



# CLOSE TO HIS HEART:

*A Guide for Nebraska Catholics on Medical  
Decision-Making and Advance Directives*

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*“I find myself on the threshold of eternity. My Jesus, chief Shepherd and Bishop of our souls, the mystery of my life and death is in your hands, close to your heart. On the one hand I tremble at the approach of my last hour; on the other hand I trust in you and only look forward day by day.... Sometimes the thought of the short time that remains to me would stem my zeal. But with the Lord’s help I will not give in. I neither fear to die nor refuse to live.”*

- Pope St. John XXIII, *Journal of a Soul*, 1953

Dear Friends in Christ,

Talking about death can be difficult and may fill us with anxiety. Reflecting on the words of Pope St. John XXIII, we find that even he struggled with the fear of approaching death and putting his trust in the Lord. We find consolation and peace knowing that God is with us. If we remain close to His heart, we have nothing to fear.

In our modern world, we are nevertheless faced with complicated medical decisions. Many wrestle with challenging moral, ethical, and legal questions when a family member is terminally ill or seriously injured.

As faithful Catholics, we should prepare for those situations when medical decisions must be made by understanding all that is involved and finding a trusted agent who values and will uphold Church teaching. It is our hope that the information in this packet will help provide you and your loved ones with a clear explanation of Catholic moral teaching and practical guidance in making these end-of-life decisions.

Let us place our trust in the Lord and ask for His guidance, for these decisions and for all those we face in our lives.

It is our prayer that you may remain, in life and death, consoled by the mercy of our Lord Jesus Christ and close to His Most Sacred Heart.

Sincerely Yours in Christ,



**Most Reverend Michael G. McGovern**  
Archbishop of Omaha



**Most Reverend James D. Conley**  
Bishop of Lincoln



**Most Reverend Joseph G. Hanefeldt**  
Bishop of Grand Island

# MEDICAL TREATMENT DECISION-MAKING:

## *Moral Guidance and Considerations from Catholic Teaching*

The Catholic Church affirms the sanctity and dignity of every human life as the precious gift of a loving God. All men and women must respect the lives of others while accepting the duties of responsible stewardship for their own lives and for the lives in their care.

At the same time, faith in the resurrection and hope for eternal life allow Catholics to accept death as the inevitable end to temporal life and to believe that death is the gateway to eternal life. It is for this reason that there is no obligation to utilize all possible medical interventions or all possible means of prolonging life. Death need not be avoided at all costs.

Although Catholic teaching does not look upon biological life as an absolute value, nevertheless it rejects suicide, assisted suicide, and “mercy killing” because they are intrinsically opposed to the reverence for life that Christians are called upon to manifest and express. Compassion and care for dying and seriously ill or disabled persons must never include the willingness to assist in the direct ending of their lives.

## GENERAL PRINCIPLES FOR HEALTH CARE DECISION-MAKING

It is consistent with Catholic teaching that each person has a right to make his or her own health care decisions, always in accord with responsible stewardship for the gift of life and other Catholic moral principles.

When a person is incapable of making health care decisions, his or her family members or others must assume that responsibility. As a responsible steward for the life of another, anyone in the position of surrogate decision-maker must make decisions according to the wishes, values, and beliefs of the patient, but always within the framework of Catholic moral principles.

It is morally permissible and recommended that a person designate another (or others), including by use of a written instrument recognized by state law, to make future health care decisions in the event he or she becomes incapable of making his or her own decisions. For Catholics, documents that provide instructions to a surrogate decision-maker for health care (called “advance directives”) must reflect Catholic teaching.

## MORAL PRINCIPLES AND CATHOLIC TEACHING

While responsible stewardship for one’s own life and for lives in one’s care is morally obligatory, this does not mean that all possible medical interventions must be used in all circumstances.

