



## 10 Other information that you want to share with us

- ▶ It is important not only to fill out this form, but also to discuss and share your thoughts with a person close to you, or with your medical or nursing care staff.
- ▶ Your thoughts may change. In such case, please discuss your thoughts repeatedly.
- ▶ When you are admitted to hospital, start receiving home medical care, or enter a care facility, please use this leaflet to communicate your wishes.
- ▶ Since this leaflet is easy to carry around, it can be stored or carried with your medicine notebook or insurance card. In addition, please let a close person know where it is stored.

Leaflet to Fill in /  
Your Thoughts

### Advance Care Planning for You and a Person Close to You

Issued in April 2023

General Affairs Office for Health Care, Department of Public Health Care,  
Suita City

Created in FY2022 by Suita City Regional Medical Care Council Working  
Group



Leaflet to Fill in /  
Your Thoughts

## Advance Care Planning with Someone Close to You

『 “What is important to you?” 』

Why not discuss your wishes and thoughts about medical or nursing care with a person close to you or your medical or nursing care staff, and think about how you want to live a rich life in your own way until the end?

First entry date      /      /  
.....

Name :  
.....



## Introduction

Advance care planning is an initiative that aims to ensure that you can receive the medical or nursing care that you want. It is important to talk with your family or other people around you on a daily basis about what you value, your concerns, and your wishes for the future.

Please use this leaflet as a starting point for discussion

### If you do advance care planning

You



Your wishes are more likely to be reflected in the medical or nursing care that you will receive in the future.



**Advance care planning is the first step to achieving the above benefits.**

Your family, etc



This helps a lot when your family think about what is best for you.



\* It is said that approximately 70% of people are unable to express their intentions in case of an emergency. Your family may feel confused if they do not understand your intentions.

### Three important points

- ① Your feelings of “not knowing” or “not wanting to think” are also respected. Please think at your own pace.
- ② Your thoughts may change due to changes in time and circumstances. Please discuss your thoughts repeatedly.  
\* It is recommended to enter the dates of each entry.
- ③ If you have any health problems, please discuss them with your medical or nursing care staff.

Q8 and Q9 assume that you are unable to express your wishes due to a serious illness or injury. Please consider your thoughts or wishes regarding this scenario.

### Q8 What kind of medical or nursing care would you prefer if your doctor decided that you were not in good health and could not be cured?

- ☐ I want to receive treatment that allows me to live as long as possible (life-prolonging treatment).
- ☐ If there is even the slightest possibility of recovery, I would like to receive treatment.  
(I would like to discontinue treatment if it only has a life-prolonging effect.)
- ☐ I want to receive medical or nursing care that relieves my pain.
- ☐ I don't know.
- ☐ Other. ( )

Please write down why you think so.

### Q9 Where would you like to spend your time if your physical condition deteriorated and you could not expect any effect from treatment?

- ☐ Hospital ☐ Home ☐ Facility
- ☐ Other ( )

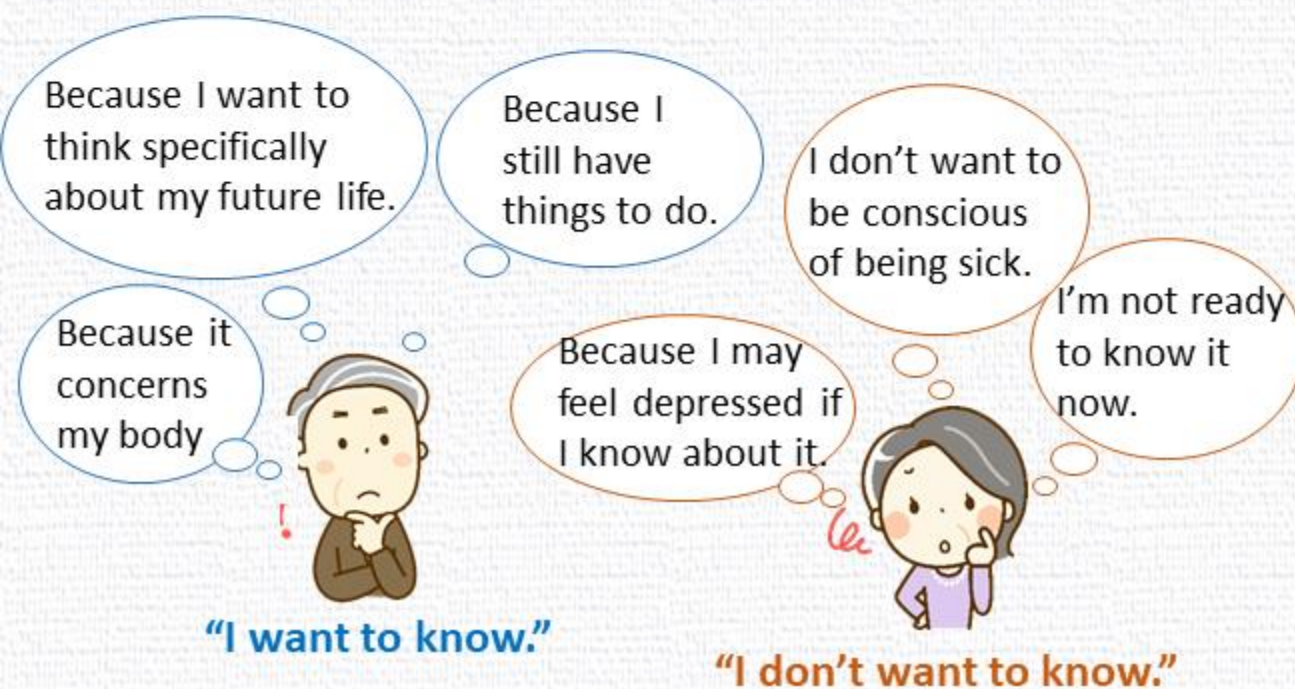
Please write down why you think so.



