sacred journey

End of Life Considerations





End-Of-Life Considerations

1. *How much control do you want to have over your end-of-life medical care and treatment?*

2. *Do you want aggressive care or do you want to focus on quality of life?*

3. *How informed do you want to be about painful or progressive terminal illnesses as you go through them?*

4. *How long do you want to receive care, treatment, life support, or hospice?*

5. *How much privacy do you want?*

6. *How involved do you want your loved ones to be?*

7. *What would the most important things about end-of-life care be for you?*

People to Have This Conversation With

Name	When	Name	When

Final Wishes Worksheet

☐ I would like my friends and family to know that I love them

☐ I would like my friends and family to know that I am now at peace

☐ I would like my friends and family to think of me before my illness/injury/dying

☐ I would like my friends and family to focus on the good times we had together

☐ I would like my friends and family to move on and grow and change in their lives without feeling guilty at my absence

☐ I would like my friends and family to make peace with my memory if they are able

☐ I would like my friends and family to make peace with each other if they are able

☐ I would like my friends and family to seek counseling for any lingering grief

☐ I would like my friends and family to remember me fondly, not with sadness

☐ I would like my friends and family to celebrate my life, not mourn my death

☐ I would like my friends and family to use the inheritance and gifts I have given them to improve themselves, care for their families, and give back to their communities

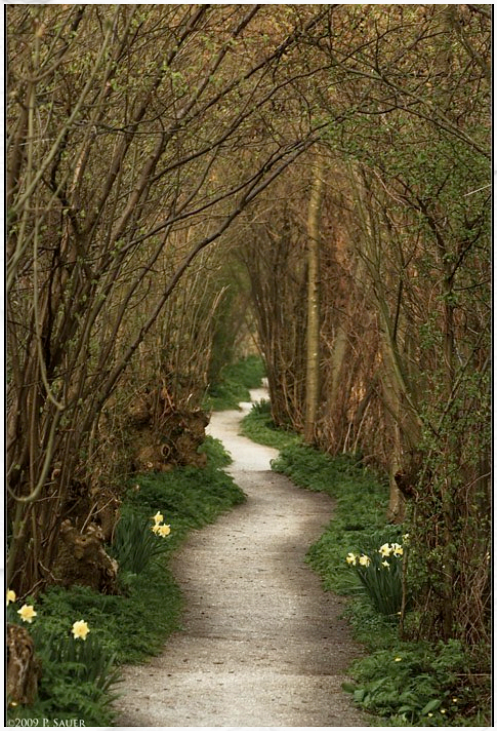
I would like to be remembered in the following way:

I would like to be memorialized in the following ways:



Master Preparations Checklist

End of Life Care	✓	Funeral Wishes	✓	Important Items	✓
Advance directive/POLST	☐	Write burial plan	☐	Advance directive/POLST	☐
Nursing home preference	☐	Decide burial or cremation	☐	DNR	☐
Assisted living preference	☐	Decide grave or scattering ashes	☐	Will/burial plan	☐
Hospice preference	☐	Decide military burial option	☐	Driver's license	☐
Surgery preference	☐	Decide whole body donation	☐	Passport	☐
Painkillers preference	☐	Choose casket/urn	☐	Social security card/green card	☐
Antibiotics preference	☐	Choose plot/scattering spot	☐	Birth/adoption certificate	☐
Feeding tube preference	☐	Purchase headstone	☐	Marriage/divorce certificate	☐
IV preference	☐	Write epitaph	☐	Property titles	☐
Breathing tube preference	☐	Decide funeral/wake/memorial	☐	Vehicle titles	☐
DNR preference	☐	Choose service type	☐	Military/veteran papers	☐
Deathbed service preference	☐	Choose view body or no	☐	Pension papers	☐
Organ donation choice	☐	Choose touch body or no	☐	Union papers	☐
Tissue donation choice	☐	Write program wording	☐	Immigration papers	☐
Assign power of attorney	☐	Venue preference	☐	Tax returns	☐
Assign health care proxy	☐	Officiant preference	☐	Life insurance	☐
Arrange dependent care	☐	Pallbearers preference	☐	Mortgage/lease	☐
Arrange pet care	☐	Readers preference	☐	Health/car/property insurance	☐
Inquire about benefits/pay	☐	Write/collect info for obituary	☐	Bank account(s)	☐
Inquire about life insurance	☐	Choose charity/donations	☐	Investments	☐
Contact attorney	☐	Write letters to friends/family	☐	Credit cards	☐
Contact executor	☐	Choose requested attendees	☐	Security deposit/storage unit	☐
Arrange will	☐	Choose prayers/readings	☐	List of passwords	☐
Arrange ethical will	☐	Choose music	☐	List of payments/bills/loans	☐
Assign assets	☐	Choose décor	☐	List of memberships	☐
Set up payments/bills	☐	Choose photos	☐	List of services	☐
Collect major documents	☐	Choose last outfit	☐	List of websites/accounts	☐
Collect passwords	☐	Choose items to destroy	☐	Key identification notes	☐
_____	☐	_____	☐	_____	☐
_____	☐	_____	☐	_____	☐
_____	☐	_____	☐	_____	☐
_____	☐	_____	☐	_____	☐



