



Encouraging End-of-Life Conversations

A Catholic Perspective on Advance Directives
by the Catholic Conference of Illinois



Introduction

This booklet provides general guidance for creating a health care plan. A health care plan gives your loved ones certain decision-making roles. It helps guide them as they make those decisions for you when you are not able. This booklet also discusses some moral guidelines that help as you create your health care plan. Also, this booklet focuses on how to select your decision-makers and give them the authority to speak for you. Finally, this booklet gives general information about Illinois Advance Directives. They are the legal documents that make up your health care plan.

How to Use This Booklet

You should complete an Advance Directive while you are in good health. After reading this booklet, complete the included, suggested Durable Illinois Power of Attorney for Health Care, and give a copy to family

members, your lawyer and your physician. The form should be filled out in English so your doctors and health care facility can understand what you want. Spanish and Polish translations of the form can be found on our website (www.ilcatholic.org, under "Multimedia," and then under "Publications") for informational purposes only.

Why do we need health plans, especially at the end of our lives?

Modern medicine often makes it possible to extend the length of our physical lives. But in some cases, what is medically possible is not morally appropriate. Each of us needs to think and talk about our life goals with our doctors, priests and loved ones – long before such medical care is needed. Additionally, each of us should be familiar with the Catholic moral principles about death and dying as we prepare for our transition to eternal life to God.

Health care plans are legal documents called Advance Directives. You can use Advance Directives to state what medical treatments you do or do not want as you grow older or if you are in an accident. These Advance Directives also allow you to name a trusted person – an agent – to carry out your wishes. If you are over the age of 18 and able to make your own decisions, you can complete one or more Advance Directives.

First, we will share some moral guidelines. Then we will look at Illinois Advance Directives.

What Catholic principles guide Advance Directives and your care?

A Catholic guide explains key moral principles which can help you form your health care plan. It is called the Ethical and Religious Directives for Catholic Health Care Services, or ERDs for short. Catholic health services, like hospitals, have copies of the ERDs. They can also be found online at www.usccb.org/about/doctrine/ethical-and-religious-directives. As you prepare your Advance Directives, consider seeking guidance from your parish priest.

Here are some of those guiding principles:

- The Bible teaches that our human life is a sacred gift from God. We must protect it. We should never intentionally and directly use or avoid a procedure, device or medication to reject that gift and cause the death of any person.
- At the same time, we are not obliged to undergo or avoid all treatments to preserve life.
- As believers in the mystery of the resurrection, we know our current life is not all there is. It is morally permissible to say “No” to a medical intervention that does not reasonably offer a benefit or places an excessive burden or expense on us, our family or our community. Death is a beginning, not an end.
- Each person has two basic rights regarding medical care and treatment: (1) the right to be clearly and accurately informed about a proposed course of treatment, including its risks, benefits, cost and alternatives; and (2) the right to decide to receive or not receive morally-reasonable care.

Here are some additional issues to consider, as outlined by the ERDs. For your reference, the specific ERDs are noted in parentheses and cited at the end of this section.

- **Consider the whole person.** The well-being of the whole person must be taken into account. (ERD no. 33)
- **Allow preparation for death.** Persons in danger of death like the aged or terminally ill need information to help them understand their condition. They should talk about their plan with their family members, as well as care providers like doctors and priests. (ERD no. 55)
- **Reasonably-needed means should be used.** A person has a moral obligation to use ordinary, known as proportionate, treatments with a reasonable hope to preserve life. (ERD no. 56)
- **Unreasonable means do not have to be used.** A person may forgo extraordinary, clearly futile, or burdensome – known as



disproportionate – means of preserving life. This is true if these means are unable to reasonably reach their goal or impose physical, economic, or emotional burdens on the patient or others. (ERD no. 57)

