



LIVING WILL: MY GOALS, VALUES, AND PREFERENCES

NOTES FOR MY HEALTH CARE AGENT, HEALTH CARE PROVIDERS, AND OTHER IMPORTANT PEOPLE

- This Living Will form is intended to help you communicate your health care wishes to the important people in your life who may have to make health care decisions for you, should you become incapacitated and unable to make them for yourself. A What Matters facilitator can assist you in clarifying and articulating your wishes on this form; see the contact information at the end of this form.
- The Living Will form is meant to supplement, not replace, the New York State Health Care Proxy form (the legal advance directive in NY State), in which you designate an agent to speak on your behalf if you are unable to communicate yourself.
- If, however, you are not able to designate an agent, it is still important that you document your wishes and preferences. You may use this Living Will form for this purpose. Even though the Living Will is not a legal form like the New York State Health Care Proxy form, it is a way for your voice to be heard if you cannot speak for yourself. There is much evidence to indicate that the Living Will will be honored, as NY law requires that hospitals respect and make decisions in accordance with your prior stated wishes and preferences.
- These questions place emphasis upon your goals, values, and preferences more than on specific medical decisions and will help to guide your decision makers in making the right choices based upon what matters to you.
- While you may choose to document specific medical treatments, please know that such specificity can potentially limit your options and the flexibility you may wish to give your agent, or it could lock you into a less than optimal decision because it is impossible to know all the medical facts and variables when the time arrives, or the medical advances that will be available.
- Complete as many of the items on this form as you wish. Include extra pages or thoughts if desired. This PDF form can be downloaded and filled out digitally on your computer, saved and printed. Alternatively, it can be printed and filled in by hand.
- Discuss your completed document with your health care agent, family members, friends, neighbors, physicians, lawyers, and others. Provide a copy to your primary care doctor to put into your medical file and distribute other copies where appropriate. Keep a list of whom you have given the document to.
- Remember that your wishes can change over time, and this form may be revisited and updated as often as you want.
- Keep the Health Care Proxy Wallet Card with the name of your agent in your wallet at all times. If you are not able to designate an agent, keep the Living Will Wallet Card in your wallet, with the location of your completed living will form.
- Sign and date the last page of this Living Will form. Attach it to your Health Care Proxy form if you have one. Store it with your important papers, consider hanging it on your refrigerator or by your front door, and take it with you if you have to go to the hospital.

WHAT MATTERS LIVING WILL: MY GOALS, VALUES, AND PREFERENCES

NOTES FOR MY HEALTH CARE AGENT, HEALTH CARE PROVIDERS, AND OTHER IMPORTANT PEOPLE

Name (print) _____

Complete as many of the following items as you wish. Include extra pages or thoughts if desired.

1. Designation of health care agent (also known as health care proxy):

I have designated _____ as my health care agent and _____ as the alternate health care agent. See my attached Health Care Proxy form.

At this time, I do not have anyone to designate as my health care agent. It is my hope that this document will help to convey who I am and the values, goals, and beliefs I hold so as to assist those who may need to make health care decisions on my behalf.

2. These are some of the experiences I have had with friends, relatives, acquaintances, or public figures I have read about who have become seriously ill and the ways in which they have influenced my own wishes:

3. A good day for me right now looks like:

Examples: having coffee with a friend, being with my family, being in nature, reading, feeling productive in my work, engaging in fitness activities, watching a good movie or sporting event.

4. These are things that give me strength and provide meaning and purpose in my life:

Examples: professional or volunteer work, community, relationships, faith, family, creativity, learning, teaching, pets, nature, prayer, home, music.

5. These are my religious, Jewish, cultural, and/or spiritual beliefs or practices that provide comfort and may influence my health care decisions:

Examples: Jewish law/custom/ritual practice, music, eating kosher food, belief in an afterlife, a visit or consultation with clergy, prayer on my behalf.

6. The quality of life that I currently feel would be unacceptable to me would include:

Examples: being unable to enjoy eating, being in pain, becoming a burden to my family, not recognizing those I love, lack of independence, loss of dignity, inability to communicate, not being at home.

7. Some people are willing to live through a lot for a chance to live longer. Other people know that certain situations would seriously impair their quality of life and would make them want to focus on comfort rather than trying to live as long as possible. Imagine the following scenario, which may help you articulate where your wishes lie on this spectrum:

A sudden event (such as an accident or illness) has left you unable to communicate. You are receiving all the care needed to keep you alive. The doctors believe there is little chance you will recover the ability to know who you are or whom you are with. (In either case, you will get the care you need to keep you comfortable.)

I would want to continue medical treatment.

I would want to stop medical treatment.

You may wish to explain the option you selected and whether there are conditions or circumstances that might change your mind.

NOTE: If you desire to include more specific directions for your medical care or treatments, you may include additional language, either using your own words or utilizing one or more of the workbooks and toolkits available online, including the following:

Five Wishes

Prepare for Your Care

Planning My Way

The Conversation Project

The Conversation Project also has a Conversation Starter Kit and additional resources that address decision making around Alzheimer's disease and dementia.

8. Additional concerns, wishes, and thoughts that I want you to know about me:

Examples: who I want to be notified, who I would want to have visit, wishes about receiving palliative care or hospice care, important life cycle events I would hope to be present for, funeral arrangements (funeral home and cemetery), how I feel about autopsy or organ donation, using my savings on my care, wishes about where I would like to die if possible.

9. Important people in my life whom my health care agent (or, in the absence of a designated agent, my caretakers or health care team) may wish to contact or consult:

Examples: primary care physician, family members, clergy, social worker, neighbor.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

10. Completing the Living Will form:

Your Signature _____

Date _____

If you have a signed and witnessed Health Care Proxy form, attach this Living Will form to it.

If you do not have a signed and witnessed Health Care Proxy form and are not able to appoint a health care agent to speak on your behalf, it is recommended that your signature be witnessed here:

Statement by Witnesses (witnesses must be 18 years of age or older).

I declare that the person who signed this document is personally known to me, appears to be of sound mind and acting of their own free will, and signed (or asked another person to sign for them) in my presence.

Name of Witness 1

(print) _____

Signature _____

Address _____

Date _____

Name of Witness 2

(print) _____

Signature _____

Address _____

Date _____

For more information or to contact What Matters www.whatmattersny.org, please email info@mmjccm.org.

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**THE
NEW
JEWISH
HOME**