### **“Ordinary” vs. “extraordinary” medical interventions in end-of-life decision-making**

One of the most important moral distinctions for end-of-life health care decisions is what is morally obligatory and what is morally optional. What is morally obligatory we are bound to perform; what is morally optional we may include or omit at our own discretion. Moral theologians use the terms “ordinary” and “extraordinary” to make this distinction.

✚ **Ordinary medical interventions** are those that, in the patient’s judgment, offer a reasonable hope of benefit and do not impose an excessive burden. Ordinary medical intervention to preserve life is morally obligatory.

✚ **Extraordinary medical interventions** are those that, in the patient’s judgment, either do not offer a reasonable hope of benefit or impose an excessive burden of some kind. Extraordinary medical intervention is permitted, but morally optional.

## MORAL PRINCIPLES AND CATHOLIC TEACHING (cont.)

The burdens of an intervention might include severe physical pain, psychological repugnance, intense anxiety or fear, excessive expense, severely disabling effects, and excessive risks caused by or associated with the intervention. In discerning whether a burden is excessive, it should be analyzed and judged, first and foremost, from the perspective of the patient. Secondarily, such analysis and judgment may also consider burdens experienced by family members and by the community as a whole (e.g., excessive expense).

A medical intervention judged to be ethically ordinary (i.e., morally obligatory) may subsequently become ethically extraordinary (i.e., morally optional) as a result of changes in circumstances that cause the patient to reconsider the usefulness or burdensomeness of the intervention. Just because a medical intervention is begun does not mean that it cannot later be morally withdrawn or discontinued.

It is important to understand that choosing to withhold or withdraw ethically extraordinary medical interventions is not suicide or euthanasia. *“Euthanasia in the strict sense is understood to be an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering.”<sup>i</sup> “Euthanasia in all forms is forbidden.”<sup>ii</sup>*

It is not possible to identify a given treatment, procedure, or intervention and classify it as always, and in all circumstances, ordinary or extraordinary, that is, morally obligatory or non-obligatory. The final decision whether to withhold or withdraw a particular treatment, procedure, or intervention rests, after due consideration, with the conscience of the patient, or those authorized to speak on behalf of the patient. A morally appropriate decision can occur only after there has been sufficient deliberation based upon the best medical and personal information available and the teaching authority of the Catholic Church.

### **All persons, regardless of health or ability, have the same intrinsic value and personal dignity**

No category of individuals, having certain confirmed symptoms, can be classified as persons not suitable for treatments, procedures, or interventions which extend life. “[T]he intrinsic value and personal dignity of every human being do not change, no matter what the concrete circumstances of his or her life. A man, even if seriously ill or disabled in the exercise of his highest functions, is and always will be a man, and he will never become a ‘vegetable’ or an ‘animal’. Even our brothers and sisters who find themselves in the clinical condition of a ‘vegetative state’ retain their human dignity in all its fullness.”<sup>iii</sup>

### **The Christian person and relief from suffering**

Suffering is a fact of human life. It has special significance for Christians as an opportunity to share in the redemptive suffering of Christ. Nevertheless, there is nothing morally wrong in seeking to relieve suffering so long as this does not interfere with other moral and religious duties. It is morally permissible in the case of terminal illness to use pain medication which carries the risk of shortening life, so long as the intent is to relieve pain effectively and not to cause death.

### **The duty of providing normal care**

The withholding or withdrawing of a medical intervention must not be an occasion for neglecting the patient. Normal care, that is, basic personal services every patient rightfully can expect, such as bed rest, hygiene, room temperature and appropriate pain medication, must always be administered. No surrogate, agent, or attorney-in-fact can be authorized to deny such care.

## MORAL PRINCIPLES AND CATHOLIC TEACHING (cont.)

### Regarding pregnant women and their unborn children

Respect for unborn human life requires that life-sustaining treatment must be provided and maintained for a pregnant patient whenever such treatment will benefit the child.

