CATHOLIC ADVANCE MEDICAL DIRECTIVES

Making Life Decisions

Catholic Dioceses of Arlington and Richmond

"I came so that they might have life and have it more abundantly"

(JOHN 10:10)

DEFINITIONS AND INSTRUCTIONS FOR CREATING AN ADVANCE MEDICAL DIRECTIVE

A review of concepts used in Catholic moral teaching and important medical and legal terms to assist individuals and families in developing a useful, Christian-based Advance Medical Directive.

Introduction

This section is divided into four parts. Part I (Terms Used in Catholic Moral Teaching) summarizes important concepts used in the moral teachings of the Catholic Church regarding medical decision-making. Part II (Medical Terms) defines common medical terms that you may encounter in the health care setting. Part III (Legal Terms) reviews legal terms that are found in an Advance Medical Directive. Part IV (Instructions) presents general instructions consistent with Catholic teaching on how to create an Advance Medical Directive. A clear understanding of these terms and instructions will assist you in making choices for yourself and/or loved-ones in making decisions on your behalf.

PART I: TERMS USED IN CATHOLIC MORAL TEACHING

Ordinary Means vs. Extraordinary Means

Terms used by the Church to distinguish between those means that we must use to preserve human life (ordinary), and those means that we are not obligated to use (extraordinary). Means that offer no reasonable hope of benefit, are disproportionately burdensome or useless, or later become so, are *extraordinary* and therefore morally optional.[1, 2] The Church teaches that you are only morally obligated to accept or render *ordinary* means of care.[3, 4]

More recently, the Church has used the traditional terms "ordinary" and "extraordinary" interchangeably with the terms "proportionate" and "disproportionate," as these more modern terms are more precise and practical when weighing the various issues raised by a serious health problem.

Proportionate Means

Measures that provide a reasonable hope of benefit and do not impose excessive burdens on the patient and family.[5] The Church teaches that such care always includes adequate pain relief, personal cleanliness, a comfortable, safe environment, and the presence of loved ones. These ordinary means are always *proportionate* and therefore obligatory. The provision of nutrition and hydration, even by artificial methods, is considered to be proportionate and therefore morally obligatory except in cases where such provision is useless or imposes an excessive burden.[6] There are other means, for example medical procedures, which initially may be proportionate but later become disproportionate as circumstances change.[7, 8]

Disproportionate Means

Measures that do not offer a reasonable hope of benefit or that impose excessive burdens on the patient or family. Disproportionate or extraordinary means would be interventions or treatments that are likely to cause harm or undesirable side-effects out of proportion to the benefit they might offer.[9] The Church states that you or the person designated to make decisions for you may forgo disproportionate or extraordinary means of preserving life.[10, 11, 12]

PART II: MEDICAL TERMS

Brain Death

Defined by the medical profession and the Commonwealth of Virginia as the irreversible loss of all brain function, from which recovery is not possible. Brain death can be established with certainty based on strict guidelines that have been established by the neurological profession. When a physician, who must be a specialist in the field of neurology, neurosurgery or critical care medicine, confirms a diagnosis of brain death, the person is considered both medically and legally to be dead. Death is pronounced as having occurred at the point when brain activity ceased, and not necessarily heart-lung activity, so a person can be pronounced dead even if connected to life-support equipment.

Coma
Medically defined as an abnormal state of unconsciousness. A person in coma is alive, but lies with the eyes closed and does not meaningfully respond to stimulation.[15] There are variations in the degree of coma. In deep coma, the person may show no reactions of any kind. In lighter stages, sometimes called "semicomatose," the person may stir or moan to vigorous stimulation. Coma ends with the person either waking up, dying or passing into a *persistent vegetative state*.[16]

Persistent Vegetative State (PVS)
Defined medically[17] and legally[18] as a condition where a person has completely lost the ability to think and reason, but retains basic vital bodily functions such as heart function, respiration and blood pressure. The person's eyes may open, and movements and sleep-wake cycles may occur, but the person cannot speak or obey commands. The person has no self-awareness or awareness of the environment.[19] Because this state is typically due to severe brain damage, improvement in the person's condition is extremely rare.[20]

