

Personal Values Statement

What is a Values Statement?

A values statement is simply a description in your own words of how you feel about certain health care issues.

You may create a values statement in writing, on a computer, audiotape, or videotape. You can even explain your thoughts to a friend, who then writes them down for you. There are no special requirements, such as witnesses. But if you fill out a values statement, you should be sure to sign and date it. Then, give copies to your doctor and to your health care representative, if you have one.

A values statement is NOT the same as an advance directive, and it does not take the place of an advance directive. But it can help your care team—your health care representative, doctor and other care providers, and family—know where you stand on issues that could affect your care. Then, whether you have an advance directive or not, they can use this information if they ever have to make a difficult care decision on your behalf.

Using This Form

This form is a worksheet you may find convenient in organizing and writing down your wishes. If you find you need more space, just attach extra pages. (If you do add pages, it's a good idea to number and sign or initial each extra sheet and staple everything together.)

If you would like more help, ask for it. There are many resources available to you: social workers, chaplains, and patient advocates, to name just a few.

One last note: the words and phrases marked with footnote numbers are defined on page 4 of this form.

Personal Values Statement of: _____

When you first fill out this form, enter the date below. Then as you update information, enter those dates as well.

Date written or last reviewed:

To my care team:

If the time ever comes when I do not understand my situation and cannot act for myself, please take the following information into account in making care decisions for me. Here, in my own words, is where I stand:

My priorities and goals for my future health care are: _____

My views concerning use of life-saving measures, such as CPR¹, are: _____

My thoughts about medical treatment if I were either terminally ill or in a permanent coma:

Chemotherapy or radiation²: _____

Blood transfusions³: _____

Dialysis⁴: _____

Ventilator⁵: _____

Artificial nutrition and hydration⁶: _____

Antibiotics⁷: _____

My thoughts on being an organ donor: _____

My thoughts about use of comfort measures, such as medications that reduce pain and hospice care⁸: _____

Other thoughts I would like to include: _____

Definitions

1. CPR stands for “cardiopulmonary resuscitation.” That means emergency steps to restart a person’s heart and breathing after they have already stopped. If a person does not want CPR, he or she can ask the doctor to write a DNR (“do-not-resuscitate”) Order in the medical chart. (In a few states, a person can wear a bracelet that says to emergency response people, “Don’t start CPR.” But, normally, the 911 team will start CPR first, and sort out advance directive status later.)
2. Chemotherapy and radiation are two forms of cancer treatment. They often cause side effects, such as nausea.
3. Sometimes a person, especially someone with advanced cancer, may be bleeding on the inside. This would normally cause death, but blood transfusions may delay death for a time.
4. If a person’s kidneys shut down, death will follow. Dialysis is using a machine to clean the person’s blood artificially.
5. A ventilator is a breathing machine. It forces air in and out of the lungs.
6. Some people lose the ability to swallow. Artificial nutrition and hydration refers to food and water taken through a tube or IV (intravenous) line.
7. A person who is dying, for example from cancer, might get an infection, and the infection might actually be the immediate cause of death. Under these circumstances, using antibiotics to fight infection might actually prolong the person’s dying.
8. Hospice care is care for persons who are living with a terminal illness. The focus is on the person’s comfort.