五個®願望

FIVE WISHES®

我的願望：

1 在我無法作出醫療決定時替我作主的人

2 我希望或不希望接受的醫療方式

3 我想要的舒適

4 我希望別人對待我的方式

5 我想對我心愛的人說的話

請用正楷書寫您的姓名 print your name

出生日期 birthdate

Traditional Chinese

五個願望

生命中有許多事不在我們的掌握之中。這份《五個願望》文件讓您有辦法掌握非常重要的事情，那就是：當您病重時，您希望受到什麼樣的對待？這份表格填寫容易，它讓您確切表達出您的意願。一旦您填寫完畢並簽名之後，這份意願書就在多個州具有法律效力。

什麼是《五個願望》？

《五個願望》是第一份能讓您表達私人、情感和精神方面的需求以及醫療意願的生前預囑。它讓您選擇當您無法作出醫療決定時能替您作主的人。《五個願望》讓您清楚表示：當您病重時，您希望受到什麼樣的對待？本文件承蒙美國律師協會法律與老人問題委員會 (American Bar Association's Commission on Law and Aging) 以及美國頂尖的臨終照護專家共同協助撰寫。

《五個願望》能如何幫助您和您的家人

- 它讓您在病重時能夠告訴您的家人、朋友和醫生您希望受到什麼樣的對待。
- 您的家人不必猜測您的意願。當您病重的時候，它對您的家人來說是一種保護，他們將不需要在不知道您的意願下作出困難的決定。
- 您也可以知道您母親、父親、配偶或朋友的意願。您可以在他們最需要您的時候，陪在他們的身邊。您將了解他們真正的願望。

《五個願望》的由來

吉姆・陶伊（Jim Towey）在泰瑞莎修女的身邊工作了十二年。有整整一年的時間，他住在由修女所主持的一所位於華盛頓特區的安寧診療所中。陶伊先生從親身經歷中得到靈感，為病人和他們的家人找出一個方法，讓他們事先作好準備來對付嚴重的病症。這個結果就是《五個願望》。它獲得了空前的迴響，不但 CNN 和 NBC 的 Today Show 以及《時代》和《錢》雜誌都曾以重點報導，報紙媒體更讚揚《五個願望》是第一份「人道的生前預囑」。如今，《五個願望》已有 23 種語言的版本。

誰應該使用《五個願望》

任何年滿十八歲的人，不論已婚、未婚、父母、成年子女和朋友都可以使用《五個願望》。至今已有超過一千三百萬名各個年齡層的美國人使用這份意願書。由於它的效果極佳，包括律師、醫生、醫院、安寧病房、信仰團體、雇主和退休人員協會都在派發這份文件。

認可《五個願望》的州

如果您居住在哥倫比亞特區或是下列四十二個州之一，您就可以放心使用《五個願望》，因為它完全符合您所在州法律的規定。

阿拉斯加
亞利桑那
阿肯色
加利福尼亞
科羅拉多
康乃迪克
德拉瓦
佛羅里達
喬治亞
夏威夷
愛達荷
伊利諾
愛荷華
肯塔基
路易斯安那
緬因
馬里蘭
麻塞諸塞
密西根
明尼蘇達
密西西比
密蘇里
蒙大拿
內布拉斯加
內華達
紐澤西
新墨西哥
紐約
北卡羅來納
北達科他
奧克拉荷馬
賓夕法尼亞
羅德島
南卡羅來納
南達科他
佛蒙特
田納西
維吉尼亞
華盛頓
西維吉尼亞
威斯康辛
懷俄明

如果您所居住的州不在上列四十二個州之中，表示《五個願望》不符合該州法律技術上的要求。因此，您所在的州可能有一些醫生拒絕承認《五個願望》的效力。然而，許多人雖然不住在上列各州當中，卻也在簽署自己州的法律文件同時，完成了一份《五個願望》。他們發現，《五個願望》幫助他們表達所有的意願，並提供家人、朋友、看護和醫生一份有用的指引。不論您表達的方式如何，許多醫生和專業醫護人員都清楚他們應該尊重您的意願。

我如何改用《五個願望》？

您可能已經有了一份生前預囑，或是一份長期醫療授權書。如果您希望改用《五個願望》，只需依照指示填寫一份新的《五個願望》並簽字。一旦簽了字，它就取代您先前簽署的的任何生前預囑。為了確保正確的文件被使用，請進行以下程序：

- 銷毀所有舊的生前遺囑或是長期醫療授權書，或者在這些文件上寫上大大的 “revoked”（作廢）。如果您先前委託律師幫助您準備這些文件，請通知他們。 *並且*
- 告訴您的醫療代理人、家人和醫生您已經簽署一份新的《五個願望》，確定他們知道您最新的意願。

第一個願望 — WISH 1

在我無法作出醫療決定時替我作主的人。

The Person I Want To Make Health Care Decisions For Me When I Can't Make Them For Myself.

