

Introduction

Difficult decisions about the use of medical technology at the end of life may be made easier if we take the time to express our wishes about end-of-life treatments before illness strikes.

There may come a time when our ability to reason, or even to communicate, is compromised and we will not be able to make our own medical decisions.

We have the ability to plan in advance to ensure that our wishes about medical treatments and our religious beliefs are known and honored at that time. Advance directives are legal documents that take effect when a patient becomes incapacitated and incapable of making medical decisions.

When considering an advance directive, it is important to study thoughtfully and prayerfully the principles of the Catholic faith and prepare the document in accord with Church teaching.

It is impossible to cover all possible medical situations in an advance care directive. Therefore, it is important to ensure that there is room for interpretation when a particular medical situation occurs. For this reason, the Church recommends a document naming a health care agent as the most morally appropriate advance care planning tool. It will allow an appointed agent to follow the patient's wishes in accord with Church teaching.

Colorado law allows you to specify a particular individual, such as a family member or close friend, as your health care "agent," empowered to make medical decisions on your behalf when you are no longer able to do so. Unless stated otherwise, a health care agent can make all decisions that you could make while competent, including decisions about life-sustaining treatments. Within the living will you can now designate an agent to make medical decisions applicable to individuals who are terminally ill or who are suffering from an irreversible condition and cannot make important decisions for themselves.

Because you can choose an agent who will advocate for treatment that is in accord with your moral and religious beliefs, signing a health care directive is a morally appropriate and desirable action to take. When choosing someone to be your health care agent, it is important to choose someone known to be of good moral character, who knows you well, is familiar with your religious beliefs, has the ability to understand medical information, operates well under stressful conditions, and who will be sure that end-of-life decisions on your behalf are made in accord with the Church's moral teachings. Have a conversation with the person you wish to name as your agent about your preferences while you are healthy and competent. Be sure to have periodic conversations with that person as well, because your agent will be interpreting your wishes as medical circumstances change and could be called upon to make decisions you may not have known would have to be made.

Preamble

This Advance Directive is a combined **Durable Power of Attorney for Health Care** and a **Living Will** in accord with Church teaching.

There may come a time when your ability to reason, or even to communicate, is compromised and you will not be able to make your own medical decisions. You have the ability to plan in advance to ensure that your wishes about medical treatments and your religious beliefs are known and honored at that time. An Advance Directive is a legal document that takes effect when a patient becomes incapacitated and incapable of making medical decisions.

This document enables you to appoint a carefully chosen family member or friend, familiar with your principles and wishes and capable of firmly protecting your best interests, to make health care decisions for you (your “agent”).

When choosing someone to be your health care agent, it is important to choose someone known to be of good moral character, who knows you well, is familiar with your religious beliefs, has the ability to understand medical information, operates well under stressful conditions, and who will be sure that end-of-life decisions on your behalf are made in accord with the Church’s moral teachings.

The **Living Will** section of this Advance Directive:

ITS PURPOSE IS TO COMMUNICATE YOUR WISHES REGARDING LIFESUSTAINING TREATMENT IN THE EVENT YOU SUFFER A TERMINAL OR IRREVERSIBLE CONDITION AND YOU ARE UNABLE FOR WHATEVER REASON TO COMMUNICATE YOUR WISHES AT THE TIME. IT ONLY APPLIES WHEN YOUR ATTENDING PHYSICIAN HAS CERTIFIED IN WRITING THAT YOU ARE IN A TERMINAL OR IRREVERSIBLE CONDITION.

The Catholic **Living Will** section of this Advance Directive has been prepared in light of the teaching of the Catholic Church, and in conformity with the Colorado Medical Treatment Decision Act. Specifically, the Directives summarize key Catholic principles applicable to individuals who are terminally ill or who are suffering from an irreversible condition and cannot make important decisions for themselves. You are encouraged to discuss your values and wishes with your family and chosen agent. You also are encouraged to discuss this matter with your physician and spiritual director.

This Advance Directive is an important legal document. It gives your agent broad powers to make health care decisions for you. You may revoke this document at any time by destroying it.

