

WHITMAN COUNTY

Respecting Choices® Advance Care Planning

Values Reflection

These questions may help you to think about and clarify your values related to health care. You may want to write down your answers and give copies to your family and health care providers, or just use the questions for thought and discussion.

How important to you are the following items?

Very Important → Not Important

	4	3	2	1	0
Letting nature take its course					
Preserving my quality of life					
Staying true to my spiritual beliefs and traditions					
Living as long as possible, regardless of quality of life					
Being independent					
Being comfortable and as pain-free as possible					
Leaving good memories for family and friends					
Making a contribution to medical research or teaching					
Being able to relate to family and friends					
Being free of physical limitations					
Being mentally alert and competent					
Being able to leave money to family, friends, charity					
Dying in a short time rather than lingering					
Avoiding expensive care					

Reflection Questions

1. Have you experienced the death or sudden illness of a friend or loved one? What did you learn from that experience?

2. What will be important to you when you are dying (e.g., physical comfort, no pain, family members present, etc.)?
3. How do you feel about using life-sustaining measures* in the face of terminal illness? Permanent coma? Irreversible chronic illness or disability (e.g., Alzheimer's disease)?
4. If a life-sustaining measure (CPR, Breathing Machine or Ventilator, Feeding Tube for artificial nutrition and water, Dialysis) could be used to keep you alive, what quality of life would you want in those circumstances?
5. What does "living well" and "quality of life" mean to you?
6. What limitations, if any, to your physical and mental health would affect the health care decisions you would make?
7. Do you always want to know the truth about your condition?
8. Do you want to have finances taken into account when treatment decisions are made?
9. How would you feel about moving to a care facility such as an assisted living, adult family home, or skilled nursing home if your family could not care for you at home?
10. With the goal of keeping you comfortable, do you want hospice care? If so, would you be more comfortable in your own home, a care facility, or do you prefer hospitalization?
11. Do you have any religious, cultural, or personal beliefs that might influence your life-sustaining treatment choices? Do you need to discuss these beliefs or clarify any concerns with others?