



Robert M. Beren Conversation Guide



SIX CONVERSATION STARTERS FOR DISCUSSING YOUR HEALTHCARE VALUES AND PREFERENCES

This document has been approved by Rabbi Mordechai Willig, Rabbi Hershel Schachter,
& Rabbi Yehoram Ulman, and endorsed by the Rabbinical Council of America.

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

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**How to Use
This Guide**

**'We don't discuss
these things in
our family!"**

**Yes, You Can and
Should!**

**Start the
Conversation.
If Not Now,
When?**

**Real-Life
Scenarios to
Consider**

Ematai's Robert M. Beren 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.

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, help prevent disputes in the future and build an ongoing relationship of trust and understanding between you, your proxy(s), your family, and your rabbi.

Judaism places a premium on preserving life. It is also concerned with quality of life and alleviating suffering. These questions are meant for discussion with your proxy and rabbinic advisor to help clarify your values within the framework of Jewish law. Tough decisions may need to be made, and this guide gives them clarity about your values and general wishes. These conversations are a gift to your loved ones, helping avoid family tensions and the guilt caused by wondering if they made the decision you would have chosen.

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. Medical disclosure
4. Limiting interventions in certain circumstances within the Jewish legal framework
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.

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 (like a family wedding, bar/bat mitzvah, or birth), even if they will not cure my underlying illness and may lead to significant discomfort.



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 INTERVENTIONS WITHIN THE JEWISH LEGAL FRAMEWORK

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: _____

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

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:

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: _____

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 ____.”

Robert M. Beren Healthcare Directive and Conversation Guide was created by Ematai as a service to the community

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