

## **Topics to Discuss with your Health Care Agent**

1. Do you think you would want to have any of the following medical treatments performed on you?
  - Kidney dialysis (used if your kidneys stop working)
  - CPR Cardio-Pulmonary Resuscitation (used if your heart stops beating)
  - Respirator/Ventilator (used if are unable to breathe on your own)
  - Artificial nutrition (used if you are unable to eat food)
  - Artificial hydration (used if you are unable to drink fluids)
2. How do you feel about your current health status?
3. Do you think your doctor should make the final decision about any medical treatments you might need?
4. How important is independence and self-sufficiency in your life?
5. If your physical and mental abilities were decreased, how would that affect your attitude toward independence and self-sufficiency?
6. What will be important to you when you are dying? (physical comfort, no pain, family members present?)
7. Where would you prefer to die?
8. How do you feel about the use of life sustaining measures in the face of terminal illness?
9. How do you feel about the use of life-sustaining measures in the face of permanent coma?
10. How do you feel about the use of life-sustaining measures in the face of irreversible chronic illness (for example, Alzheimer's Disease)