



Graceful Endings: Planning Ahead for the End of your Life

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Some things you should know:

- Over half of people will not be able to make decisions for themselves near the end of their life.
- We are not very good at predicting what is going to be important to us in the future.
- When our families and friends have to make decisions on our behalf, it can cause a lot of stress, particularly when we have not talked together about what is important to us.
- We are varied in what is a meaningful life and what compromises we are willing to make in order to have more time on earth.
- We often can't predict the situations we will find ourselves in, but we can guide and support our loved ones who may need to make decisions for us.
- Our faith community is a good place to share our differences and commonalities – and to perhaps share some documents for safekeeping.

What can you do to shape the end of your life and help those who may need to make decisions on our behalf?

- Think about what is most important to you – what “matters” to you – as your life nears its end. Put it in writing, share it with those who love you -- even knowing that what is important to you may change over time!
 - o The Conversation Project Starter Kit may give you some ideas.
 - o Sharing ideas with your friends and in your church community can be very helpful.
- Choose the person you would like to speak for you (and a couple of back-ups) and put it in writing (your “agent” or Medical Durable Power of Attorney – MDPOA form).
 - o Give them a copy of your MDPOA form and other written documents you have filled out. More importantly, talk to them, and share what matters to you and with others who might support them if they have to make some of these difficult decisions with your health care team.
 - o Give your “agent” leeway (in writing) to make decisions in your best interests and don't dictate specific choices too much, since you may end up in circumstances you can't predict!
- Consider completing other “Advance Directive” forms (like a CPR Directive or Living Will) to express wishes for your future care. While the Living Will is rarely applicable, it may give your loved ones an idea of what is important to you.
- Talk to your doctor about what is important to you and be sure documents (your MDPOA, your Living Will and CPR directive and perhaps your Starter Kit) are part of your medical chart.

- Within your faith community share what is important to you and consider making confidential copies of important documents about who you would want to speak for you, what is important to you at the end of your life and wishes for your memorial service in a private church file kept by the pastors.
- When you are very near the end of your life, complete a “MOST” form – Medical Orders for Scope of Treatment – with your doctor. This form is useful to direct care in your “current” situation with a life-ending illness or when you are very elderly or frail. Copies should be on your refrigerator, in your medical chart, and with your agent and caregivers.
 - o Both you and your doctor sign this set of orders about the kind of care you want at this late stage, documenting whether you want attempted CPR if your heart or breathing stops, and, more importantly, whether you want treatments aimed at keeping you comfortable, full aggressive attempts to restore your health (including a breathing tube, intensive care), or something in between.
 - o This set of orders helps ambulance personnel and doctors in the ER or hospital who might not otherwise know what level of care you would or wouldn’t want.
- Consider “Dementia Directives” to add to your written guidance for your loved ones. These are particularly useful if you are concerned about how aggressively loved ones should try to keep you alive if you have lost your ability to interact due to dementia.
- Discuss alternatives with your doctor or with a palliative care specialist about help that you may want near the end of your life, including: stopping some of your medications, hospice, palliative sedation and voluntary stopping eating and drinking – all important and different choices that may help you achieve the end that you want.
- Discuss Medical Aid in Dying with your doctor if you feel that your suffering very near the end makes you want to consider added control your death by taking medications to end your life more peacefully. This is only an option if:
 - o You are able to make your own decisions
 - o You follow the process outlined in the Colorado “End of Life” Options Act
 - o Your doctor is willing to consider writing a prescription for life-ending medicines (or transferring your care to somebody who might)
 - o You can take the medications yourself
 - o You are within 6 months of the expected end of your life.

Some Final Thoughts:

All of these actions help those who care about you and may be involved in caring for you. Share what’s important to you – it allows them to honor your wishes as best they can! It also helps relieve them of some of the burdens they may feel in making such decisions on your behalf. These choices can be very difficult, and more so when your loved ones don’t know what you would want. Sharing and guiding our loved ones is a gift and a way to leave the kind of legacy we want.

Useful links:

- <http://theconversationprojectinboulder.org/>
- <https://www.prepareforyourcare.org/welcome>
- https://www.compassionandchoices.org/wp-content/uploads/2016/02/Dementia_Provision1.pdf
- www.dementia-directive.org