如果我無法再為自己作出醫療決定，本文件指定了我所選擇，將代我作出決定的人選。此人將成為我的「醫療代理人」（Health Care Agent）（或其他用於各州的稱呼，例如 proxy、representative 或 surrogate）。該人選將在以下兩種條件皆成立時，為我作出醫療決定：

- *我的主治或醫療醫師判定我無法再作醫療決定，以及*
- *另一位醫護專業人員同意這名醫師的判斷。*

如果本州使用其他的方式來判定我是否能夠作出醫療決定，則應遵照本州規定的方式進行。

If I am no longer able to make my own health care decisions, this form names the person I choose to make these choices for me. This person will be my Health Care Agent (or other term that may be used in my state, such as proxy, representative, or surrogate). This person will make my health care choices if both of these things happen:

- *My attending or treating doctor finds I am no longer able to make health care choices, AND*
- *Another health care professional agrees that this is true.*

If my state has a different way of finding that I am not able to make health care choices, then my state's way should be followed.

找正確的人選作您的醫療代理人

Picking The Right Person To Be Your Health Care Agent

選擇非常了解您、關心您，而且可以作出困難決定的人。配偶和家人不見得是 最佳人選，因為他們可能與您有太深的情感，但有時他們是最適合的人 — 只有你最清楚。選擇能為您挺身而出，完成您意願的人；也要選擇靠近您，能在您需要時伸出援手的人。無論您選擇了配偶、家人或朋友作為您的醫療代理人，請務必告訴他們您的這些願望，並確定他們同意尊重並實現您的願望。您的醫療代理人必須**年滿十八歲**（若在科羅拉多州，必須年滿二十一歲），而且**不能**是：

- 您的醫療提供者，包括為您提供服務的醫院、療養院或社區照護中心的所有人或經營者。
- 您的醫療提供者的員工或員工配偶。
- 已經為十名或更多人擔任代理人的人，除非他/她是您的配偶或近親。

Choose someone who knows you very well, cares about you, and who can make difficult decisions. A spouse or family member may not be the best choice because they are too emotionally involved. Sometimes they **are** the best choice. You know best. Choose someone who is able to stand up for you so that your wishes are followed. Also, choose someone who is likely to be nearby so that they can help when you need them. Whether you choose a spouse, family member, or friend as your Health Care Agent, make sure you talk about these wishes and be sure that this person agrees to respect and follow your wishes. Your Health Care Agent should be **at least 18 years or older** (in Colorado, 21 years or older) and should **not** be:

- Your health care provider, including the owner or operator of a health or residential or community care facility serving you.
- An employee or spouse of an employee of your health care provider.
- Serving as an agent or proxy for 10 or more people unless he or she is your spouse or close relative.

我所選擇的醫療代理人是：
The Person I Choose As My Health Care Agent Is:

第一人選姓名 *First Choice Name*

電話 *Phone*

地址 *Address*

城市/州/郵遞區號 *City/State/Zip*

若該人選無法或不願意替我作這些決定，*或*已與我離婚或依法分居，*或*此人已經死亡，
則以下為候補人選：

If this person is not able or willing to make these choices for me, *OR* is divorced or legally separated from me, *OR* this person has died, then these people are my next choices:

第二人選姓名 *Second Choice Name*

地址 *Address*

城市/州/郵遞區號 *City/State/Zip*

電話 *Phone*

第三人選姓名 *Third Choice Name*

地址 *Address*

城市/州/郵遞區號 *City/State/Zip*

電話 *Phone*

如果我想改變關於醫療代理人的決定，我將

- 銷毀所有《五個願望》正副本文件中有關代理人的部份。 *或*
- 告訴某人（例如我的醫生或家人），我想要取消或更換我的醫療代理人。 *或*
- 在我想取消授權的代理人姓名上，寫上大大的 “Revoked”（作廢），並在該頁文件上簽名。

If I Change My Mind About Having A Health Care Agent, I Will

- Destroy all copies of this part of the Five Wishes form. *OR*
- Tell someone, such as my doctor or family, that I want to cancel or change my Health Care Agent. *OR*
- Write the word “Revoked” in large letters across the name of each agent whose authority I want to cancel. Sign my name on that page.

