



ENGLISH



**FILL IN
THE PDF?**

Click on the
lines and type
your tekst.

WHEN I THINK ABOUT MY FINAL STAGE OF LIFE,

Then I would like...

MY STORY
AND MY IDEAS
& WISHES FOR
MY LIFE...

TO BE PRESERVED
IN THIS BOOKLET

Would you like
to order this booklet?

Then send an email to
Netwerken Palliatieve Zorg Twente
NPZT@carintreggeland.nl



**Netwerken
Palliatieve Zorg
Twente**

Alleen
samen

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PART 2

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Alleen
samen

The benefit of this booklet

*'Share your wishes
with your doctor
and other caregivers!'*

WHAT IS TODAY COULD BE DIFFERENT TOMORROW

How do I prepare myself? This booklet is for everyone who wants to consider the final stage of life. An incurable and/or chronic illness that deteriorates or experiences from your environment are all reasons for you to put this booklet to use. It can be used as inspiration, topics for discussion and/or guidance.

Alone together

You can make the final stage of your life as pleasant as possible together with family, friends, acquaintances, doctors and caregivers. Because so many people are involved, it can be useful to write down and share things with all who are involved.

What does this booklet offer?

It offers tools, inspiration for discussions, tips and hopefully structure, peace of mind and insight. There is space to write down your own wishes. Everything is in one place.

Share your wishes with your doctor and other caregivers!

Do not forget to inform your attending physician or GP of your wishes by, for example, drawing up and discussing a living will and discussing your wishes, values and needs with other caregivers.

USEFUL & HELPFUL TIPS?

Check them out here >

Photo?

MY NAME:

MY DATE OF BIRTH:

PLACE OF BIRTH:

What do I want to say about my life?

Lined area for writing on page 4.



As a child I was...

Events that had
a big impact on
my life

My youth
and schooling



I am single or married,
I have children/no
children

Guardianship

I lived...
My family...

Typical me...
Impatient, cheerful,
creative...

Lined area for writing on page 5.

Typical characteristics
that I inherited from
my father/mother...

Extrovert,
optimistic,
reserved...

My
great
love

The naughtiest thing I did...

I am proud of

FOOD & DRINK

Favourite dish



MY HOBBIES

MY JOB/CAREER

I don't like....

*This is what
I enjoy doing*

IF I COULD CHOOSE AN OCCUPATION AGAIN, I WOULD:

*Important
or not?*

EXTERNAL CARE

FAVOURITE MUSIC/SONG

because...

THE MOST BEAUTIFUL MOMENT

THIS MAKES ME HAPPY



*I would still
like to...*

MY WISHES

What am I
sorry about

My greatest regret

People who are important to me

NAME

BECAUSE....

Who do I ask
for help?



I MISS...

MY WISHES

I would like to connect
with the following
people again:...





To me,
home is...



What do I like about
my current home?

I feel at
home...

Things to which
I am attached...

My home

Handwriting practice lines for the section 'My home'.

What is important
in my life?



WHERE DO I DRAW SUPPORT?
WHAT MAKES ME HAPPY?
WHERE DO I DRAW STRENGTH?

IMPORTANT DAYS

Handwriting practice lines for the section 'What is important in my life?'.

MY WISHES

I HOPE PEOPLE DON'T FORGET THAT I...

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I REALLY DON'T WANT...

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WHAT WOULD I STILL LIKE
TO ARRANGE FOR MY LOVED
ONES?

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*Good to
know*

I HAVE DOCUMENTED
MY DECISIONS IN:

- ☐ Advance directive
- ☐ Testament
- ☐ Notarial power of attorney
- ☐ Living will
- ☐ Resuscitation declaration
- ☐ Euthanasia declaration
- ☐ Donor codicil
- ☐ (Organ) donation
- ☐ Digital legacy



Where are these?

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MY WISHES

I would like all those involved to know...

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*My wishes regarding
my medical treatment
in future are...*

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MY FAREWELL

Do the people in your environment already know what you want?

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- Consider:
- Cremation or funeral?
- Religion and spirituality?
- Donating your body to science
- Which funeral director?
- Location
- Invitees
- Music
- Readings
- Clothes...

