

# netivot

## CONVERSATION GUIDE

AN INITIATIVE BY: ematai



Strongly Disagree

Disagree

Mixed Feelings

Agree

Strongly Agree




## SIX CONVERSATION STARTERS FOR DISCUSSING YOUR HEALTHCARE VALUES AND PREFERENCES

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

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## How to Use This Guide

Ematai's Conversation Guide helps you think about and discuss what matters to you in your healthcare.

This is not a legal form and does not need to be signed. It's a tool to facilitate honest, caring conversations with your proxy, your family, and your rabbi.

## 'We don't discuss these things in our family!'

### Yes, You Can and Should!

Health journeys are unpredictable. Some people stay well into old age, others face more complicated paths. It is difficult to bring up these topics with your loved ones, but meaningful conversations about life and death can bring families together and help prevent disputes in the future.

Judaism places a premium on preserving life. It is also concerned with preserving quality of life and alleviating suffering. Your proxy may have to make tough choices. This guide helps them do that with clarity about your general wishes. These conversations are a gift to your loved ones they help avoid family tensions and the guilt caused by wondering if they made the decision you would have chosen.

## Start the Conversation.

### If Not Now, When?

The Conversation Guide offers a straightforward way to let you speak about your general values and preferences regarding six critical topics:

1. Pain management
2. Risk taking
3. Withholding treatments in certain circumstances
4. Medical disclosure
5. Worries about aging
6. Preferences for living accommodations

This guide is a helpful way to:

- Think about what's most important to you
- Share your thoughts with the people who matter

Revisit it from time to time. Your views may change as you go along in your healthcare journey.

## Real-Life Scenarios to Consider

To help your conversation, think about some possible scenarios, such as:

- A terminal illness, like advanced cancer
- Memory loss or dementia
- A disease that slowly takes away physical independence, like ALS
- Aging with frailty and increasing health ailments
- A big health event like a stroke or accident

## HOW I THINK ABOUT PAIN

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 potentially painful treatments if:

1) The treatments can potentially prolong my life even if they will not cure my underlying illness and may lead to significant discomfort.

2) The treatments will try to prolong my life toward the goal of participating in a specific occasion..

## HOW I FEEL ABOUT RISK TAKING IN MY HEALTHCARE

### I value undergoing a high-risk procedure that might shorten or jeopardize my life if it could:

Possibly cure my underlying illness.

**Yes**

**No**

Possibly stabilize my condition but not cure my underlying illness.

**Yes**

**No**

Possibly extend my life by any amount of time (a few days or weeks) but not cure my underlying illness.

**Yes**

**No**

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HOW MUCH INFORMATION I THINK I WANT TO KNOW

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

## WHEN I WOULD CONSIDER LIMITING TREATMENTS

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: \_\_\_\_\_

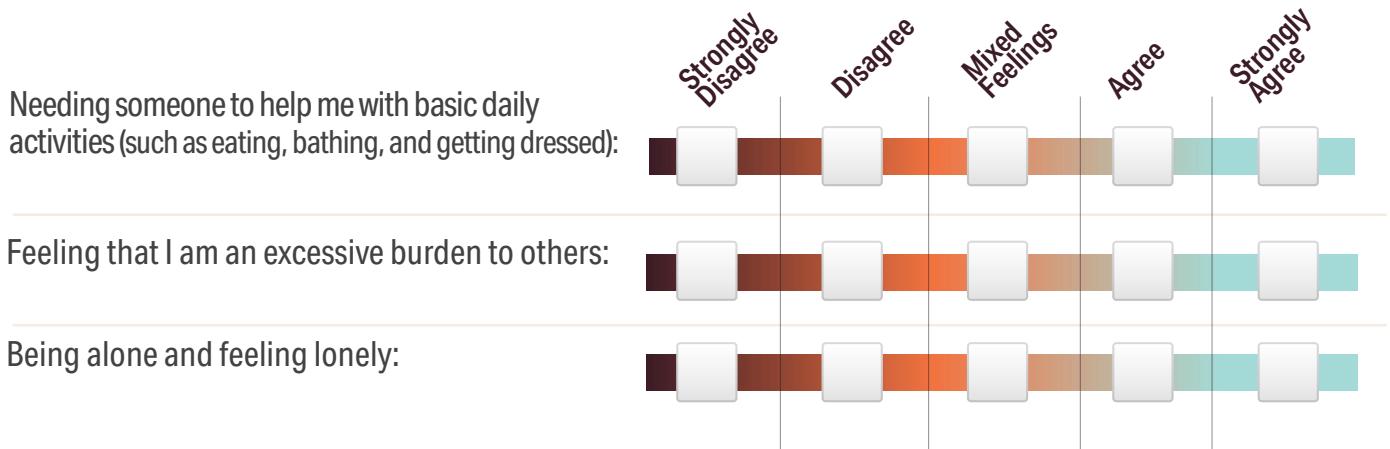
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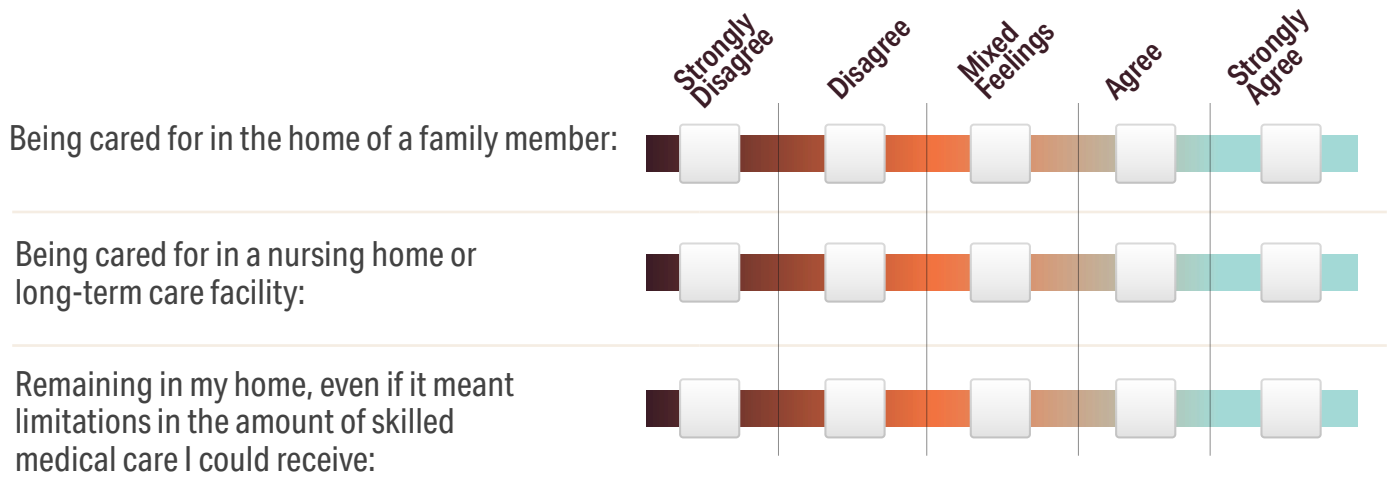
## Physical and Social Independence

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.

### AS I AGE, I WORRY ABOUT



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



Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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, including any funeral preferences you may have. 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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