### Applying the principles to nutrition and hydration

Nutrition and hydration should be provided as part of any patient's normal care, even when the assistance of medical intervention is necessary. However, the circumstances of a patient's condition may affect his or her moral obligation to accept nutrition and hydration provided artificially; that is, by means of an intravenous line, nasogastric tube, hyperalimentation or a tube inserted directly into the stomach. For example, if the provision of artificially administered nutrition and hydration is clinically useless (offering no reasonable hope of benefit) or causes excessive burdens, it may be rejected as ethically extraordinary (morally optional). In addition to previously stated burdens, factors to be weighed include the patient's ability to assimilate the nutrition and hydration and whether the patient's death is imminent (Note: whether the patient's death is imminent means whether the patient has begun the process of actively dying).

If there is doubt about whether continuing artificially administered nutrition and hydration is ordinary (obligatory) or extraordinary (optional), the presumption must be in favor of continuing it, unless the patient can no longer assimilate the nutrition and hydration into his/her body or the patient's death is imminent. Moreover, it is extremely important that the basis of judgment cannot be that the patient's life is useless or devoid of value, for this would be to reject life itself. The decision must be based, rather, on whether utilizing artificially administered nutrition and hydration is useless or creates burdens that are excessive in relation to the benefits it provides. In addition, decisions regarding human life must respect the demands of justice, avoiding all discrimination based on age or dependency.

### Patients in a "persistent vegetative state"

In the case of a patient in a persistent vegetative state, there is common agreement among Catholic theologians that artificially administered nutrition and hydration may be withheld or withdrawn if the patient can no longer assimilate the nutrition and hydration or if the patient's death is imminent.

With regard to patients in a persistent vegetative state who **are** able to assimilate nutrition and hydration, and for whom death is **not** imminent, there has been some disagreement among Catholic theologians as to whether or not artificially administered nutrition and hydration may be withdrawn. Pope St. John Paul II addressed this subject in a speech on March 20, 2004:

*"I should like particularly to underline how the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act. Its use, furthermore, should be considered, in principle, ordinary and proportionate, and as such morally obligatory, to the extent to which, and for as long as, it is shown to accomplish its proper finality, which in the present case consists in providing nourishment to the patient and alleviation of his suffering. The obligation to provide the 'normal care due to the sick in such cases'...includes, in fact, the use of nutrition and hydration."*<sup>iv</sup>

The Vatican Congregation for the Doctrine of the Faith confirmed this teaching in its "Response to Certain Questions Concerning Nutrition and Hydration" (August 1, 2007). Therefore, before withdrawing or withholding, there must be clear evidence that receiving nutrition and hydration through artificial means is in fact clinically useless or excessively burdensome. Being in a persistent vegetative state, by itself, is not a sufficient reason for withholding or withdrawing artificially administered nutrition and hydration.

## MEDICAL TREATMENT DECISION-MAKING:

*Moral Guidance and Considerations from Catholic Teaching*

It will not always be easy to make a judgment concerning medical interventions. The circumstances, including the assessment of benefits and burdens, may be so complex as to cause doubts about the way in which moral principles should be applied. However, sound judgments are possible by studying the type of medical intervention, its degree of complexity and risk, its cost and availability, and comparing these factors with the results that can be expected, taking into account the state of the sick person and his or her physical, emotional and moral resources. Factors must be weighed carefully, for each individual person, on a case-by-case basis.

In cases in which it is not immediately clear that a medical intervention is or has become ethically extraordinary, the benefit of doubt must be for the preservation of life.

Because health care decisions, especially those having to do with life-sustaining treatment, have important values at stake and are often complex, difficult, and emotionally taxing, frequent, honest discussions of one's convictions and feelings about medical interventions with loved ones, caregivers, and clergy are encouraged. The office of the Diocesan Bishop or his delegate for medical-moral issues are the recommended sources for Catholic teaching. The bioethics hotline of the National Catholic Bioethics Center (consults@ncbcenter.org; or, in emergencies, 215-877-2660) is also an excellent resource for specific questions.

