

End-of-Life Care Planning

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], born on [Your DOB], residing at [Your Address], am writing this letter to outline my wishes regarding end-of-life care and legal considerations. It is my intent for this document to serve as guidance for my family and healthcare providers to ensure my preferences are respected.

Healthcare Preferences

In the event that I am unable to communicate my wishes, I prefer the following types of medical treatments:

- [Specify any life-sustaining treatments you do or do not want]
- [State any specific palliative care preferences]
- [Mention any organ donation preferences]

Legal Considerations

I designate [Name of Representative] as my healthcare proxy. They are to make decisions on my behalf regarding my medical care if I am unable to do so.

Additional Notes

It is important to me that the following wishes are acknowledged:

- [Any additional notes or specific directives]

Please keep this letter on file and ensure that my healthcare proxy is made aware of my wishes.

Sincerely,

[Your Name]

[Your Signature (if applicable)]

[Your Contact Information]