

# End-of-Life Planning Letter

Date: [Insert Date]

Dear [Recipient's Name],

I hope this letter finds you in good spirits. As we navigate these challenging times, it is important to discuss and plan your care preferences as we approach the end of life.

## Your Care Preferences

Please consider the following options regarding your care:

- **Resuscitation Preferences:** Do you wish to be resuscitated if your heart stops?
- **Pain Management:** What are your wishes concerning pain relief medications?
- **Life-Sustaining Treatments:** Are there specific medical treatments you want or do not want?
- **Hospice Care:** Would you like to explore hospice care options for comfort in your final days?

## Family Involvement

It is essential to discuss these preferences with your loved ones. We encourage family meetings to ensure everyone is on the same page regarding your wishes.

## Next Steps

I recommend scheduling a meeting to further discuss your desires and complete the necessary documentation to ensure your health care team understands your choices.

Thank you for taking the time to consider these important matters. Your comfort and peace of mind are our utmost priorities.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]