

Advance Medical Directive

For the benefit of those who will make decisions on my behalf should I become incompetent, I hereby express my desires about some issues that others may face in providing my care. Most of what I state here is general in nature since I cannot anticipate all the possible circumstances of a future illness. I direct that those caring for me avoid doing anything that is contrary to the moral teaching of the Catholic Church. If I fall terminally ill, I ask that I be told of this so that I might prepare myself for death, and I ask that efforts be made that I be attended by a Catholic priest and receive the Sacraments of Reconciliation and Anointing as well as Viaticum.

Those making decisions on my behalf should be guided by the moral teachings of the Catholic Church contained in, but not limited to, the following documents: *Declaration on Euthanasia*, Congregation for the Doctrine of the Faith, Rome, 1980; *Ethical and Religious Directives for Catholic Health Care Services*, United States Conference of Catholic Bishops, July 2001; *Nutrition and Hydration: Moral and Pastoral Reflections*, Committee for Pro-Life Activities, National Conference of Catholic Bishops, May 2001.

I want those making decisions on my behalf to avoid doing anything that intends and directly causes my death by deed or omission. Medical treatments may be forgone or withdrawn if they do not offer a reasonable hope of benefit to me or if they entail excessive burdens, or impose excessive expense on my family or the community. There should be a presumption in favor of providing me with nutrition and hydration, assuming of course they are of benefit to me. 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.

If, in the medical judgment of my attending physician, death is imminent, even in spite of the means which may be used to conserve my life, and if I have received the Sacraments of the Church, I direct that there be forgone or withdrawn treatment that will only maintain a precarious and burdensome prolongation of my life, unless those responsible for my care judge at that time that there are special and significant reasons why I should continue to receive such care (such as those listed below).

Believing none of the following directives conflicts with the teachings of my Catholic Faith, I hereby add the following special provisions and/or limitations to my future health care: (Examples: "I would like my tissue and organs to be used for research or transplants after I am dead." "I would like all reasonable steps to be taken to allow me to see my family—or be reconciled with someone from whom I may have become estranged." "If at all possible, I would like to die at home, or at least in a hospice that has the appearance of a home setting.")

Signature _____ Date _____

Witness _____ Date _____ Witness _____ Date _____

I affirm that the principal is at least eighteen years of age, of sound mind, and under no undue influence.

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Note: This Advance Medical Directive may be completed independently or as an extension of the Health Care Proxy on the reverse.