Appendix A: Values History Form

This form has been adapted from the “Values History Form” developed by the University of New Mexico Health Sciences Center Institute for Ethics.

It is important that your medical treatment be your choice.

The purpose of this form is to assist you in thinking about and writing down what is important to you about your health. If you should at some time become unable to make health care decisions, this form may help others make a decision for you in accordance with your values.

The form provides an opportunity for you to discuss your values, wishes, and preferences in a number of different areas, such as your personal relationships, your overall attitude toward life, and your thoughts about illness.

1. Suggestions for Using the Values History Form

This form is not a legal document, although it may be used to supplement an Advance Directive, or a POAPC, if you have these. Also, the Values History Form is not copyrighted, and you are encouraged to make additional copies for friends and relatives to use.

Why a Values History Form?
The Values History Form recognizes that medical decisions we make for ourselves are based on those beliefs, preferences and values that matter most to us: How do we feel about our overall health? What personal relationships in our lives are important to us? How do we feel about the following: independence, pain, illness, dying, and death? What are our goals for the future?

A discussion of these and other values can provide important information for those who might, in the future, have to make medical decisions for us when we are no longer able to do so.

Further, a discussion of the questions asked on the Values History Form can provide a solid basis for families, friends, physicians and other when making such medical decisions. By talking about these issues ahead of time, family disagreements may be minimized. And when such decisions do need to be made, the burden of responsibility may be lessened because others feel confident of your wishes.
How do I fill out the values history form?
There are a number of ways in which you might begin to answer these questions. Perhaps you would like to write out some of your own thoughts before you talk with anyone else. Or you might ask family and friends to come together and talk about your—and their—responses to the questions.

Often simply giving copies of the Values History Form to others is enough to get people talking about a subject that, for many of us, is difficult and painful to consider.

The most important thing to remember is that it is easier to talk about these issues BEFORE a medical crisis occurs. Feel free to add questions and comments of your own.

What should I do with my completed Values History Form?
Make sure that all those who might be involved in your health care are aware of your wishes: family, friends, physicians and other health care practitioners, your pastor, your lawyer. If appropriate, give written copies to these people.

But remember, each of us continues to grow and change, and so the Values History Form should be discussed and updated fairly regularly.

Consider attaching a copy of it to your POAPC, or Health Care, if you have one, or filing it with your important medical papers.

Who should consider preparing a Values History Form?
Everyone. While we often focus on older people, it is just as important that younger people discuss these issues and make their wishes known. Often some of the most difficult medical decisions must be made on behalf of younger patients/residents. If they had talked with families and friends, these decision makers could feel reassured they were following the patient’s/resident’s wishes.

We hope this Values History Form is of help to you, your families and friends. Many people have commented that it is important to reflect, not so much on “How I want to die,” but on “How I want to LIVE until I die.”
II. Values History Form

Name: ___________________________  Date: ______________________

If someone assisted you in completing this form, please fill in his or her name, address, and relationship to you.

Name: ___________________________  Relationship: ______________________

Address: ___________________________

Street Address

City  Province  Postal Code

Overall Attitude Toward Life and Health

What would you like to say to someone reading this document about your overall attitude toward life?

What goals do you have for the future?

How satisfied are you with what you have achieved in your life?

What, for you, makes life worth living?
What do you fear most? What frightens or upsets you?

What activities do you enjoy (e.g., hobbies, watching TV, etc)?

How would you describe your current state of health?

If you currently have any health problems or disabilities, how do they affect you, your family, your work, your ability to function?

If you have health problems or disabilities, how do you feel about them? What would you like others (family, friends, doctors) to know about this?

Do you have difficulties in getting through the day and performing activities such as: eating, preparing food, sleeping, dressing, and bathing? Etc.
What would you like to say, about your general health, to someone reading this document?

Personal Relationships
What role do family and friends play in your life?

How do you expect friends, family and others to support your decisions regarding medical treatment you may need now or in the future?

Have you made any arrangements for family or friends to make medical treatment decisions on your behalf? If so, who has agreed to make decisions for you and in what circumstances?

What general comments would you like to make about the personal relationships in your life?

Thoughts About Independence and Self-Sufficiency
How does independence or dependence affect your life?
If you were to experience decreased physical and mental abilities, how would that affect your attitude toward independence and self-sufficiency?

If your current physical or mental health gets worse, how would you feel?

Living Environment
Have you lived alone or with others over the last 10 years?

How comfortable have you been in your surroundings? How might illness, disability, or age affect this?

What general comments would you like to make about your surroundings?

Religious Background and Beliefs
What is your spiritual/religious background?
How do your beliefs affect your feelings toward serious, chronic, or terminal illness?

How does your faith community support you?

What general comments would you like to make about your beliefs?

Relationships with Doctors and Other Health Caregivers
How do you relate to your doctors? Please comment on: trust, decision making, time for satisfactory communication, and respectful treatment.

How do you feel about other health care practitioners, including nurses, therapists, chaplains, social workers, etc.?

What else would you like to say about doctors and other health care practitioners?
Thoughts About Illness, Dying and Death

What general comments would you like to make about illness, dying, and death?

What will be important to you when you are dying (e.g., physical comfort, no pain, family members present, etc.)?

Where would you prefer to die?

How do you feel about the use of life-sustaining measures if you were suffering from an irreversible chronic illness (e.g., Alzheimer’s disease), a terminal illness, or in a permanent coma? You may wish to discuss this in more detail with your doctor. Please comment on the following:

• Cardiopulmonary Resuscitation (CPR)

• Ventilator (breathing machine)

• Dialysis (kidney machine)
- Life-saving surgery

- Blood Transfusion

- Life-saving antibiotics

- Tube feeding

What general comments would you like to make about medical treatment?

What would you like to say to someone reading this Values History Form?

Do you have a Power of Attorney for Personal Care?  □ Yes □ No □ Unsure

Where and with whom can it be found?

Name: ___________________________ Relationship: ___________________________

Address: ___________________________ ___________________________

Street Address       City

_________________________ ___________________________

Province       Postal Code       Phone