All things summon us to death;

Nature, almost envious of the good she has given us,

Tells us often and gives us notice that she cannot

For long allow us that scrap of matter she has lent…

She has need of it for other forms,

She claims it back for other works.

~ Jacques-Benigne Bossuet (1627-1704),
"On Death, a Sermon"

End of Life Worksheet*

**This is not an official form. It is not legally or medically binding.*

Preferred Hospital: _____ Doctor: _____

POA

I ☐ do ☐ do not wish to appoint a medical power of attorney (POA) to make health-related decisions on my behalf in the event that I am incapacitated to the point that I am unable to make or relate my own decisions.

POA Name: _____ Relation: _____

Email: _____ Phone: _____

Address: _____

POA ☐ has been asked ☐ is willing ☐ is willing until/unless _____

Life Support

☐ I would like to have CPR (resuscitation) attempted if I do not have a pulse/breathing

☐ I do not want to have resuscitation attempted if I do not have a pulse/breathing (DNR)

☐ I would like medical staff to perform life-saving measures on me, including medication, surgery, or life-support, unless my quality of life has decreased to any of the following parameters:

- ☐ I am in a persistent vegetative state or coma
- ☐ I am fully dependent on others for mundane care
- ☐ I am in terrible, constant pain that will not improve
- ☐ I am no longer able to communicate by any means
- ☐ I no longer recognize anyone

If my quality of life has decreased to this point, I would like only comfort/palliative care

I do **NOT** want the following life-support measures to be used *(check all that apply)*:

- ☐ Feeding tube
- ☐ IV
- ☐ Breathing tube
- ☐ Antibiotics
- ☐ Painkillers
- ☐ Surgery

End of Life Care

I would prefer to receive end-of-life care ☐ at home ☐ at the hospital ☐ in hospice

I would like ☐ family ☐ friends ☐ religious officiant(s) ☐ medical staff to be in the room with me during end-of-life care and death.

☐ I would like religious end-of-life services on my deathbed from _____



This body is not me.
I am not limited by this body.
I am life without boundaries.
I have never been born,
and I have never died.

Look at the ocean and the sky filled with stars,
manifestations from my wondrous true mind.

Since before time, I have been free.
Birth and death are only doors through which we pass,
sacred thresholds on our journey.
Birth and death are a game of hide- and seek.

So laugh with me,
hold my hand,
let us say good-bye,
say good-bye, to meet again soon.

We meet today.
We will meet again tomorrow.
We will meet at the source every moment.
We meet each other in all forms of life.

~Thich Nhat Hanh



Provider Orders for Life-Sustaining Treatment (POLST)

Patient Full Legal Name: _____ Date: _____

Preferred Hospital: _____ Doctor: _____

Life Support

☐ Do attempt cardiopulmonary resuscitation in the event of cardiopulmonary arrest

☐ Do **NOT** attempt cardiopulmonary resuscitation in the event of cardiopulmonary arrest (DNR)

☐ Perform life-saving measures, including medication, surgery, intubation, and life-support, unless the Patient's quality of life has decreased to any of the following parameters:

- ☐ A persistent vegetative state or coma
- ☐ The Patient is fully dependent on others for mundane care
- ☐ Terrible, constant pain that will not improve
- ☐ The Patient is no longer able to communicate by any means
- ☐ The Patient no longer recognize anyone

If quality of life has decreased to this point, perform only comfort/palliative care

☐ Do **NOT** administer the following life-support measures *(check all that apply)*:

- ☐ Feeding tube
- ☐ IV
- ☐ Breathing tube
- ☐ Antibiotics
- ☐ Painkillers
- ☐ Surgery

End of Life Care

If possible, the Patient would prefer treatment/care ☐ at the hospital ☐ at home ☐ in hospice

Admit ☐ family ☐ friends ☐ only medical staff in the room during end-of-life care and death.