WHERE DO I WANT TO DIE?

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WHERE DO I WANT TO BE LAID TO REST? *And how?*

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What do I still want to arrange myself?

WHAT DO MY LOVES ONES NEED TO CONSIDER?

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What legacy do I want to leave and to whom?

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OTHER THINGS I WANT TO SAY ABOUT MY FAREWELL:

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MY FAREWELL



A letter, photo/video, jewellery, possessions



SPIRITUAL COUNSELLING /
QUESTIONS RELATING TO LIFE

In many cases, you can turn to your trusted network of family, friends, colleagues or a (faith) community regarding so-called life questions. If you don't have such a network, or it is not the right place to tell your story, you can contact a spiritual counsellor in your area. They are affiliated with one of the 'centres for life questions' in your area. They can be found at: geestelijkeverzorging.nl

Handwriting practice lines consisting of 15 horizontal dashed lines.



Do you have feedback on
our wish booklet?
[Click here](#) and fill out the
feedback form online.



INFORMATION & USEFUL ONLINE LINKS

overpalliatievezorg.nl
thuisarts.nl
levenseinde.patientenfederatie.nl
rijksoverheid.nl
donorregister.nl
notaris.nl (also for a digital legacy)
expertisecentrum euthanasie.nl

DO YOU HAVE QUESTIONS?

Contact the network in your area – they can be found at:

palliaweb.nl

From here, the section starts with useful and helpful tips with writing space.



EXPLANATION OF TERMS

We explain the most common terms/concepts that you will undoubtedly encounter when it comes to never recovering or the final stage of life.

PALLIATIVE CARE

The goal of palliative care is to make your life more bearable and comfortable by preventing or relieving suffering. This care can last weeks, months or years and is not aimed at recovery. Palliative care is often confused with care during the final stage of life, but palliative care is broader. It concerns the phase that starts when you are informed you will never recover. It concerns not only the person who is ill, but family and loved ones too. You can request palliative terminal care in the final stage of your life. A team of caregivers try to ensure you suffer as little as possible and that you can end your life well. This improves the quality of death.

PALLIATIVE SEDATION

The goal of palliative sedation is to relieve symptoms and minimise suffering as much as possible. It can be applied by a doctor if it is not possible to relieve symptoms like pain, shortness of breath and anxiety and/or unease, or if treatment of the symptoms would cause unacceptable side effects.

Palliative sedation entails the doctor reducing consciousness with medicines. The degree of reduction in consciousness required for this can vary from superficial to deep. You may wake up again briefly after the start of your sedation; the doctor or nurse will adjust the dose if necessary. The most important goal is for the patient to feel as comfortable as possible. Palliative sedation is a normal medical procedure that is bound by guidelines and may only be applied if death is expected within one to two weeks. Palliative sedation does not hasten

death. Palliative sedation is therefore not the same as euthanasia. If you previously documented in a living will that you do not want the doctor to apply palliative sedation, the doctor will respect this wish.

EUTHANASIA

Euthanasia is a form of termination of life. Euthanasia entails a doctor administering medicines to end unbearable and hopeless suffering. Conditions apply to the execution of euthanasia with due diligence. Euthanasia can only take place at your request – a voluntary well-considered and longstanding request. You can document this in a living will. A doctor is not obliged to carry out euthanasia, even if you have a living will in place. The termination of life is not an obligation of the doctor or an entitlement of the patient. Euthanasia is only legal if all the due diligence criteria are met. A second independent doctor will always assess whether the request meets due diligence criteria.

ASSISTED SUICIDE

Assisted suicide is not the same as euthanasia. Assisted suicide entails the patient themselves consuming a lethal drink. The doctor personally hands this drink to the patient and remains with the patient until death has occurred.

If the drink does not cause death within a reasonable timeframe, the doctor must administer an injection as well, after which the patient will die (immediately). The same conditions for euthanasia apply for assisted suicide.

LIVING WILL

A living will is a document in which you indicate your wishes concerning treatment or termination of life. This declaration is used if you can no longer make decisions, such as in the case of a coma, a serious accident or situations in which speaking with one's (own) doctor is no longer possible.

