

# IMPORTANT INFORMATION ABOUT THE ADVANCE HEALTH CARE DIRECTIVE

## A. WHAT IS AN ADVANCE HEALTH CARE DIRECTIVE (AHCD)?

An AHCD is a legal document that authorizes someone to make health care decisions for you in case you become unable to make them for yourself. The person you so designate is called your “agent” or “proxy” or “attorney in fact.” Despite the technical name “attorney,” this person is not ordinarily a lawyer; usually a family member or close friend is chosen.

## B. SHOULD YOU EXECUTE AN AHCD?

Although you are not required to execute such a directive it may be to your advantage, because:

1. It is generally advisable to make provisions for an unexpected illness that might leave you unable to make medical decisions for yourself.
2. It is prudent to specify whom you desire to make health-care decisions for you as well as alternate agents in case that person cannot fulfill the role at the time needed. Your designation should be reviewed periodically since relationships change over time.
3. Finally, executing an AHCD serves the valuable function of encouraging you to think seriously about these issues and to discuss them thoroughly with the person or persons whom you want making your health-care decisions if you become incapacitated.

## C. WHEN IS THE BEST TIME TO EXECUTE AN AHCD?

It is best to execute an AHCD while healthy and of sound mind and able to discuss these matters thoroughly and calmly with your family and future agent(s). It is wise not to put it off until you reach old age or are in poor health. Serious accidents or sudden catastrophic illnesses can happen at any age. Don’t wait until an emergency admission to a hospital, when anxiety, medical procedures, and perhaps the illness itself prevent due reflection and discussion with your future agent(s).

## D. HOW DOES THIS ROMAN CATHOLIC AHCD FORM DIFFER FROM OTHER AHCDs?

The AHCD form accompanying this brochure is an attempt to facilitate an ethically informed approach to health-care decision-making by explicitly incorporating key sanctity-of-life principles as taught by the Roman Catholic Church. It is suitable for any person who upholds sanctity-of-life principles.

## E. WHAT ARE THE SANCTITY-OF-LIFE PRINCIPLES REFLECTED IN THIS AHCD?

There is a long tradition of Catholic moral teaching on this topic that has been refined over the past several centuries. The most authoritative statement of the Catholic Church’s teaching is the *Declaration on Euthanasia*, promulgated by the Sacred Congregation for the Doctrine of the Faith. Its essential points can be summarized as follows:

### 1. Value of Human Life

Human life is a gift from God, of which we are stewards, not masters. It must be treated and valued as such. Therefore, no intentional taking of an innocent human life is acceptable, whether one’s own or that of another.

### 2. Attitude Toward Death and Suffering

Death is neither to be feared and avoided at all costs, nor to be sought and directly procured, but rather to be accepted whenever, wherever, and however God wants.

The use of painkillers is permitted, recommended, and generally helpful. Modern pain control techniques do not, in fact, shorten life. However, the use of medicine to treat severe pain is acceptable even if, hypothetically, it were to shorten life. Maintenance of lucidity is an important element in preparing for death, but severe pain should be alleviated to the extent possible. For the patient unable to communicate, the presumption should be made to alleviate pain. In any event, pain control is not the same as euthanasia since death is not the objective of the treatment.

Suffering is not the ultimate evil. For a Christian, whatever suffering cannot be alleviated has the positive value of uniting the person with the sufferings of Christ and constitutes participation in His redemptive sacrifice. The ultimate evil, rather, is sin.

## 3. Definitions of Euthanasia and Suicide

Euthanasia is the intentional ending of the life of another, whether by act or omission, in order to relieve suffering. It is always objectively wrong, because it usurps God’s dominion over human life.

Suicide is the intentional ending of one’s own life, whether by act or omission. Even in circumstances where someone is not morally culpable, it is always objectively wrong.

## 4. Due Proportion in the Use of Life-Sustaining Treatments

Everyone has a duty to care for his or her own health or to seek such care from others; however, it is not always necessary to use all life-sustaining treatments. Indeed, one does not have an obligation to use a treatment which is morally extraordinary, i.e., the risks or burdens of the treatment are disproportionate to its expected results.