我了解我的醫療代理人能為我作出醫療決定。我希望我的代理人能執行下列事項： **(請劃掉那些您不希望您的代理人執行的項目。)**

I understand that my Health Care Agent can make health care decisions for me. I want my Agent to be able to do the following: **(Please cross out anything you don't want your Agent to do that is listed below.)**

• 為我作出有關我的醫學治療或服務的選擇，例如檢驗、用藥或手術。這些治療或服務的目的可能是為了找出我的病因或治療方式，也可能是為了維持我的生命。如果一項治療或照護已經開始進行，我的醫療代理人有權決定讓它繼續進行或停止。	• Make choices for me about my medical care or services, like tests, medicine, or surgery. This care or service could be to find out what my health problem is, or how to treat it. It can also include care to keep me alive. If the treatment or care has already started, my Health Care Agent can keep it going or have it stopped.
• 依照醫療代理人對我的意願或價值觀的了解，詮釋我在這份表格或其他討論中所作的指示。	• Interpret any instructions I have given in this form or given in other discussions, according to my Health Care Agent's understanding of my wishes and values.
• 代我決定是否住進生活輔助機構、醫院、安寧病房或護理之家。我的醫療代理人可以雇用任何一種我所需要的醫療人員來協助或照顧我。我的醫療代理人也可以在必要的時候解雇醫療人員。	• Consent to admission to an assisted living facility, hospital, hospice, or nursing home for me. My Health Care Agent can hire any kind of health care worker I may need to help me or take care of me. My Agent may also fire a health care worker, if needed.
• 作出要求、撤除或不進行治療的決定，包括人工餵食以及其他維生措施。	• Make the decision to request, take away or not give medical treatments, including artificially-provided food and water, and any other treatments to keep me alive.
• 調閱並核准他人使用我的病歷和私人檔案。如果需要我的簽名才能取得這些檔案，我的醫療代理人能代我簽字。	• See and approve release of my medical records and personal files. If I need to sign my name to get any of these files, my Health Care Agent can sign it for me.
• 將我轉往另一州，以讓我得到所需的醫護服務，或是實現我的願望。	• Move me to another state to get the care I need or to carry out my wishes.
• 授權或拒絕授權施用任何必要的止痛藥物或程序。	• Authorize or refuse to authorize any medication or procedure needed to help with pain.
• 為了實現我的願望而提出法律訴訟。	• Take any legal action needed to carry out my wishes.
• 在法律允許之下，捐出我有用的器官或組織。	• Donate useable organs or tissues of mine as allowed by law.
• 為我申請 Medicare、Medicaid 或其他醫療保險計畫或福利。我的醫療代理人可以查閱我的私人檔案，例如銀行紀錄，以便取得填寫申請表格所需資料。	• Apply for Medicare, Medicaid, or other programs or insurance benefits for me. My Health Care Agent can see my personal files, like bank records, to find out what is needed to fill out these forms.
• 以下所列為我的醫療代理人所獲授權的修正、增補或限制。	• Listed below are any changes, additions, or limitations on my Health Care Agent's powers.

_____

_____

_____

第二個願望 — WISH 2

我想接受或不想接受的治療

My Wish For The Kind Of Medical Treatment I Want Or Don't Want.

我相信我的生命很珍貴，而且應保有自己的尊嚴。當我病重到無法為自己發言時，我希望以下意願以及我給予醫療代理人的任何其他指示能獲得尊重和實現。

I believe that my life is precious and I deserve to be treated with dignity. When the time comes that I am very sick and am not able to speak for myself, I want the following wishes, and any other directions I have given to my Health Care Agent, to be respected and followed.

請我的照護人牢記以下事項

- 我不希望受苦。我希望我的醫生能給我足夠的藥物，減輕我的痛苦，即使這些藥物會讓我感到嗜睡或睡得更多。
- 我不希望我的醫生或護士以終止我的生命為意圖而採取或忽略任何行為。
- 我希望有人幫助我從口中獲得食物和液體，並保持身體的潔淨和溫暖。

What You Should Keep In Mind As My Caregiver

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means that I will be drowsy or sleep more than I would otherwise.
- I do not want anything done or omitted by my doctors or nurses with the intention of taking my life.
- I want to be offered food and fluids by mouth, and kept clean and warm.