Other: _____

_____

_____

_____

_____

Patient/POA Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Witness(es): _____

It doesn't interest me
what you do for a living.
I want to know
what you ache for
and if you dare to dream
of meeting your heart's longing.

It doesn't interest me
how old you are.
I want to know
if you will risk
looking like a fool
for love
for your dream
for the adventure of being alive.

It doesn't interest me
what planets are
squaring your moon...
I want to know
if you have touched
the centre of your own sorrow
if you have been opened
by life's betrayals
or have become shrivelled and closed
from fear of further pain.
I want to know
if you can sit with pain
mine or your own
without moving to hide it
or fade it
or fix it.

I want to know
if you can be with joy
mine or your own
if you can dance with wildness
and let the ecstasy fill you
to the tips of your fingers and toes
without cautioning us
to be careful
to be realistic
to remember the limitations
of being human.



It doesn't interest me
if the story you are telling me
is true.
I want to know if you can
disappoint another
to be true to yourself.
If you can bear
the accusation of betrayal
and not betray your own soul.
If you can be faithless
and therefore trustworthy.

I want to know if you can see Beauty
even when it is not pretty
every day.
And if you can source your own life
from its presence.

I want to know
if you can live with failure
yours and mine
and still stand at the edge of the lake
and shout to the silver of the full moon,
"Yes."

It doesn't interest me
to know where you live
or how much money you have.
I want to know if you can get up
after the night of grief and despair
weary and bruised to the bone
and do what needs to be done
to feed the children.

It doesn't interest me
who you know
or how you came to be here.
I want to know if you will stand
in the centre of the fire
with me
and not shrink back.

It doesn't interest me
where or what or with whom
you have studied.
I want to know
what sustains you
from the inside
when all else falls away.

I want to know
if you can be alone
with yourself
and if you truly like
the company you keep
in the empty moments.

–"The Invitation," by Oriah Mountain Dreamer

Advance Directive

Full Legal Name: _____ Date: _____

Preferred Hospital: _____ Doctor: _____

Doctor's Phone Number: _____

Medical Power of Attorney (POA)

POA 1 Name: _____ Relation: _____

Email: _____ Phone: _____

Address: _____

Medical Power of Attorney (Alternate)

If the Medical POA listed above is unavailable or unwilling to serve as my surrogate, please inquire with the following contact:

Religious Services

POA 2 Name: _____ Relation: _____

Email: _____ Phone: _____

Address: _____

Life Support

☐ I do **NOT** want cardiopulmonary resuscitation (CPR) performed on me if my breathing or pulse stops.

☐ I prefer my medical assistance and procedures to focus on quality of life rather than aggressive care

☐ I prefer aggressive care (including intubation, antibiotics, surgery, and life-support) except in the following cases:

- ☐ I am in a persistent vegetative state or coma
- ☐ I am fully dependent on others for mundane care
- ☐ I am in terrible, constant pain that will not improve
- ☐ I am no longer able to communicate by any means
- ☐ I no longer recognize anyone

If my quality of life has decreased to this point, perform only comfort/palliative care

☐ I do **NOT** want the following life-support measures during end-of-life treatment *(check all that apply)*:

- ☐ Feeding tube
- ☐ IV
- ☐ Breathing tube
- ☐ Antibiotics
- ☐ Painkillers
- ☐ Surgery

End of Life Care

If possible, I would prefer end-of-life treatment:
at the hospital at home in hospice

Admit:
family friends religious officials only medical staff
in the room during end-of-life care and death.

