Advance Directives for Health Care

A Catholic Perspective

The Catechism of the Catholic Church provides clear guidance on End of Life Issues:

2276 Those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible.

2277 Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable.

Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded.

2278 Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous" treatment. Here one does not will to cause death; one's inability to impede it is merely accepted.

The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected.

2279 Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable. Palliative care is a special form of disinterested charity. As such it should be encouraged.

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Combined
Advance Directive for Health Care
and
Form for Appointing a Health Care Representative (Proxy)

Individuals have a legal right to appoint a Health Care Representative (Proxy) and to execute an Advance Directive for Health Care.

Before completing an advance directive, you should discuss your wishes about medical treatment with family, physician/s and your Health Care Representative (Proxy). An attorney is not required to complete an advanced directive, but you may wish to consult one concerning your directive.

After completing an advanced directive, you should review it periodically to make certain that your wishes remain the same as when you completed the advance directive. You can change or cancel your advance directive at any time. If you do change or cancel your advance directive, do so in writing and provide copies of the new or revised directive to your family, physician/s and your Health Care Representative (Proxy).

Statement of Belief

Catholics believe that life is a holy gift of a loving God for which we are responsible, but do not own. We believe that assisted death and suicide destroy human life and are never allowed.

As an adult, I have the right to make decisions about my health care. As a Catholic, I believe that I may never choose my own death as an end or a means. There may come a time when I am unable to express my own health care decisions. By preparing this advance directive, I give instructions and wishes for my future health care decisions.

This advance directive for health care shall take effect when I am not able to express my health care decisions, as determined by my attending physician.

I direct that those responsible for my care make my health care decisions according to my stated wishes and in accordance with Catholic Moral Teaching.

I direct those with responsibility for my care to arrange for me to receive the Catholic sacraments of Reconciliation, the Eucharist and the Anointing of the Sick.

I direct that this advance directive be included in my permanent medical record.

Part One: Naming My Health Care Representative

A. I have chosen the following person to be my Health Care Representative.

Name _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

The above designated person is authorized to be my health care representative to make my health care decisions when I am not able to do so for myself. If my wishes are not clear or events take place that I have not addressed, I ask that my health care representative make the decisions based upon what my health care representative knows of my wishes and in accordance with the moral teachings of the Catholic Church.

B. I have chosen the following person(s) as my Alternate Health Care Representative(s), if the person I have chosen above is not able, not willing, or not available to act as my health care representative:

First Alternate Health Care Representative:

Name _____

Address _____City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

If the person I have chosen as my First Alternate Health Care Representative is not able, not willing, or not available to act as my health care representative, my Second Alternate Health Care Representative is authorized to be my health care representative.

Second Alternate Health Care Representative:

Name _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

If my wishes are not clear or events take place that I have not addressed, I ask that my Alternate Health Care Representative(s) make the decisions based upon what he or she knows of my wishes and in accordance with the moral teachings of the Catholic Church.

I have talked with my Health Care Representative and my First and Second Alternate Health Care Representatives about this responsibility. Each has willingly agreed to accept and exercise this responsibility

Part Two: Treatment Choice Instructions

In Part Two, you are asked to give directions about your future health care. This will mean making important and difficult choices. You need to think about and write down different situations when different types of medical treatments, including life-sustaining actions, **you** want to be given or not to be given.

Before finishing this part, you should review these decisions with your health care representative, physician(s), priest, deacon, spouse, family members or those who may be responsible for your care.

GENERAL INSTRUCTIONS: I direct those responsible for my care to carry out the following:

Initial one of the following statements -- either A or B.

_____ A. I direct that all medically indicated treatments and food and water (through tubes if necessary) be given to maintain my life, no matter what my physical or mental condition. (Skip B & C and go directly to D)

OR

_____ B. If a serious health condition occurs and my primary physician and at least one other physician who has personally examined me, decide that the irreversible process of dying has begun and death is very near, and I have received the sacraments of the Catholic Church, I direct not to have treatments that would only prolong my dying. If these treatments have been started, they should be stopped. I also want to be given all necessary medical care appropriate to stop pain and to make me comfortable, even if they may indirectly or unintentionally shorten my life.

