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What People Want

- To die at home
- To be free from pain
- To be in the company of loved ones
- To retain control of the care we receive



The Contrast of Reality

- Less than 25 percent of Americans die at home, although more than 70 percent say that is their wish
- Dying is often unnecessarily painful and isolating
- Only 20 to 30 percent of the population has completed an advance directive



A Solution: FIVE WISHES

- Simple format
- Everyday language
- Promotes peace of mind
- Helps families avoid guessing and guilt
- Gets the care people want and deserve



FIVE WISHES

- First living will to address personal, emotional and spiritual needs, along with medical and legal wishes
- Created with help of American Bar Association and health care experts
- Helps facilitate discussion of wishes with family and doctors
- Distributed by Aging with Dignity and a network of more than 40,000 organizations



A Tool to Promote Human Dignity

- People don't want to be an object on a medical care "conveyor belt"
- Sometimes medicine doesn't know when to stop
- Five Wishes helps you to communicate what you want or don't want
- Guides discussions with your loved ones and physician



Recognized Nationally



TIME
"Documents such as Five Wishes help make clear what relatives should do"

MEWS NEWS

"I recommend getting a copy of the '5 Wishes Living Will,' "

The Hiami Herald
Living Will From Florida Goes Nationwide

The New Hork Times

nytimes.com

Many Still Seek One Final Say on Ending Life

The Washington Post

'Five Wishes' Living Will Aims to Help Families Prepare for the End of Life

EUSATODAY

Groups see flood of inquiries for living wills





FIVE WISHES addresses:

- 1. Which person you want to make health care decisions for you when you can't make them for yourself
- 2. The kind of medical treatment you want or don't want
- 3. How comfortable you want to be
- 4. How you want people to treat you
- 5. What you want your loved ones to know



WISH 1 The Person You Want To Make Health Care Decisions For You When You Can't

- Allows you to name a person to act on your behalf
- Legally Your Durable Power of Attorney for Healthcare
- Often known as a Health Care Agent or Health Care Proxy



WISH 2 The Kind Of Medical Treatment You Want Or Don't Want

- Commonly known as "living will"
- Expresses instructions for your caregiver, such as the need to take medicine for pain, even if it leaves you sleepy
- Includes examples of life support
- Gives space to write instructions based on personal beliefs



WISH 3 How Comfortable You Want To Be

- Stresses that you want your pain managed
- Expresses your choices for types of comfort care
- You cross out or keep items based on your preferences

I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means I will be drowsy or sleep more than I would otherwise.

I wish to have my favorite music played when possible until my time of death.



WISH 4 How You Want People To Treat You

- What others should keep in mind if you become seriously ill
- Whether you want to have people around or your hand held when possible
- If you want prayers said for you
- Ideas for your surroundings, such as pictures of loved ones



WISH 5 What You Want Your Loved Ones To Know

- Encourages you to express matters of deep importance in an age where families often live apart
- Allows you to offer love and forgiveness to those who have hurt you
- Asks forgiveness for times you have hurt others
- Communicates practical matters such as preferences for memorial or burial



Signing FIVE WISHES

- Print your name
- Read the statement carefully
- Ask two witnesses to be present (see witness statement)
- Sign Five Wishes in front of witnesses
- Witnesses don't have to read your wishes



After Completing FIVE WISHES

- Make copies of your completed Five Wishes for your family, friends, Health Care Agent and doctor
- Discuss your wishes
- Keep it available (in your top drawer, not your safe deposit box)
- Carry your wallet card

Important Notice to Medical Personnel: I have a Five Wishes Advance Directive.	My primary care physician is:
	Name
Signature	Address City/State/Zip
Please consult this document and/or my Health Care Agent in an emergency. My Agent is:	Phone
	My document is located at:
Name	
Address City/State/Zip	



Additional Resources

- Five Wishes Video: designed to help present Five Wishes to groups or families
- Next Steps Guide: a companion booklet to Five Wishes, with conversation starters, commonly asked questions and answers, etc. Now available in Spanish (Siguientes Pasos)
- Bilingual Five Wishes: Now available in 29 translated languages:
- Albanian Arabic Armenian Bengali Chinese Traditional Chinese Simplified •
- Croatian English Farsi French German Gujarati Haitian Creole Hebrew Hindi Hmong Ilocano Italian Japanese Khmer Korean Polish Portuguese Russian Somali Spanish Tagalog Urdu Vietnamese

