

Catholic Declaration on Health Care Decision Making

Instructions for My Health Care

My Catholic faith teaches that human life is a precious gift from God. We are not its owners but its guardians. No one must ever presume to adopt a course of action or inaction that is intended to hasten my death, even if the motive is to alleviate my suffering. Having thought seriously about my beliefs and the principles that the Church teaches about end-of-life decision making, I have set down the following instructions for my care for those who must make decisions for me should I become incompetent — that is, unable to make these decisions for myself.

Spiritual Support

I request that my family, parish community, and friends support me through prayer and sacrifice and that the sacraments of the Church be made available to me as I prepare for death or face serious illness. I wish to see a Roman Catholic priest and receive the Sacrament of the Sick (formerly called the “last rites”), as well as Confession and Communion.

Medical Care & Treatment

I wish to receive medical care and treatment appropriate to my condition as long as it is useful and offers a reasonable hope of benefit and is not excessively burdensome to me — that is, does not impose serious risk, excessive pain, prohibitive cost, or some other extreme burden. I oppose any act or omission that of itself or by intention will cause my death, even for the purpose of eliminating suffering. I direct that all decisions about my medical treatment and care be made in accord with Catholic moral teachings as contained in such documents as: *Care for Patients in a “Permanent” Vegetative State* (Pope John Paul II, March 20, 2004), *Declaration on Euthanasia* (Congregation for the Doctrine of the Faith, 1980), and *Medical-Treatment Decisionmaking: Moral Guidance and Considerations from Catholic Teaching* (Nebraska Catholic Conference).

Food & Fluids (nutrition and hydration)

If I am unable (even with assistance) to take food and drink orally, I desire that medically assisted nutrition and hydration (MANH) be provided to me so long as it is capable of sustaining my life. Even if I am in a persistent vegetative state, MANH should be continued. MANH should be discontinued if it is futile (no longer able to sustain my life). MANH should be discontinued if it imposes excessive burdens to me (serious risk, excessive pain, prohibitive cost, or some other extreme burden). MANH should be discontinued if death is both inevitable and so imminent that continuing MANH is judged futile.

Pain Relieving Medication

If my condition includes physical pain, I wish to receive pain-relieving medication in dosages sufficient to manage the pain, even if such dosages make me less alert or responsive, and even if managing my pain in this way is likely to shorten my life. No pain medication should be given to me for the purpose of hastening my death.

Imminent Death from Terminal Illness

If my death from a terminal illness is near at hand, I wish to refuse treatment that would only secure a precarious and burdensome prolongation of my life.

Pregnancy

If I am pregnant, I wish every means to be taken to preserve and nurture the life of my unborn child, including the continuation of life-sustaining procedures.

Appointment of My Health Care Agent

I, _____ hereby designate and appoint

Name: _____

Address: _____ City/State/Zip: _____

Phone (H) _____ (W) _____ (C) _____ Email _____

as my health care agent to make health care decisions for me should I be diagnosed as comatose, incompetent, or otherwise mentally or physically incapable of communication. My agent is to make decisions for me only for the duration of my incompetency. I have carefully discussed my preferences for medical treatment with the above-named agent and I direct my agent to choose on my behalf the appropriate course of treatment or non-treatment that is consistent with the

preceding "Instructions for My Health Care." I charge my agent and all those attending me neither to approve nor commit any action or omission which by intent will cause my death. In all decisions regarding my health care, I instruct my agent to act in accordance with Catholic teaching.

If the person named as my agent is not available or is unable to act as my health care agent, I appoint the following person(s) to act on my behalf.

Alternate Agent 1

Alternate Agent 2

Name: _____

Address: _____

Phone: _____

Signature _____ Date _____

Option One: Two Witnesses

First Witness

Signature

Printed Name

Address

Phone

Date

Second Witness

Signature

Printed Name

Address

Phone

Date

Option Two: Notary Public

State of Nebraska,)

)ss

County of _____)

On this _____ day of _____ 20____, before me,

_____, a notary public in and for

_____ County,

Witness my hand and notarial seal at

_____ in such county the day and year last above written

Note: The following may not serve as your appointed health care agent: 1. The attending physician; 2. Employee of attending physician who's unrelated to the principal by blood, marriage, or adoption ; 3. Person unrelated to the principal by blood, marriage, or adoption who is: A. an owner, operator, or employee of a health care provider in or of which the principal is a patient or resident; or B. presently serving as an attorney in fact for ten or more principals. (Nebr. Statute 30-3406)

The following may not serve as a witness to your declaration: Spouse, parent, child, grandchild, sibling, presumptive heir, attending physician, your attorney in fact, employee of life or health insurance provider for the principal; and no more than one witness may be an administrator or employee of a health care provider who is caring for or treating the principal. (Nebr. Statute 30-3405)