

# End-of-Life Care Planning

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

To: [Healthcare Provider's Name]

From: [Patient's Name]

Subject: End-of-Life Care Planning Discussion

## Introduction

I am writing to discuss my preferences regarding end-of-life care. It is important to me that my wishes are known and respected in the event that I am unable to communicate them myself.

## Healthcare Preferences

I would like to outline my preferences as follows:

- Type of medical interventions I wish to receive: [Specify preferences]
- Location of care: [Home, Hospital, Hospice, etc.]
- Patient designation: [Power of Attorney, healthcare proxy]

## Advance Directives

I have prepared an Advance Directive, which includes my instructions regarding:

- Life-sustaining treatments
- Do Not Resuscitate (DNR) orders
- Organ donation preferences

## Communication

Please ensure that all members of my healthcare team are informed of my wishes documented in this letter and my Advance Directive.

## Conclusion

Thank you for your support and understanding in respecting my end-of-life care wishes. I appreciate your role in my healthcare and ask that you keep this letter on file for future reference.

Sincerely,

[Patient's Signature]

[Patient's Printed Name]

[Patient's Contact Information]