

Are Some Conditions Worse than Death?

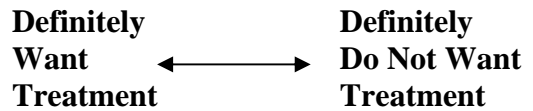
Name & Date _____

This worksheet helps you to think about situations in which you would *not* want medical treatments intended to keep you alive. These days, many treatments can keep people alive even if there is *no* chance that the treatment will reverse or improve their condition. Ask yourself what you would want in the situations described below if the treatment would not reverse or improve your condition.

Directions: On the following pages, circle the number from 1 to 5 that best indicates the strength and direction of your desire. If you wish, you can add additional thoughts on the *Comment* lines.

1. **Definitely want** treatments that might keep you alive.
2. **Probably would want** treatments that might keep you alive.
3. **Unsure of what you want.**
4. **Probably would NOT want** treatments that might keep you alive.
5. **Definitely do NOT want** treatments that might keep you alive.

What If You . . .



a. No longer can walk but get around in a wheel chair.

1 2 3 4 5

Comment _____

b. No longer can get outside. – You spend all day at home.

1 2 3 4 5

Comment _____

c. No longer can contribute to your family’s well being.

1 2 3 4 5

Comment _____

d. Rely on medications that may have side effects.

1 2 3 4 5

Comment _____

e. Experience nausea, diarrhea, and fatigue some of the time.

1 2 3 4 5

Comment _____

f. Are on a feeding tube to keep you alive.

1 2 3 4 5

Comment _____

g. Are on a kidney dialysis machine to keep you alive.

1 2 3 4 5

Comment _____

h. Are on a breathing machine to keep you alive.

1 2 3 4 5

Comment _____

What If You . . .

Definitely Want Treatment ← → **Definitely Do Not Want Treatment**

i. Need someone to take care of you 24 hours a day.

1 2 3 4 5

Comment _____

j. Can no longer control your bladder.

1 2 3 4 5

Comment _____

k. Can no longer control your bowels.

1 2 3 4 5

Comment _____

l. Live in a nursing home.

1 2 3 4 5

Comment _____

m. Can no longer think or talk clearly.

1 2 3 4 5

Comment _____

n. Can no longer recognize family or friends.

1 2 3 4 5

Comment _____

o. Other:

1 2 3 4 5

Explain _____

This worksheet adapted by the American Bar Association’s Commission on Law and Aging from R. Pearlman, et. al., *Your Life Your Choices – Planning for Future Medical Decisions: How to Prepare a Personalized Living Will*, Veterans Administration Medical Center, Seattle, Washington.