

# Template: My Statement of Wishes

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## A Guide for My Attorney and Guardian

**My Name:** [Your Name]

**Date:** \_\_\_\_\_

To my trusted decision-maker(s),

This document is a gift from my heart to yours. It is not a legally binding document, but a personal guide to the values, wishes, and preferences that define who I am.

Please use it to understand the life I have lived and the life I would want to continue to live. When you have to make a decision on my behalf, let this document be my voice in the room, helping you to act in my best interests and honour the person I am. Thank you for taking on this important role.

### Section 1: My Core Values & What Dignity Means to Me

*My values are the compass for all my decisions. Understanding them is the key to understanding me.*

**What does living with dignity and respect mean to you?** (*e.g.*, Having my privacy respected, being kept clean and well-groomed, being spoken to as an adult, having my personal beliefs honoured, being involved in decisions as much as possible, *etc.*)

### Section 2: My Wishes for My Lifestyle & Finances

*This section provides guidance to my Attorney on how to manage my finances in a way that reflects my lifestyle and priorities.*

#### My General Approach to Money is:

- ☐ I am generally frugal and prefer to save for a rainy day.
- ☐ I believe in a healthy balance of saving for the future and spending to enjoy the present.
- ☐ I believe money is for spending to enjoy life, maintain my lifestyle, and bring joy to myself and others.

**Activities & Expenses Important to My Happiness (please continue funding these):** (*e.g.*, My weekly coffee with friends, my club/RSL membership, regular hairdresser appointments, short holidays, buying books/magazines, my favourite streaming service subscription, *etc.*)

### **Gifts & Donations I Wish to Continue:**

- **Gifts:** (For birthdays/anniversaries/special occasions for people like children, grandchildren, etc.)
- **Donations:** (To charities or organisations I support)

### **Section 3: My Wishes for My Health & Care**

*This section provides guidance to my Guardian on my health and medical preferences.*

#### **If I become seriously ill, my main goal of care is:**

- ☐ **To Extend Life:** I would want all treatments possible to extend my life, even if there are significant side effects.
- ☐ **To Prioritise Comfort:** I would prefer to focus on comfort and quality of life over treatments that aim only to extend my life.
- ☐ **A Balance:** I would want to try treatments, but stop if the burden or side effects outweigh the potential benefit to my quality of life.

#### **My Wishes for Palliative Care and Pain Management:**

- ☐ I want my care team to prioritise my comfort at all times. Please ensure I receive whatever medication is necessary for effective pain and symptom management, even if a side effect is drowsiness.

### **Section 4: Planning for Future Transitions (“What Ifs”)**

**If I can no longer live independently in my own home, my preference would be:** *(e.g., To receive as much care at home as is practically and financially possible; to move into a residential care facility close to my family; to explore assisted living options.)*

**In that situation, my priority for using my finances would be:** *(e.g., To pay for the best possible quality of care and accommodation, even if it uses a significant portion of my assets.)*

#### **If I need significant in-home care, my priority would be:**

- ☐ To prioritise having **more hours of care**, even if it means cutting back on social activities.
- ☐ To prioritise my **social and lifestyle activities**, even if it means fewer hours of formal care.
- ☐ To try and find a **balance** between my care needs and my lifestyle.

## Section 5: My Wishes for My End-of-Life

In my final days, I would like the focus of my care to be:

- ☐ Comfort, peace, and effective pain relief.

I would prefer to spend my final days, if possible:

- ☐ At home.
- ☐ In a hospice or palliative care unit.
- ☐ In my residential care facility.

**Spiritual, Cultural, or Personal Practices Important to Me:** *(e.g., I would like a visit from my priest/minister/rabbi; I would like specific music to be played; I would like to have photos of my family nearby.)*

**Organ Donation:**

- ☐ I have registered my wishes with DonateLife.
- ☐ I have not registered, but my wish

Signed: \_\_\_\_\_

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