

# Letter Communicating Palliative Care Wishes

Date: [Insert Date]

To whom it may concern,

I, [Your Full Name], am writing this letter to express my wishes regarding my palliative care.

Firstly, I would like to state my preferences regarding the following aspects of my care:

- Preferred Location: [Home/Hospital/Facility]
- Resuscitation Wishes: [Full code/DNR]
- Pain Management Preferences: [Specific medications or approaches]
- Involvement of Family: [Details on family involvement]

Additionally, I wish to communicate my values and goals for my quality of life. I believe that [Insert personal beliefs or goals].

Please ensure that this letter is included in my medical records and shared with my healthcare providers, so my wishes are respected.

Thank you for your understanding and support.

Sincerely,  
[Your Name]  
[Your Contact Information]