**Q 6 How do you personally understand your current physical condition and future prospects?**

**Q 7 If you were diagnosed with a life-threatening illness, do you have any wishes as to how your doctor should explain your current medical condition and future prospects?**

- ☐ I want to know everything in detail.
- ☐ I just want to know roughly about my current condition.
- ☐ Since I don't want to know much about my current condition or future prospects, I would like my doctor to explain my condition to someone whom I trust, such as my family member.
- ☐ I don't know.



**Q 1 What is important to you in the future?  
(Multiple answers allowed)**

Please think about what is important in your life while thinking about your daily life.

- ☐ Being able to spend time with my family and friends
- ☐ Being able to do what I like
- ☐ Being able to have time to spend alone
- ☐ Having no pain or suffering
- ☐ Being able to fulfill my role at home and work
- ☐ Not being financially troubled
- ☐ Not being a burden on my family
- ☐ Being fully satisfied with my treatment
- ☐ Conveying my thoughts to my loved ones
- ☐ Having someone to whom I can express my honest feelings
- ☐ Being supported by faith
- ☐ Staying where I want
- ☐ Other ( )

Please write down in detail why you think so.



**Q 2 What are your hobbies and interests?**

Please write them down, including reasons.



**Q 3 Do you have any concerns or worries in your life? (Multiple answers allowed)**

Please think about them, including any future concerns or worries

- ☐ Current physical condition
- ☐ Family matters
- ☐ Financial matters
- ☐ Work
- ☐ Future medical condition and prospects
- ☐ Nothing
- ☐ Other ( )

Please write down in detail and why you think so.

**Q 4 Is there anything that is particularly important to you and that you think is “absolutely indispensable in your life”? (Multiple answers allowed)**

- ☐ Being able to move my body on my own
- ☐ Being able to eat and drink
- ☐ Being able to relieve myself on my own
- ☐ Being able to convey my thoughts to those around me
- ☐ Nothing special
- ☐ I don't know.
- ☐ Other ( )

Please write down why you think so.

**Q 5 If you become unable to express your wishes to those around you due to illness or injury, who will understand you and think about the medical care that you want on your behalf? (Multiple answers allowed)**

- ☐ Spouse
- ☐ Child (Relationship: )
- ☐ Father
- ☐ Mother
- ☐ Brother / Sister (Relationship: )
- ☐ Friend ( )
- ☐ Partner
- ☐ Other ( )
- ☐ None

**Have you told the person above that you would like him/her to think on your behalf about the medical or nursing care that you might receive in case of an emergency?**

- ☐ I have told him/her.
- ☐ I'm thinking of telling him/her in the future.
- ☐ I haven't told him/her.



**Q 10 Other information that you want to share with us**

- ▶ It is important not only to fill out this form, but also to discuss and share your thoughts with a person close to you, or with your medical or nursing care staff.
- ▶ Your thoughts may change. In such case, please discuss your thoughts repeatedly.
- ▶ When you are admitted to hospital, start receiving home medical care, or enter a care facility, please use this leaflet to communicate your wishes.
- ▶ Since this leaflet is easy to carry around, it can be stored or carried with your medicine notebook or insurance card. In addition, please let a close person know where it is stored.

Leaflet to Fill in /  
Your Thoughts

**Advance Care Planning for You and a Person Close to You**

Issued in April 2023

General Affairs Office for Health Care, Department of Public Health Care,  
Suita City

Created in FY2022 by Suita City Regional Medical Care Council Working  
Group



Leaflet to Fill in /  
Your Thoughts

## Advance Care Planning with Someone Close to You

『 “What is important to you?” 』

Why not discuss your wishes and thoughts about medical or nursing care with a person close to you or your medical or nursing care staff, and think about how you want to live a rich life in your own way until the end?

