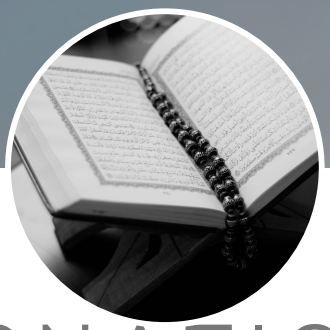
Journey's End

NAVIGATING YOUR END-OF-LIFE PREFERENCES

complied by: Chaplain Khalidah Bilal



DESIGNATION OF HEALTHCARE DECISION-MAKER

In the event that I become incapable of making my own healthcare decisions, this document designates individuals whom I've selected to act as my representatives. These chosen individuals will serve as my Healthcare Agents and will be empowered to make healthcare decisions on my behalf under the following circumstances:

If I become unable to make my own healthcare choices, this document appoints specific individuals of my choosing to represent me. These designated individuals will act as my Healthcare Agents and will have the authority to make healthcare decisions for me in the specified situations:

CHOSEN HEALTHCARE AGENTS

DESIGNATION OF HEALTHCARE DECISION-MAKER

Person 1: Name

Person 1: Phone Number

Person 1: Address

Person 2: Name

Person 2: Phone Number

Person 2: Address

Should the designated individuals be deceased or unable/unwilling to act on my behalf, the following individuals serve as my alternative choices:

Person 1: Name

Person 1: Phone Number

Person 1: Address

Person 2: Name

Person 2: Phone Number

Person 2: Address

DESIGNATION OF HEALTHCARE DECISION-MAKER

I understand that my Healthcare Agent can make decisions for me. I want my Agent to be able to do the following:

- [ ] MAKE CHOICES ABOUT MY MEDICAL CARE OR SERVICES SUCH AS TESTS, MEDICINE, OR SURGERY. THIS CARE OR SERVICE COULD BE TO FIND OUT DETAILS ABOUT WHAT MY HEALTH PROBLEM IS, OR HOW TO TREAT IT. IT CAN ALSO INCLUDE CARE TO KEEP ME ALIVE. IF THE TREATMENT CARE HAS ALREADY STARTED MY HEALTHCARE AGENT CAN KEEP IT GOING OR HAVE IT STOPPED.
- [ ] INTERPRET ANY INSTRUCTIONS I HAVE GIVEN IN THIS DOCUMENT OR VERBALLY THROUGH CONVERSATION ACCORDING TO THE PRINCIPLES AND DICTATES OF ISLAM.
- [ ] CONSENT TO ADMISSION TO AN ASSISTED LIVING FACILITY, HOSPITAL, HOSPICE, OR NURSING HOME FOR ME. MY HEALTHCARE AGENT CAN HIRE THE NECESSARY SUPPORT THAT I MAY NEED IF DEEMED NECESSARY.
- [ ] MAKE DECISIONS TO REQUEST, TAKE AWAY, OR NOT TO GIVE MEDICAL TREATMENTS, INCLUDING ARTIFICIALLY PROVIDED FOOD AND WATER OR ANY OTHER LIFE SUSTAINING TREATMENT.
- [ ] SEE AND APPROVE RELEASE OF MY MEDICAL RECORDS AND PERSONAL FILES. IF NECESSARY, MY HEALTHCARE AGENT MAY SIGN MY NAME TO GET ANY OF THESE FILES.
- [ ] MOVE ME TO ANOTHER STATE OR COUNTRY TO GET THE CARE I NEED OR TO CARRY OUT MY WISHES.
- [ ] AUTHORIZE OR REFUSE TO AUTHORIZE ANY MEDICATION OR PROCEDURE NEEDED TO HELP WITH PAIN.
- [ ] TAKE ANY LEGAL ACTION NECESSARY TO CARRY OUT MY WISHES.
- [ ] APPLY FOR ANY BENEFITS THAT ARE DEEMED NECESSARY FOR ME SUCH AS SOCIAL SECURITY, DISABILITY, MEDICARE, MEDICAID, OR ANY OTHER PROGRAMS. MY AGENT MAY HAVE ACCESS TO ALL MY PERSONAL FILES SUCH AS BANK OR ANY OTHER FINANCIAL RECORDS TO ACCESS WHATEVER INFORMATION IS NECESSARY TO COMPLETE ANY SUCH APPLICATIONS.

DESIGNATION OF HEALTHCARE DECISION-MAKER

Should I choose to revoke my appointment of a Healthcare Agent, I will undertake the following actions:

- [ ] DESTROY ALL COPIES OF THIS DOCUMENT
- [ ] TELL SOMEONE, SUCH AS MY DOCTOR OR FAMILY, THAT I WISH TO CANCEL OR MAKE CHANGES TO MY HEALTHCARE AGENT.
- [ ] WRITE THE WORD “REVOKED” IN LARGE LETTERS ACROSS THE NAME OF EACH AGENT WHOSE AUTHORITY I WANT TO CANCEL AND SIGN MY SIGNATURE OR INITIALS NEXT TO THEIR NAME.