In considering the concept of “burden,” the individual should take into account the treatment’s type, complexities, cost, possibilities of use, and the pain or discomfort it imposes. The comparison of these factors with the expected result should also take into account the totality of the sick person’s circumstances, including his or her physical and moral resources.

It is important to understand that the morally relevant burdens and benefits are those pertaining to the proposed treatment, not the burdens of life itself. Therefore, a person is obligated to accept nonburdensome life-sustaining treatments.

## F. SOME IMPORTANT CONSIDERATIONS

It is impossible for anyone to formulate informed treatment preferences in advance for every conceivable medical scenario. The condition of patients often changes in sudden and unexpected ways, and

*Continued on reverse*

**I have executed an  
ADVANCE HEALTH CARE DIRECTIVE.**

MY AGENT IS \_\_\_\_\_

TELEPHONE: (    ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

what might be appropriate treatment at one moment might be inappropriate at another. Also, what others, including your doctor and the courts, will understand by your words in a particular medical situation will not necessarily be exactly what you had in mind when you filled out the form (see AHCD Section 2.3). Doctors may be legally bound to do what you have written, whether or not you would have intended it in that circumstance, even if it means your death. Phrases such as “terminal illness,” “imminent death,” “no reasonable hope for recovery,” “incurable or irreversible condition,” being kept alive “artificially,” “heroic or extraordinary treatment,” and even “medical treatment” are open to multiple interpretations.

For example, many people who fill out these documents may not realize that the term “medical treatment” is now interpreted in most hospitals and courts to include food and water provided by tube or with other medical assistance. Thus, by rejecting “medical treatment” in a particular situation, you could be forced to die of starvation and dehydration, even though what you had in mind when filling out the document might have been things like breathing machines, chemotherapy, or dialysis.

Therefore, it is best not to undermine the advantages of the AHCD by tying the hands of your doctor and your agent through overly general and ambiguous terminology in this section of the form. It is wiser merely to authorize someone you trust to make health-care decisions for you if you become unable to do so. If you choose a person who shares your values and moral principles, and if you discuss those principles together, you can have greater confidence that the medical decisions made for you will be those that you would have made for yourself.

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1ST ALTERNATE AGENT: \_\_\_\_\_.

TELEPHONE: (     ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

2ND ALTERNATE AGENT: \_\_\_\_\_.

TELEPHONE: (     ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

# ADVANCE HEALTH CARE DIRECTIVE

(Under Authority of California Probate Code Sections 4670 et seq.)

## CATHOLIC TEACHING CONCERNING EUTHANASIA

**Death Is A Normal Part of the Human Condition.** Death is neither to be feared and avoided at all costs, nor to be sought and directly procured.

**Euthanasia Is Wrong.** Euthanasia is not permitted. Euthanasia is defined as the intentional ending of human life by act or omission in order to relieve suffering.

**Pain Relief.** Modern pain control techniques do not ordinarily shorten life. However, the use of medicine to treat severe pain is acceptable even if, hypothetically, it were to shorten life. In any event, pain control is not the same as euthanasia, since death is not the objective of the treatment. Maintenance of lucidity is an important element in preparing for death, but severe pain should be alleviated to the extent possible.

**Proportionality of Life-Sustaining Medical Treatment.** Decisions to administer, refuse, or discontinue life-sustaining treatment should be based on the concept of proportionality. One does not have an obligation to pursue a life-sustaining treatment if its risks or burdens are disproportionate to its expected benefits. The concept of burden is broad and must be individually assessed; it includes aspects such as the discomfort, risk, and expense of the treatment in question.

**Nutrition and Hydration (Food and Water).** The failure to provide a patient with nutrition and hydration – *for the purpose of ending the patient's life or accelerating the patient's death* – constitutes euthanasia and is always wrong, even when nourishment must be provided by artificial means. However, situations can arise where the provision of nutrition and hydration no longer provides substantial benefits and is actually burdensome to a dying patient. In such cases, the provision of food and water, by artificial means or otherwise, may no longer be appropriate, even if the dying process is *incidentally* hastened.

