

# HELEN CRAWFORD, M.D.

PSYCHIATRIST • DIPLOMATE, AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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**Re: Healthcare Request**

Sample statements which may be included follow. Please feel free to add your own.

The attached request reflects the wishes of myself and my loved one whom I represent.

In the past we have discussed these issues and I can verify that the attached does indeed represent her/his philosophy and wishes.

I have put great thought into these matters.

The passing of my loved one's mortal life may be one of gradual or sudden decline but she/he would wish it to be acknowledged rather than avoided.

S/he has embraced an humanistic approach, one that sees our lives on a continuum with a beginning and an end to mortal existence.

## HEALTHCARE REQUEST

I request that at this stage of my life and health no acute-care interventions be made to keep me alive. I request palliative treatment only-a comfort care approach. Specifically, I request that no antibiotics (oral or otherwise) or vaccinations be given for any respiratory illness, upper urinary tract infections, or any other potentially life-threatening infections. I also do not want blood product transfusions, dialysis, fluid, electrolyte, or glucose resuscitation, or CPR. You may offer but please do not force, cajole, push, or otherwise entreat me to eat or drink. Do not give me appetite stimulants. My body is slowing down and can not handle what it once could.

I wish to have my dying occur at my current residence if at all possible. However, if that is not possible or is simply impractical, I would prefer to have palliative care at a convalescent hospital. I request that emergency or urgent care facilities be avoided as well as any acute-care hospital settings as my goal now is to be able to live and die with the minimal amount of medical interventions.

Please do attend to my need for spiritual and emotional attention during this task. Although I recognize that death is a task that must ultimately be achieved by one's self, I imagine I will enjoy the contact of others-the touch, the sound, the presence. I will, however, depart on my own, most likely when I am alone, as I believe the final transition will take a great amount of focus away from things earthly, including those I love.

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Patient's or Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient's Name

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Relationship to Patient