THE TYPES OF MEDICAL TREATMENT I DESIRE AND REJECT

I hold the belief that life is a sacred gift bestowed upon us by Allah, the Most High and Glorious, and that every life, including my own, should be treated with dignity and reverence. In the event that I become too ill to communicate my wishes, I want the following preferences, along with any other directives I have communicated to my Healthcare Agent, to be honored and adhered to.

THE TYPES OF MEDICAL TREATMENT I DESIRE AND REJECT

GUIDELINES FOR MY CAREGIVER

First and foremost, I identify as a Muslim. I have lived the majority of my life practicing Islam, and I wish to depart from this world as a Muslim.
I do not wish to experience pain; rather, I desire comfort. Section 3 outlines what actions may be taken to ensure my comfort while considering my way of life.

I request to be offered food and fluids that align with halal guidelines, provided orally if it is safe for me to consume. Additionally, I wish to be maintained in a warm and clean environment.
I explicitly do not consent to any actions or omissions by my medical caregivers intended to end my life.

THE TYPES OF MEDICAL TREATMENT I DESIRE AND REJECT

MY VIEW ON LIFE-SUPPORT TREATMENT

Life-support treatment encompasses any medical intervention, device, or medication intended to sustain my life. This includes medical devices facilitating breathing, nutrition and hydration administered through feeding tubes, cardiopulmonary resuscitation (CPR), major surgical procedures, blood transfusions, dialysis, antibiotics, and any other measures aimed at prolonging my life. If I choose to narrow the scope of life-support treatment due to religious or personal beliefs, it will be outlined in this statement. This is to ensure clarity regarding my preferences and the conditions under which they apply.

THE TYPES OF MEDICAL TREATMENT I DESIRE AND REJECT

According to Islamic teachings and my understanding, all forms of life-supporting treatment are considered halal. However, I do not wish for my life to be sustained by any life-supporting measures if:

I am determined by medical professionals to be brain dead.

My existence is reduced to a mere bedridden state.

I have lost cognitive function with no prospects of recovery.

THE TYPES OF MEDICAL TREATMENT I DESIRE AND REJECT

Approaching Death

In the event that both my doctor and another healthcare professional determine that I am in an irreversible coma with severe brain damage, and continuing life-support treatment would only prolong the process of my passing, I specify the following:

Permanent and Severe Brain Damage with No Expected Recovery:

If medical experts conclude that I have sustained permanent and severe brain damage, such that I am unable to comprehend and am not anticipated to improve, and life-support treatment would merely prolong my passing:

THE TYPES OF MEDICAL TREATMENT I DESIRE AND REJECT

I request that life-support treatment be administered solely until my family and loved ones, or those intending to attend my funeral, have the opportunity to make arrangements. Once my family can be present for my funeral, I do not wish for life-support treatment to continue. If it has already started, I request for it to stop.

Another Condition for Declining Life-Support Treatment:

If there exists another condition under which I decline life-support treatment, as outlined below:

- End stage cancer
- Acute renal failure
- Any end stage condition

THE TYPES OF MEDICAL TREATMENT I DESIRE AND REJECT

- Any condition where a meaningful recovery is unlikely and I would not regain awareness

In such conditions, I believe that the burdens and costs associated with life-support treatment outweigh the potential benefits to me. Therefore, I express my desire to forego life-support treatment in these circumstances.

- Any condition where a meaningful recovery is unlikely, and I would not regain awareness

In such conditions, I believe that the burdens and costs associated with life-support treatment outweigh the potential benefits to me. Therefore, I express my desire to forego life-support treatment in these circumstances.

