



What is the purpose of the conversation guide?

The job of your proxy is to make decisions on your behalf in accordance with your wishes and beliefs. For them to fulfill that role to the best of their ability, they need to know your values and preferences regarding your healthcare. The conversation guide will help you speak with them about these critical matters. **This is not a formal legal directive and does not need to be signed or witnessed.** The ultimate goal is to generate healthy communication and ongoing conversations about these sensitive topics in an open and loving manner.

My Healthcare Goals, Values, & Preferences

No one knows the path that their healthcare journey will take them on. Some people live healthily until old age and pass away quietly in their sleep or after a brief illness. For others, the aging process can be more extended and complex. Modern medicine can sometimes offer wonderful solutions. At other times, treatments can extend one's life with significant burdens and without providing a cure.

Judaism places a premium on preserving life. It is also concerned with preserving quality of life and alleviating suffering. Proxies will frequently need to choose a plan of care in the face of medical uncertainties. Given the individualized nature of each case, end-of-life decision making requires a thoughtful and personalized approach.

By completing this guide, you will help your proxy and rabbi better understand your goals and preferences so they can better apply them to each unique situation. It is also a gift to your loved ones as it helps avoid family tensions and guilt caused by speculating about your values and preferences when decisions need to be made. Meaningful conversations about life and death can bring families together.

Confronting the questions in this document may be challenging. They make you think about what makes your life worth living, what you value most about your mental, spiritual and physical health, what you fear, and what you would not want to live without. Precisely because it's difficult, it offers an opportunity to formulate what matters most to you.

While you may fill this out on your own, it's best to

utilize it as a part of discussions with your proxy, family members, and rabbi. Take the opportunity to express what you believe is necessary to maintain a dignified life and what you think you are willing to endure. Share the completed document with your proxy, loved ones, and rabbi, and keep it in a safe but accessible place. Review this guide periodically to ensure that your preferences remain up-to-date and to facilitate ongoing conversation about these questions.

In case of terminal illness, a healthcare provider may ask you to sign a Physician/Medical Order for Life-Sustaining Treatment (POLST or MOLST) or a detailed advance health care directive regarding life-sustaining interventions like resuscitation (DNR) and intubation (DNI). Please consult our website for more information about these documents.

To help you ponder and articulate different types of possible decisions, one can imagine several scenarios of declining health—here are a few examples:

- A terminal illness, as with an aggressive form of cancer, in which life expectancy is less than 6 months.
- Progressive dementia, in which one's mental faculties are gradually deteriorating.
- A degenerative chronic disease, such as Multiple Sclerosis or ALS, where one's physical independence is deteriorating.
- Aging with frailty, in which nagging ailments hamper one's physical and social abilities and increase the chance of greater impairment or death.
- Drastic changes in one's health condition such as a serious infection, heart attack, stroke, or car accident.

PAIN AND RISK TOLERANCE

I value undergoing potentially painful treatments if they have the potential of prolonging my life—even if they will not cure my underlying illness and may lead to significant discomfort:



I value undergoing potentially painful treatments to try prolonging my life toward the goal of participating in a specific occasion (like a family wedding, bar/bat mitzvah, or birth), even if they will not cure my underlying illness and may lead to significant discomfort:



It is my medical team’s responsibility to try to balance pain relief with maintaining my alertness. When it is difficult to maintain both, I would prefer for them to prioritize: (mark one)

Pain relief
(even if it means I am not as alert or awake);

Alertness
(even if it means I may suffer pain and/or other symptoms):

I value undergoing a high-risk procedure that might shorten or jeopardize my life if it could
Possibly cure my underlying illness:

Yes

No

I value undergoing a high-risk procedure that might shorten or jeopardize my life if it could
Possibly stabilize my condition but not cure my underlying illness:

Yes

No

I value undergoing a high-risk procedure that might shorten or jeopardize my life if it could
Possibly extend my life by any amount of time (a few days or weeks) but not cure my underlying illness:

Yes

No

Additional Comments: _____

DECISION-MAKING PREFERENCES

As a patient, I generally prefer knowing (mark one):

- As little as possible about my condition and my treatment
- Only general summary information about my condition and my treatment
- All the details about my condition and treatment

If I have a terminal illness, I prefer (mark one):

- Not knowing how quickly it is progressing
- Only having a very general sense of my prognosis
- Knowing the best detailed estimation for how long I have to live

If I am deemed terminally ill, I would prefer (mark one):

- Treatments focused only on comfort and managing my symptoms (such as pain management)
- Treatments focused on comfort and managing my symptoms, while also being open to potentially painful treatments or procedures that might extend my life
- Treatments focused on extending my life without prioritizing my comfort

If I have an irreversible lack of cognition - as in cases of advanced dementia or severe brain injury - I would prefer (mark one):

