



בע"מ (חל"צ)
גישה לחיים
מתמודדים עם משבר, חולי ואבדן
(תשקופת בע"מ לשעבר)



 **Lifes Door** LTD (CC)
Coping with illness and loss

The **CONVERSATION**

A CONVERSATION
THAT CAN CHANGE
YOUR WHOLE LIFE

YOUR CONVERSATION BEGINS HERE

The Conversation is a tool that facilitates mutual understanding and improves decision-making processes at the end of life. Talking about end-of-life wishes strengthens ties between family members, creates quality of life at all stages of life and increases spiritual, cognitive and social wellbeing in life-threatening situations and at the end of life. The Conversation deals with important issues related to health care and quality of life. Your family members' increased understanding of your wishes will enable them to make good decisions for you if and when you face a serious health condition that affects your ability to communicate.

HOW DOES IT WORK AND WHO IS IT FOR?

This kit will help you clarify your thoughts and have the conversation with your loved ones. You can fill it in on your own, for yourself; or for your loved ones, together with them.

You can use it if you are preparing to tell someone else what you want, or if you want to help someone else get ready to share their wishes. Take your time. This kit is not meant to be completed in one sitting. It's meant to be completed as you need it, throughout many conversations.

TABLE OF CONTENTS

Why is it important to have the conversation	3
Guiding questions	4
How to begin a conversation	10
Thoughts for the future	12

WHY IS IT IMPORTANT TO HAVE THE CONVERSATION?

Consider the facts:

90% of people think it's important to talk about preferences for end-of-life care. Only **27%** have done so.

60% of people say that making sure their family is not burdened by tough decisions is "extremely important".

56% have not communicated their end-of-life wishes.

80% of people say that if seriously ill, they would want to talk to their doctor about end-of-life care

7% report having had an end-of-life conversation with their doctor.

82% of people say it's important to put their wishes in writing.

23% have actually done it.

Source: Survey of Californians by the California HealthCare Foundation (2012)

ONE CONVERSATION
CAN MAKE ALL THE DIFFERENCE

REMEMBER:

You don't need to talk about it just yet. Just think about it. You can start out by writing a letter—to yourself, a loved one, or a friend. Think about having a practice conversation with a friend. And of course you can also attend one of **our workshops**. Go to www.lifesdoor.org. These conversations may reveal that you and your loved ones disagree. That's okay. It's important to simply know this, and to continue talking about it now—not during a medical crisis.

GUIDING QUESTIONS

TOPIC: LIFE PRINCIPLES

List five values that have become the guiding principles of your life. For example: truth, family harmony, flexibility, independence, generosity, choice, sincerity, dependence, introversion and so on.

- _____
- _____
- _____
- _____
- _____

If you fill this out with your family, each of you can guess and write down in advance what, in your opinion, are the values that guide the other's life.

COMPLETE THIS SENTENCE:

What matters to me at the end of life is

(For example – communicating with my children, being in a hospital that gives excellent nursing care, being lucid, living without pain.)

Sharing this statement with your loved ones could be essential down the road. It will help them communicate with medical staff in the treatment planning process.

MY IMPORTANT MESSAGE TO MY LOVED ONES IS:

YOUR LIFE HERE AND NOW IS JUST AS IMPORTANT. Please complete the following statement:

What is most significant for me today is _____

YOUR CHOICE

To the best of your ability, select the most correct option for you today. You may want to check more than one option for a topic. You may also want to add options not listed here.

TOPIC: INFORMATION ABOUT YOUR HEALTH CONDITION DURING ILLNESS OR OLD AGE

- I only want to know the basics.
 - I want to know as much as I can.
 - I am comfortable with those close to me knowing everything about my health.
 - I do not want my loved ones to know about my health except for the following:
-
-

IF I HAVE A TERMINAL ILLNESS:

- I don't want to know how quickly the disease is progressing.
- I want to know how long I have to live, to the best of my doctors' knowledge.

TOPIC: DECISION MAKING

- I want to be involved in decisions about my treatment.
- I want my doctors to do what they think is best.

if you are not able communicate your wishes, who would you like to make decisions on your behalf?

HOW INVOLVED DO YOU WANT YOUR LOVED ONES TO BE?

- I want my loved ones to do exactly what I've said, even if it makes them uncomfortable.
- I want my loved ones to do what brings them peace even if it goes against what I've said.

TOPIC: WHERE DO YOU WANT TO RECEIVE CARE?

I PREFER TO LIVE MY LAST DAYS IN THE FOLLOWING PLACES.

(CHECK ALL APPLICABLE):

- Hospital
- Nursing home
- Hospice
- My home
- The home of a family member. Please specify _____

Other _____

EVEN THOUGH I PREFER WHAT I INDICATED ABOVE, I HAVE NO OBJECTION TO LIVING MY LAST DAYS IN THE FOLLOWING PLACES IF NECESSARY. (CHECK ALL APPLICABLE):

- Hospital
- Nursing home
- Hospice
- My home
- The home of a family member. Please specify _____

Other _____

TOPIC: THE PRESENCE OF FAMILY AND FRIENDS

- When the time comes, I want to be alone.
 - I want to be surrounded by my loved ones.
 - I want to be with these specific people: _____
-

WHAT ROLE DO YOU WANT YOUR LOVED ONES TO PLAY?

TOPIC: LIFE PROLONGING TREATMENTS AND QUALITY OF LIFE

Life-prolonging medical treatments include any medical procedure, apparatus or medication that aims to extend one's life. These treatments can affect the quality of life in the short term or the long term. Sometimes there may be a clash between life-prolonging treatment and certain elements of quality of life. Of course, factors that determine quality of life are different for each individual and decisions about receiving medical treatment are influenced by various factors.