- **Food and water, known as nutrition and hydration, generally should be provided, but are sometimes optional.** Medically assisted nutrition and/or hydration become(s) morally optional when it/they cannot reasonably be expected to prolong life or when it/they would be excessively burdensome, may be useless for you, or would cause physical discomfort, such as untreatable vomiting or fluid build-up. (ERD no. 58)
- **Euthanasia and assisted suicide are not permissible.** The intention and effort to directly kill are always wrong. Euthanasia or assisted suicide should never be condoned or encouraged in any way. (ERD no. 60)

- **Relieve pain.** Patients should be kept as free of pain as possible so that they may die comfortably and with dignity. Effective management of pain in all its forms is critical in the appropriate care of the dying. Catholic-sponsored hospice and palliative care doctors and nurses can help. (ERD no. 61)
- **Place of dying.** As reasonable, you should be able to die in the place where you wish, and receive respect as well as appropriate care from your loved ones and medical professionals like hospice doctors, nurses and chaplains. (ERD no. 61)
- **Provide loving and supportive care.** When death is expected, those closest to the patient should provide respect, love and support. (ERD, Intro to Part V)

Now, let's discuss Illinois Advance Directive forms. You can use these to express Catholic guiding principles for your care choices in many settings and situations.

Advance Directives in Illinois

There are four types of Advance Directives in Illinois:

1. **Durable Power of Attorney for Health Care.** In this document you authorize a person (called your agent) to make health care decisions for you. Your document can guide your agent regarding general health care as well as end-of-life decisions made on your behalf. **The Durable Power of Attorney for Health Care is the preferred Advance Directive to use.**
2. **Living Will.** A Living Will is a witnessed, written statement of your decisions regarding death-delaying procedures if you have a terminal condition and are imminently dying. A Living Will speaks to a very narrow set of circumstances. It does not address the range of health care situations that can occur.
3. **Illinois Practitioner Order for Life-Sustaining Treatment (Illinois POLST).** This document is a medical order that emergency personnel and other health-care providers generally follow regarding your treatment preferences. This includes preferences during a health crisis like a heart attack. A doctor or authorized

health professional is needed to help with this form. This form is for seriously-ill individuals. It is not for everyone.

4. **Declaration for Mental Health Treatment.** This Advance Directive is for individuals who wish to make known their decisions or preferences relating to mental health treatment. This allows your decision-maker to make limited mental health care decisions. This would include short-term admission to a mental health facility (up to 17 days).

Why is a Durable Power of Attorney for Health Care important?

- It allows you to name a trusted person (an agent) to put forth your wishes if you are not able. Many times this is a spouse, adult child, or a brother or sister. It can be a friend.
- It helps to make sure that you receive only needed, medically-appropriate treatment and no unnecessary treatments.
- It guides those making difficult decisions on your behalf, and assures they are helping to meet your needs and carry out your wishes.
- It can use moral guides in accord with Catholic teaching to direct your end-of-life care.

Who makes a good agent?

- Your agent should be someone willing and able to understand reasonable medical options and make decisions for you, as you would if you could.
- Your agent should be someone you know will act reasonably, in good faith and for your benefit.
- Your agent should be someone who knows you well – someone who knows what is most important to you; how important it is to you to avoid pain and suffering; and whether you would rather be at home or in an institution for the last days or weeks of your life as circumstances permit.

- Your agent should agree to honor your wishes expressed in your Advance Directive. Your agent should respect and be willing to stand up for your preferences and reasonable requests.
- Your agent should want to know that his/her decisions for you reflect your wishes for appropriate medical decisions.
- Ideally, your agent lives near you and will be available to you, your physicians and your health team.
- Your agent should be willing to be involved. This could include being on-site if you are hospitalized. As any serious illness progresses, your agent should be reasonably available to meet with your doctor to discuss your condition and treatment options.

How will my agent know what to do?

There should be three stages to the decision-making process:

1. If you have clearly stated your intentions in the Advance Directive, and shared them with the agent, your agent should follow your decisions so long as they are in accord with legal obligations, Catholic moral principles, reasonable medical care and his/her own conscience.
2. If you have not clearly stated your decisions about a particular situation, your agent should attempt to “stand in your shoes” and to make reasonable decisions that you would, if you could, in dialogue with your physician.
3. When your wishes are not knowable, your agent should act in your “best interests.” What might be in the “best interests” of one person might not be in the “best interests” of another. So, it is important that you make your preferences known in an Advance Directive.