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*i. Evangelium vitae, no. 65.*

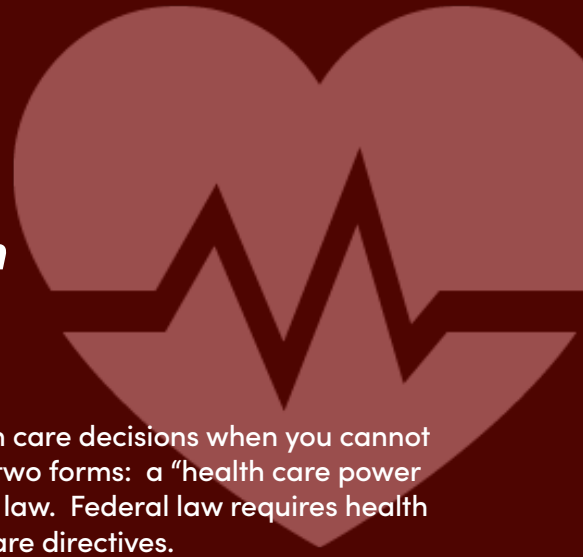
*ii. Vatican Declaration on Euthanasia.*

*iii. Address of Pope John Paul II to the participants in the International Congress on "Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas", March 20, 2004.*

*iv. Ibid.*

# ADVANCE DIRECTIVES:

## *Making Your Health Care Wishes Known*



### **What is an advance directive?**

An advance directive is a legal document that communicates your health care decisions when you cannot tell nurses and doctors directly. Advance directives typically take one of two forms: a “health care power of attorney” (HCPOA) or a “living will”. Both are recognized by Nebraska law. Federal law requires health care facilities to inform patients of their rights to make advance health care directives.

### **Does the Catholic Church approve of advance directives?**

Yes. It is morally permissible and recommended that you designate another (or others) to make future health care decisions on your behalf in the event you become incapable. For Catholics, directives which accompany such designations must reflect Church teaching.

### **Can health care decisions be made for me without an advance directive?**

If you have not made an advance directive and cannot make your own health care decisions, others will make those decisions for you. Your spouse, members of your family, or a guardian, who may be a stranger to you, may consult with your physician about your care. The appointment of a guardian happens most often where there is no family or where there is conflict about what care should be provided.

Having an advance directive helps avoid the need to appoint a guardian. It may also decrease the risk of family conflicts. If discussed with your spouse, family physicians, friends, and/or clergy, advance directives can help to make sure that your wishes about your health care are respected and followed to the extent possible.

### **What form of advance directive should I choose?**

The Nebraska Catholic Conference does not endorse a specific form of advance directive, but holds generally to the view that a HCPOA is preferable to a “living will.”

A HCPOA gives decision-making authority to a person, called an attorney-in-fact (AIF), who knows you, your wishes, and your moral principles. He or she will make decisions according to your directions in the document, or in your best interest if your wishes are not known. Your AIF can assess all the circumstances and consult with medical providers to make an informed decision. A living will, on the other hand, is a static document, where the patient writes down his/her wishes about treatment that doctors will follow in some future unknown scenario.

The Nebraska Catholic Conference’s priority is that for a Catholic, any advance directive, regardless of form, should follow Catholic teaching. For guidance, see the document in this packet entitled *Medical Treatment Decision-Making: Moral Guidance and Considerations from Catholic Teaching*.



## **If I make a health care power of attorney, whom should I name as my attorney-in-fact for health care?**

Your AIF should be an adult you trust, who knows you well, and who is willing to accept the responsibility to make health care decisions for you. He or she should understand and agree with your wishes and religious beliefs about your health care. A spouse, other family member, or close friend often are named to serve as an AIF.

Before you choose an AIF, it is very important that you discuss your wishes with him or her, keeping in mind the Catholic principles outlined in the accompanying document, *Medical Treatment Decision-making: Moral Guidance and Considerations from Catholic Teaching*.