IF YOU BECOME TERMINALLY ILL OR SEVERELY ILL, WHAT DO YOU PREFER?

- I want to receive medical treatment for as long as possible, no matter how difficult the treatment is and even if my doctors are not sure that it will extend my life.



- I want to receive life-prolonging treatment only if my doctors believe that it will significantly extend my life. Please specify what period of time is significant for you

- I want to receive life-prolonging treatment only if doctors believe that the treatment will not negatively affect my quality of life. (Remember: quality of life includes spiritual, psychological and social wellbeing and is not only about one's physical condition.)

WHAT FACTORS ARE SO CRUCIAL TO YOUR QUALITY OF LIFE THAT YOU WOULD CHOOSE NOT TO LIVE WITHOUT THEM? Please specify (for example: lucidity, being at home, ability to communicate, ability to eat, seeing people I love, not being in pain.)

Are there important milestones or special occasions that you wish to take part in if possible? (The birth of a grandchild, an upcoming birthday or family event) Please specify: _____

HOW TO BEGIN TO TALK ABOUT QUALITY OF LIFE AT THE END OF LIFE

There are many ways to begin the conversation. Some are very direct and explicit and others provide an opportunity to hear what is on your loved one's mind or what is important to them. Here are some examples:

- * Is there anything that's on your mind or worrying you (regarding your health situation)?
- * I know there have been some complicated medical test results in the past few days. What do you think about all this?
- * I know you've had a rough few days. How can I help?
- * What did the doctors say today? What do you understand from the conversation that you had with the doctors?
- * I was at an interesting meeting yesterday. We talked about end of life wishes and medical care. Or – we talked about the meaning of life and one's spiritual legacy. Do you want to hear about it?
- * Even though I'm fine now, I'm worried about being sick ... wounded ... disabled ... in the future, and I want to be ready.
- * I feel the need to think about the future. Can you help me with that?
- * I just answered some questions about what I'd like at the end of my life. I want you to see my answers. I wonder what your answers to the same question would be.

A FEW GUIDELINES:

- * Be patient. Some people may need a little more time to clarify their thoughts.**
- * Sometimes there's no need to steer the conversation - just let it happen.**
- * Don't judge. Quality of life at the end of life means different things to different people.**
- * Nothing is set in stone. You and your loved ones can always change your minds as circumstances shift.**
- * Every attempt at the conversation is valuable.**
- * This is the first of many conversations—you don't have to cover everyone or everything right now.**

THOUGHTS FOR THE FUTURE

HOW DID THE CONVERSATION MAKE YOU FEEL?

WHAT DO YOU WANT TO REMEMBER? WHAT DO YOU WANT YOUR LOVED ONES TO REMEMBER?

IS THERE ANYTHING YOU WOULD LIKE TO CLARIFY OR ADD?

WOULD YOU LIKE TO HAVE ADDITIONAL CONVERSATIONS?

- Yes
- No

If so, what would you like to discuss next time?

ARE THERE OTHER PEOPLE THAT YOU WANT TO DISCUSS THIS WITH? IF SO, WITH WHOM?

MORE TO TALK ABOUT

- * Do you have any particular concerns about your medical treatment? For example, are you concerned that you won't get adequate care, or that you'll get overly aggressive care, that you'll be in pain or suffer from side effects?
- * When you think about the last phase of your life, what's most important to you?
- * Do you have important goals for the end of your life?
- * How can I help you accomplish what's important to you?
- * What most contributes to your wellbeing?
- * What is most important to you right now in your relationship with me? With others?
- * Is there anything you want to say or to write to any of us?
- * Is there anything you want to experience or accomplish?
- * Tell me one story that you'd like us to remember about you in the future.
- * Is there any message or insight that you'd like to pass along?
- * If you're not able to communicate, what are the three things that you want your caregiving team to know about you?



KEEP GOING

Now that you have had the conversation, here are some legal and medical documents you should know about. Use them to so that your wishes will be honored when the time comes.

ADVANCE CARE PLANNING:

The process of thinking about your wishes—exactly what you have been working on here.

MEDICAL POWER OF ATTORNEY:

A document in which you name the person who will act on your behalf if you are unable to make health care decisions. You can download the form from the Ministry of Health website:

http://www.health.gov.il/DocLib/Med_treatment_proxy.pdf

LIVING WILL (ADVANCE DIRECTIVES):

A document that specifies which medical treatments you want or don't want at the end of your life. You can download the form from the Ministry of Health website:

http://www.health.gov.il/DocLib/doa_1_0708.pdf



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Life's Door was chosen to be the first organization outside of the US to lead **the conversation project** program, founded by Pulitzer Prize winner Ellen Goodman.

FOR MORE

INFORMATION:

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 Life's Door

WHO WE ARE:

- * Chairperson: Oncologist Professor Ben Corn, director of the Institute of Radiotherapy at the Sourasky Medical Center in Tel Aviv.
- * Goal: To promote quality of life as a crucial tool in treatment and empowerment of the elderly, people coping with life-threatening illness and people at the end of life.
- * Rationale: The focal point of discussion in the medical and nursing systems is health and survival. The additional therapeutic vehicle of the personal and emotional side of the patient is ignored, as are empowerment, unfinished business and saying goodbye. At times of illness, aging and end of life, strengthening inner resources and the ability to control and choose one's way of life influences the objective situation and improves quality of life even when the end of life is near.