Your Health Care Wishes Quiz

End of life medical decision are difficult, and even with the clearest legal medical directives outlining your wishes, family members may encounter decisions that are extremely hard to make. That is why having conversations before a medical crisis with those that you have appointed as well as your medical team is so vitally important.

Take the following quiz and then ask your family members, doctor, and health care agent to take it. They should answer the questions in the way they think you would answer. How well do they know your health care wishes?

If your answers are not the same this is a clue that you should communicate your preferences more clearly. You can use the quiz to help start the discussions about what your wishes REALLY are, allowing everyone to be on the same page.

If you had Alzheimer's disease and it had progressed to the point where you could not recognize or communicate with your loved-ones and spoon-feeding was no longer possible, would you want to be fed by a tube in your stomach?

- a. Yes
- b. No
- c. Uncertain

Imagine that you are now seriously ill and doctors are recommending chemotherapy that usually has severe side effects such as pain, nausea, vomiting, tiredness and weakness that could last for several months. Would you be willing to endure the side effects if the chance of regaining your current health was less than 5 percent?

- a. Yes
- b. No
- c. Uncertain

In the same situation as above, suppose that your condition is clearly terminal, but the chemotherapy might give you an additional six months of life. Would you want the chemotherapy even though it has severe side effects?

- a. Yes
- b. No
- c. Uncertain



Which of the following do you fear most near the end of life?

- a. Being in pain
- b. Losing the ability to think
- c. Being a financial burden on loved-ones

If you were terminally ill with a condition that caused much pain, would you want to be sedated, even to the point of unconsciousness, if it were necessary to control the pain?

- a. Yes
- b. No
- c. Uncertain

Imagine that you have moderate dementia causing mental confusion. Almost half of the time you recognize and interact with friends and family on a simple level. In addition, you also have circulatory problems, which resulted in one leg being amputated because it developed gangrene. Now the other leg has gangrene and the doctor recommends amputation because the condition could be fatal. Would you want the operation?

- a. Yes
- b. No
- c. Uncertain

Is it more important for you to: (a) have your specific treatment preferences followed at the end of life even if family members or friends disagree or (b) have family and friends all in agreement and comfortable with whatever decision is made?

- a. Have specific preferences followed, even if there is disagreement
- b. Have family and friends all in agreement
- c. Uncertain

Imagine that you are physically frail and you need help with most daily living activities (dressing, bathing, eating, toileting) and you live in a nursing home. However, your mind is fairly clear most of the time. You have had pneumonia or other lung infections 4-5 times in the past year and each time you had to be hospitalized for several days and given IV antibiotics. The next time you get pneumonia do you want aggressive antibiotic treatment again or just comfort care until death occurs?

- a. Antibiotic treatment
- b. Comfort care only
- c. Uncertain



Imagine that you are in a permanent coma and you are dependent on a tube inserted into your stomach for nutrition and hydration, for food and water. Would it be important to you that decisions about your treatment be guided by particular religious beliefs or spiritual values you hold?

- a. Yes
- b. No
- c. Uncertain

If your heart, kidneys, pancreas, lungs, liver could all be used in transplant operations to save lives, would you want to donate them at death?

- a. Yes
- b. No
- c. Uncertain

Here are things about end-of-life care that some people believe. Do you agree?

If a dying person can't get enough nutrition by mouth, a feeding tube should always be used if it will keep the person alive.

- a. Yes, I agree
- b. No, I don't agree
- c. I don't know

Once a treatment is started to keep someone alive, it's sometimes okay to decide to stop and withdraw it when the person' quality of life is very low.

- a. Yes, I agree
- b. No, I don't agree
- c. I don't know

It's usually better for a dying person to be given good comfort care at home than to be admitted to a hospital for intensive care.

- a. Yes, I agree
- b. No, I don't agree
- c. I don't know



Remember that planning for health care never stops. Circumstances change, lives change, and our values and priorities may even change. It's a good idea to review your advance directives each year or:

- · When you start each new decade of your life.
- · Whenever you experience the death of a loved-one.
- · When you experience a divorce or other major family change.
- · When you are diagnosed with a serious health condition.
- When you experience a significant decline or deterioration of an existing health condition, especially when it diminishes your ability to live independently.

This resource was created by the attorneys at <name of law firm>. Remember, Advance Healthcare Directives and Powers of Attorneys are legal documents and should be created with the help and guidance of an experienced estate planning attorney. If you have questions about how to properly document your preferences and wishes, please contact our <insert city> office at <X>