## **When does a health care power of attorney take effect?**

1. When your doctor has a copy of the document;
2. When it is made a part of your medical record; and
3. When you become unable to make your own health care decisions. At that time, your AIF will be contacted for directions about your care and will make health care decisions for you until:
  - a. You are able to make those decisions yourself;
  - b. You revoke the HCPOA; or
  - c. You die.

## **Does the law limit my attorney-in-fact's power to make health care decisions for me?**

1. Your AIF cannot withhold or withdraw routine comfort care or the provision of food and water by mouth.
2. Your AIF cannot withhold or withdraw artificially administered food and water or any other life-sustaining treatment unless you have a terminal condition or are in a persistent vegetative state, and you give your AIF that authority in your HCPOA, or your intent is otherwise known by clear and convincing evidence.
3. If you are a woman and pregnant, your AIF cannot make any decision that is expected to result in the death of your unborn child or children. This is the case if continued health care makes it more likely that your child will develop to the point of live birth.

## **Who should receive a copy of my advance directive?**

Copies of your HCPOA should be given to your AIF, family members, physician, and other health care providers, such as a hospital when you go for treatment, surgery, etc. You may also want to give a copy to your trusted friends and attorney. Keep a list of those who have a copy of the document.

Some cell phones allow you to store medical information which can be accessed in emergencies. If you use this function on your cell phone, it may be a good place to state you have a HCPOA and where a copy can be found. Some people also keep a card in their wallet with this information. Such information may also include the name of your AIF and his or her contact information.

## Can I cancel an advance directive?

You can cancel or revoke your HCPOA at any time if you are competent. Revocation is effective once it is communicated to your attending physician or your AIF.

You will want to review your HCPOA from time to time and discuss it with your AIF, physician, family members, clergy, or attorney to make sure it continues to meet your needs and complies with state law and the Catholic principles outlined in the accompanying document, *Medical Treatment Decision-Making: Moral Guidance and Considerations from Catholic Teaching*.

## What does Nebraska law require to make a health care power of attorney?

1. You must be at least age 19, or you must be married or have been married in the past.
2. You must make your HCPOA in writing.
3. You must name an attorney-in-fact for health care and give that person the power to make your health care decisions for you if you cannot do so. Other adults can be listed as alternate AIFs if the person you name first cannot perform his or her duties.
4. You must sign and date your HCPOA (or have someone sign it for you and acknowledge it as your own HCPOA) before two adult witnesses or a notary public.
5. You must state in the document whether your AIF will have the power to decide whether to withhold or withdraw medical treatment, procedures, and/or artificially administered food and water.

## What can I do to make an advance directive that is faithful to Catholic teaching?

First, a Catholic advance directive should explicitly reject any action or omission that is intended to cause one's death (e.g., euthanasia). Second, it should incorporate the ordinary vs. extraordinary treatment principle outlined in the accompanying document, *Medical Treatment Decision-Making: Moral Guidance and Considerations from Catholic Teaching*. Finally, it is recommended you include a general statement directing your AIF to avoid doing anything that is contrary to the moral teachings of the Catholic Church.

The Church recognizes that for most medical treatment decisions, determining what it is morally required or morally optional depends on the circumstances or condition of the individual patient. The Church also recognizes that it is not possible to identify a given treatment, procedure, or intervention and classify it as always, and in all circumstances, ordinary or extraordinary, that is, morally obligatory or non-obligatory.

Neither the Church nor the best advance directive can provide black and white answers that would address every possible complexity associated with medical treatment decision-making. Instead, the Church provides broad principles that should be incorporated into an advance directive to help assess your particular situation and make decisions that are as morally sound as possible.

The Nebraska Catholic Conference believes that the sample HCPOA included in this packet incorporates these principles and offers it to you as a resource. You may call our office (402.477.7517) with any questions.



## SAMPLE ADVANCE DIRECTIVE

The following is a sample advance directive. The Nebraska Catholic Conference does not endorse a specific form of advance directive but holds generally to the view that an HCPOA is preferable to a “living will”. You may use the following sample as your advance directive, if you wish.

