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CONVERSATION GUIDE

RCA
RABBINICAL COUNCIL OF AMERICA
הסתדרות הרבנים דאמריקה

RABBINICAL COUNCIL OF AMERICA VERSION

NAVIGATE AGING AND END-OF-LIFE WITH JEWISH WISDOM & HALACHA

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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**. This guide is designed to help you articulate your preferences and values within the framework of Jewish law. It is also an invitation to discuss these matters with your rabbi who can provide you with halachic insight and help you and your proxy navigate complex scenarios. These conversations are not just about crisis planning but about building an ongoing relationship of trust and understanding between you, your proxy(s), your family and your rabbi. The ultimate goal is to generate healthy communication and ongoing conversations about these sensitive topics in an open and loving manner. This document has been reviewed by Rabbi Mordechai Willig, Rabbi Hershel Schachter, and Rabbi Yehoram Ulman and endorsed by the Rabbinical Council of America.

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 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

	Strongly Disagree	Disagree	Mixed Feelings	Agree	Strongly Agree
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):

	Yes	No
I value undergoing a high-risk procedure that might shorten or jeopardize my life if it could **Possibly cure my underlying illness:**	☐	☐
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:**	☐	☐
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:**	☐	☐

Additional Comments: ____

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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):

☐ 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

Additional Comments: ______________________________

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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

	Strongly Disagree	Disagree	Mixed Feelings	Agree	Strongly Agree
Needing someone to help me with basic daily activities (such as eating, bathing, and getting dressed):	☐	☐	☐	☐	☐
Feeling that I am an excessive burden to others:	☐	☐	☐	☐	☐
Being alone and feeling lonely:	☐	☐	☐	☐	☐

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

	Strongly Disagree	Disagree	Mixed Feelings	Agree	Strongly Agree
Being cared for in the home of a family member:	☐	☐	☐	☐	☐
Being cared for in a nursing home or long-term care facility:	☐	☐	☐	☐	☐
Remaining in my home, even if it meant limitations in the amount of skilled medical care I could receive:	☐	☐	☐	☐	☐

Additional Comments: ____

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Further Thoughts

If you would like to share any further thoughts, please do so here. You may elaborate on your healthcare preferences, emphasize particular guidelines that are important to you, or express any concerns you may have about aging or end-of-life care, including invasive procedures, pain management, organ donation, and decision-making.

You may also use this space to express your preferences about where, and with whom, you would want to be at the end of your life, or to describe in your own words what would be a "good death" or a "bad death" for you. You may find it helpful to invoke memories of the dying process or death of loved ones and discuss what you found meaningful or disturbing about the experience (e.g., "I hated how Uncle David suffered from so many painful procedures," or "I admired my friend Sarah for fighting until the end," or "It meant a lot that my mother died in her own home surrounded by her family.") You may want to try finishing this sentence: "What matters to me at the end of life is ___."

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