

Death Plan

This is a really useful document to help you think about the kind of approach, care, atmosphere and interventions you may or may not like in the event of death.

A Death Plan is similar to a birth plan and allows you to make your wishes clear to your loved ones around how you would like to be treated when the time comes. Of course, your wishes may change and not everything can always go to plan, however this plan may help friends and relatives to be aware of your wishes. This may also be used as a useful tool to instigate conversations with your family around your end of life wishes.

The below is for you to simply use as a guide – you may not want to complete all sections or you may wish to add separate sheets for longer responses, referring to the numbers below. Underline or tick or cross out or amplify your responses as relevant.

1. I have / have not made an Advance Directive, specifying how much medical intervention I wish for when dying (if yes, the location of this Advance Directive is:

.....)

2. If my condition is terminal I would like to be told the full details plus implications of treatment and nontreatment / given a summary / not to be told at all / other (specify)

3. If possible, I would / would not like the doctor to tell me their best guess as to how much time I might have left (between best and worst cases, and on average).

4. I would / would not like for close relatives / friends / everyone to be told that I am terminally ill. (specify)

5. I imagine I would / would not like every effort to be made to find alternative medicine and approaches / latest medical breakthroughs that might give me a miraculous last-minute remission.

6. If possible, when I am dying I would like to be cared for at
(hospital, hospice, at home, indoors, outdoors, etc).

7. I would like to be surrounded by

.....

..... (flowers, nature, photos, mementoes, etc).

8. Those friends or relatives who I would most like to be involved in my nursing care are
.....
..... (specify)

9. I would liketo be able to sleep in the same room / bed as me
(specify)

10. I imagine that I will / will not choose to fast as death approaches

11. I may change my mind, but I imagine I would / would not like visitors when near the end. The ones I would particularly like to visit me include..... (give addresses and phone numbers if necessary).

12. My religion / spiritual practice / philosophy is mainlyand therefore for my dying I would like (specify)

13. Depending on my medical condition and feelings at the time, the kind of ministrations I might appreciate when dying include: (as specific as desired)

- Prayer
- Music. My favourite pieces would be.....
- Physical contact (e.g. hand held).
- Massage
- Aromatherapy (or other such holistic approaches).

14. I would like to be as conscious / unconscious as possible as I die, and would like pain control treated accordingly. The drugs I imagine I might appreciate include
..... (specific or class of drugs).

15. The person(s) I would most like to be there at the moment of my death is / are
.....
.....

16. In my terminal phase I would / would not want my body to be connected to life support machinery and monitors.

17. If I go into hospital to die / when I die, what I would like to happen to my pets
is..... (specify)

18. My next of kin is:

Name:

Address:

.....

Telephone(s):

Email :

Signature and Witnesses

Signed on this day of 20

Printed Name:

Address:

.....

.....

Signature:

This signing is witnessed by the two undersigned, neither of whom stands to benefit from the signatory's
Will:

1st Witness's printed name:

Address:

.....

.....

Signature

2nd Witness's printed name:

Address:

.....

.....

Signature