在緊急狀況下
In Case Of An Emergency

當您出現緊急狀況而救護人員到達時，他們可能先查看您是否有一張「**拒絕臨終急救**」（**Do Not Resuscitate**）的聲明或手腕帶。許多州都要求拒絕臨終急救的病人必須填寫一張聲明，並讓醫生簽字。這張聲明讓急救人員知道不希望他們在您病危時使用維生醫療。請詢問您的醫生，確認您是否需要填寫一張「**拒絕臨終急救**」聲明。

If you have a medical emergency and ambulance personnel arrive, they may look to see if you have a **Do Not Resuscitate** form or bracelet. Many states require a person to have a **Do Not Resuscitate** form filled out and signed by a doctor. This form lets ambulance personnel know that you don't want them to use life-support treatment when you are dying. Please check with your doctor to see if you need to have a **Do Not Resuscitate** form filled out.

「維生醫療」對我的意義

「維生醫療」係指維持我的生命的任何醫療程序、設備或藥物。「維生醫療」包括：置入我體內或幫助我呼吸的醫療設備、用醫療設備供應食物和飲用水（用管灌食）、心肺復甦術（CPR）、大型手術、輸血、洗腎、抗生素，以及任何維持我生命的手段。如果我基於宗教和私人信仰而希望限制維生醫療的使用，我會將這些限制寫在下方空白處。我這麼做是希望清楚表達：我在什麼狀況下希望受到什麼樣的對待。

What "Life-Support Treatment" Means To Me

Life-support treatment means any medical procedure, device or medication to keep me alive. Life-support treatment includes: medical devices put in me to help me breathe; food and water supplied by medical device (tube feeding); cardiopulmonary resuscitation (CPR); major surgery; blood transfusions; dialysis; antibiotics; and anything else meant to keep me alive. If I wish to limit the meaning of life-support treatment because of my religious or personal beliefs, I write this limitation in the space below. I do this to make very clear what I want and under what conditions.

_____

_____

_____

_____

_____

僅在此表明，在下列四種情況下，我希望或不希望接受的醫療方式。我希望我的醫療代理人、我的家人、我的醫生和其他醫療服務提供者、我的朋友和其他所有人都知道這些指示。

Here is the kind of medical treatment that I want or don't want in the four situations listed below. I want my Health Care Agent, my family, my doctors and other health care providers, my friends and all others to know these directions.

臨終：

如果我的醫生和另一名專業醫護人員都判定我應會在短時間內死亡，而且維生醫療只能延遲我死亡的時間（請選擇以下一*項*）：

Close to death:

If my doctor and another health care professional both decide that I am likely to die within a short period of time, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

❑ 我希望接受維生醫療。
I want to have life-support treatment.

❑ 我不希望接受維生醫療。如果醫療行為已經開始，我希望它停止。
I do not want life-support treatment. If it has been started, I want it stopped.

❑ 如果我的醫生認為有幫助的話，我希望接受維生醫療。但如果維生醫療對我的病情和症狀並沒有幫助，我希望我的醫生停止治療。
I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

昏迷，而且預期不會醒來或康復：

如果我的醫生和另一名專業醫護人員都判定我進入昏迷狀態，預期我不會醒來或康復，同時我的腦部已經受到損傷，而且維生醫療只能延遲我死亡的時間（請選擇以下一*項*）：

In A Coma And Not Expected To Wake Up Or Recover:

If my doctor and another health care professional both decide that I am in a coma from which I am not expected to wake up or recover, and I have brain damage, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

❑ 我希望接受維生醫療。
I want to have life-support treatment.

❑ 我不希望接受維生醫療。如果醫療行為已經開始，我希望它停止。
I do not want life-support treatment. If it has been started, I want it stopped.

❑ 如果我的醫生認為有幫助的話，我希望接受維生醫療。但如果維生醫療對我的病情和症狀並沒有幫助，我希望我的醫生停止治療。
I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

永久性的腦部嚴重損傷，預期不會康復：

如果我的醫生和另一名專業醫護人員都判定我的腦部已遭受永久性的嚴重損傷（例如：我可以睜開眼睛，但無法說話或理解事情），預期不會好轉，而且維生醫療只能延遲我死亡的時間（請選擇以下一*項*）：

Permanent And Severe Brain Damage And Not Expected To Recover:

If my doctor and another health care professional both decide that I have permanent and severe brain damage, (for example, I can open my eyes, but I can not speak or understand) and I am not expected to get better, and life-support treatment would only delay the moment of my death (Choose *one* of the following):

❑ **我希望接受維生醫療。**
I want to have life-support treatment.

❑ **我不希望接受維生醫療。如果醫療行為已經開始，我希望它停止。**
I do not want life-support treatment. If it has been started, I want it stopped.