# 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 Decision-Making: Moral Guidance and Considerations from Catholic Teaching* (Nebraska Catholic Conference, 2020).

### 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 or children, including the continuation of life-sustaining procedures.

**APPOINTMENT OF ATTORNEY-IN-FACT FOR HEALTH CARE**

I, \_\_\_\_\_, hereby designate and appoint

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Email: \_\_\_\_\_

as my attorney-in-fact to make health care decisions for me should I be diagnosed as comatose, incompetent, or otherwise mentally or physically incapable of communication. My attorney-in-fact 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 attorney-in-fact and I direct my attorney-in-fact to choose on my behalf the appropriate course of treatment or non-treatment, including the withholding or withdrawing of life-sustaining procedures and artificially administered nutrition and hydration, that is consistent with the preceding "Instructions for My Health Care." I charge my attorney-in-fact 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 attorney-in-fact to act in accordance with Catholic teaching.

If the person named as my attorney-in-fact is not available or is unable to act as my attorney-in-fact, I appoint the following person(s) to act on my behalf.

**ALTERNATE ATTORNEY-IN-FACT 1**

**ALTERNATE ATTORNEY-IN-FACT 2**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE

DATE

I HAVE READ THIS POWER OF ATTORNEY FOR HEALTH CARE. I UNDERSTAND IT ALLOWS ANOTHER PERSON TO MAKE HEALTH CARE AND MEDICAL TREATMENT DECISIONS FOR ME, INCLUDING LIFE AND DEATH DECISIONS, IF I AM INCAPABLE OF MAKING SUCH DECISIONS. I ALSO UNDERSTAND THAT I CAN REVOKE THIS POWER OF ATTORNEY FOR HEALTH CARE AT ANY TIME BY NOTIFYING MY ATTORNEY-IN-FACT, MY PHYSICIAN, OR THE FACILITY IN WHICH I AM A PATIENT OR RESIDENT. I ALSO UNDERSTAND THAT I CAN REQUIRE IN THIS POWER OF ATTORNEY FOR HEALTH CARE THAT THE FACT OF MY INCAPACITY IN THE FUTURE BE CONFIRMED BY A SECOND PHYSICIAN.

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE

DATE

**Note:** None of the following may serve as your appointed attorney-in-fact: (1) The attending physician; (2) An employee of the attending physician who is unrelated to the principal by blood, marriage, or adoption ; (3) A person unrelated to the principal by blood, marriage, or adoption who is an owner, operator, or employee of a health care provider in or of which the principal is a patient or resident; or (4) A person unrelated to the principal by blood, marriage, or adoption if, at the time of the proposed designation, he or she is presently serving as an attorney in fact for ten or more principals. (Nebr. Statute 30-3406)

None of the following may serve as a witness to your declaration: Your spouse, parent, child, grandchild, sibling, presumptive heir, known devisee at the time of witnessing, attending physician, attorney in fact, employee of life or health insurance provider for the principal. 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)

**DECLARATION OF WITNESS**

We declare that the principal is personally known to us, that the principal signed or acknowledged his/her signature on this power of attorney for health care in our presence, that the principal appears to be of sound mind and not under duress or undue influence, and that neither of us nor the principal’s attending physician is the person appointed as attorney-in-fact by this document.

\_\_\_\_\_  
WITNESS #1 SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
WITNESS #2 SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

**ALTERNATIVE: NOTARIZATION**

*In lieu of two witnesses, the principle’s signature may be witnessed by a notary public.*

STATE OF NEBRASKA, )  
 ) ss.  
COUNTY OF )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a Notary Public, personally came \_\_\_\_\_, personally to me known to be the identical person whose name is affixed to the above Durable Power of Attorney for Health Care as principal, and I declare that said person appears to be of sound mind and not under duress or undue influence, that said person acknowledges the execution of the same to be a voluntary act and deed, and that I am not the attorney-in-fact or successor attorney-in-fact appointed by this Durable Power of Attorney for Health Care.

