Wish Upon a Star"? How exciting it was to be the one to see the first star in the sky! These warm memories put a smile on my face and in my heart. I recalled these childhood icons a few weeks ago and started thinking. Why don't we say 'wishes' as adults? Why don't we hear others talk about wishing for something? Could it be that wishes and wishing are relegated to childhood and, as adults, we should know better? Oh, I hope not! Wishes represent hope and should be an integral part of our lives -- especially *Five Wishes*.

The special thing about *Five Wishes* is that it's the first legal living will which gives an opportunity to express personal, emotional, and spiritual wishes for end-of-life care. It's been called the first living will "with a heart." As with other living wills, *Five Wishes* also includes the usual medical and health care representative directives.

Anyone can write their own *Five Wishes* as long as they are over 18 and sign it appropriately. It's easy to use: make the decisions, check a box, circle an answer, or write a sentence or two. Only witnesses and a notary are necessary. When completed be sure copies are given to family and friend to be sure your wishes are known and can be followed. Remember to give a copy of your *Five Wishes* to your physician.

The *Five Wishes* is helpful in a number of ways. It helps your family, friends, and doctor to know how you want to be treated if you become seriously ill. Family members will not have to guess and make hard decisions about your care; they'll know your wishes exactly. By using *Five Wishes*, your caregivers may find great comfort in being able to grant your healthcare wishes and feel deep relief to know that you have already made these difficult decisions. You can be there for them when they need you most.

Five Wishes guides people through the process of creating their own personalized living wills. Making your five wishes is as simple as answering these five questions:

- 1. Who do I want to make care decisions for me when I can't?**
- 2. What kind of medical treatment do I want or don't want?**
- 3. How comfortable do I want to be?**
- 4. How do I want people to treat me?**
- 5. What do I want my loved ones to know?**



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Wish 1:

Who do I want to make care decision for me when I can't ?

If I am no longer able to make my own health care decisions, this form names the person I choose to make these choices for me. This person will be my Health Care Agent (or other term that may be used in my state, such as proxy, representative, or surrogate).

This person will make my health care choices if both of these things happen:

1. My attending or treating doctor finds that I am no longer able to make health care choices
2. Another health care professional agrees that this is true.

A. Picking the Right Person to be Your Health Care Agent

Choose someone who knows you very well and cares about you, and who can make difficult decisions. Sometimes a spouse or family member is not the best choice because they are too emotionally involved with you. Sometimes they are the best choice. You know best. Make sure you choose someone who is able to stand up for you so that your wishes are followed. Also, choose someone who is likely to be nearby so that they are ready to help you when you need them.

Whether you choose your spouse, family member or friend to be your Health Care Agent, make sure you talk about your wishes with this person and that he or she agrees to respect and follow them.

Your Health Care Agent should be at least **18 years or older** (in Colorado, 21 years or older) and should not be:

- a health care provider, including owner or operator of a health or residential or community care facility serving you.
- an employee of your health care provider, or
- an agent or proxy for 10 or more people unless he or she is your spouse or close relative.

B. The person I choose as my Health Care Agent is:

Name _____ Phone Number _____ Address _____
City/State/Zip _____

If this person: is not able, willing to make these choices for me, precedes me in death or is divorced or legally separated from me, then these people are my next choices:

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Alternate #1:

Name _____ Phone Number _____ Address _____
City/State/Zip _____

Alternate #2:

Name _____ Phone Number _____ Address _____
City/State/Zip _____

C. I understand that my Health Care Agent can make health care decisions for me. I want my Agent to be able to do the following:

- Make choices for me about my medical care or services, like tests, medicine, or surgery. This care or service could be to find out what my health problem is, or how to treat it. It can also include care to keep me alive. If the treatment or care has already started, my Health Care Agent can keep it going or have it stopped.
- Interpret any instructions I have given in this form or given in other discussions, according to my Health Care Agent's understanding of my wishes and values.
- Arrange for admission to a hospital, hospice, or nursing home for me. My Health Care Agent can hire any kind of health care worker I may need to help me or take care of me. My Agent may also fire a health care worker, if needed.
- Make the decision to request, take away or not give medical treatments, including artificially-provided food and water, and any other treatments to keep me alive.
- See and approve release of my medical records and personal files. If I need to sign my name to get any of these files, my Health Care Agent can sign for me.
- Move me to another state, to carry out my wishes. My Health Care Agent can also move me to another state for other reasons.
- Take any legal action needed to carry out my wishes.
- Apply for Medicare, Medicaid, or other programs or insurance benefits for me. My Health Care Agent can see my personal files, like bank records, to find out what is needed to fill out these forms.
- Listed below are any changes, additions, or other limitations on my Health Care Agent's powers:



D. If I change my mind about having a Health Care Agent, I will:

- Destroy all copies of this Part of the Five Wishes form, OR
- Write the word "Revoked" in large letters across the name of each agent whose authority I want to cancel and signing my name on that page, OR
- Tell someone, such as my doctor or family, that I want to cancel or change my Health Care Agent.

Wish 2:

My Wish For the Kind of Medical Treatment I Want or Don't Want

I believe that my life is precious and I deserve to be treated with dignity. When the time comes that I am very sick and am not able to speak for myself, I want the following wishes, and any other instructions I have given to my Health Care Agent, to be respected and followed.

The instructions that I am including in this section are to let my family, my doctors and other health care providers, my friends and all others know the kind of medical treatment that I want or don't want.

A. General Instructions

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means that I will be drowsy or sleep more than I would otherwise.
- I do not want anything done or omitted by my doctors or nurses *with the intention of taking my life.*
- I want to be offered food and fluids by mouth, and kept clean and warm.