It can be helpful to your loved ones if what you do and don't want is clearly documented on paper. By documenting treatment preferences in a living will, you avoid others having to decide on your behalf in that situation. See the orange box below for an example of a living will.

It is important for loved ones and the doctor to know a living will exists!

A living will can be typed, printed or even handwritten. A self-written living will (with date and your signature) has just as much legal standing as the declarations available through a notary or associations. It is, however, important that it clearly describes the circumstances in which treatment should or should no longer take place. It is important that you discuss your living will with your GP.

ADVANCE DIRECTIVE

It can be helpful to draw up an advance directive in addition to a living will.

EXPLANATION OF TERMS

In it, you appoint someone (with power of attorney) to look after your banking affairs or possessions if you are no longer capable of doing so due to illness or an accident, for example. It can also be someone who can make medical decisions for you or execute your personal wishes. An advance directive is a special type of will and must be documented through a notary. It applies while you are alive and does not concern what should happen to your possessions after your death. That is something you set out in your testament.

For an example living will, see palliaweb.nl:

palliaweb.nl

MY ADDRESSES



MY GP

MY SPECIALIST

MY (COMMUNITY) NURSE

MY VOLUNTEERS

MORE RELEVANT CONTACT DETAILS

USEFUL & HELPFUL

What can my GP do for me?

What can you discuss with your GP?

TOPICS OF DISCUSSION

- What is being ill like for me? How is my environment reacting to it?
- What are my wishes? What do I want or not want?
- What are the options for care at home?
- Could the hospital's palliative team be of potential value to me?
- Explanation of euthanasia and could he/she carry out this request?
Is it right for me? And what does it mean in terms of incapacity?
TIP: keep discussing this with your GP.
- Explanation of palliative sedation. What is it? What is the value?
- What do you expect of your GP?
- Options and implications of hospice.
- What symptoms and/or complications can I expect?
And how can I tackle these?
What are the options for symptom management?
- Information about the effects and possible side effects of morphine.
- What can the GP do for me when the end is approaching?

SPACE TO WRITE NOTES

SPACE TO WRITE NOTES

DISCUSSIONS WITH GP/OTHER CAREGIVERS

During treatment

ARRANGING CARE AND TREATMENT YOURSELF

- To what extent do I allow my life to be governed by the side effects of treatment?
- What does quality of life mean to me?
- What does quality of death mean to me?
- What do I want to devote my energy to?
And when that energy starts declining in the near future?
- Is there enough support and understanding in my environment?
Have I coordinated this with the people who are important to me?
If there are differing views, who can I discuss it with?
- Should I feel guilty if I want to stop treatment?
- Other than myself, for who am I undergoing treatment?
How does my environment feel about that?
- Who will support me during treatment?
- What support is there for my loved one(s)?
- Is it time for a discussion with the doctor?

SPACE TO WRITE NOTES

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SPACE TO WRITE NOTES

DURING TREATMENT

Discussion with
(attending) physician

- Try to take someone along to doctor appointments.
- If necessary, record the discussion on a mobile phone (with consent).
- Make a written list at home in advance so you don't forget any questions.
- Tell the doctor what kind of person you are and what is important to you.

- What do the medical terms mean? Or other jargon?
- Would a second opinion be useful?
- If hospital admissions follow:
Who will support me during these admissions? Where can I go for help?
- Has the doctor been informed? Do I have a role in that myself?
- Is care at home guaranteed if I don't want any more hospital admissions?
Is the (out of hours) GP aware?
- What exactly is the treatment plan? When will it be evaluated?
- Can I always make my own decisions as to what I want?
- What life rules apply? Or are there none?
- How will it benefit me? And what will it cost me?

[30]

Alles
same



Do not suffer in silence with questions, uncertainties, symptoms or fears. Discuss these with your doctor or nurse. For example, if you are experiencing problems sleeping, relationship problems, financial problems, etc., ensure you are well enough informed. Ask for help. Do not suffer in silence. Don't do it alone – do it together. **Don't do it alone – do it together.**

Date / location



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