

# *My Last Emotional Wishes*



You need a *Last Will and Testament* to disperse your things after you pass away. You need a *Living Will* to proclaim whether you want heroic measures to be taken if you are incapacitated and near death. And you need a *Healthcare Proxy* to designate who will make crucial emergency medical decisions for you if you cannot.

But, as important as these documents are, none of them reflects how you want the last months, weeks, or hours of your life to unfold from an emotional standpoint.

As a probate law firm, we speak to many clients who have just lost a loved one and were at a loss to know what their dying relative wanted from them. That's why, in consultation with experts, we developed *My Last Emotional Wishes*. Here, you can record your desires and take the guesswork from your struggling family. This is especially crucial if you have been diagnosed with a life-limiting disease, although it is valuable for everyone.

Once you have filled out this form, let a loved one know you've created it. Then store it alongside your other important papers in your home (not in a bank vault, which can be hard for others to access in a crisis). *My Last Emotional Wishes* is not a legal form, but rather a reflection of your desires, so there's no need to have your signature witnessed or notarized.

## *If I Am Diagnosed With a Terminal Disease:*

Honor the fact that you will be in shock for a while. Give yourself time to adjust to what will be your new reality. It may help to join a discussion group—either at a local hospital or community center or online—to find others in a similar situation. Hospice experts say that your goal is to eventually accept the reality of your death; only then can you make appropriate decisions and, equally importantly, get on with authentic living.

Experts stress the importance of telling the people you love about your diagnosis, both because they can help with what you need and because sharing important personal news is part of what brings us closer. Even children should be told, although the level of detail depends on their age and understanding. Expect people to react in any number of ways—crying, denying, trying to fix things, even running away. None of these means they don't love you or want to help you; everyone has a different ability to process overwhelming news. Once everyone knows, you can decide whether you want people to:

- ☐ stop making it a point of conversation with and around you, or
- ☐ talk about it as much as they desire.

This is also the time to think about writing letters to people you love for them to open after you have passed (see the last section of this document).

It's impossible to know in advance how you will want to spend your remaining time if you learn you don't have long to live. Will you quit your job if you're working? Travel the world if you're able? Or snuggle in the embrace of family and friends at home? But these are questions worth thinking about in advance.

Some of the things I think I would want to do if I know my time is limited are:

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Of course, it's critical not to give up too soon. But if you are diagnosed with an end-stage condition, you'll have to decide whether you want to:

☐ fight it with everything medicine has until the bitter end, or

☐ at some point accept the inevitable and live the remainder of your life without undergoing further medical interventions, including medications and/or surgery.

(These are decisions you will hopefully be able to make on your own at the time; we just want you to start pondering these important matters.)

If you reach the point where treatment is no longer possible, you'll want to talk to your doctor about whether it's appropriate for them to sign a Physician Order for Life-Sustaining Treatment (POLST) form. (This may be called something different in your state, such as POST, SMOST, MOLST.) This form translates your wishes from your living will (also called an advanced directive) into a specific medical order to be followed in the event of a medical emergency, such as not doing CPR or not inserting a breathing tube. Learn more about this form, which you get from your doctor, at [Polst.org](http://Polst.org).

In addition to emergency treatments, other interventions can also prolong your life, especially important if you get diagnosed with late-stage dementia or have a serious trauma or stroke. These include being fed with a tube when you can't eat, or having IV hydration provide fluid when you can't drink. Are these feeding measures something you would want your family to consider implementing (for the days, months, or years you may continue living) if you are not conscious or coherent and are unable to feed yourself and your prospects for returning to your regular life are limited?

☐ Yes   ☐ No

## *If I Am Near the End And Am Unable to Speak:*

Pain management is a trade-off near the end of life; the amount needed to quell all pain typically causes you to stay asleep. If you involve palliative care physicians early enough in the process, they may be able to incrementally increase medications in a way that might achieve a preferred balance. Should my care providers have to err on one side or another, I prefer:

☐ to be in as little pain as possible, or

☐ to be in some pain so I can remain alert.

Although I understand this can't always be controlled, my preference is to pass away in

☐ my home ☐ hospice ☐ the hospital.

If I chose my home, this means I prefer that my loved ones *do not call 911* in the event of a sudden downturn or medical emergency.

If possible in my last days, I'd like to be ☐ taken outdoors ☐ placed near a sunny window

☐ this is not important to me.

I'd like to have the following items placed near or in my bed:

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I'd like to be surrounded by loved ones. In addition to my immediate family, be sure to include:

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I'd like my favorite music to be playing in the background. This music includes:

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I'd like a religious minister to be at my bedside ☐ Yes ☐ No

Specific person or type of clergy: \_\_\_\_\_

I'd like religious/spiritual prayers or readings to be said aloud by my bedside, especially:

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## *After I'm Gone:*

I wish for my body to be ☐ buried ☐ cremated ☐ donated to \_\_\_\_\_ for medical research.

If it's medically possible to donate my organs, I ☐ would ☐ would not like to do so.

Please send notification of my passing:

☐ on Legacy.com

☐ in the local newspaper

☐ on my Facebook page [My login is \_\_\_\_\_ and my password \_\_\_\_\_]

☐ other \_\_\_\_\_

I hope my loved ones remember the good times, especially my favorite memories:

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Although I wish we could have worked things out while still alive, I want [names] \_\_\_\_\_ to know that I love and forgive them, and in my final days and months I felt only love for them.

Although I wish they could have worked things out while I was still alive, I hope [names] \_\_\_\_\_ can use my passing as the impetus to make peace with one another, for that is what I strongly desire.

I've written personal letters to one or more people that can be found in this location:

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I'd like the mood of my funeral or memorial service to be \_\_\_\_\_

Other desires I have for my funeral or memorial service include:

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I'd like people to make a donation in my memory to my favorite charities, which are:

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These are the most important things I want people to remember about me:

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*This is all written with love!*

Signed,

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*Date*

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**Be sure you also have a living will (also called an advanced directive) and a healthcare proxy (and, if appropriate, a financial power of attorney) executed by a qualified attorney in your state.**

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