What if I don't name an agent in an Advance Directive?

If no one is available, your physician, nurses and other health-care providers will ask a court-appointed guardian, family members or close

friends to make decisions for you. The Illinois Health Care Surrogate Act identifies individuals – or a group, like all of your adult children – who will speak for you.

This decision-maker may not be the person or persons you would have chosen, may not know your health-care preferences, and may not know you. If a group of people – such as your adult children – are identified, they may not agree about your care. So, it is important you choose through a Durable Power of Attorney for Health Care whom you want.

What if I am alone?

Sometimes you don't have a person you trust to name as your agent, or your agent or surrogate cannot be reached, or a guardian is not yet named. Then, it is especially important to talk to your physician and other health care providers when you are able. Together you can create written guidance about what you want or do not want. That way, if you are ever critically ill, cannot express your own wishes and another decision-maker is not available, they will know your mind on these topics. It should be recorded in your medical record.

Where can I get a form for a Durable Power of Attorney for Health Care?

Included in this booklet is the Durable Illinois Power of Attorney for Health Care form with Suggested Optional Instructions. These suggested instructions reflect the ethical guidance given previously. You may use this form or ask your attorney to include the Suggested Optional Instructions into any health care power of attorney prepared for you. Give a copy to family members, your lawyer and your physician. You can also find the Durable Illinois Power of Attorney for Health Care form with Suggested Optional Instructions on our website, www.ilcatholic.org. Go to "Multimedia," and then to "Publications."

Additionally, all four types of advance directives in Illinois can be found on the website of the Illinois Department of Public Health at www.dph.illinois.gov.



Glossary of Terms

- Patient:** The person who is completing an Advance Directive – preferably, the Durable Power of Attorney for Health Care. The form calls the patient the “principal.”
- Agent:** The person designated by you under your Durable Power of Attorney for Health Care to make health care decisions for you.
- Surrogate:** The persons determined under the Illinois Health Care Surrogate Act to make health care decisions for you if you are unable to make such decisions for yourself and you have not named an agent under a Durable Power of Attorney for Health Care.
- Guardian:** The person appointed by state court to make health care decisions for you if you are unable to make such decisions for yourself.

ERDs Cited in This Booklet

ERD no. 33: "The well-being of the whole person must be taken into account in deciding about any therapeutic intervention or use of technology. Therapeutic procedures that are likely to cause harm or undesirable side effects can be justified only by a proportionate benefit to the patient."

ERD no. 55: "... Persons in danger of death should be provided with whatever information is necessary to help them understand their condition and have the opportunity to discuss their condition with their family members and care providers. They should also be offered the appropriate medical information that would make it possible to address the morally legitimate choices available to them. They should be provided the spiritual support as well as the opportunity to receive the sacraments in order to prepare well for death."

ERD no. 56: "A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community."

ERD no. 57: "A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community."

ERD no. 58: "In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the 'persistent vegetative state') who can reasonably be expected to live indefinitely if given such care. Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be 'excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed.' For instance, as a

patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.”

ERD no. 60: “Euthanasia is an action or omission that of itself or by intention causes death in order to alleviate suffering. ... Dying patients who request euthanasia should receive loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death.”

ERD no. 61: “Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person’s life so long as the intent is not to hasten death.”

ERD, Intro to Part V: When someone is facing the reality of death, those closest to the patient should help to provide a community of respect, love and support. “What is hardest to face is the process of dying itself, especially the dependency, the helplessness, and the pain that so often accompany terminal illness. One of the primary purposes of medicine in caring for the dying is the relief of pain and the suffering caused by it. Effective management of pain in all its forms is critical in the appropriate care of the dying.”



