DEMENTIA LETTER TO MY MEDICAL ADVOCATE:

By Katy Butler in The Art of Dying Well, 2019

Dear Medical Advocate:

If you’re reading this because I can’t make my own medical decisions due to dementia, please understand I don’t wish to prolong my living or dying, even if I seem relatively happy and content. As a human being who currently has the moral and intellectual capacity to make my own decisions. I want you to know that I care about the emotional, financial, and practical burdens that dementia and other similar illnesses place on those who love me. Once I am demented, I may become oblivious to such concerns. So please let my wishes as stated below guide you.

* I wish to remove all barriers to a natural, peaceful, and timely death.
* Please ask my medical team to provide Comfort Care only.
* Try to qualify me for hospice.
* I do not wish any attempt at resuscitation. Ask my doctor to sign a do-not-resuscitate order and order me a do-not-resuscitate bracelet from the Medic Alert Foundation.
* Ask my medical team to allow natural death. Do not authorize any medical procedure that might prolong or delay my death.
* Do not transport me to a hospital. I prefer to die in the place that has become my home.
* Do not intubate me or give me intravenous fluids. I do not want treatments that may prolong or increase my suffering.
* Do not treat my infections with antibiotics; give me painkillers instead.
* Ask my doctor to deactivate all medical devices, such as defibrillators, that may delay death and cause pain.
* If I’m eating, let me eat what I want, and don’t put me on “thickened liquids,” even if this increases my risk of pneumonia.
* Do not coax or force me to eat.
* Do not authorize a feeding tube for me, even on a trial basis. If one is inserted, please ask for its immediate removal.
* Ask to stop, and do not give permission to start, dialysis.
* Do not agree to any tests whose results would be meaningless, given my desire to avoid treatments that might be burdensome, agitating, painful, or prolonging of my life or death.
* Do not give me a flu or other vaccine that might delay my death, unless required to protect others.
* Do keep me out of physical pain, with opioids if necessary.
* Ask my doctor to fill out the medical orders known as POLST (Physician Orders for Life-Sustaining Treatment) or MOST (Medical Orders for Scope of Treatment -- CO) to confirm the wishes I’ve expressed here.
* If I must be institutionalized, please do your best to find a place with art workshops and access to nature, if I can still enjoy them.