**Consultation with Medical and Spiritual Advisors.** It is not always easy for patients, family, or health care agents to apply the principles of proportionality to a particular situation. Consultation with medical advisors is almost always required in order to evaluate potential benefits, burdens, and risks. Consultation with competent spiritual advisors may help patients, family, or health care agents arrive at objective and honest decisions.

**More Detailed Guidance Is Available.** Most of the foregoing principles are drawn from the *Declaration on Euthanasia* which was promulgated in 1980 by the Vatican Congregation for the Doctrine of the Faith. Additional Church documents and guidance can be found on the website of the United States Conference of Catholic Bishops: [www.usccb.org/prolife](http://www.usccb.org/prolife).

### Part 1 – POWER OF ATTORNEY FOR HEALTH CARE

1.1 **Primary Appointment.** I, \_\_\_\_\_, hereby designate the following individual as my agent to make health care decisions for me:

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

1.2 **First Alternate Appointment.** If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

1.3 **Second Alternate Appointment.** If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

1.4 **Agent's Authority.** My agent is authorized to make all health care decisions for me, including decisions to provide, withhold or withdraw medical treatment to keep me alive, *except as I state in Part 2 below.*

1.5 **When Agent's Authority Becomes Effective.** My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions.

1.6 **Agent's Obligation.** My agent shall make health care decisions for me in accordance with (i) this power of attorney for health care, (ii) any instructions I give in Part 2 of this form, and (iii) my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

1.7 **Agent's Post-Death Authority.** My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Parts 3 and 4 of this form:

\_\_\_\_\_  
\_\_\_\_\_  
[Continue on Page 5 if necessary]

## Part 2 – INSTRUCTIONS FOR HEALTH CARE

2.1 **Health Care Decisions Should Be Consistent With Catholic Teaching.** Any decision concerning my health care should be consistent with relevant teachings of the Roman Catholic Church. Those teachings are summarized on the first page of this Advance Health Care Directive.

2.2 **End-Of-Life Decisions.** It is impossible to adequately anticipate all the considerations which must be weighed at the time when a decision concerning life-sustaining treatment is to be made. Therefore, if I have appointed an agent in Part 1 above, I have full confidence in the judgment of that person, and I request that my health care providers follow his or her instructions.

2.3 **Special Instructions (Optional).** The following lines may be used to set forth any further directions, limitations, or statements concerning health care, treatment, services and procedures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
[Continue on Page 5 if necessary]

### Part 3 – DONATION OF ORGANS (OPTIONAL)

The agent designated in this document has the authority to make anatomical gifts unless contrary intentions have been expressed. In order to clearly express your intentions, check (a) or (b) and use blank spaces for any limitations:

- (a) I do not wish to donate any of my organs, tissues or parts upon my death.  
 (b) I give any needed organs, tissues, or parts,

**OR** – My gift is limited to the following organs, tissues or parts only:

\_\_\_\_\_

My gift is for the following purposes (cross out any of the following you do not want):

- (1) Transplant (2) Therapy (3) Research (4) Education

Other limitations: \_\_\_\_\_

### Part 4 – DISPOSITION OF REMAINS (OPTIONAL)

4.1 **Agent's Authority.** I understand that my agent designated in this document has the authority to dispose of my remains unless I otherwise provide, in writing.

4.2 **Instructions.** My instructions for the disposition of my remains are described in:

(a) A written contract for funeral services with: \_\_\_\_\_  
*Name of Funeral Director, Mortuary and/or Cemetery*

(b) My will, which I keep: \_\_\_\_\_  
*Location of Will*

(c) Instructions as follows: \_\_\_\_\_  
\_\_\_\_\_  
*Specific Instructions*

### Part 5 – HIPAA DISCLOSURE AUTHORIZATION

5.1 **Authorized Disclosures of Medical Information.** I hereby grant to each of the individuals named as my primary and alternative health care agents in Part 1 of this document full power and authority to request, review and receive any information, verbal or written, regarding my physical or mental health, to the same extent that I myself would have such rights under the Health Insurance Portability and Accountability Act of 1996. I further grant to each of said individuals the further right to consent to the disclosure of such information to third parties.