Note: This booklet aims to provide general information about Catholic teaching and the Illinois decision-making process for health care. It does not provide legal advice. For accurate legal advice, please consult a lawyer. If you have questions about medical aspects of your treatment options like burdens, length of care or other concerns, please talk to your doctor. If you have questions about moral aspects, please contact your parish priest.

The form provided in this booklet is in English. We recommend filling out the form in English to ensure that your wishes will be understood and honored by your doctor, family and friends. Spanish and Polish translations of the form may be found at www.ilcatholic.org (under "Multimedia," and then under "Publications") for informational purposes only.

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR HEALTH CARE

Notice to the Individual Signing the Illinois Power of Attorney for Health Care

No one can predict when a serious illness or accident might occur. When it does, you may need someone else to speak or make health care decisions for you. If you plan now, you can increase the chances that the medical treatment you get will be the treatment you want.

In Illinois, you can choose someone to be your “health care agent.” Your agent is the person you trust to make health care decisions for you if you are unable or do not want to make them yourself. These decisions should be based on your personal values and wishes. It is important to put your choice of agent in writing. The written form is often called an “advance directive.” You may use this form or another form, as long as it meets the legal requirements of Illinois. There are many written and online resources to guide you and your loved ones in having a conversation about these issues. You may find it helpful to look at these resources while thinking about and discussing your advance directive.

What are the things I want my health care agent to know?

The selection of your agent should be considered carefully, as your agent will have the ultimate decision making authority once this document goes into effect, in most instances after you are no longer able to make your own decisions. While the goal is for your agent to make decisions in keeping with your preferences and in the majority of circumstances that is what happens, please know that the law does allow your agent to make decisions to direct or refuse health care interventions or withdraw treatment. Your agent will need to think about conversations you have had, your personality, and how you handled important health care issues in the past. Therefore, it is important to talk with your agent and your family about such things as:

- (i) What is most important to you in your life?
- (ii) How important is it to you to avoid pain and suffering?
- (iii) If you had to choose, is it more important to you to live as long as possible, or to avoid prolonged suffering or disability?
- (iv) Would you rather be at home or in a hospital for the last days or weeks of your life?
- (v) Do you have religious, spiritual, or cultural beliefs that you want your agent and others to consider?
- (vi) Do you wish to make a significant contribution to medical science after your death through organ or whole body donation?

- (vii) Do you have an existing advanced directive, such as a living will, that contains your specific wishes about health care that is only delaying your death?

If you have another advance directive, make sure to discuss with your agent the directive and the treatment decisions contained within that outline your preferences. Make sure that your agent agrees to honor the wishes expressed in your advance directive.

What kind of decisions can my agent make?

If there is ever a period of time when your physician determines that you cannot make your own health care decisions, or if you do not want to make your own decisions, some of the decisions your agent could make are to:

- (i) talk with physicians and other health care providers about your condition;
- (ii) see medical records and approve who else can see them;
- (iii) give permission for medical tests, medicines, surgery, or other treatments;
- (iv) choose where you receive care and which physicians and others provide it;
- (v) decide to accept, withdraw, or decline treatments designed to keep you alive if you are near death or not likely to recover. You may choose to include guidelines and/or restrictions to your agent's authority;
- (vi) agree or decline to donate your organs or your whole body if you have not already made this decision yourself. This could include donation for transplant, research, and/or education. You should let your agent know whether you are registered as a donor in the First Person Consent registry maintained by the Illinois Secretary of State or whether you have agreed to donate your whole body for medical research and/or education;
- (vii) decide what to do with your remains after you have died, if you have not already made plans;
- (viii) talk with your other loved ones to help come to a decision (but your designated agent will have the final say over your other loved ones).

Your agent is not automatically responsible for your health care expenses.

Whom should I choose to be my health care agent?