DNR
DNR stands for Do Not Resuscitate, which is a medical order written by a physician that directs cardiopulmonary resuscitation (CPR) be withheld from a patient in the event of cardiac or respiratory arrest. It must be understood that CPR may entail not only giving compressions to the chest but also inserting a breathing tube down the person's windpipe and connecting the person to a mechanical ventilator, and/or delivering electrical shocks to the heart.[21]

Under Virginia law, a DNR order does not restrict a physician or hospital from providing other medical interventions such as intravenous fluids, oxygen or therapies deemed necessary to provide comfort care or to alleviate pain.[22]

Palliative Care
Palliative care, frequently also referred to as "comfort care" or "comfort measures," means treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of the patient as he or she experiences the stress of a chronic illness and/or the dying process, rather than investigating and initiating treatment and interventions for the purpose of seeking a cure or prolongation of life.[23]

PART III: LEGAL TERMS

Advance Medical Directive
A witnessed legal instrument that makes known what type of health care you would or would not want if you ever become incapacitated and unable to express these wishes yourself. An Advance Medical Directive generally has four sections.

In the first section, called "Appointment of Health Care Agent," you may name another person or persons to act as your Agent(s) in making health care decisions for you if you become unable to make these decisions yourself because of mental or physical illness or injury.[24] In the second section, called "Instructions about my Health Care to my Health Care Agent(s) and All Medical Personnel," you may state the types of treatment you would or would not want your physician to provide should the situation arise when you are unable to make or communicate treatment decisions for yourself. A part of this section, sometimes called a "Living Will," specifically addresses your desires regarding what type of care and treatment you would or would not want should you have a terminal condition and your death is imminent. In the third section, you may document your preferences about organ, tissue and eye donation, and appoint an Agent to make organ donation decisions on your behalf following your death. The Advance Medical Directive is completed in the fourth section after you sign the document in the presence of two witnesses.

Under Virginia law, an Advance Medical Directive serves the same or a similar function as other documents called a "Durable Health Care Power of Attorney," a "Health Care Proxy," or a "Living Will."[25] Also be aware that even if you do not complete and sign an Advance Medical Directive form, if you are diagnosed with a terminal condition and your death is imminent, the Commonwealth of Virginia will accept an oral statement by you to your physician about what treatment you would or would not want your physician to provide you.

Agent (more precisely "Health Care Agent")
An adult 18 years of age or older appointed to make health care decisions for another person (called the Declarant in an Advance Medical Directive, see below). A Health Care Agent must also be capable of understanding, making and communicating informed health care decisions to the Declarant's physicians. The Health Care Agent's responsibilities on the Declarant's behalf may include consenting to or refusing medical treatment, authorizing admission to a hospital or mental health facility, transfer to another facility, and making arrangements for organ donation after death.[26] Under Virginia law, the Health Care Agent is not allowed to restrict visitors unless you have provided specific instructions in your Advance Medical Directive about visitation at times when you are unable to make decisions on your own behalf.[27]

Assisted Suicide
A form of euthanasia (defined below) in which a person, including a physician or other medical personnel, provides a lethal substance to or in some way assists a person in taking his or her own life.

Attending Physician
The primary physician who has responsibility for the patient's health care.

Declarant
The Declarant is the person who is making the Advance Medical Directive for himself or herself. The law states that the Declarant must be 18 years of age or older and be capable of making and communicating an informed decision when creating the Advance Medical Directive.[28]

Euthanasia *(also known as "mercy-killing")*
An action or omission (meaning failing to act) that intentionally causes a person's death, whether directly or indirectly, for the purpose of eliminating that person's suffering.

Because it involves the deliberate killing of a human person, euthanasia is always morally unacceptable.[29] Euthanasia and any form of mercy-killing, including physician-assisted suicide, is a grave violation of the law of God and completely contrary to our Christian faith.[30]

Health Care
"Health care" is legally defined as the provision of services to any individual for the purpose of preventing, alleviating, curing or healing human illness, injury or physical disability. These services may include but are not limited to giving medications, surgery, blood transfusions, chemotherapy, radiation therapy, psychiatric or other mental health treatments, admission to a hospital, nursing home, assisted living facility or other type of health care facility, and the provision of life-prolonging procedures and palliative care.