❑ **如果我的醫生認為有幫助的話，我希望接受維生醫療。但如果維生醫療對我的病情和症狀並沒有幫助，我希望我的醫生停止治療。**
I want to have life-support treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.

其他我不希望繼續活下去的狀況：

如果有其他我不想接受維生醫療的狀況，我會在下方說明。我相信，在這種情況下，維生醫療的代價和負擔都太高，對我沒有好處。因此，在這種情況下，我不希望接受維生醫療。（例如：您可以寫下「末期狀況」。這表示您的健康持續惡化，您完全無法在精神上或肉體上照顧自己，而維生醫療不會幫助您康復。如果您沒有其他狀況需要說明的話，請保留空白。）

In Another Condition Under Which I Do Not Wish To Be Kept Alive:

If there is another condition under which I do not wish to have life-support treatment, I describe it below. In this condition, I believe that the costs and burdens of life-support treatment are too much and not worth the benefits to me. Therefore, in this condition, I do not want life-support treatment. (For example, you may write “end-stage condition.” That means that your health has gotten worse. You are not able to take care of yourself in any way, mentally or physically. Life-support treatment will not help you recover. Please leave the space blank if you have no other condition to describe.)

_____

_____

_____

_____

_____

以下三個願望是關於我自身、心靈和情感方面的願望，它們對我來說非常重要。我希望在臨終時能保有自己的尊嚴。因此，我希望相關的人能盡力幫助我完成第三、第四和第五個願望。我了解我的家人、我的醫生和其他醫療服務提供者、我的朋友和其他人可能無法完成這些事情，或是依法並無義務完成它們。我不希望以下三個願望會對我的醫生或其他醫療服務提供者增添新的或更重的法律責任，也不希望這些願望會讓我的醫生或其他醫療服務提供者有理由不為我提供法律保障的醫療服務。

The next three wishes deal with my personal, spiritual and emotional wishes. They are important to me. I want to be treated with dignity near the end of my life, so I would like people to do the things written in Wishes 3, 4, and 5 when they can be done. I understand that my family, my doctors and other health care providers, my friends, and others may not be able to do these things or are not required by law to do these things. I do not expect the following wishes to place new or added legal duties on my doctors or other health care providers. I also do not expect these wishes to excuse my doctor or other health care providers from giving me the proper care asked for by law.

我想要的舒適 — WISH 3

我想要的舒適

My Wish For How Comfortable I Want To Be.

（請劃掉任何您不同意的項目。）

(Please cross out anything that you don't agree with.)

- 我不希望受苦。我希望我的醫生能給我足夠的藥物，減輕我的痛苦，即使這些藥物會讓我感到嗜睡或睡得更多。
- I do not want 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.

- 如果我出現憂鬱、嘔吐、呼吸急促或幻覺的徵兆，我希望我的照護人員盡一切可能來幫助我。
- If I show signs of depression, nausea, shortness of breath, or hallucinations, I want my care givers to do whatever they can to help me.

- 當我發燒的時候，我希望在額頭上放一塊清涼的濕布。
- I wish to have a cool moist cloth put on my head if I have a fever.

- 我希望我的嘴唇和口腔能保持濕潤，避免乾燥。
- I want my lips and mouth kept moist to stop dryness.

- 我希望經常洗溫水澡。我希望隨時保持清爽和乾淨。
- I wish to have warm baths often. I wish to be kept fresh and clean at all times.

- 我希望有人用溫的油幫我按摩，愈經常愈好。
- I wish to be massaged with warm oils as often as I can be.

- 有可能的話，我希望聽到我最喜歡的音樂，直到死為止。
- I wish to have my favorite music played when possible until my time of death.

- 如果不會造成疼痛或不舒服的話，我希望能保持個人衛生，例如刮鬍子、剪指甲、梳頭髮和刷牙。
- I wish to have personal care like shaving, nail clipping, hair brushing, and teeth brushing, as long as they do not cause me pain or discomfort.

- 我希望在我臨終時，能有人為我大聲朗讀宗教篇章和優美的詩句。
- I wish to have religious readings and well-loved poems read aloud when I am near death.

- 我想知道有哪些安寧照護服務能為我和我心愛的人提供醫療、情感和精神方面的照顧。
- I wish to know about options for hospice care to provide medical, emotional and spiritual care for me and my loved ones.

第四個願望 — WISH 4

我希望別人對待我的方式

My Wish For How I Want People To Treat Me.

(請劃掉任何您不同意的項目。) **(Please cross out anything that you don't agree with.)**

- 我希望儘可能有人能陪著我。我希望在我隨時可能死亡的時候，會有人在我身邊。
- I wish to have people with me when possible. I want someone to be with me when it seems that death may come at any time.

