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## The Plan

If and when I am not able to make my own decisions, based on consciousness or mental competency, the people I trust to make decisions and carry out my plan are:

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When I am no longer able to feed myself and manage my own personal hygiene (bathing and bathroom tasks), I would prefer to:

- stay at home\* and hire full time professional caregivers
  - move to a residential community with healthcare professionals
  - move in with the following relative\* and hire caregivers to supplement family
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If my physician believes that I am within six months of my end of life, I would like to enroll in a hospice\* program and I want my family and caregivers to follow the palliative care outlined by the hospice medical team:

- Yes
- No

If terminally ill, and if legal in my state of residence, I want to complete the process that would allow the option of physician-assisted suicide:

- Yes
- No

Of possible measures to extend life when it might otherwise end, I DO NOT WANT the following procedures to be administered:

- |  |  |
|--|--|
| <input type="checkbox"/> CPR                 | <input type="checkbox"/> Breathing Machine       |
| <input type="checkbox"/> Feeding Tube        | <input type="checkbox"/> Antibiotics (pneumonia) |
| <input type="checkbox"/> Surgery (Fractures) | <input type="checkbox"/> Surgery (blood clots)   |
| <input type="checkbox"/> Other               |  |

Other things I want to be a part of my End of Life plan:

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*\* If you would like to die at home, an additional benefit of hospice enrollment is that no police investigation of your death is required. Without hospice enrollment it is the law that deaths occurring at home are investigated.*