

# End-of-Life Care Decisions Overview

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

To: \_\_\_\_\_

From: \_\_\_\_\_

## Subject: Overview of End-of-Life Care Decisions

Dear [Recipient's Name],

This letter serves as an overview of the end-of-life care decisions that have been made for [Patient's Name]. The following outlines the key decisions regarding their care preferences:

### 1. Advanced Directives

[Details about any living wills or advance directives that have been created.]

### 2. Healthcare Proxy

[Information regarding the designated healthcare proxy and their role.]

### 3. Palliative Care Options

[Outline the palliative care options that have been discussed and chosen.]

### 4. Pain Management

[Details about the selected pain management strategies and medications.]

### 5. Hospice Care

[Information about hospice services that have been arranged or considered.]

If you have any questions or require further clarification on these decisions, please do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]