You can pick a family member, but you do not have to. Your agent will have the responsibility to make medical treatment decisions, even if other people close to

you might urge a different decision. The selection of your agent should be done carefully, as he or she will have ultimate decision-making authority for your treatment decisions once you are no longer able to voice your preferences. Choose a family member, friend, or other person who:

- (i) is at least 18 years old;
- (ii) knows you well;
- (iii) you trust to do what is best for you and is willing to carry out your wishes, even if he or she may not agree with your wishes;
- (iv) would be comfortable talking with and questioning your physicians and other health care providers;
- (v) would not be too upset to carry out your wishes if you became very sick; and
- (vi) can be there for you when you need it and is willing to accept this important role.

What if my agent is not available or is unwilling to make decisions for me?

If the person who is your first choice is unable to carry out this role, then the second agent you chose will make the decisions; if your second agent is not available, then the third agent you chose will make the decisions. The second and third agents are called your successor agents and they function as back-up agents to your first choice agent and may act only one at a time and in the order you list them.

What will happen if I do not choose a health care agent?

If you become unable to make your own health care decisions and have not named an agent in writing, your physician and other health care providers will ask a family member, friend, or guardian to make decisions for you. In Illinois, a law directs which of these individuals will be consulted. In that law, each of these individuals is called a “surrogate.” There are reasons why you may want to name an agent rather than rely on a surrogate:

- (i) The person or people listed by this law may not be who you would want to make decisions for you;
- (ii) Some family members or friends might not be able or willing to make decisions as you would want them to;
- (iii) Family members and friends may disagree with one another about the best decisions;
- (iv) Under some circumstances, a surrogate may not be able to make the same kinds of decisions that an agent can make.

What if there is no one available whom I trust to be my agent?

In this situation, it is especially important to talk to your physician and other health care providers and create written guidance about what you want or do not want, in case you are ever critically ill and cannot express your own wishes. You can complete a living will. You can also write your wishes down and/or discuss them with your physician or other health care provider and ask him or her to write it down in your chart. You might also want to use written or online resources to guide you through this process.

What do I do with this form once I complete it?

Follow these instructions after you have completed the form:

- (i) Sign the form in front of a witness. See the form for a list of who can and cannot witness it;
- (ii) Ask the witness to sign it, too;
- (iii) There is no need to have the form notarized;
- (iv) Give a copy to your agent and to each of your successor agents;
- (v) Give another copy to your physician;
- (vi) Take a copy with you when you go to the hospital;
- (vii) Show it to your family and friends and others who care for you.

What if I change my mind?

You may change your mind at any time. If you do, tell someone who is at least 18 years old that you have changed your mind, and/or destroy your document and any copies. If you wish, fill out a new form and make sure everyone you gave the old form to has a copy of the new one, including, but not limited to, your agents and your physicians.

What if I do not want to use this form?

In the event you do not want to use the Illinois statutory form provided here, any document you complete must be executed by you, designate an agent who is over 18 years of age and not prohibited from serving as your agent, and state the agent's powers, but it need not be witnessed or conform in any other respect to the statutory health care power.

If you have questions about the use of any form, you may want to consult your physician, other health care provider, and/or an attorney.

_____ (Principal's initials)

MY POWER OF ATTORNEY FOR HEALTH CARE

THIS POWER OF ATTORNEY REVOKES ALL MY PREVIOUS POWERS OF ATTORNEY FOR HEALTH CARE. *(You must sign this form and a witness must also sign it before it is valid.)*

My name (print your full name): _____

My address: _____

MY HEALTH CARE AGENT: I WANT THE FOLLOWING PERSON TO BE MY HEALTH CARE AGENT (An agent is your personal representative under state and federal law):

Agent name: _____

Agent address: _____

Agent phone number: _____

____ (Please check box if applicable) If a guardian of my person is to be appointed, I nominate the agent acting under this power of attorney as guardian.

MY SUCCESSOR HEALTH CARE AGENT(S) (optional): If the agent I selected is unable or does not want to make health care decisions for me, then I request the person(s) I name below to be my successor health care agent(s). Only one person at a time can serve as my agent (add another page if you want to add more successor agent names).