Incapable of Making an Informed Decision
(sometimes referred to as being "medically incapacitated")
The law states that a person is "incapable of making an informed decision" when he or she is unable to understand the nature, extent and probable consequences of a medical recommendation; is unable to make a rational evaluation of the risks and benefits of a proposed medical intervention and weigh it against the risks and benefits of alternatives to that intervention; or is unable to communicate such understanding in any way.
The determination that a person is incapable of making an informed decision is made by that person's attending physician along with a second physician or licensed clinical psychologist who is qualified by training or experience to assess whether a person is capable or incapable of making an informed decision. All of the evaluators must personally examine the person and then certify in writing their findings. This certification is required before a Health Care Agent is given authority to make health care decisions on another's behalf and before health care is provided, continued, withheld or withdrawn.

The law requires that this assessment be made every 180 days for as long as the person remains incapacitated and health care needs to continue.[31]

Terminal Illness
A medical condition where recovery is not expected and, as defined by the Commonwealth, death is anticipated within six months.[32]

It should be noted that the Commonwealth of Virginia has a separate legal definition for "terminal condition"

where terminal condition is more broadly defined as a condition caused by injury, disease or illness from which, to a reasonable degree of medical probability, a patient cannot recover and (1) the patient's death is imminent, or (2) the patient is in a persistent vegetative state.[33] This definition is somewhat problematic, both morally and medically, because there are conditions like PVS (defined in Part II) where a person in such a state may neither be terminally ill (that is, death expected within six months) nor imminently dying (that is, death expected in a week or less).

Witness

The witness of an Advance Medical Directive must be a person who is at least 18 years old and may include the spouse or another blood relative of the Declarant. Any physician, health care worker or employee of a hospital or physician's office is allowed to serve as a witness when creating an Advance Medical Directive.[34]

PART IV: INSTRUCTIONS [35]

The Basic Requirements

The process for creating an Advance Medical Directive in Virginia can be fairly simple and only has three essential steps: (1) an adult puts his or her health care wishes in writing, (2) he or she signs it, and (3) the document is signed by two adult witnesses. The person's spouse, other blood relatives, and health care providers are allowed by Virginia law to serve as witnesses.

The Advance Medical Directive document does not need to be notarized or reviewed by an attorney. The Catholic Bishops of Virginia have issued an Advance Medical Directive that you are welcome to use for free. However, no specific written form of an Advance Medical Directive is required under state law in Virginia. The Commonwealth of Virginia also recognizes Advance Medical Directives drawn up in other states, as long as those Directives comply with the laws of the states in which they were created and do not conflict with Virginia law. Lastly, photocopies, faxes, and computer-generated forms (like scanned PDFs) of Advance Medical Directives are all valid in Virginia.

Oral Advance Medical Directives

Typically, Advance Medical Directives should be put into writing, but the Commonwealth of Virginia does accept an oral statement as valid in the specific situation where a person has been diagnosed with a terminal illness and then states his or her treatment preferences to his or her attending physician in the presence of two witnesses.

Choosing a Health Care Agent(s)

You need to think carefully about whom you will choose to be your Agent, because this will be the person who will be entrusted and legally authorized to make health care decisions for you when you become unable to make them for yourself. The person you choose should be mature, 18 years of age or older, generally knowledgeable about your values and wishes, and prepared to follow the moral teachings of the Catholic Church and your health care treatment preferences. The Agent does not need to live in Virginia but at the least needs to be accessible by phone. To avoid conflict, it is usually best to appoint only one person to serve as your Agent, and at the same time, it is important to appoint alternate (successor) Agents (perhaps at least two) in case the primary Agent is unable to serve.

Instructing Health Care Agents and Health Care Providers

As a competent person over the age of 18 residing in the Commonwealth of Virginia, you have the legal right to instruct medical personnel and any court, either directly or through your Health Care Agent, about what health care you will accept or refuse. You have the right to instruct them that you regard food and water (nutrition and hydration) as necessities and not "treatment." You have the right to instruct them that if you are ever diagnosed as being in a persistent vegetative state, you are not, by that fact alone, "terminally ill."

Revocation and Cancellation

You can revoke or cancel your Advance Medical Directive at any time if you are capable of understanding the nature and consequences of your actions. You can revoke your entire Advance Medical Directive or any part of it, leaving the remainder in effect.