Other:

Signature: Date:

POA 1 Signature: Date:

POA 2 Signature: Date:

Witness(es):

Final Moments Worksheet

☐ I would like a religious official present for my final moments

Preferred Official: _____ Religion: _____

Contact Information: _____

☐ I would like visitors on the requested list to be present for my final moments

☐ I would like to be alone or alone with the religious official during my final moments

I ☐ would ☐ would not like to be touched during my final moments

Religious Services

Before Death: _____

During Death: _____

After Death: _____

Music

Before Death: _____

During Death: _____

After Death: _____

Visitors Requested

Name	*Relation*	*Contact Info*

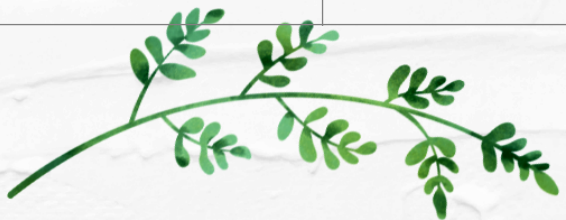
Visitors Denied

Name	*Name*	*Name*



Please contact the following people upon my death

Name	Relation	Contact Info



Body Disposal Worksheet

Name: _____ Date: _____

Donation

- ☐ I would like to be an organ and tissue donor

☐ I would like to be an organ and tissue donor except for my

- ☐ I would like to donate my whole body to medical research
- ☐ I have already made arrangements with the following institute: _____

Research Facility: _____ Contact: _____

Email: _____ Phone: _____

Address: _____

Disposal

- ☐ I would like to be cremated
- ☐ I would like to be embalmed
- ☐ I would like aquamation (water cremation)
- ☐ I would like a natural burial

Final Resting

- ☐ I would like to be buried in the earth in:
  - ☐ a casket
  - ☐ an urn
  - ☐ an eco-friendly container

Company: _____ Contact: _____

I have made arrangements for a plot at:

Cemetery: _____ Contact: _____

Address: _____ Plot No. _____

- ☐ I would like my body laid to rest in a
  - ☐ crypt
  - ☐ mausoleum
- ☐ I have made arrangements for a crypt/mausoleum at:

Location: _____ Contact: _____

- ☐ I would like the following done with my remains:

The same stream of life that runs
through my veins night and day runs
through the world and dances in rhythmic measures.
It is the same life that shoots in joy
through the dust of the earth in numberless blades of grass and
breaks into tumultuous waves of leaves and flowers.

– "Stream of Life," by Rabindranath Tagore



Obituary Worksheet

☐ I have written my own obituary, located _____

☐ I would like _____ to write my obituary after my death

☐ I would like _____ in lieu of flowers

☐ I would like my obituary published in _____

Birthdate: _____ Birthplace: _____

Parent 1: _____ Parent 2: _____

Raised in: _____

School: _____ Degree: _____ Graduated: _____

School: _____ Degree: _____ Graduated: _____

Spouse 1: _____

Marriage Date: _____ Divorce/Death Date: _____

Children: _____

Spouse 2: _____

Marriage Date: _____ Divorce/Death Date: _____

Children: _____

Church: _____ Since: _____

Clubs: _____ Since: _____

Awards: _____ Dates: _____

Military: _____ Rank: _____ Dates: _____



People to Mention

Name	Relation	Location

Do Not Mention



Last Will and Testament

I, _____ , being of sound mental health and of full mental

capacity hereby declare this document and all its contents, provisions and addendums to be my legal Last Will and Testament. I hereby revoke, in their entirety, any previous wills, testaments, and codicils not included herein. I have named the following Executor(s) to manage my finances, properties, assets, debts and payments, and to bequeath the items and assets to my heirs as directed below:

Executor

Executor 1: _____ Relation: _____

Email: _____ Phone: _____

Address: _____

Executor (Alternate)

If the Executor listed above is unavailable or unwilling to serve in this capacity, please inquire with the following contact:

Executor 2: _____ Relation: _____

Email: _____ Phone: _____

Address: _____

The Executor is hereby authorized to distribute property and assets among my heirs as dictated by this Last Will and Testament; sell, lease, mortgage, donate or otherwise dispose of all properties I hold interest in at the time of my death; settle all debts, both business and personal; pay all fees, fines and payments associated with the distribution and allocation of my estate; pay funeral, administration, legal and medical fees; and pay final taxes.

The Executor shall receive _____ % of my estate after the distribution of my property and assets as dictated below. The percentage shall be paid from the value of my estate.

