



# Death Plan

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About a third of us in the UK get around to making a Will, which specifies our wishes for what should happen after our death. A tiny percentage make an Advance Directive stating how much medical intervention we want when dying. But hardly anyone makes a Death Plan, similar to a birth plan, saying what they would ideally like in terms of atmosphere and environment as they lie dying. Of course no one can be sure how they will die or whether such a plan in the event will be of any relevance, and they may change their minds when the time comes - but nevertheless, a Death Plan may help relatives and friends to know one's orientation and wishes.

The following is for you to use as a guide – add separate sheets for longer responses, referring to the numbers below. Underline or tick or cross out or amplify your responses as relevant.

1. I have / have not made an Advance Directive, specifying how much medical intervention I wish for when dying (if yes, the location of this Advance Directive is: .....)
2. If my condition is terminal I would like to be told the full details plus implications of treatment and non-treatment / given a summary / not to be told at all / other (specify)
3. If possible, I would / would not like the doctor to tell me their best guess as to how much time I might have left (between best and worst cases, and on average).
4. I would / would not like for close relatives / friends / everyone to be told that I am terminally ill. (specify)
5. I imagine I would / would not like every effort to be made to find alternative medicine and approaches / latest medical breakthroughs that might give me a miraculous last-minute remission
6. If possible, when I am dying I would like to be cared for at ..... (hospital, hospice, at home, indoors, outdoors, etc).
7. I would like to be surrounded by .....  
..... (flowers, nature, photos, mementoes, etc).
8. Those friends or relatives who I would most like to be involved in my nursing care are .....  
..... (specify)

9. I would like .....to be able to sleep in the same room / bed as me (specify)

10. I imagine that I will / will not choose to fast as death approaches

11. I may change my mind, but I imagine I would / would not like visitors when near the end. The ones I would particularly like to visit me include..... (give addresses and phone numbers if necessary).

12. My religion / spiritual practice / philosophy is mainly ..... and therefore for my dying I would like ..... (specify)

13. Depending on my medical condition and feelings at the time, the kind of ministrations I might appreciate when dying include: (as specific as desired)

Prayer

Music. My favourite pieces would be.....

Live singing, chanting, hymns, psalms, particular prayers or texts, etc [as specific as desired].

Physical contact [eg hand held].

Massage

Aromatherapy [or other such approaches].

14. I would like to be as conscious / unconscious as possible as I die, and would like pain control treated accordingly. The drugs I imagine I might appreciate include ..... (specific or class of drugs).

15. The person(s ) I would most like to be there at the moment of my death is / are .....  
.....

16. In my terminal phase I would / would not want my body to be connected to life support machinery and monitors.

17. If I go into hospital to die / when I die, what I would like to happen to my pets is..... (specify)

18. My next of kin is:

Name: .....

Address: .....  
.....

Telephone(s): .....

Email : .....

**Signature and Witnesses**

Signed on this day ..... of ..... 20 .....

Printed Name: .....

Address: .....  
.....  
.....

Signature: .....

This signing is witnessed by the two undersigned, neither of whom stands to benefit from the signatory's Will:

1st Witness's printed name .....

Address .....  
.....  
.....

Signature .....

2nd Witness's printed name .....

Address .....  
.....  
.....

Signature .....