(Go to C)

C. If I have been diagnosed as being in a permanent coma or in a persistent vegetative state after being examined by my primary physician and at least one other physician who is qualified to make this decision, I direct that

_____ 1. Extraordinary* medical care, as understood in the teachings of the Catholic Church, including food and water (through tubes if needed) shall be used no matter what my physical or mental health.

OR

_____ 2. Extraordinary* medical care, as understood in the teachings of the Catholic Church, shall not be used. I direct that food and water (through tubes if needed) be continued unless or until the benefits of this food and water are clearly outweighed by a definite danger or burden, or are of no benefit to me.

* Extraordinary medical care is understood as those medicines, treatments or operations which may be very expensive, may cause excessive pain or other extreme difficulties or which may offer no reasonable hope of benefit.

Examples of extraordinary measures that I would want are as follows:

_____

_____

_____

D. If I am pregnant and I am diagnosed as being in a permanent coma, in a persistent vegetative state or that the process of dying has begun and death is near, I direct that all medically indicated measures and food and water (through tubes if necessary) be given to maintain my life, regardless of my physical or mental condition, if this could maintain the life of my unborn child until birth.

E. The State of New Jersey recognizes the irreversible cessation of all functions of the entire brain, including the brain stem (also known as whole brain death), as a legal standard for the declaration of death. Generally, physicians will follow this standard. However, if you cannot accept this standard because of your personal religious beliefs, you may request that it not be applied in determining your death by **initialing** the following statement:

_____ To declare my death on the basis of the irreversible cessation of all functions of the entire brain, including the brain stem, would violate my personal religious beliefs. I therefore direct that my death be declared solely on the basis of the traditional criteria of irreversible cessation of cardiopulmonary (heartbeat and breathing) function.

Organ Donation

"The Gospel of life is to be celebrated above all in daily living, which should be filled with self-giving love for others. . . . Over and above such outstanding moments, there is an everyday heroism, made up of gestures of sharing, big or small, which build up an authentic culture of life. A particularly praiseworthy example of such gestures is the donation of organs, performed in an ethically acceptable manner, with a view to offering a chance of health and even of life itself to the sick who sometimes have no other hope" (*Pope John Paul II, Evangelium Vitae, no. 86*).

Please **initial** one:

_____ Upon my death, I am willing to donate any parts of my body that may be beneficial to others.

_____ Upon my death, I am not willing to donate any parts of my body that may be beneficial to others.

Part Three: Signature, Witnesses and Copies

A. SIGNATURE: By executing this advance directive, I ask that my wishes as stated be put into effect by those people indicated to make health care decisions for me when I can no longer make those healthcare decisions for myself. I have discussed the terms of this agreement with my health care representative, who has willingly agreed to accept the responsibility for making decisions for me according to this advance directive. I understand the purpose and effect of this document. I am signing it willfully, voluntarily, and after careful consideration.

Signed today on (month, day, year) _____

Signature _____

Name (print name) _____

Address _____ City _____ State ____ Zip _____

B. WITNESSES: I state that the person who signed this document above did so in my presence, and appears to be of sound mind and free of duress or undue influence to complete this advance directive. I am 18 years of age or older and am not designated by this or any other document as this person's health care representative.

1. Witness signature _____ Date _____

   Print witness name _____

   Address _____ City _____ State ____ Zip _____

   Home Phone _____ Cell Phone _____

2. Witness signature _____ Date _____

   Print witness name _____

   Address _____ City _____ State ____ Zip _____

   Home Phone _____ Cell Phone _____

COPIES: A copy of this advance directive has been given to the following people.
(*It is important to provide your physician, your health care representative, and appropriate family members or friends with a copy of this document. You keep the original.*)

1. Name _____ Email Address: _____

   Address _____ City _____ State ____ Zip _____

   Home Phone _____ Cell Phone _____

2. Name _____ Email Address: _____

   Address _____ City _____ State ____ Zip _____

   Home Phone _____ Cell Phone _____