MY COMFORT PREFERENCES

- [ ] I DO NOT WISH TO BE IN PAIN. I WANT MY DOCTOR TO GIVE ME ENOUGH MEDICINE TO RELIEVE MY PAIN, EVEN IF THAT MEANS I WILL BE DROWSY OR SLEEP MORE THAN I WOULD OTHERWISE BE.
- [ ] IF I SHOW SIGNS OF DEPRESSION, NAUSEA, SHORTNESS OF BREATH, OR HALLUCINATIONS, I WANT MY CAREGIVERS TO DO WHATEVER THEY CAN TO HELP ME.
- [ ] I WISH TO HAVE A COOL MOIST CLOTH PUT ON MY HEAD IF I HAVE A FEVER.
- [ ] I WANT MY LIPS AND MOUTH KEPT MOIST TO STOP DRYNESS.
- [ ] I WISH TO HAVE WARM BATHS OFTEN. I WISH TO BE KEPT FRESH AND CLEAN AT ALL TIMES.
- [ ] I WISH TO BE MASSAGED WITH WARM OILS AS OFTEN AS I CAN BE.
- [ ] IF I AM ABLE TO CONTROL MY BOWELS OR BLADDER FUNCTIONS I WISH TO HAVE MY PRIVATE PARTS CLEANED WITH WATER OR A MOIST CLOTH AFTER EVERY MOVEMENT.
- [ ] I WISH TO HAVE PERSONAL CARE LIKE CLIPPING MY NAILS, BRUSHING MY TEETH, ETC AS LONG AS IT DOES NOT CAUSE ME PAIN.
- [ ] I DO NOT WISH TO HAVE MY HAIR CUT OR COMBED.
- [ ] I WISH TO HAVE RELIGIOUS OR SPIRITUAL READINGS ALOUD WHEN I AM NEAR DEATH.
- [ ] I WISH TO KNOW ABOUT OPTIONS FOR HOSPICE CARE TO PROVIDE MEDICAL, EMOTIONAL, AND SPIRITUAL CARE FOR MYSELF AND MY LOVED ONES.

HOW I WANT TO BE TREATED

- [ ] I WISH TO HAVE PEOPLE WITH ME WHENEVER POSSIBLE. I WANT SOMEONE TO BE WITH ME WHEN IT SEEMS THAT DEATH MAY COME AT ANY TIME.
- [ ] I WISH TO HAVE MY HAND HELD AND TO BE TALKED TO WHEN POSSIBLE, EVEN IF I DON'T SEEM TO RESPOND TO THE VOICE OR TOUCH OF OTHERS.
- [ ] I WISH TO HAVE MY HAND HELD AND TO BE TALKED TO WHEN POSSIBLE, EVEN IF I DON'T SEEM TO RESPOND TO THE VOICE OR TOUCH OF OTHERS.
- [ ] I WISH TO HAVE MY HAND HELD AND TO BE TALKED TO WHEN POSSIBLE, EVEN IF I DON'T SEEM TO RESPOND TO THE VOICE OR TOUCH OF OTHERS.
- [ ] I WISH TO HAVE MY HAND HELD AND TO BE TALKED TO WHEN POSSIBLE, EVEN IF I DON'T SEEM TO RESPOND TO THE VOICE OR TOUCH OF OTHERS.
- [ ] I WISH TO HAVE MY HAND HELD AND TO BE TALKED TO WHEN POSSIBLE, EVEN IF I DON'T SEEM TO RESPOND TO THE VOICE OR TOUCH OF OTHERS.I WISH TO BE CARED FOR WITH KINDNESS AND CHEERFULNESS, NOT DEPRESSION AND SADNESS.
- [ ] I WANT TO DIE IN MY HOME, IF THAT CAN BE DONE.
- [ ] I WISH TO BE CALLED BY MY MUSLIM NAME WHICH IS _______________.

HOW I WANT TO BE TREATED

- [ ] I WISH TO HAVE MY FAMILY AND FRIENDS KNOW THAT I LOVE THEM.
- [ ] I WISH TO BE FORGIVEN FOR THE TIMES THAT I HAVE HURT MY FAMILY, FRIENDS AND OTHERS.
- [ ] I WISH TO ASK TO BE FORGIVEN FOR ANY TRANSGRESSION KNOWN OR UNKNOWN THAT I HAVE COMMITTED KNOWINGLY OR UNKNOWINGLY AGAINST ANYONE THAT I HAVE ENCOUNTERED IN LIFE.
- [ ] I WISH ALL THOSE WHO HAVE HURT ME IN LIFE TO KNOW THAT I HAVE FORGIVEN THEM.
- [ ] I WISH FOR MY FAMILY AND FRIENDS TO KNOW THAT I DO NOT FEAR DEATH. I THINK IT IS NOT THE END BUT A NEW BEGINNING AND A NECESSARY STEP TOWARDS JANNAH.
- [ ] I WISH FOR MY FAMILY AND FRIENDS TO REMEMBER THE PERSON I WAS BEFORE I BECAME SERIOUSLY ILL. I WANT THEM TO REMEMBER ME IN THIS WAY AFTER MY DEATH.
- [ ] I WISH FOR MY FAMILY AND FRIENDS AND CAREGIVERS TO REMEMBER THAT I AM A MUSLIM AND TO RESPECT MY WISH TO ADHERE TO ALL OF THE TENETS FOR ISLAM, EVEN IF THEY DO NOT AGREE WITH THEM.
- [ ] I WISH FOR MY FAMILY AND FRIENDS TO LOOK AT MY DYING AS A TIME OF PERSONAL GROWTH FOR EVERYONE, INCLUDING ME. THIS WILL HELP ME LIVE A MEANINGFUL LIFE IN MY FINAL DAYS.
- [ ] I WISH FOR MY FAMILY AND FRIENDS TO GET COUNSELING IF THEY HAVE TROUBLE WITH MY DEATH. I WANT MEMORIES OF MY LIFE TO GIVE THEM JOY AND SADNESS.