B. Meaning of "Life-Support Treatment"

Life-support treatment means any medical procedure, device or medication to keep me alive. Life-support treatment includes: medical devices put in me to help me breathe; food and water supplied artificially by medical device (tube feeding); cardiopulmonary resuscitation (CPR); major surgery; blood transfusions; dialysis; and antibiotics.

If I wish to limit the meaning of life-support treatment, I write the limitation:



C. If I am close to death:

If my doctor and another health care professional both decide that I am likely to die within a short period of time, and life-support treatment would only postpone the moment of my death (choose one of the following):

- I want to have life-support treatment.
- I want to have life-support treatment if my doctor believes it could help, but I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.
- I do not want life-support treatment. If it has been started, I want it stopped.

D. If I am in a coma and I am not expected to wake up or recover:

If my doctor and another health care professional both decide that I am in a coma from which I am not expected to wake up or recover, and I have brain damage, and life-support treatment would only postpone the moment of my death (choose one of the following):

- I want to have life-support treatment.
- I want to have life-support treatment if my doctor believes it could be helpful, but I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.
- I do not want life-support treatment. If it has been started, I want it stopped.

E. If I have permanent and severe brain damage and I am not expected to recover:

If my doctor and another health care professional both decide that I have permanent and severe brain damage, (for example, I can open my eyes, I can not speak or understand) and I am not expected to recover, and life-support treatment would only postpone the moment of my death (choose one of the following):

- I want to have life-support treatment.
- I want to have life-support treatment if my doctor believes it could help, but I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.
- I do not want life-support treatment. If it has been started, I want it stopped.



F. If I am in another condition under which I do not wish to be kept alive:

If there is another condition under which I do not wish to have life-support treatment, I describe it below. In this condition, I believe that the costs and burdens of life-support treatment are too much and not worth the benefits to me. Therefore, in this condition, I do not want life-support treatment.

(Please write the condition or conditions in the space below, or leave the space blank if you have none):

When you talk with your family, doctor, Health Care Agent, and priest, minister or rabbi about what you have chosen, you may feel that the above instructions do not express all of your wishes, or your own religious beliefs.

Please use the space below to make very clear what you want, and under what conditions.

I want to be treated with dignity near the end of my life and want my wishes followed. To be treated with dignity means that I would like people to do the following things when it [sic] can be done.

I understand that my family, my doctors and other health care providers, my friends, and others may not be able to do the things, or are not required by law to do the things written.

I do not expect my wishes to place new or added legal duties on my doctors or other health care providers. I also do not expect these wishes to excuse my doctor or other health care providers from giving me the proper care asked for by law.

Wish 3:

My Wish for How Comfortable I Want to Be

*(Please cross out or eliminate anything that you **don't** agree with)*

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means that I will be drowsy or sleep more than I would otherwise.
- If I show signs of depression, nausea, shortness of breath, or hallucinations, I want my caregivers to do whatever they can to help me.



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- I wish to have a cool moist cloth put on my head if I have a fever.
- I want my lips and mouth kept moist to stop dryness.
- I wish to have warm baths often. I wish to be kept fresh and clean at all times.
- I wish to be massaged with warm oils as often as I can be.
- I wish to have my favorite music played when possible until my time of death.
- I wish to have personal care like shaving, nail clipping, hair brushing, and teeth brushing, as long as they do not cause me pain or discomfort.
- I wish to have religious readings and well loved poems read aloud when I am near death.

Wish 4:

My Wish for How I Want People to Treat Me

*(Please cross out or eliminate anything that you **don't** agree with)*

- I wish to have people with me when possible. I want someone to be with me when it seems that death may come at any time.
- I wish to have my hand held and to be talked to when possible, even if I don't seem to respond to the voice or touch of others.
- I wish to have others by my side praying for me when possible.
- I wish to have the members of my church or synagogue told that I am sick and asked to pray for me and visit me.
- I wish to be cared for with kindness and cheerfulness, and not sadness.
- I wish to have pictures of my loved ones in my room, near my bed.
- If I am not able to control my bowel or bladder functions, I wish for my clothes and bed linens to be kept clean, and for them to be changed as soon as they can be if they have been soiled.
- I want to die in my home, if that can be done.

Wish 5:

My Wish for What I Want my Loved Ones to Know

*(Please cross out or eliminate anything that you **don't** agree with)*



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- I wish to have my family members and loved ones know that I love them.
- I wish to be forgiven for the times I have hurt my family, friends, and others.
- I wish to have my family members and friends know that I forgive them for what they may have done to me in my life.
- I wish for my family members and loved ones to know that because of the faith I have, I do not fear death itself. I think it is not the end, but a new beginning for me.
- I wish for all my family members to make peace with each other before my death, if they can.
- I wish for my family and friends to think about what I was like before I had a terminal illness. I want them to remember me in this way after my death.
- I wish for my family and friends to look at my dying as a time of personal growth for everyone, including me. This will help me live a meaningful life in my final days.
- I wish for my family and friends to get counseling if they have trouble with my death. I want memories of my life to give them joy and not sorrow.

If anyone asks how I want to be remembered, please say the following about me:

The following person knows my funeral wishes:

If there is to be a memorial service for me, I wish for this service to include the following (list music, songs, readings or other specific requests that you have):

Add other wishes here (such as your wishes about donating any or all parts of your body when you die):

Please Note: This information needs to be presented as a legal document with appropriate signatures. For more information about how to complete the five wish document contact your health provider, your physician, attorney or go to Five Wishes Living will at: <http://www.agingwithdignity.org/five-wishes.php>

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