- 我希望儘可能有人能握著我的手，對我說話，即使我對聲音或身體的接觸沒什麼反應。
- 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.

- 我希望儘可能有人在我身邊為我祈禱。
- I wish to have others by my side praying for me when possible.

- 我希望有人將我生病的消息告訴我所屬信仰的團體之成員，請他們為我祈禱，並且來探望我。
- I wish to have the members of my faith community told that I am sick and asked to pray for me and visit me.

- 我希望得到體貼而愉悅的照顧，而不是悲傷。
- I wish to be cared for with kindness and cheerfulness, and not sadness.

- 我希望在靠近病床的地方能擺放一些我心愛的人的照片 。
- I wish to have pictures of my loved ones in my room, near my bed.

- 如果我的大小便失禁，我希望我的衣物和床單都能保持乾淨，並且在它們被弄髒的時候能有人儘快更換。
- If I am not able to control my bowel or bladder functions, I wish for my clothes and bed linens to be kept clean, and for them to be changed as soon as they can be if they have been soiled.

- 如果可能的話，我希望能死在家中。
- I want to die in my home, if that can be done.

第五個願望 — WISH 5

我想對我心愛的人說的話

My Wish For What I Want My Loved Ones To Know.

(請劃掉任何您不同意的項目。) **(Please cross out anything that you don't agree with.)**

- 我希望我的家人和朋友知道，我愛他們。
- I wish to have my family and friends know that I love them.
- 如果我曾經傷害過我的家人、朋友和其他人的話，我希望獲得原諒。
- I wish to be forgiven for the times I have hurt my family, friends, and others.
- 如果我一生中曾有家人、朋友和其他人傷害過我，我希望他們知道，我原諒他們。
- I wish to have my family, friends and others know that I forgive them for when they may have hurt me in my life.
- 我希望我的家人和朋友知道，我不怕死。死亡對我來說不是結束，而是一個新的開始。
- I wish for my family and friends to know that I do not fear death itself. I think it is not the end, but a new beginning for me.
- 如果可能的話，我希望在我死之前，所有的家人都能盡釋前嫌，和平共處。
- I wish for all of my family members to make peace with each other before my death, if they can.
- 我希望我的家人和朋友能回想我生病以前的樣子。希望在我死之後，他們只記得我當初的樣子。
- I wish for my family and friends to think about what I was like before I became seriously ill. I want them to remember me in this way after my death.
- 即使我的家人、朋友和照護人不同意我的選擇，我還是希望他們能尊重我的意願。
- I wish for my family and friends and caregivers to respect my wishes even if they don't agree with them.
- 我希望我的家人和朋友把我的死亡看做是每個人的成長，包括我自己在內。這將會幫助我在生命的最後這段時間過得更有意義。
- 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.

- 如果我的家人和朋友對我的死不能釋懷的話，我希望他們能接受輔導。我希望我留下的回憶能帶給他們快樂，而不是憂傷。
- 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 not sorrow.

- 在我死後，我希望我的遺體能（圈選一項）：土葬 / 火葬。
- After my death, I would like my body to be (circle one): buried or cremated.

- 我的遺體或骨灰應放置在以下地點
  _____.
- My body or remains should be put in the following location
  _____.

- 以下人士知道我希望如何被安葬：
  _____.
- The following person knows my funeral wishes:
  _____.

如果有任何人問起，我希望在人們心目中留下什麼印象，請告訴他們：
If anyone asks how I want to be remembered, please say the following about me:

_____
_____
_____

如果有人為我舉行告別儀式，我希望這場告別儀式裡能有（列出您想指定的音樂、歌曲、朗誦或其他特別要求）：
If there is to be a memorial service for me, I wish for this service to include the following (list music, songs, readings or other specific requests that you have):

_____
_____
_____

（請在下方空白處填寫任何其他願望。例如：您想在您死亡時捐出身上 某個或 所有器官；您可能也希望指定一個慈善團體來收取奠儀。如果位置不夠的話，請寫在另一張白紙上。）
(Please use the space below for any other wishes. For example, you may want to donate any or all parts of your body when you die. You may also wish to designate a charity to receive memorial contributions. Please attach a separate sheet of paper if you need more space.)