**CATHOLIC DECLARATION ON LIFE AND DEATH
ADVANCE DIRECTIVE
(HEALTH AGENT DESIGNATION/LIVING WILL) OF**

(Name of Principal/Declarant):

Introduction

I am executing this *Catholic Declaration on Life and Death* to designate an agent and provide guidance in making medical decisions in the event I am incapacitated or unable to express my own wishes.

Statement of Faith

For Catholics, death is a doorway to eternal life. In the face of illness, suffering, and death, our faith assures us that we are created for eternal life. "I look forward to the resurrection of the dead, and the life of the world to come. Amen." We understand that life is a sacred trust over which we have been given stewardship, but not ownership. Our life belongs to God, and we do not have absolute power over it. All those who are sick should rightfully expect, accept, and be provided appropriate food, water, pain control, bed rest, suitable room temperature, personal hygiene measures and comfort care. These are not medical treatments, but basic care-giving, the care that is owed to one human being by another. Truly to respect the dignity of the person, we must provide those who are sick with adequate pain relief, symptom management, compassion, acceptance, love, and physical, emotional and spiritual care. When we make decisions about these treatments, and we wish to make them in accord with our faith, we must take into account all factors – risks, benefits, alternatives, condition, prognosis, cost -- and consider all possible burdens on the patient, the family and the community. Determining if and when a particular treatment can morally be withheld or withdrawn should be done in accord with the Church's moral teachings. I wish to follow the moral teachings of the Catholic Church and to receive all forms of care that Catholic moral teaching holds to be obligatory.

I. DURABLE POWER OF ATTORNEY - HEALTH CARE

ARTICLE 1 --- DESIGNATION OF HEALTH CARE AGENT

I hereby appoint:

(Agent's Name)

(Agent's Address)

(Agent's Home Phone)

(Agent's Work Phone)

as my attorney-in-fact (called my "Agent" in this directive) to make health care decisions for me as authorized in this document.

ARTICLE 2 --- EFFECTIVE DATE AND DURABILITY

By this document, I intend to create a durable power of attorney for health care in which I appoint a health care agent for the purpose of making health care decisions for me in the event I am unable to make health care decisions for myself due to incapacity and only for the duration of such incapacity. I give medical professionals permission to release information to my agent even before it is determined I cannot make decisions for myself so that my agent may work with the medical professionals to determine whether or not I am incapacitated.

ARTICLE 3 --- AGENT'S POWERS

GENERAL STATEMENT OF AUTHORITY GRANTED

My agent shall make health care decisions for me in accordance with this power of attorney for health care and any instructions I give in Section II of this form (**Living Will**). Subject to the directions, special provisions, and limitations in this document, I hereby grant my agent full authority to make health care decisions for me if I am unable to receive and evaluate information effectively or to communicate decisions to such an extent that I lack the capacity to manage my health care decisions. I expect to be fully informed about and allowed to participate in any health care decisions for me to the extent that I am able.

DIRECTIONS, SPECIAL PROVISIONS, AND LIMITATIONS

I have carefully discussed my beliefs, principles, and health care preferences with my agent. I trust my agent to make health care decisions for me based on my desires as stated in this directive or which I have otherwise expressed to my agent.

3.1. The meanings of the words used in this directive are those which I have discussed with my agent and my agent's interpretation of them is controlling. "Benefit" refers to my physical health, comfort, and longevity. A "futile care" decision by a physician or ethics committee may not override the patient's/agent's medical decision to receive life-sustaining treatment. I oppose suicide and euthanasia and direct that nothing in this document be interpreted to request or authorize providing or withholding treatment or support for the purpose of causing my death.

3.2 My agent has the authority to request, review, and receive any information, oral or written, regarding my physical or mental health, including medical and hospital records, and to consent to the disclosure of this information.

3.3 My agent has the authority to authorize my admission to or discharge (even against medical advice) from any hospital, nursing home, residential care, assisted-living or similar facility or service; to contract for any health care-related service or facility for me, or apply for public or private health care benefits; to hire and fire medical, social service, and other support personnel who are responsible for my care;

3.4 I direct my agent to request, require, and consent to care, treatment, and procedures which are appropriate to my condition and offer a reasonable hope of benefit.

3.5 I direct my agent to withhold or withdraw consent to care, treatment, and procedures which are not appropriate to my condition and do not offer a reasonable hope of benefit.