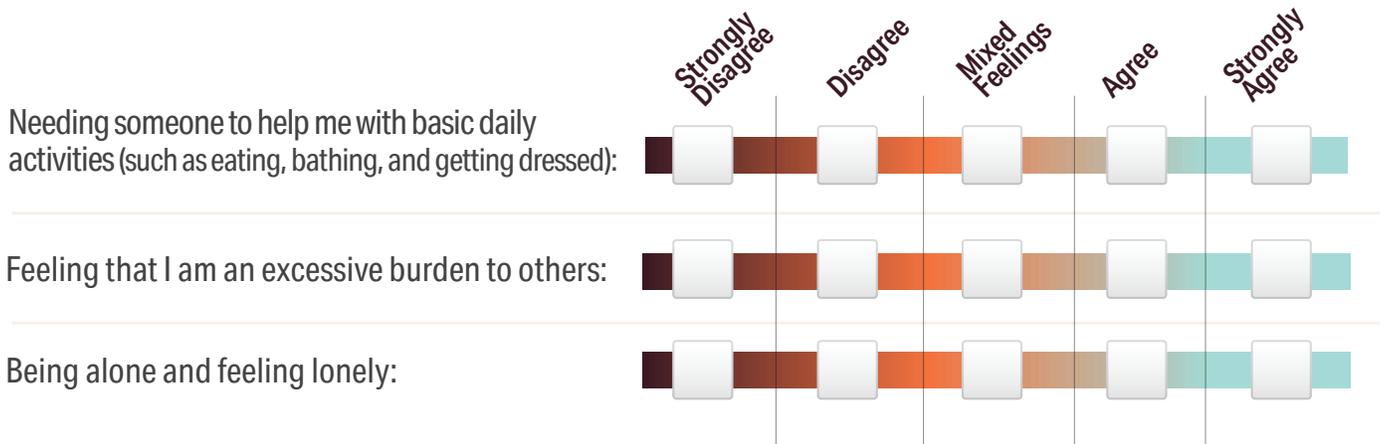
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Additional Comments: _____

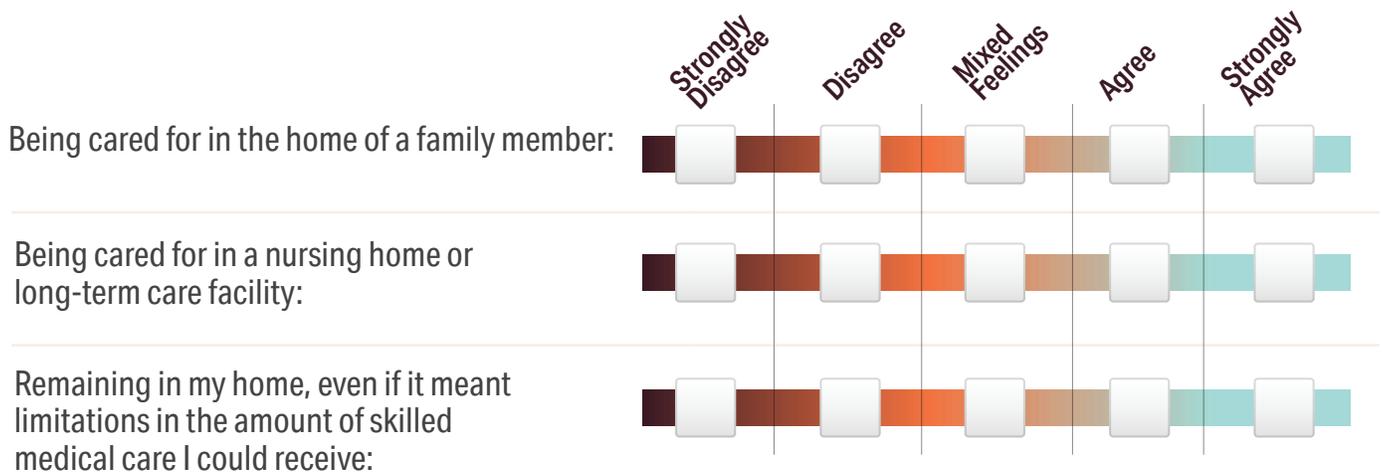
Physical and Social Independence

When thinking about aging, it is normal to feel angst about losing physical and social independence. It is important to share your concerns about losing your independence, its impact on your self-dignity, and your preferences on maintaining continuity with your living environment. In cases of increasing frailty, dementia, or after hospital discharges, decisions relating to these concerns may need to be made on your behalf.

I WORRY ABOUT



IF IT BECAME DIFFICULT FOR ME TO LIVE IN MY HOME, I WOULD VALUE:



Additional Comments: _____



OUR MISSION

- Enabling Jewish patients and families to navigate an increasingly complex healthcare journey, particularly in the dilemmas of aging and end-of-life treatment
- Strengthening the partnership between Jewish patients & healthcare providers
- Providing resources for rabbis in order to build deeper partnerships with aging community members, their families, and their healthcare team
- Ematai is led by Rabbi Dr. Shlomo Brody and supported by strong rabbinic & medical advisory boards



MAJOR INITIATIVES

- Netivot, advance healthcare directive and conversation guide
- Option 18, the Jewish organ donation education initiative
- Consultation Service:
 - » Realtime halakhic & ethical questions
 - » General consultation appointments
- Hospital Prayers, including Vidui cards, prayers for doctors, and prayers for patients & families
- Continuing rabbinic training
- Online educational resources, including videos, articles, and webinars about Aging in Judaism, Eldercare, Prayer & Ritual, Palliative Care, End of Life Care, Organ Donation.



GET INVOLVED

- Volunteer as a local Ematai ambassador
- Sign up for our newsletter by scanning the QR code or visiting ematai.org/newsletter
- Support our continued work for the Jewish community by donating at ematai.org
- Follow us on social media: Facebook, Twitter, Instagram, LinkedIn, & YouTube
- Contact us at office@ematai.org to set up an in-person or online event in your community

