



## My Gift to My Circle of Care

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Dear Everyone in My Circle of Care,

I have been thinking about my future, and want you to know that I hope you will be part of it. You can see from these pages that I have chosen a durable power of attorney for healthcare, also known as a proxy. You can see how I want the last few years, weeks, months, and days of my life to unfold. Please know that I am not afraid to leave this earth, as I have been thinking about being with Jesus in heaven and look forward to seeing his face. I am not afraid and I don't want you to be afraid for me or for yourself. Please honor what I have given you here.

With these instructions provided now, I pray I have lifted any burden that anyone might feel about my well-being. I want you to know that I have nothing but love in my heart for you and what you have been to me throughout the time we have been together on this earth.

My goal is that my death will be a worship experience for me and for anyone who might be present. Let me leave with the words of Jesus, "Father, I give you my life." Our Father will reach down and bring me to himself and those around will see his grace and glory. It will be YES and AMEN.



When I am frail or seriously ill, I want my family, physicians, and all of those in my Circle of Care to focus on (please circle one):

**Quantity**  
(number of days)

**Quality**  
(the stuff of my day)

**These are the things that are important to me while I am here on this earth. If my healthcare providers state I will never regain any one of these functions, I am to be provided care that will keep me comfortable and pain-free until Jesus comes for me.**

*In order to live the life I desire, it is important for me to retain the ability to:* (initial all that apply to you)

- Share my thoughts through words, gestures or assistive devices.
- Understand what people are saying to me.
- Know that I am hungry and be able to swallow.
- Chew and swallow food which means I do not want a feeding tube.
- Take care of my own toileting needs.
- Take a bath or shower with or without assistance.
- Interact in social settings.

*Other functions that are important to me:*

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*Experiences that are important to me and add meaning to my life.*

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If I have lost any of these functions that are important to me, do not attempt resuscitation, please avoid calling 911, and please avoid taking me to a hospital. Please call for palliative medicine only. Keep me comfortable and let nature take its course. (Use a pen or marker to redact this, if you wish.)

I am creating a quality-of-life directive, not a what-kind-of-treatment do I want directive. I want care that is based on my definition of quality of life not care that keeps me “alive” at all costs. I don’t want my doctor to keep me alive, I want my doctor to help me live my life.

*And just a few more words of encouragement.*

If the time comes that I am not able to do any of these things I have selected on page 158 and written on page 159, allow me the dignity of a natural death. These are “exit events” that offer me the chance to escape my body to die naturally and go to Jesus with grace and ease: pneumonia, urinary tract infections, cardiac events, kidney failure, respiratory arrests, simple de-hydration. These conditions can be called, “the old man’s friend.” If you find me with any of these conditions, call Hospice. Do not call 911. Do not take me to a hospital. Notify my healthcare proxy and others in my Circle of Care that I am transitioning from here and only want to be kept comfortable.

*Check the statement that fits you best:*

- It's OK with me if keeping me alive requires unlimited resources paid for by insurance (private/Medicaid/Medicare), my own savings/the savings of family, and makes heavy demands on the time and emotions of family and friends.
- It's OK with me if keeping me alive requires unlimited resources paid for by insurance (private/Medicaid/Medicare) and my own savings. However, I do not want my care to be a financial or emotional burden on my family. So, when my money runs out, let me go naturally. I realize that this choice means I might have nothing left to leave to my children and grandchildren.
- It's OK to keep me alive so long as it's paid for by insurance (private/Medicaid/Medicare). So, when my benefits run out, let me go naturally. That way I can leave any assets to my family.
- I am beginning to understand that keeping me alive at all costs (money and the efforts required of so many others) is not what I want for my life. I want to leave gently with people sorry to see me go rather than hoping I will go.

# For My Healthcare Proxy, Family, Friends, and Healthcare Providers

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## *Durable Power of Attorney for Healthcare Decisions*

Based upon the work you see I have done on the preceding pages,  
I want you to know that if and when I can no longer speak for myself,

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Address: \_\_\_\_\_

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City/State/Zip Code: \_\_\_\_\_

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Phone No: \_\_\_\_\_

will be in charge of making sure that my wishes are respected. If this person is not  
available, the alternate proxy/surrogate is:

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Address: \_\_\_\_\_

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City/State/Zip Code: \_\_\_\_\_

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Phone No: \_\_\_\_\_

I, \_\_\_\_\_ being of sound mind, do hereby  
designate the above to serve as my Attorney-in-Fact, for the purpose of making  
medical treatment decisions for me (including the withholding or withdrawal of heroic  
procedures, nutrition, hydration) should I be diagnosed or have a poor prognosis that  
prevents me from having function and experiences listed on pages 158 and 159.

My named proxies are strong people who know me well and need only to refer to my answers to the questions in this plan which I have written in my own hand or have dictated to a caregiver.

I understand the full import of this directive and I am emotionally and mentally competent to make this directive.

My Name (In Print): \_\_\_\_\_

My Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

In our joint presence, \_\_\_\_\_ who is of sound mind and eighteen (18) years of age, or older, voluntarily dated and signed this writing or directed it to be dated and signed for the grantor.

Witness 1 Name: \_\_\_\_\_


Address: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*“There are many rooms in my Father’s house; I would not tell you this if it were not true. I am going there to prepare a place for you. After I go and prepare a place for you, I will come back and take you to be with me so that you may be where I am. You know the way to the place where I am going.”*

John 14:2-4 (NCV)

## Service

## Obituary

I was born in 19xx

My parents were:

Received degrees:

Worked at:

Married:

My children/in-laws/grandchildren are:

They live in:

I am happy that I was able to:

I enjoyed these hobbies/passions:

I am survived by:





## My Circle of Care

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Dear Loved Ones,

Each person on this list will receive copies of My Gift to My Circle of Care. Thanks to all of you for being part of making my dreams for a peaceful transition to Jesus easy for me and everyone involved.

Proxy \_\_\_\_\_ Phone Number \_\_\_\_\_

Alternate Proxy \_\_\_\_\_ Phone Number \_\_\_\_\_

Family, Friends, Physicians, Clergy, Advisors  
and Neighbors. \_\_\_\_\_ Phone Number \_\_\_\_\_

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“And now he has made all of this plain to us by the coming of our Savior Jesus Christ, who broke the power of death and showed us the way of everlasting life through trusting him” (2 Timothy 1:10, TLB).