5.2 **HIPAA Authorization Effective Immediately.** The foregoing authorizations are effective immediately and, notwithstanding the provisions of Section 1.5 above, are not contingent on my own inability to make health care decisions.

### Part 6 – REVOCATION OF PRIOR DIRECTIVES

6.1 **Revocation of Prior Appointments of Health Care Agents.** By execution of this document, I hereby revoke all prior Powers of Attorney for Health Care and any and all other appointments of health care agents under the laws of any jurisdiction within or without the United States of America.

6.2 **Revocation of Prior Health Care Directives.** By execution of this document, I hereby revoke all prior documents, wherever executed within or without the United States of America, which would be deemed to function as an Advance Health Care Directive under the laws of the State of California.

### Part 7 – SIGNATURE AND WITNESSES

7.1 **Effect of Copy.** A copy of this form has the same effect as the original.

7.2 **Signature and Date.**

Date of Signature: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
*(sign your name)*

Place of Signature: \_\_\_\_\_





## CHECKLIST FOR ADVANCE HEALTH CARE DIRECTIVE

**TO ENSURE THAT YOU HAVE COMPLETED THIS FORM PROPERLY, YOU SHOULD BE ABLE TO ANSWER "YES" TO EACH OF THE FOLLOWING ITEMS:**

- 1. I am a California resident who is at least 18 years old, of sound mind and acting of my own free will.
- 2. The individual I have selected to make health care decisions for me (my "Agent" or "Alternative Agent") is at least 18 years of age and, at the time when such Agent will be making health care decisions on my behalf, is not and will not be:
  - a supervising health care provider or an employee of the health care institution where I am then receiving care,
  - an operator of a community care facility or residential care facility where I am then receiving care,
  - an employee of a health care facility, community care facility or residential care facility for the elderly where I am then receiving care, unless such employee is related to me by blood, marriage or adoption, or unless I am also employed by the same health care institution, community care facility or residential facility for the elderly, and
  - my conservator under the Lanterman-Petris-Short Act, unless additional legal requirements have been met.
- 3. I have spoken with the individuals I have selected to make health care decisions on my behalf, and these individuals have agreed to do so in the event I am unable to make such decisions for myself.
- 4. We have discussed the extent to which life-sustaining treatment (for example, ventilators/respirators, dialysis, chemotherapy, surgery, tube-feeding, CPR) should be implemented or maintained on my behalf.
- 5. The individuals I have selected understand how I would act on my behalf were I able to do so.
- 6. I have given a copy of this completed form to those who may need it in case an emergency requires a decision concerning my health care, including the individuals I have selected in this form, key family members and physicians.
- 7. I have had this form either notarized OR properly witnessed.
  - a. I have obtained the signatures of two adult witnesses who personally know me (or to whom I have proven my identity).
  - b. Neither witness is
    - an Agent whom I have designated to make health care decisions of my behalf,
    - one of my health care providers or any employee of one of my health care providers,
    - the operator or any employee of a community care facility (sometimes called a "board and care home"), nor
    - the operator or any employee of a residential care facility for the elderly.
  - c. At least one witness is not related to me by blood, marriage or adoption, and is not named in my will and, so far as I know, is not entitled to any part of my estate when I die.
- 8. I understand that, if I want to change anything in this document, I must complete a new form. I should also tell everyone who received a copy of the old form that it is no longer valid and must ask that copies of the old form be returned to me so that I may destroy them.
- 9. I have signed and dated this form.
- 10. I understand that an informative brochure is available that explains this form and relevant Catholic principles in greater depth.
- 11. If I am in a skilled nursing facility, I have obtained the signature of a patient advocate or ombudsman.
- 12. If I am a Conservatee under the Lanterman-Petris-Short Act, this form may not be applicable and I should consult an attorney.
- 13. I am keeping a record of the persons who have received copies of this Advance Health Care Directive.