

End-of-Life Care Planning Letter

Date: _____

To Whom It May Concern,

I, [Your Full Name], born on [Your Date of Birth], residing at [Your Address], wish to outline my personal wishes regarding end-of-life care. This document serves as a guide for my healthcare team and family members regarding my preferences should I be unable to express them verbally.

1. Medical Treatments

In the event of a terminal illness or condition, I request:

- [List specific treatments you accept or decline, e.g., resuscitation, ventilation, tube feeding, etc.]

2. Pain Management

I prioritize comfort and wish to receive adequate pain management, including:

- [Specify any medications or approaches you prefer or wish to avoid.]

3. Hospice Care

I wish to be considered for hospice care in my final days if my condition is terminal, preferably at:

- [Specify location, e.g., home, hospice facility, etc.]

4. Personal Preferences

I desire the following for my personal care:

- [Specify any religious or cultural practices, visitors allowed, etc.]

5. Health Care Proxy

I designate [Name of Health Care Proxy], residing at [Proxy's Address], as my health care agent to make decisions on my behalf if I am unable to do so.

6. Additional Notes

[Any additional instructions or notes you wish to include.]

Thank you for respecting my wishes.

Sincerely,

[Your Signature]

[Your Printed Name]