

## IN CASE OF DEMENTIA: MY WISHES

Dear Medical Advocate;

If you're reading this because I can't make my own medical decisions due to dementia, please understand I don't wish to prolong my living or dying, even if I seem relatively happy or content. As a human being who currently has the moral, legal, and intellectual capacity to make my own decisions, I want you to know that I care about the emotional, financial, and practical burdens that dementia and similar illnesses will place on those who love me. Once I have dementia, and no longer have mental "capacity," I may become oblivious to such concerns. So please let my wishes as stated below guide you. They are intended to give me "comfort care," let nature take its course, and allow me a natural death.

- I wish to remove all barriers to a peaceful and timely death.
- Please ask my medical team to provide Comfort Care Only.
- Try to qualify me for hospice, and ask again later if refused.
- I do not wish any attempt at resuscitation. Ask my doctor to sign a Do Not Resuscitate (or Allow Natural Death) Order and order me a DNR bracelet from Medic Alert Foundation.
- Ask my medical team to allow natural death. Do not authorize any medical procedure that might prolong or delay my death.
- Do not transport me to a hospital. I prefer to die in the place that has become my home.
- Do not intubate me or give me intravenous fluids. I do not want treatments that may prolong or increase my suffering.
- Do not treat my infections with antibiotics—give me painkillers instead.
- Ask my doctor to deactivate all medical devices, such as defibrillators, that may delay death and cause pain.
- Ask my doctor to deactivate any medical device that might delay death, even those, such as pacemakers, that may improve my comfort.
- If I'm eating, let me eat what I want, and don't put me on "thickened liquids," even if this increases my risk of pneumonia.
- Do not force or coax me to eat, or wave a spoon in front of me.
- Do not authorize a feeding tube for me, even on a trial basis. If one is inserted, please ask for its immediate removal.
- Ask to stop, and do not give permission to start, dialysis.
- Do not agree to any tests whose results would be meaningless, given my desire to avoid treatments that might be burdensome, agitating, painful, or prolonging of my life or death.
- Do not give me a flu or other vaccine that might delay my death, unless required to protect others.
- Do keep me out of physical pain, including treatment with opioids, cannabis, or CBD, if necessary.
- Ask my doctor to fill out the medical orders known as POLST (Physician Orders for Life Sustaining Treatment) or MOLST (Medical Orders for Life Sustaining Treatment) to confirm the wishes I've expressed here.
- If I must be institutionalized, please do your best to find a place with an art workshop and access to nature, if I can still enjoy them.

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

Dated: \_\_\_\_\_

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