_____
_____
_____

簽署
《五個願望》意願書

請務必在兩名見證人的見證下，在您的《五個願望》意願書上簽字。

本人 _____ 請求我的家人、我的醫生和其他醫療服務提供者、我的朋友以及其他所有人都能遵照我的願望。這些願望將由我的醫療代理人（如果我已指定，並且能與之聯繫）代為傳達，或透過本意願書表達。本意願書在我無法作出決定或不能為自己發言時即開始生效。如果本意願書中的任何部份無法依法執行，我要求本意願書中的其他部份仍然能夠執行。我同時撤回我先前簽訂過的任何生前預囑。

Signing The Five Wishes Form

Please make sure you sign your Five Wishes form in the presence of the two witnesses.

I, _____, ask that my family, my doctors, and other health care providers, my friends, and all others, follow my wishes as communicated by my Health Care 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 health care advance directives I have made before.

簽名 *Signature*:_____

地址 *Address*:_____

電話 *Phone*:_____ 日期 *Date*:_____

見證人聲明 •

（需兩名見證人）

本人身為見證人，茲聲明該簽署或同意接受本意願書之人（以下簡稱「簽署人」）與本人私下相識，並於本人在場時，簽署或同意接受本「醫療代理人和/或生前預囑表格」。簽署人之神智清楚，且未受到強迫、欺騙或是不適當的影響。

本人同時聲明，本人已年滿十八歲，並且**不是**：

- 由此文件所指定的代理人/指派人/替代人/病人權益維護者/代表或他/她的繼承人，
- 簽署人之醫療服務提供者，包括為簽署人提供服務的醫院、療養院或其他住宅式或社區型照護中心的所有人或經營者，
- 簽署人之醫療服務提供者的員工，
- 為簽署人負擔醫療費用之人，
- 為簽署人提供壽險或健康險之保險公司的員工，
- 簽署人之血親、姻親或撫養親屬，以及，
- 據本人所知，簽署人之債權人或其遺囑執行下之法定繼承人。

（有一些州對見證人的資格規定可能較為寬鬆。不過，除非您很清楚您的州法，否則，請遵照以上各項規定。）

Witness Statement •

(2 witnesses needed):

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 [Health Care Agent and/or Living Will form(s)] in my presence, and that he/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 am NOT:

- The individual appointed as (agent/proxy/surrogate/patient advocate/representative) by this document or his/her successor,
- The person's health care provider, including owner or operator of a health, long-term care, or other residential or community care facility serving the person,
- An employee of the person's health care provider,
- Financially responsible for the person's health care,
- An employee of a life or health insurance provider for the person,
- Related to the person by blood, marriage, or adoption, and,
- To the best of my knowledge, a creditor of the person or entitled to any part of his/her estate under a will or codicil, by operation of law.

(Some states may have fewer rules about who may be a witness. Unless you know your state's rules, please follow the above.)

第一位見證人簽名 *Signature of Witness #1*

用正楷書寫見證人姓名 *Printed Name of Witness*

地址 *Address*

電話 *Phone*

第二位見證人簽名 *Signature of Witness #2*

用正楷書寫見證人姓名 *Printed Name of Witness*

地址 *Address*

電話 *Phone*

公證 · Notarization ·

僅適用於密蘇里州、北卡羅來納州、南卡羅來納州及西維吉尼亞州之居民
Only required for residents of Missouri, North Carolina, South Carolina and West Virginia

- *如果您是密蘇里州居民，只有您的簽名需要公證。*
- 如果您是北卡羅來納州、南卡羅來納州或西維吉尼亞州之居民，您本人的簽名以及見證人的簽名都需要經過公證。
- *If you live in Missouri, only your signature should be notarized.*
- *If you live in North Carolina, South Carolina or West Virginia, you should have your signature, and the signatures of your witnesses, notarized.*

*STATE OF*_____ *COUNTY OF*_____

On this _____ day of _____, 20_____, the said _____, _____, and _____, known to me (or satisfactorily proven) to be the person named in the foregoing instrument and witnesses, respectively, personally appeared before me, a Notary Public, within and for the State and County aforesaid, and acknowledged that they freely and voluntarily executed the same for the purposes stated therein.

My Commission Expires:

_____
Notary Public

威斯康辛州的居民必須隨《五個願望》意願書附上一份《威斯康辛州公告聲明》
(Wisconsin notice statement)。
Residents of Wisconsin must attach the Wisconsin notice statement to Five Wishes.
關於該《公告聲明》的更多資訊，請見 www.agingwithdignity.org.
More information and the notice statement are available at www.agingwithdignity.org.

加利福尼亞州、康乃迪克州、德拉瓦州、喬治亞州、紐約州、北達科他州和南卡儸萊納州之居民或機構必須遵守特別的見證規定。

Residents of Institutions In California, Connecticut, Delaware, Georgia, New York, North Dakota, South Carolina, and Vermont Must Follow Special Witnessing Rules.