The law requires that you inform your attending physician about your revocation. You can cancel your Advance Medical Directive by destroying it yourself or having another destroy it in your presence (if you choose this method, it is best to destroy all known copies), or by orally stating your new wishes (if you choose this method, you should have witnesses sign and date an entry in your medical record), or by signing and dating a new document which again has been properly witnessed. You should also notify in writing any previously appointed Health Care Agent of your cancellation of the Advance Medical Directive.

An Advance Medical Directive cannot be revoked by family members or health care providers. If family members or others disagree with your Advance Medical Directive at a time when you are hospitalized and incapable of making health care decisions, they should be encouraged to contact the hospital's Ethics Committee or they may need to seek legal counsel.

Understanding the Patient Protest Option

This is an optional part of the Advance Medical Directive form. All other parts of the Advance Medical Directive remain in full effect whether you fill out this portion or not. If you choose to fill out this portion, be aware that Virginia law very clearly states that the Patient Protest Option does not involve anything to do with withholding or withdrawing life-prolonging care.

The Patient Protest Option addresses the situation where a patient in an incapacitated state refuses or "protests" being given necessary medical treatment. Ordinarily, unless under court order, a physician is restricted in providing a capable adult patient treatment or health care if the patient "protests" or refuses the treatment. By completing the Patient Protest Option, you are giving your Health Care Agent the authority to consent to or refuse treatment (other than life-prolonging treatment), allowing your physicians to provide or withhold that treatment that you may later protest while being in an incapacitated state.

Signature and Dating

If you are unable to sign and date the Advance Medical Directive document, you may make your mark ("X") on the document in the presence of two witnesses and direct someone 18 years of age or older to date it for you in your presence. The persons who witness your mark or signature should provide their signatures, names, addresses and phone numbers on the document.

GIVE COPIES OF THIS DOCUMENT TO:

-- your physician (with a request that it be made part of your medical records);
-- your Health Care Agent (and successor Health Care Agents);
-- your family;
-- your health care facility (or facilities); and
-- your lawyer, if you have one.

RISKS OF NOT HAVING AN ADVANCE MEDICAL DIRECTIVE:

(1) Your specific directions about your own medical treatment may not be known or may be ignored.
(2) Decisions about your medical treatment may be made by family members other than the person you would have chosen, or by a court or a court-appointed guardian if no family members are available and willing to make your health care decisions.
(3) Your family will face the burden of making decisions for you without your guidance and, if they cannot agree, the burden of going through court proceedings.

REFERENCES

(Endnotes)

1 See Matthew 25:31-46; James 2:14-17.

2 Nutrition and Hydration: Moral and Pastoral Reflections, Committee for Pro-Life Activities, National Conference of Catholic Bishops, 24 March 1992 (Washington, D.C., United States Catholic Conference, third printing, 1998), p. 2.

3 See Matthew 25:31-46; James 2:14-17.

4 Address of Pope Pius XII to the International Congress of Anesthesiologists; Vatican City, November 24, 1957 (*L'Osservatore Romano*; Nov. 25-26, 1957).

5 Ethical and Religious Directives for Catholic Health Care Services, Part V, # 56.

6 Joint Statement on the Vegetative State: the Pontifical Academy for Life and World Federation of Catholic Medical Associations; Rome, Italy, March 10-17, 2004, no.10; Address of Pope John Paul II to the participants in the International Congress on "Life-sustaining treatments and vegetative state: scientific advancement and ethical dilemmas", March 20, 2004, no. 4.

7 Congregation for the Doctrine of the Faith, "Declaration on Euthanasia," Rome, 1980, Part IV.

8 Congregation for the Doctrine of the Faith, "Responses to certain questions of the United States Conference of Catholic Bishops concerning artificial nutrition and hydration" together with a commentary prepared by the Congregation, Rome, 2007.

9 Ethical and Religious Directives for Catholic Health Care Services, Part III, # 32, 33; Part V, # 57.

10 "Declaration on Euthanasia" Part IV.

11 Ethical and Religious Directives for Catholic Health Care Services, Part V, # 57.

12 Commentary on "Responses to certain questions of the United States Conference of Catholic Bishops concerning artificial nutrition and hydration."