I hereby bequeath my estate, to be divided exactly as follows to my heirs by the Executor:

To _____, my _____, I leave _____

To _____, my _____, I leave _____

Should any of my aforementioned beneficiaries be deceased at the time of this distribution, or if they be unwilling or unable to accept their declared portion of my estate, the unclaimed remainder shall go to the following person or entity, with any special instructions dictated below:

Name: _____ Relation: _____

Instructions: _____

Signature: _____ Date: _____

Witness(es): _____

Notary Public: _____ Date: _____

Signature: _____

Notary Seal:



Master Checklist for Loved Ones

After Death	✓	Funeral Arrangements	✓	Later	✓
Contact police/hospice	☐	Find/consult burial plan	☐	Order death certificate copies	☐
Locate DNR	☐	Discuss arrangements w/ family	☐	Take will to city office for probate	☐
Notify doctor/coroner	☐	Discuss w/ funeral director	☐	Discuss w/ probate attorney	☐
Arrange transportation	☐	Ascertain burial benefits	☐	Discuss with executor	☐
Arrange organ donation	☐	Choose casket/urn	☐	Arrange execution of estate	☐
Choose funeral home	☐	Choose plot/headstone	☐	Distribute mementos/photos	☐
Notify family	☐	Write epitaph	☐	Offer/sell/donate other items	☐
Start phone tree	☐	Choose funeral date/time	☐	Arrange major bills/payments	☐
Arrange dependent care	☐	Choose funeral venue	☐	Open estate bank account	☐
Arrange pet care	☐	Hire funeral officiant	☐	Transfer assets	☐
Secure property	☐	Choose wake date/time	☐	Clarify final tax returns	☐
Secure vehicles	☐	Choose wake venue	☐	Stop pension services	☐
Notify friends	☐	Write obituary	☐	Notify social security	☐
Notify employer	☐	Direct gifts/flowers/donations	☐	Stop mail	☐
Inquire about benefits/ pay	☐	Write social media post	☐	Close bank accounts	☐
Contact attorney	☐	Create/distribute notices	☐	Empty security deposit/storage	☐
Contact executor	☐	Create/order programs	☐	Cancel credit lines/cards	☐
Locate ID/SSN	☐	Choose prayers/readings	☐	Notify voting registration	☐
Locate certificates	☐	Choose music	☐	Stop insurance	☐
Locate financial docs	☐	Order/arrange flowers	☐	Notify life insurance	☐
Locate property titles	☐	Order/arrange décor	☐	Notify mortgage company	☐
Locate will/burial plans	☐	Choose/arrange photos	☐	Cancel utilities	☐
Locate insurance	☐	Arrange food/drink	☐	Cancel driver's license	☐
Contact military org.	☐	Purchase guest book	☐	Cancel memberships	☐
Contact church	☐	Arrange family transportation	☐	Cancel services	☐
Contact social groups	☐	Arrange deceased transportation	☐	_____	☐
Tend to home/mail/ plants	☐	Choose pallbearers/readers	☐	_____	☐
_____	☐	Choose last outfit	☐	_____	☐
_____	☐	Send thank you notes	☐	_____	☐
_____	☐	_____	☐	_____	☐
_____	☐	_____	☐	_____	☐
_____	☐	_____	☐	_____	☐

Executor Checklist

Before Death	✓	**Notes**
Know location of will	☐	
Know location of deeds	☐	
Know location of partnership trusts	☐	
Know locations of insurance policies	☐	
Know beneficiaries	☐	
Know decedent's ceremony preferences	☐	
Know decedent's disposal preferences	☐	
Record personal possession distribution	☐	
Keep track of general assets/debts	☐	
Meet accountant, lawyer, doctor, etc.	☐	
After Death		
Arrange pet/dependent care	☐	
Review will and codicils	☐	
Determine if probate is necessary	☐	
If yes to above, file will w/ probate court	☐	
Contact estate lawyer if necessary	☐	
Notify named beneficiaries & relatives	☐	
Notify creditors	☐	
Open an estate bank account	☐	
Inventory assets and debts	☐	
Consult End of Life Plan	☐	
Obtain death certificate	☐	
Plan funeral/celebration	☐	
Freeze accounts	☐	
Obtain control of assets	☐	
Obtain all necessary documentation	☐	
Forward mail	☐	
Distribute estate to beneficiaries	☐	
Pay taxes/expenses/debts	☐	
Claim fees	☐	
Close estates	☐	