如果您住在上列各州的某一些機構中（護理之家、其他有執照的長期安養院所、弱智或發展障礙者的療養院，或是精神療養院），您可能必須遵照特定的「見證規定」，才能讓您的《五個願望》生效。欲知詳細資訊，請聯絡您所在機構的社工或病患者代言人。

If you live in certain institutions (a nursing home, other licensed long term care facility, a home for the mentally retarded or developmentally disabled, or a mental health institution) in one of the states listed above, you may have to follow special "witnessing requirements" for your Five Wishes to be valid. For further information, please contact a social worker or patient advocate at your institution.

完成《五個願望》之後的下一步

- *務必依照指示簽署和見證本意願書。完成之後，您的《五個願望》就合法生效了。*
- *把您的願望告訴您的醫療代理人、家人和其他關心您的人，並將完成的《五個願望》的副本交給他們。*
- *把您親筆簽名的正本放在家中一個特定的地方。**不要**放在一個上鎖的保險箱中。把它放在一個易取之處，以便您需要時，別人能夠找到它。*
- *填妥以下的隨身卡，隨身攜帶。這樣別人就會知道您把《五個願望》放在哪裏。*
- *下次看病的時候，把這件事告訴您的醫生，並且給他/她一份副本。請醫院務必把它放進您的病歷中。確認您的醫生了解您的願望，並且願意幫助您實現。請他/她轉告其他替您治療的醫生，要求他們尊重您的意願。*
- *如果您住進醫院或療養院，請帶一份《五個願望》的副本，讓他們將它放進您的病歷中。*
- *我已經把我完成的《五個願望》副本交給以下人士：*

  _____

  _____

  _____

- *I have given the following people copies of my completed Five Wishes:*

  _____

  _____

  _____

《五個願望》之目的是幫助您計畫未來，而不是提供法律意見。我們無意以這份手冊來回答您可能遇到的所有問題。每個人生來不同，狀況將因人而異。此外，法律也會不時改變。如果您有特定的問題或難處，請徵詢專業醫學或法律人員的意見。

Five Wishes is meant to help you plan for the future. It is not meant to give you legal advice. It does not try to answer all questions about anything that could come up. Every person is different, and every situation is different. Laws change from time to time. If you have a specific question or problem, talk to a medical or legal professional for advice.

《五個願望》隨身卡—這張卡將告訴醫護人員您有一份《五個願望》生前預囑

Important Notice to Medical Personnel:
I have a Five Wishes Advance Directive.
給醫務人員的重要訊息：我有一份《五個願望》生前預囑。

_____
Signature 簽名

Please consult this document and/or my Health Care Agent in an emergency. My Agent is:
在緊急狀況下，請參照這份文件和/或徵詢我醫療代理人的意見。我的代理人是：

_____
Name 電話

_____
Address 地址 *City/Sta te/Zip 城市/州/郵遞區號*

_____
Phone 電話

My primary care physician is:
我的家庭醫生是：

_____
Name 姓名

_____
Address 地址 *City/State/Zip 城市/州/郵遞區號*

_____
Phone 電話

My document is located at:
我的文件放置處：

_____

_____

_____

_____

請將隨身卡剪下、對折好，以方便保存。

關於《五個願望》的證言：

「我母親過世快一年了。我們知道她生前的意願，因為她有一份《五個願望》生前預囑。當她臨終時，我哥哥和我完全知道該怎麼做。我們的心情很平靜。」

雪莉・隆伍德 — 佛羅里達州

「我真的要說，我很喜歡你們這本《五個願望》。它清楚、易懂。它不是基於一板一眼的醫療問題，而是真正重要的課題 — 人道關懷。我和我先生都有一份。」

蘇珊・福萊史塔 — 亞利桑那州

謝謝您提供了這麼貼心的手冊。我只需要把它填好存檔，就可以留給我的孩子使用。

黛安納・漢諾瓦 — 伊利諾州

《五個願望》由 Aging with Dignity 製作。Aging with Dignity 為非營利組織，其宗旨是幫助民眾計劃在病重時所希望接受的醫療處置。《五個願望》承蒙 Robert Wood Johnson 基金會贊助方能完成。

Five Wishes was created by Aging with Dignity, a non-profit organization with a mission to help people plan and receive the care they want in case of a serious illness. Development of Five Wishes was made possible by a grant from The Robert Wood Johnson Foundation.

Aging with Dignity

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