Values History

There are concepts we might address related to core values such as the conflict that could arise between living as long as possible versus maintaining as high a quality of life as possible. So for example, a person might be asked which statement they agree with:

a. I want to live as long as possible, and receive any and all available medical interventions that have a reasonable chance of extending my life, regardless of the impact on my quality of life or my ability to be aware of it.

b. I do not want medical interventions that merely sustain my bodily functions beyond the point at which I can experience pleasure, communicate with my family and friends, and appreciate benefits from additional days, weeks, or months of life.

In a values history we also seek to elicit and refine quality of life values (patient should list all that apply and be invited to add to the list below)

a. My desire for life-prolonging measures is directly related to my capacity to think, to relate meaningfully to those around me, and to appreciate my circumstances.

b. My desire for life-prolonging measures is directly related to the ability of my caregivers to ensure that I do not experience significant pain and suffering. This value is important enough to me that I would prefer that my physicians maximize palliative measures to whatever extent is necessary even in the unlikely event that they might shorten my life or decrease my awareness of the last days or hours of my life.

c. I do not wish to be either an emotional or financial burden on my family at a time when the burdens of my continued life appear to outweigh the benefits to me when considered from the perspective of this values history.

d. I have a concept of a good death and it includes each of the following: (initial those that apply)
   ____1. Being treated with respect by my caregivers.
   ____2. Being cared for in a situation that I would consider dignified.
   ____3. Being in the presence of my family and close friends.
   ____4. Receiving the benefits of my religious community or cultural traditions about dying and death.
   ____5. Being in familiar surroundings.
   ____6. Other elements listed by the patient.

e. I have a concept of a bad death or a medical fate worse than death and it includes each of the following:
   ____1. Significant pain or suffering
   ____2. Being alone or isolated
3. Existing for a prolonged period in a coma or unconscious state with only a remote possibility of regaining consciousness and the ability to relate meaningfully with others.

4. Existing for a prolonged period in a state of profound mental disability in which I am completely or almost completely dependent upon others for my basic needs and unable consistently to interact with my family, friends, and caregivers.

5. Existing for a prolonged period without the ability to make decisions for myself and dependent upon some life-sustaining measure, e.g., mechanical ventilation, artificial nutrition and hydration, kidney dialysis.

6. Other elements:

   Role of designated proxy in medical decisions when I am unable to decide for myself.

   A. I do not know anyone at the present time in whom I have sufficient trust and confidence to designate them as my health care proxy. In light of this fact, I wish the following approach to be taken when I cannot speak or decide for myself.

   B. I have already identified my health care proxy and executed a formal directive authorizing them to make medical decisions on my behalf in consultation with my treating physician.

   C. I know someone (list name, relationship, and relevant contact information) whom I would be comfortable having as my health care proxy, and I am agreeable to formally executing a document that confers this authority upon them.

   D. I have not as yet discussed the values and priorities that should govern proxy decisions about my care with the appropriate person, but I wish to do so at this time.

   E. I would like for my proxy to be provided with a copy of this values history, with my existing advance directive or such directive as I may subsequently execute, and I would like for the two of us to have an opportunity to discuss these matters with you as my primary care physician.

   F. I do not wish to designate a health care proxy, I understand the possible consequences of not doing so, and my expectations about how decisions about my care will be handled in the absence of such a proxy when I cannot make decisions for myself are as follows: (the physician shall include in this space a brief summary of the patient’s expectations along with such counsel as the physician may have provided with regard to them).

Intensive Care and Life-Threatening Conditions

   A. If I develop a life-threatening condition that requires intensive care for my survival, I wish the following values and/or priorities to govern decisions made about my care:

      1. I wish all life-sustaining measures undertaken and continued as long as, in the judgment of my attending physician, there is any reasonable hope that I may return to my prior baseline condition.
2. I wish life-sustaining measures for a limited trial period that is deemed reasonable under the circumstances by my proxy in consultation with my attending physician. If, after that period, there is no clear evidence of improvement in my overall medical condition and prospects for return to my prior health status, then I wish intensive measures discontinued and all appropriate palliative measures provided until my death.