Successor Agent #1 name: _____

Successor Agent #1 address: _____

Successor Agent #1 phone number: _____

Successor Agent #2 name: _____

Successor Agent #2 address: _____

Successor Agent #2 phone number: _____

MY AGENT’S DECISION-MAKING AUTHORITY: MY AGENT CAN MAKE HEALTH CARE DECISIONS FOR ME, INCLUDING:

- (i) Deciding to accept, withdraw or decline treatment for any physical or mental condition of mine, including life-and-death decisions;
- (ii) Agreeing to admit me to or discharge me from any hospital, home, or other institution, including a mental health facility;
- (iii) Having complete access to my medical and mental health records, and sharing them with others as needed, including after I die;
- (iv) Carrying out the plans I have already made, or, if I have not done so, making decisions about my body or remains, including organ, tissue or whole body donation, autopsy, cremation, and burial.

The above grant of power is intended to be as broad as possible so that my agent will have the authority to make any decision I could make to obtain or terminate any type of health care, including withdrawal of nutrition and hydration and other life-sustaining measures.

I AUTHORIZE MY AGENT TO *(please place your initials on any one line below)*:

_____ Make decisions for me only when I cannot make them for myself. The physician(s) taking care of me will determine when I lack this ability. (If no box is initialed, then the box above shall be implemented.)

OR

_____ Make decisions for me only when I cannot make them for myself. The physician(s) taking care of me will determine when I lack this ability. Starting now, for the purpose of assisting me with my health care plans and decisions, my agent shall have complete access to my medical and mental health records, the authority to share them with others as needed, and the complete ability to communicate with my personal physician(s) and other health care providers, including the ability to require an opinion of my physician as to whether I lack the ability to make decisions for myself.

OR

_____ Make decisions for me starting now and continuing after I am no longer able to make them for myself. While I am still able to make my own decisions, I can still do so if I want to.

MY LIFE-SUSTAINING TREATMENT: The subject of life-sustaining treatment is of particular importance. Life-sustaining treatments may include tube feedings or fluids through a tube, breathing machines, and CPR. In general, in making decisions concerning life-sustaining treatment, your agent is instructed to consider the relief of suffering, the quality as well as the possible extension of your life, and your previously expressed wishes. Your agent will weigh the burdens versus benefits of proposed treatments in making decisions on your behalf.

Additional statements concerning the withholding or removal of life-sustaining treatment are described below. These can serve as a guide for your agent when making decisions for you. Ask your physician or health care provider if you have any questions about these statements.

SELECT ONLY ONE STATEMENT BELOW THAT BEST EXPRESSES YOUR WISHES (optional):

_____ *(This statement is based on the teachings and traditions of the Catholic Church and is suggested as an alternative to the two statements below.)* In general, I want means to sustain my life, including treatments which are not excessively burdensome or ineffective; however, I do not want treatment if the burdens associated with it outweigh the expected benefits or if the treatment would be ineffective. I want my agent to consider the relief of suffering and the burdens associated with treatment(s) when considering starting, withdrawing and/or withholding any type of treatment.

OR

_____ The quality of my life is more important than the length of my life. If I am unconscious and my attending physician believes, in accordance with reasonable medical standards, that I will not wake up or recover my ability to think, communicate with my family and friends, and experience my surroundings, I do not want treatments to prolong my life or delay my death, but I do want treatment or care to make me comfortable and to relieve me of pain.

OR

_____ Staying alive is more important to me, no matter how sick I am, how much I am suffering, the cost of the procedures, or how unlikely my chances for recovery are. I want my life to be prolonged to the greatest extent possible in accordance with reasonable medical standards.

SPECIFIC LIMITATIONS TO MY AGENT’S DECISION-MAKING AUTHORITY: The above grant of power is intended to be as broad as possible so that your agent will have the authority to make any decision you could make to obtain or terminate any type of health care. If you wish to limit the scope of your agent’s powers or prescribe special rules or limit the power to authorize autopsy or dispose of remains, you may do so specifically in this form.

(The following are optional statements based on the teachings and traditions of the Catholic Church. Under the law, you may include any one or more of the following statements in your power of attorney for health care by placing your initials on the line appearing before the statement(s). Statements that are not initialed will not be effective.)

