



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: _____

RESPONSIVE SOLUTIONS

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@fletchertilton.com.



Frederick M. Misilo, Jr.

P: 508.459.8059

F: 508.459.8359

E: fmisilo@fletchertilton.com

Fletcher Tilton ^{PC}
Attorneys at law

FletcherTilton.com

This material is intended to offer general information to clients, and potential clients, of the firm, which information is current to the best of our knowledge on the date indicated below. The information is general and should not be treated as specific legal advice applicable to a particular situation. Fletcher Tilton PC assumes no responsibility for any individual's reliance on the information disseminated unless, of course, that reliance is as a result of the firm's specific recommendation made to a client as part of our representation of the client. Please note that changes in the law occur and that information contained herein may need to be reverified from time to time to ensure it is still current. This information was last updated November 2014.