B. If I have an advanced, progressive, and incurable condition, e.g., cancer, Alzheimer, congestive heart failure, emphysema, and I am not likely to regain decisional capacity, then I wish to be made Do Not Resuscitate and I not wish to be admitted to an intensive care unit. Instead, I wish to be provided with all reasonably available palliative measures to insure that I do not suffer in my dying.

Values and wishes after death (indicate those that apply)

A. I wish to be an organ donor (without/with the following restrictions) and I wish my family to respect and honor this decision.

B. I wish to donate my body (after such organ donation as appropriate has taken place) to medical education and research.

C. I wish my body to be buried/cremated and my remains handled in the following manner.

D. I wish/do not wish a formal memorial service, and I have/have not prepared a written description of how I wish that service to be conducted.

E. I designate the following person(s) to be responsible for insuring that my wishes are carried out with regard to these matters.

Questions to help in obtaining a Values History

OVERALL ATTITUDE TOWARD LIFE AND HEALTH

- What would you like to say to someone reading this document about your overall attitude toward life?
- What goals do you have for the future?
- How satisfied are you with what you have achieved in your life?
- What, for you, makes life worth living?
- What do you fear most? What frightens or upsets you?
- What activities do you enjoy (e.g., hobbies, watching TV, etc)?
- If you currently have any health problems or disabilities, how do they affect: you, your family, your work, your ability to function?
- If you have health problems or disabilities, how do you feel about them?
- What would you like others (family, friends, doctors) to know about this?
- Do you have difficulties in getting through the day and performing activities such as: eating, preparing food, sleeping, dressing, and bathing? Etc.
- What would you like to say, about your general health, to someone reading this document?
PERSONAL RELATIONSHIPS

What role do family and friends play in your life? (Consider: Who are the important people in your life and what roles do they play? What role do you play in their lives?)

How do you expect friends, family and others to support your decisions regarding medical treatment you may need now or in the future?

Have you made any arrangements for family or friends to make medical treatment decisions on your behalf? If so, who has agreed to make decisions for you and in what circumstances?

What general comments would you like to make about the personal relationships in your life?

THOUGHTS ABOUT INDEPENDENCE AND SELF-SUFFICIENCY

- How does independence or dependence affect your life?
- If you were to experience decreased physical and mental abilities, how would that affect your attitude toward independence and self-sufficiency?
- If your current physical or mental health gets worse, how would you feel?

LIVING ENVIRONMENT

- Have you lived alone or with others over the last 10 years?
- How comfortable have you been in your surroundings? How might illness, disability, or age affect this?
- What general comments would you like to make about your surroundings?

RELIGIOUS BACKGROUND AND BELIEFS

- What is your spiritual/religious background?
- How do your beliefs affect your thoughts and feelings about serious, chronic, or terminal illness?
- How do your beliefs affect your thoughts and feelings towards death and dying?
- How does your faith community, church, or synagogue support you?
- What general comments would you like to make about your beliefs?

RELATIONSHIPS WITH DOCTORS AND OTHER HEALTH CAREGIVERS

- How do you relate to your doctors? Please comment on: trust, decision making, time for satisfactory communication, and respectful treatment.
- How do you feel about other health care providers, including nurses, therapists, chaplains, social workers, etc.?
- What would you change about your relationship towards your providers?
- What else would you like to say about doctors and other health care providers?

THOUGHTS ABOUT ILLNESS, DYING AND DEATH

- What general comments would you like to make about illness, dying, and death?
- What role has illness played in your life or the lives of those close to you?
● What will be important to you when you are dying (e.g., physical comfort, no pain, family members present, cultural or religious ceremonies, etc.)?
● Where would you prefer to die?
● What happens after death?
● What arrangements would you like to have after your death?
● How will your death affect others?
● How do you feel about the use of life-sustaining measures if you were suffering from an irreversible chronic illness (e.g., Alzheimer’s disease), terminally ill, or in a permanent coma?
● What general comments would you like to make about medical treatment?

FINANCES

● What general comments would you like to make about your finances and the cost of health care?
● What are your feelings about having enough money to provide for your care?

FUNERAL PLANS

● What general comments would you like to make about your funeral and burial or cremation?
● Have you made your funeral arrangements? If so, with whom?

OPTIONAL QUESTIONS

- How would you like your obituary (announcement of your death) to read?
- Write yourself a brief eulogy (a statement about yourself to be read at your funeral).
- What would you like to say to someone reading this Values History Form?