



Personal Wishes

I, _____, sign this form for the purpose of offering my Health Care Agent guidance so that he or she may make decisions based on an assessment of my personal wishes as well as medical information provided by my physicians. My Health Care Agent has authority to make such decisions in accordance with Massachusetts law. This form is an expression of my wishes and not legally binding.

If there is no hope for my recovery and, in the opinion of my physician, I will die without life sustaining treatment that only prolongs the dying process, I ask that my Health Care agent consider the following: (initial the lines that express your wishes)

- If my heart stops, I do not want to be resuscitated (CPR).
- If I stop breathing, I do not want to be on a breathing machine.
- Treatment should be given to maintain my dignity, keep me comfortable and relieve pain even if it shortens my life.
- My physician may withdraw or withhold treatment that only serves to prolong the dying process:
 - If I cannot drink, I do not want to receive fluids through a needle or catheter placed in my body unless necessary to keep me comfortable.
 - If I cannot eat, I do not want a tube inserted in my nose, mouth or surgically placed to give me food.
 - If I have an infection, I do not want antibiotics administered to prolong my life without hope of cure unless necessary to keep me comfortable.
- If possible, I would like to die at home with hospice care, if needed.
- Unless necessary for my comfort, I would prefer NOT to be hospitalized.
- My faith tradition is _____. My spiritual contact person is _____.
- I do not wish spiritual support.
- If possible, I wish to be an organ donor.
- Following is additional guidance for my Health Care Agent's consideration.

Signature: _____

Date: _____

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Two simple words that explain our commitment to you. Being responsive is a critical element in building a strong attorney-client relationship. Whether you are a new or existing client, we'll be quick to respond to your needs with the knowledge necessary to find solutions to your legal concerns.

WE HAVE ANSWERS

To learn how we can assist, contact our Special Needs Practice Group Leader Frederick M. Misilo, Jr. at 508.459.8059 or fmisilo@fletcherilton.com.

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