13 Practice Parameters for Determining Brain Death, summary statement of the American Academy of Neurology, September 24, 1994 (*Neurology* 1995; 45:1012-1014). Reaffirmed January 13, 2007.

14 Health Care Decision Act, Code of Virginia, § 54.1-2972.

15 Bradley, Daroff, Fenichel and Marsden, Neurology in Clinical Practice (Boston: Butterworth-Heinemann, 2004), p. 45, 62-63.

16 Viktor and Adams, Principles of Neurology, 6th ed. (New York: McGraw-Hill Inc.1997), p. 365.

17 Practice Parameters: Assessment and Management of Patients in the Persistent Vegetative State, Summary Statement of the American Academy of Neurology, 5 May 1995 (*Neurology* 1995; 45: 855-1034). Reaffirmed July 28, 2006.

18 Health Care Decision Act, Code of Virginia, § 54.1-2982.

19 Bradley, Daroff, Fenichel and Marsden, p. 44.

20 Viktor and Adams, Principles of Neurology, 6th ed., p.347.

21 Health Care Decision Act, Code of Virginia, § 54.1-2987.1.

22 Health Care Decision Act, Code of Virginia, § 54.1-2987.1.

23 Code of Virginia, § 32.1-162.1.

24 Health Care Decision Act, Code of Virginia, § 54.1-2982.

25 Health Care Decision Act, Code of Virginia, § 54.1-2981.

26 Health Care Decision Act, Code of Virginia, § 54.1-2982.

27 Health Care Decision Act, Code of Virginia, § 54.1-2986.

28 Health Care Decision Act, Code of Virginia, § 54.1-2982.

29 "Declaration on Euthanasia," Part II; Catechism of the Catholic Church, # 1994, 1997, 2277.

30 Pope John Paul II, The Gospel of Life, #65 (1995).

31 Health Care Decision Act, Code of Virginia, § 54.1-2986.

32 Coverage for Hospice Care, Code of Virginia, § 38.2-3418.11B.

33 Health Care Decision Act, Code of Virginia, § 54.1-2983.

34 Health Care Decision Act, Code of Virginia, § 54.1-2982.

35 This summary of instructions is for educational purposes only and should not be considered to represent legal advice. Portions of this summary have been adapted from the *Virginia Advance Directives Primer for Providers*, Health Law Section of the Virginia State Bar (Richmond, Virginia), 2009.

ADVANCE MEDICAL DIRECTIVE

I, [print name]_____, being of sound mind, an adult of at least 18 years of age or older, and a resident of the Commonwealth of Virginia, willfully and voluntarily make known my wishes in the event that I am incapable of making an informed decision, as follows.

(1) I understand that my Advance Medical Directive may include the selection of an agent in addition to setting forth my choices regarding health care.

(2) The determination that I am incapable of making an informed decision shall be made by my attending physician and a second physician or licensed clinical psychologist after a personal examination of me and shall be certified in writing. The second physician or licensed clinical psychologist shall not be currently involved in my treatment, unless a second physician or licensed clinical psychologist uninvolved in my treatment is not reasonably available. Such certification shall be required before health care is provided, continued, withheld or withdrawn; before any named agent shall be granted authority to make health care decisions on my behalf; and before, or as soon as reasonably practicable after, health care is provided, continued, withheld or withdrawn and every 180 days thereafter while the need for health care continues.

(3) If at any time I am determined to be incapable of making an informed decision, I shall be notified, to the extent I am capable of receiving such notice, that such a determination has been made before health care is provided, continued, withheld or withdrawn. Such notice also shall be provided, as soon as practicable, to my named agent or person authorized by §54.1-2986 of the *Code of Virginia* to make health care decisions on my behalf. If I am later determined to be capable of making an informed decision by a physician, in writing, upon personal examination, then any further health care decisions will require my informed consent.

(4) This Advance Medical Directive shall not terminate in the event of my disability.

(5) This Advance Medical Directive reflects my wishes, and I ask the medical and legal authorities in every state and country to respect them.

(6) I intend this Advance Medical Directive to be construed in accordance with my religious beliefs and my basic values and in accordance with the laws of the Commonwealth of Virginia.