3.6 My agent may make anatomical gifts, to be effective upon my death, of any needed tissue and organs, in keeping with the teachings of my faith.

II. **Living Will** (Specific Healthcare Directives)

The following gives guidance for carrying out my wishes at the end of life. If at any time I am incapacitated, and I have a terminal condition, or I have an end-stage condition, and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition(s), my health care agent (designated above) will be authorized to make decisions for me in accordance with my wishes expressed in this *Declaration*. If my agent cannot be contacted, then I request and direct that each of the following be considered in making a decision for me.

That:

- Medical treatments should be provided to me if they provide a reasonable hope of benefit to me, but life-prolonging and/or extraordinary procedures may be withheld or withdrawn if they provide no benefit, or are disproportionately burdensome, meaning the treatments will impose serious risks, excessive pain, excessive expense on the family, or other extreme burden.
- Food and water are not medical treatment, but basic necessities, including medically assisted nutrition and hydration, and should be provided unless they are of no benefit to me, meaning unless death is inevitable and imminent from a cause independent of nutrition and hydration so that the effort to sustain my life is futile.
- In accord with the teachings of my Church, I have no moral objection to the use of medication or procedures necessary for my comfort even if they may indirectly and unintentionally shorten my life.
- I request to be fully informed of my condition so that I can prepare myself for death and witness to my belief in Christ's redemption, and I ask that efforts be made that I be attended by a Catholic priest and receive the Sacraments of Reconciliation, Anointing of the Sick, an Apostolic Blessing and the Eucharist.

These instructions and guidelines are always a part of my Durable Power of Attorney for Health Care and Living Will document and are binding on my agent and all of my health care providers

ARTICLE 7 --- MISCELLANEOUS PROVISIONS

7.1 I revoke any prior power of attorney for health care.

7.2 I intend this power of attorney to be valid in any jurisdiction in which it is presented.

7.3 The powers delegated under this power of attorney are separable, so that the invalidity of one or more powers shall not affect any others.

7.4 A photocopy of this power of attorney shall have the same force and effect as any original.

7.5 This is a "Medical Durable Power of Attorney" under the Colorado Patient Autonomy Act in Sections *15-14-503* to *15-14-509*, and Living Will under the Colorado Medical Treatment Decision Act, Sections *15-18-102* to *15-18-109*, Colorado Revised Statutes.

EXECUTION of CATHOLIC DECLARATION ON LIFE AND DEATH ADVANCE DIRECTIVE

SIGNATURE OF PRINCIPAL/DECLARANT

I intend this advance health care directive to create a power of attorney for health care and living will. It is my intention that my agent, family and physicians honor this declaration as the expression of my treatment wishes. I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration and am executing this document voluntarily.

Signature _____ Date _____

DECLARATION OF WITNESSES (*recommended, not required*)

Dated at _____, Colorado, this ____ day of _____, 20___. I declare that I personally know you — the person who signed this document — or I have adequate proof of your identity, and that you signed or acknowledged this power of attorney for health care and living will in front of me, and that you appear to be of sound mind and under no duress, fraud, or undue influence.

First Witness Name

Second Witness Name

Address

Address

NOTARY (*recommended, not required*)

STATE OF COLORADO)
) ss
COUNTY OF _____)

SUBSCRIBED and sworn to before me by _____, the principal/declarant, and _____ and _____, witnesses, as the voluntary act and deed of the principal/declarant this ____ day of _____, 20__.

Witness my hand and official seal.

My Commission expires: _____

Notary Public for Colorado (Seal)

Patient's or Authorized Agent's Directive to Withhold Cardiopulmonary Resuscitation (CPR)

This template is consistent with rules adopted by the Colorado State Board of Health at 6 CCR 1015-2

Patient's Information

Patient's Name _____
(Printed Name)

If Applicable

Name of Agent/Legally Authorized Guardian/Parent of Minor Child _____
(Printed Name)

Date of Birth: ____/____/____ Gender: Male Female Eye Color: _____ Hair Color: _____

Race Ethnicity : Asian or Pacific Islander Black, non-Hispanic White, non-Hispanic
 American Indian or Alaska Native Hispanic Other

If Applicable - Name of hospice program/provider: _____

Physician's Information

Physician's Name: _____
(Printed Name)

Physician's Address: _____

Physician's telephone: () _____ Physician's Colorado License #: _____

Directive Attestation

Check **ONLY** the information that applies:

Patient: I am over the age of 18 years, of sound mind and acting voluntarily. It is my desire to initiate this directive on my behalf. I have been advised that as a result of this directive, if my heart or breathing stops or malfunctions, I will not receive CPR and I may die.