- A. _____ **Fidelity to Catholic Teaching.** I intend the instructions in this form to be consistent with the teachings of the Roman Catholic Church.

- B. _____ **Statement of Faith.** I believe that my life is a precious gift from God and that earthly life is only a beginning. I believe that I have ultimately been created for eternal life, that death is not the ultimate end, but a transition to a new life. Therefore, I wish to face death with the confidence of faith.

- C. _____ **Allow Preparation for Death.** If I am in danger of death, I wish to be provided with whatever information is necessary to help me understand my condition and to discuss my condition with family members and care providers. I wish that I, and my Agent acting on my behalf, be offered the appropriate medical information that would make it possible to address the morally legitimate choices that are available. I wish to be provided the spiritual support as well as the opportunity to receive the sacraments in order to prepare well for death.

- D. _____ **Euthanasia and Assisted Suicide.** I reject any action or omission which, of itself and by intention, causes death in order to alleviate suffering, commonly referred to as “euthanasia.” I do not wish to be encouraged to take my own life or to be provided with the means necessary to bring about my own death through “assisted suicide.” Foregoing means of preserving life that are too burdensome to me, or insufficiently beneficial for sustaining my life, is not the same as euthanasia or assisted suicide.

- E. _____ **Nutrition and/or Hydration.** In general, because nutrition and/or hydration are necessary for survival, they should be provided to me. There are certain circumstances, however, in which nutrition and/or hydration

may not be ethically obligatory and may be withheld or withdrawn. I wish to always be offered food and water by mouth if I am able to orally ingest and assimilate them. Nutrition and/or hydration should be offered if I am in a chronic and presumably irreversible condition which would make me unable to take food orally, but in which I would be reasonably expected to survive if provided with basic care (e.g. in the rare case that I am in a “persistent vegetative state” and not actively dying).

Medically-assisted nutrition and/or hydration is not ethically obligatory in these conditions: ¹

- (i) If the provision of nutrition and/or hydration cannot reasonably be expected to prolong my life.
- (ii) If I judge, or, if I am not decisional, my Agent judges, based on demonstrable evidence, that certain means to provide nutrition and/or hydration would be “excessively burdensome” for me. An intervention may be considered “excessively burdensome” when, in my judgment or the judgment of my Agent acting on my behalf, it is “too painful, too harmful, too psychologically repugnant to me, too restrictive of my mental abilities, too limiting to my freedom or preferred activities (as may be the case if I would require being restrained physically or chemically to prevent me from pulling out a feeding tube), or too costly.”
 - a. I ask to be fed by mouth to the extent possible before resorting to medically-assisted nutrition and/or hydration or before discontinuing the oral provision of nutrition and/or hydration if I am also receiving medically-assisted nutrition and/or hydration.
 - b. If I may benefit nutritionally from medically assisted nutrition and/or hydration, but can also take food by mouth, it may be acceptable to opt for feeding by mouth, even if receiving nutrition and/or hydration by mouth carries with it certain risks or provides less nutritional value, provided that I or my Agent judges that the benefits of eating by mouth (e.g. the

¹ Cf. USCCB, *Ethical and Religious Directives for Catholic Healthcare Services*, 5th Edition (2009): Introduction to Part V: Issues in Care for the Seriously Ill and Dying, and no. 58.

enjoyment of eating, the interpersonal dimension) are worth the risks involved, and informed consent is provided.

- c. If I am not decisional but still object to the decisions of my Agent, attention should be given to my desires and willingness to attempt eating (e.g. nutrition and/or hydration shall not be withheld from a non-decisional person who has dementia but who is able and agreeable to eating with encouragement, even if the decision-maker requests denying nutrition and/or hydration.)
 - (iii) If the provision of nutrition and/or hydration would cause me significant physical discomfort, for example resulting from complications in use of the means employed (e.g. aspiration pneumonia, infection).
 - (iv) If I am drawing close to inevitable death from an underlying progressive and fatal condition and providing nutrition and/or hydration would offer only a very limited ability to prolong life or provide comfort.