First entry date      /      /

.....

Name :

.....



**Introduction**

Advance care planning is an initiative that aims to ensure that you can receive the medical or nursing care that you want. It is important to talk with your family or other people around you on a daily basis about what you value, your concerns, and your wishes for the future. Please use this leaflet as a starting point for discussion

**If you do advance care planning**

You



Your wishes are more likely to be reflected in the medical or nursing care that you will receive in the future.



Your family, etc



This helps a lot when your family think about what is best for you.



**Advance care planning is the first step to achieving the above benefits.**

\* It is said that approximately 70% of people are unable to express their intentions in case of an emergency. Your family may feel confused if they do not understand your intentions.

**Three important points**

- ① Your feelings of “not knowing” or “not wanting to think” are also respected. Please think at your own pace.
- ② Your thoughts may change due to changes in time and circumstances. Please discuss your thoughts repeatedly.  
\* It is recommended to enter the dates of each entry.
- ③ If you have any health problems, please discuss them with your medical or nursing care staff.

**Q 1 What is important to you in the future?  
(Multiple answers allowed)**

Please think about what is important in your life while thinking about your daily life.

- ☐ Being able to spend time with my family and friends
- ☐ Being able to do what I like
- ☐ Being able to have time to spend alone
- ☐ Having no pain or suffering
- ☐ Being able to fulfill my role at home and work
- ☐ Not being financially troubled
- ☐ Not being a burden on my family
- ☐ Being fully satisfied with my treatment
- ☐ Conveying my thoughts to my loved ones
- ☐ Having someone to whom I can express my honest feelings
- ☐ Being supported by faith
- ☐ Staying where I want
- ☐ Other ( )

Please write down in detail why you think so.




Q

2

What are your hobbies and interests?

Please write them down, including reasons.



Q

3

Do you have any concerns or worries in your life? (Multiple answers allowed)

Please think about them, including any future concerns or worries

☐ Current physical condition

☐ Family matters

☐ Financial matters

☐ Work

☐ Future medical condition and prospects

☐ Nothing

☐ Other ( )

Please write down in detail and why you think so.

Q

4

Is there anything that is particularly important to you and that you think is “absolutely indispensable in your life”? (Multiple answers allowed)

☐ Being able to move my body on my own

☐ Being able to eat and drink

☐ Being able to relieve myself on my own

☐ Being able to convey my thoughts to those around me

☐ Nothing special

☐ I don’t know.

☐ Other ( )

Please write down why you think so.

Q

5

If you become unable to express your wishes to those around you due to illness or injury, who will understand you and think about the medical care that you want on your behalf? (Multiple answers allowed)

☐ Spouse

☐ Child (Relationship: )

☐ Father

☐ Mother

☐ Brother / Sister (Relationship: )

☐ Friend ( )

☐ Partner

☐ Other ( )

☐ None

Have you told the person above that you would like him/her to think on your behalf about the medical or nursing care that you might receive in case of an emergency?

☐ I have told him/her.

☐ I’m thinking of telling him/her in the future.

☐ I haven’t told him/her.



**Q 6 How do you personally understand your current physical condition and future prospects?**

**Q 7 If you were diagnosed with a life-threatening illness, do you have any wishes as to how your doctor should explain your current medical condition and future prospects?**

- ☐ I want to know everything in detail.
- ☐ I just want to know roughly about my current condition.
- ☐ Since I don't want to know much about my current condition or future prospects, I would like my doctor to explain my condition to someone whom I trust, such as my family member.
- ☐ I don't know.

Because I want to think specifically about my future life.

Because I still have things to do.

I don't want to be conscious of being sick.

Because it concerns my body



**“I want to know.”**

Because I may feel depressed if I know about it.

I'm not ready to know it now.



**“I don't want to know.”**

Q8 and Q9 assume that you are unable to express your wishes due to a serious illness or injury. Please consider your thoughts or wishes regarding this scenario.

**Q 8 What kind of medical or nursing care would you prefer if your doctor decided that you were not in good health and could not be cured?**

- ☐ I want to receive treatment that allows me to live as long as possible (life-prolonging treatment).
- ☐ If there is even the slightest possibility of recovery, I would like to receive treatment.  
(I would like to discontinue treatment if it only has a life-prolonging effect.)
- ☐ I want to receive medical or nursing care that relieves my pain.
- ☐ I don't know.
- ☐ Other. ( )

Please write down why you think so.

**Q 9 Where would you like to spend your time if your physical condition deteriorated and you could not expect any effect from treatment?**

- ☐ Hospital   ☐ Home   ☐ Facility
- ☐ Other ( )

Please write down why you think so.