Authorized Agent/Legally Authorized Guardian/Parent of Minor Child: I am over the age of 18 years, of sound mind, and I am legally authorized to act on behalf of the patient named above in the issuance of this directive. I have been advised that as a result of this directive, if the patient's heart or breathing stops or malfunctions, the patient will not receive CPR and may die.

I hereby direct emergency medical services personnel, health care providers, and any other person to withhold cardio-pulmonary resuscitation in the event that my/the patient's heart or breathing stops or malfunctions. I understand that this directive does not constitute refusal of other medical interventions for my/the patient's care and comfort. If I/the patient am/is admitted to a healthcare facility, this directive shall be implemented as a physician's order, pending further physician's orders.

Physician/APN /PA Signature (mandatory)

PRINT Physician/APN/PA Name

DATE

signed
SIGNATURE OF PATIENT, AGENT, GUARDIAN, OR PROXY BY STATUTE (MANDATORY)

Signature

PRINT Name

Relationship/ Surrogate status _____
(write "self" if patient)

DATE

signed

REFERENCES & USEFUL INFORMATION

You may use these forms to complete your advance directives or employ them as models for executing other advance directive forms.

LEGAL INFORMATION

This *Catholic Declaration on Life and Death* is a "Medical Durable Power of Attorney" under the Colorado Patient Autonomy Act" in Sections 15-14-503 to 15-14-509, and Living Will under the Colorado Medical Treatment Decision Act, Sections 15-18-102 - 15-18-109, Colorado Revised Statutes.

NOTE

This document is more comprehensive than a stand-alone living will. While a living will becomes effective only when the individual is incapable of making health care decisions and is terminally ill or permanently unconscious, the *Catholic Declaration on Life and Death* for health care becomes effective whenever the principal becomes incapacitated to make his/her own decisions.

Ethical and Religious Directives for Catholic Health Care Services - The Committee on Doctrine of the United States Conference of Catholic Bishops (USCCB) and approved as the national code by the full body of the USCCB Colorado Medical Treatment Decision Act, § 15-18-102 - 15-18.5-103.

The National Catholic Bioethics Center

The Magisterium On Death and Dying

Evangelium Vitae, the Declaration on Euthanasia, and writings of Pope Pius XII, Pope Pail VI, and Pope Saint John Paul II. United States Conference of Catholic Bishops Department of Justice Peace and Human Development United States Conference of Catholic Bishops Pro-Life Secretariat.

Declaration on Euthanasia Holy See's Congregation for the Doctrine of the Faith

Responses to Certain Questions of the USCCB Concerning Artificial Nutrition and Hydration (Congregation for the Doctrine of the Faith)

The Colorado Catholic Conference

Archdiocese of Santa Fe New Mexico

The Texas Catholic Conference - The association of the Roman Catholic Bishops of Texas

Roman Catholic Diocese of Phoenix

Medical-Moral Commission -Archdiocese of Dubuque, Iowa

Catholic Bishops of Minnesota / Minnesota Catholic Conference

The Courier: The Dignity of the Human Person and POLST

A Pastoral Statement on Physician Orders for Life-Sustaining Treatment (POLST)

Q&A from the USCCB Committee on Doctrine and Committee on Pro-Life Activities regarding The Holy See's Responses on Nutrition and Hydration for Patients in a "Vegetative State"

A Catholic Guide to Critical End of Life Decisions, Advance Directives (bilingual)

Embracing our Dying, A resource for Catholics facing end of life issues: a project of the California Conference of Bishops

Wisconsin Catholic Conference - Pro-Life Healthcare Alliance

Archdiocese of Miami - Florida Conference of Catholic Bishops

The Diocese of San Jose, California

The Catholic Bishops of New York State

The North Dakota Catholic Conference

The Diocese of Colorado Springs

Missouri Catholic Conference

New Jersey Catholic Conference

The Catholic Media Coalition

Daughters of Charity Health System, Daly City, California