- F. _____ **Pain Relief.** I wish to be kept as free from pain as possible so that I may die comfortably and with dignity, and in the place where I wish to die. Medicines capable of alleviating or suppressing pain may be given to me, even if this therapy may indirectly shorten my life, so long as the intent is not to hasten or cause my death. If I am experiencing suffering that cannot be alleviated, I ask that competent Catholic spiritual counsel be provided to me to help me appreciate the Christian understanding of redemptive suffering.

- G. _____ **Consciousness.** Because a person has the right to prepare for his or her death while fully conscious, I do not want to be deprived of consciousness without a compelling reason.

- H. _____ **Pregnancy.** If this document is applied at any time when I am pregnant, defined as beginning at fertilization, I direct my health care agent and my physician to also recognize my unborn child as a human patient under their care. Notwithstanding any other provision of this form, no one shall authorize or perform a direct abortion on me (that is, a directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus.)

I. _____ **Gamete Extraction.** My Agent shall have no power to consent to or direct the medically assisted extraction of my gametes (sperm or eggs) for the purposes of artificial reproduction or for the production of embryos to be used in research.

J. _____ **Access to Sacraments.** Under no circumstances shall I be denied access to the Catholic sacraments where and when they are commonly available. Under no circumstances shall I be denied access to Catholic clergy and other competent Catholic spiritual counsel, including clergy and counsel of my own choosing.

K. _____ **Disclosure of Medical Records.** I consent and direct that, and I direct my agent to consent and direct that, the contents of my medical records be disclosed by my health care providers to the following third parties, upon request of the respective third party (e.g., if there are other family members you would like to be able to review your medical records along with your health care agent or successor health care agent):

L. _____ **Visitation.** I consent to and direct that, and I direct my agent to consent and direct that, the following individuals be given reasonable access to visit me (e.g., family members or friends you want to be allowed to visit you):

M. _____ **Catholic Burial.** I would like my loved ones to pray for me after I have departed from this life and ask for the grace of a Catholic funeral Mass. My remains shall be interred in keeping with the teachings and traditions of the Catholic Church. *(If you initial this statement M, you may also initial one of the following optional statements.)*

(i) _____ I do not wish for my remains to be cremated.

OR

(ii) _____ I wish for my remains to be cremated. If I am cremated, my remains must be placed in a vessel that respects the sacred nature of the remains and, once burial rites have been held and

the cremation has occurred, my remains must be brought to the cemetery for final disposition where their presence witnesses to my faith in the resurrection of the body.

N. _____ **Desire for Unity.** I am grateful to my Agent for being willing to make decisions on my behalf. I desire that my family and loved ones remain as united as possible, and that my Agent's decisions be respected and supported.

(If you wish to include further limitations or special rules, you may do so below.)

My Signature: _____

Today's Date: _____

WITNESS: HAVE YOUR WITNESS AGREE TO WHAT IS WRITTEN BELOW, AND THEN COMPLETE THE SIGNATURE PORTION:

I am at least 18 years old. (*Initial one of the options below*):

_____ I saw the principal sign this document, OR

_____ the principal told me that the signature or mark on the principal signature line is his or hers.

I am not the agent or successor agent(s) named in this document. I am not related to the principal, the agent, or the successor agent(s) by blood, marriage, or adoption. I am not the principal's physician, advanced practice nurse, dentist, podiatric physician, optometrist, psychologist, or a relative of one of those individuals. I am not an owner or operator (or the relative of an owner or operator) of the health care facility where the principal is a patient or resident.

Witness signature: _____

Witness printed name: _____

Witness address: _____

Today's date: _____

“Even the weakest and most vulnerable,
the sick, the old, the unborn and the poor are
MASTERPIECES OF GOD’S CREATION,
made in his own image, destined to live forever,
and deserving of the utmost reverence
and respect.”

Pope Francis



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