HOW I WANT TO BE TREATED

After My Passing

- [ ] I WOULD LIKE MY BODY TO BE HANDED OVER TO THE MUSLIMS SO THEY MAY BURY ME IN ACCORDANCE WITH ISLAM.
- [ ] I DO NOT WANT AN AUTOPSY IF IT CAN BE AVOIDED, REGARDLESS OF THE CIRCUMSTANCES OF MY DEATH.
- [ ] I DO NOT WANT TO BE EMBALMED.
- [ ] I WISH FOR MY BODY TO BE WASHED, AND SHROUDED IN ACCORDANCE WITH ISLAM.
- [ ] I WISH TO BE BURIED WITHIN A 24 - 72 HOUR TIMEFRAME.

As a Muslim I do not condone 9th night or any other ceremony that contradicts my Islamic values. However, if my family and friends wish to gather after my passing, I wish for it to be known that visiting the family is permissible. I do not wish for my family or friends to feel burdened by feeling the need to provide food for others. I wish for my family and friends to proceed with what is therapeutic for them as long as it is within the bounds of Islam. “After the funeral, the family will gather and receive mourners into their home. To help ease the burden, many guests bring food offerings for the first three days after the funeral.

DECLARATION

I, _____, ask that my family, my doctors, and other healthcare providers, my friends, and all others, follow my wishes as communicated by my Healthcare agent (if I have one and he or she is available), or as otherwise expressed in this form. This form becomes valid when I am unable to make decisions or speak for myself. If any part of this form cannot be legally followed, I ask that all other parts of this form be followed. I also revoke any healthcare advance directives I have made before.

Signature

Phone Number

Address

Date

WITNESS STATEMENT

I, the witness, declare that the person who signed or acknowledged this form (hereafter “person”) is personally known to me, that he/she signed or acknowledged this Healthcare agent and/or Living Will form(s) in my presence, and that she appears to be of sound mind and under no duress, fraud, or undue influence.

I also declare that I am over 18 years of age and NOT:

- [ ] THE INDIVIDUAL APPOINTED AS (AGENT/PROXY/SURROGATE/PATIENT ADVOCATE/REPRESENTATIVE) BY THIS DOCUMENT OR HER SUCCESSOR,
- [ ] THE PERSON’S HEALTHCARE PROVIDER, INCLUDING OWNER OR OPERATOR OF HEALTH, LONG-TERM CARE, OR OTHER RESIDENTIAL OR COMMUNITY CARE FACILITY SERVING THE PERSON,
- [ ] AS AN EMPLOYEE OF THE PERSON’S HEALTHCARE PROVIDER,
- [ ] FINANCIALLY RESPONSIBLE FOR THE PERSON’S HEALTHCARE.
- [ ] AN EMPLOYEE OF A LIFE OR HEALTH INSURANCE PROVIDER FOR THE PERSON,
- [ ] A BENEFICIARY OF ANY LEGAL INSTRUMENT, ACCOUNT, OR BENEFIT PLAN OF THE PERSON, AND,
- [ ] RELATED TO THE PERSON MY BLOOD, MARRIAGE, OR ADOPTION,
- [ ] TO THE BEST OF MY KNOWLEDGE, A CREDITOR OF THE PERSON OR ENTITLED TO ANY PART OF HER ESTATE UNDER A WILL OR CODICIL, BY OPERATION OF LAW.

WITNESS SIGNATURES

Witness 1 Name

Witness 1: Phone Number

Witness 1: Address

Witness 1: Signature

Witness 2: Name

Witness 2: Phone Number

Witness 2: Address

Witness 2: Signature

"TAKE ADVANTAGE OF FIVE BEFORE FIVE: YOUR YOUTH BEFORE YOUR OLD AGE, YOUR HEALTH BEFORE YOUR ILLNESS, YOUR WEALTH BEFORE YOUR POVERTY, YOUR FREE TIME BEFORE YOUR PREOCCUPATION, AND YOUR LIFE BEFORE YOUR DEATH." (NARRATED BY IBN ABBAS AND REPORTED BY AL-HAKIM)

PROHPET MUHAMMAD (PBUH)

This is an abbreviated version of my book. The full version is comprehensive and includes detailed instructions, as well as additional pages for storing passwords and financial information. If would like to purchase the full version for $25, please feel free to contact me at chaplain.khalidah@kindredbarakah.com.

Thank you for your interest!