



Are Some Conditions Worse than Death?

Name & Date _____

This worksheet helps you to think about situations in which you would **not** want medical treatments intended to keep you alive. These days, many treatments can keep people alive even if there is *no* chance that the treatment will reverse or improve their condition. Ask yourself what you would want in the situations described below if the treatment would not reverse or improve your condition.

Directions: Circle the number from 1 to 5 that best indicates the strength and direction of your desire. If you wish, you can add additional thoughts on the *Comment* lines.

- 1 -- **Definitely want** treatments that might keep you alive.
- 2 -- **Probably would want** treatments that might keep you alive.
- 3 -- **Unsure of what you want.**
- 4 -- **Probably would NOT want** treatments that might keep you alive.
- 5 -- **Definitely do NOT want** treatments that might keep you alive.

What If You . . .	Definitely Want Treatment	← →	Definitely Do Not Want Treatment		
a. No longer can walk but get around in a wheel chair.	1	2	3	4	5
<i>Comment</i> _____					
b. No longer can get outside. – You spend all day at home.	1	2	3	4	5
<i>Comment</i> _____					
c. No longer can contribute to your family's well being.	1	2	3	4	5
<i>Comment</i> _____					
d. Are in severe pain most of the time.	1	2	3	4	5
<i>Comment</i> _____					
e. Are in severe discomfort most of the time (such as nausea, diarrhea).	1	2	3	4	5
<i>Comment</i> _____					

What If You . . .	Definitely Want Treatment ← → Definitely Do Not Want Treatment				
	1	2	3	4	5
f. Are on a feeding tube to keep you alive.	1	2	3	4	5
Comment _____					
g. Are on a kidney dialysis machine to keep you alive.	1	2	3	4	5
Comment _____					
h. Are on a breathing machine to keep you alive.	1	2	3	4	5
Comment _____					
i. Need someone to take care of you 24 hours a day.	1	2	3	4	5
Comment _____					
j. Can no longer control your bladder.	1	2	3	4	5
Comment _____					
k. Can no longer control your bowels.	1	2	3	4	5
Comment _____					
l. Live in a nursing home.	1	2	3	4	5
Comment _____					
m. Can no longer think or talk clearly	1	2	3	4	5
Comment _____					
n. Can no longer recognize family or friends.	1	2	3	4	5
Comment _____					
o. Other:	1	2	3	4	5
Explain _____					

This worksheet adapted by the American Bar Association’s Commission on Legal Problems of the Elderly from R. Pearlman, et. al., *Your Life Your Choices – Planning for Future Medical Decisions: How to Prepare a Personalized Living Will*, Veterans Administration Medical Center, Seattle, Washington

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