

Personal Values Letter for End-of-Life Situations

Date: _____

To my loved ones,

As we journey through life, I have taken time to reflect on my personal values and beliefs. I would like to share these with you in the context of end-of-life decisions to ensure my wishes are known and respected.

My Core Values:

- **Autonomy:** I value the right to make my own decisions regarding my health and treatment.
- **Dignity:** It is important to me that I am treated with dignity throughout the end-of-life process.
- **Quality of Life:** I prefer to focus on quality of life rather than prolonging life at any cost.
- **Comfort:** Pain management and comfort are priorities for me in any end-of-life situation.
- **Family Involvement:** I wish to involve my family in decisions that impact my care and ensure they understand my wishes.

Specific Wishes:

If I am unable to communicate my wishes, I request the following:

1. Do not resuscitate (DNR) in case of cardiac arrest.
2. Only provide palliative care to manage pain.
3. Favor hospice care to maintain my comfort at home.
4. Limit artificial nutrition and hydration if my quality of life is significantly impacted.

It is my hope that by sharing these values and wishes, you will feel empowered to honor my preferences when the time comes. Thank you for your love and support.

With all my love,

_____ (Your Name)