Witness my hand and notarial seal in such county the day and year last above written.

(SEAL)

\_\_\_\_\_  
SIGNATURE of NOTARY PUBLIC

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402-477-7517; www.necatholic.org

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# INDEX OF RESOURCES

## Cited in the Document

Congregation for the Doctrine of the Faith. *Declaration on Euthanasia*.

Vatican City: Libreria Editrice Vaticana, 1980.

Online: [http://www.vatican.va/roman\\_curia/congregations/cfaith/documents/rc\\_con\\_cfaith\\_doc\\_19800505\\_euthanasia\\_en.html](http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html)

Congregation for the Doctrine of the Faith. *Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration*.

Vatican City: Libreria Editrice Vaticana, 2007.

Online: [http://www.vatican.va/roman\\_curia/congregations/cfaith/documents/rc\\_con\\_cfaith\\_doc\\_20070801\\_risposte-usa\\_en.html](http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20070801_risposte-usa_en.html)

John Paul II. *Evangelium Vitae (On the Value and Inviolability of Human Life)*.

Vatican City: Libreria Editrice Vaticana, 1995.

Online: [http://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf\\_jp-ii\\_enc\\_25031995\\_evangelium-vitae.html](http://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae.html)

John Paul II. "Life-Sustaining Treatments and the Vegetative State: Scientific Advances and Ethical Dilemmas." Address to the Participants in the International Congress, March 20, 2004.

Online: [http://www.vatican.va/content/john-paul-ii/en/speeches/2004/march/documents/hf\\_jp-ii\\_spe\\_20040320\\_congress-fiamc.html](http://www.vatican.va/content/john-paul-ii/en/speeches/2004/march/documents/hf_jp-ii_spe_20040320_congress-fiamc.html)

## Additional Resources

Congregation for the Doctrine of the Faith. *Commentary (on Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration)*.

Vatican City: Libreria Editrice Vaticana, 2007.

Online: [http://www.vatican.va/roman\\_curia/congregations/cfaith/documents/rc\\_con\\_cfaith\\_doc\\_20070801\\_nota-commento\\_en.html](http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20070801_nota-commento_en.html)

Conley, Bishop James D. "Dying with Dignity."

Southern Nebraska Register, January 16, 2015, sec. Bishop's Column.

Online: <https://www.lincolndiocese.org/op-ed/bishop-s-column/3146-dying-with-dignity>

Conley, Bishop James D. "Euthanasia Supporters Must Learn True Meaning of 'Dignity' and 'Compassion.'"

Southern Nebraska Register, January 25, 2013, sec. Bishop's Column.

Online: <https://www.lincolndiocese.org/op-ed/bishop-s-column/265-euthanasia-supporters-must-learn-true-meaning-of-dignity-and-compassion>

"Issues in Care for the Seriously Ill and Dying" in *Ethical and Religious Directives for Catholic Health Care Services*. 6th ed. Washington, DC: United States Conference of Catholic Bishops, 2018.

Online: <http://www.usccb.org/about/doctrine/ethical-and-religious-directives/upload/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf>

John Paul II. *Salvifici Doloris (On the Christian Meaning of Human Suffering)*.

Vatican City: Libreria Editrice Vaticana, 1984.

Online: [https://w2.vatican.va/content/john-paul-ii/en/apost\\_letters/1984/documents/hf\\_jp-ii\\_apl\\_11021984\\_salvifici-doloris.html](https://w2.vatican.va/content/john-paul-ii/en/apost_letters/1984/documents/hf_jp-ii_apl_11021984_salvifici-doloris.html)

*To Live Each Day with Dignity: A Statement on Physician-Assisted Suicide*.

Washington, DC: United States Conference of Catholic Bishops, 2011.

Online: <http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/to-live-each-day/upload/to-live-each-day-with-dignity-hyperlinked.pdf>



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