

# My Wishes Card

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## What makes my life meaningful?

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## What matters most to me at end-of-life is:

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## What I would value if nearing death is:

- My friends & family
  - Enjoying peace, quiet & reflection
  - My pets
  - My favourite music, movies & hobbies
  - My personal photos, videos & memories
  - Leaving my legacy
  - Enjoying the outdoors & nature
  - My religious community or spirituality
  - Other things that bring my life meaning
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## What I would consider unacceptable is:

- Being in a coma with no chance of waking
  - Losing control of my bodily functions
  - Not being able to eat, wash or get dressed
  - Suffering through unmanageable pain
  - Losing one or more of my senses
  - Becoming unable to communicate
  - Forgetting my loved ones
  - Relying on machines to keep me alive
  - Other sacrifices that would be unbearable
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## I would prefer to die in:

- A hospital or medicalized setting
- A hospice or palliative care setting
- My home or current setting

## Finding balance in what matters most to you is essential – what would you prefer?

- |  |   |   |
|--|---|---|
| Living as long as possible                   | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | Living as fully as possible                     |
| Ending life on my own terms                  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | Respecting the wishes of my family              |
| Knowing basic information about my condition | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | Knowing detailed information about my condition |
| Having friends and family nearby             | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | Having quiet and solitude                       |
| Dying in the comfort of my home              | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | Seeking medical solutions until the end         |

**I have had *The Talk* with:** \_\_\_\_\_

**Other thoughts & wishes:**

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**Location of important documents:**

- Will: \_\_\_\_\_
- Organ Donation: \_\_\_\_\_
- PoA for Property: \_\_\_\_\_
- PoA for Care: \_\_\_\_\_

**Spiritual or religious preferences:**

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**Funeral or memorial preferences:**

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**Spokesperson contact information:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_