(7) Any prior appointment of a health care agent, including an appointment that may be made in a document called a "living will" or "durable power of attorney for health care" or "health care proxy," is revoked.

Section I: APPOINTMENT OF HEALTH CARE AGENT

A. Appointment of My Health Care Agent

I appoint the following person as my Primary Health Care Agent to make any health care decisions for me as authorized in this Advance Medical Directive consistent with the instructions below:

Name of Primary Health Care Agent (printed): _____

Address (printed): _____

Telephone: _____

If the Primary Health Care Agent I appoint above is not reasonably available or is unable or unwilling to act as my agent, then I appoint, as my First Successor Health Care Agent:

Name of 1st Successor Health Care Agent (printed):_____

Address (printed): _____

Telephone: _____

If neither the Primary Health Care Agent nor the First Successor Health Care Agent I appoint above is reasonably available, or if neither is willing to act as my health care agent, then I appoint, as my Second Successor Agent:

Name of 2nd Successor Health Care Agent (printed): _____

Address (printed): _____

Telephone: _____

B. Powers Granted to My Health Care Agent

I hereby grant to my Health Care Agent, named above, full power and authority to make health care decisions on my behalf as described below whenever I have been determined to be incapable of making an informed decision about providing, withholding or withdrawing medical treatment.

The powers of my Health Care Agent shall include the following:

(1) To visit me in any institution to which I have been transported for emergency care or admitted for inpatient or outpatient health care, and to authorize visitation subject to physician orders and policies of the institution to which I have been transported or admitted.

(2) To consent to, refuse, or withdraw any type of health care, treatment, surgical procedure, diagnostic procedure, medication and the use of mechanical or other procedures that affect any bodily function consistent with my instructions below.

(3) To request, receive and review any information, verbal or written, regarding my physical or mental health, including but not limited to, medical and hospital records, and to consent to the disclosure of this information.

(4) To employ and discharge my health care providers.

(5) To authorize my admission to or discharge (including transfer to another facility) from any hospital, hospice, nursing home, other health care facility, or mental health facility.

(6) To authorize my admission to a health care facility for the treatment of mental illness for no more than 10 calendar days provided that I do not protest the admission and provided that a physician on the staff of or designated by the proposed admitting facility examines me and states in writing that I have a mental illness, that I am incapable of making an informed decision about my admission, and that I need treatment in the facility; and to authorize my discharge (including transfer to another facility) from the facility.

(7) To take any lawful actions that may be necessary to carry out these decisions, including the granting of releases of liability to health care providers.

(8) To authorize my participation in any health care study approved by an institutional review board or research review committee pursuant to applicable federal or state law if the study offers the prospect of direct therapeutic benefit to me, or if the study aims to increase scientific understanding of any condition, even though it offers no prospect of direct benefit to me.

C. Duration and Scope of Agent's Authority

(1) My Health Care Agent's authority hereunder is effective as long as I am incapable of making an informed decision.

(2) In exercising the power to make health care decisions on my behalf, my Health Care Agent shall follow my desires and preferences as stated in this document or in matters not addressed by my instructions in this document, as otherwise known to my agent. My Health Care Agent shall be guided by my medical diagnosis and prognosis and any information provided by my physicians as to the intrusiveness, pain, risks, side effects, benefits and alternatives associated with treatment or non-treatment. My Health Care Agent shall not authorize a course of treatment which he or she knows, or upon reasonable inquiry ought to know, is contrary to my religious beliefs or my basic values, whether expressed orally or in writing.

(3) My Agent shall not be liable for the costs of treatment pursuant to my Agent's authorization, based solely on that authorization.

(4) My Agent shall have the continued authority to serve as my Agent even in the event that I protest the Agent's authority after I have been determined to be incapable of making an informed decision.

SECTION II: INSTRUCTIONS ABOUT MY HEALTH CARE TO MY HEALTH CARE AGENT(S) AND ALL MEDICAL PERSONNEL

A. General Instructions: A Presumption for Life

(1) My desires and preferences are grounded in the Judeo-Christian moral tradition, which views human life as a gift of a loving God. This tradition further respects the life of each and every human being because each human being is made in the image and likeness of God and therefore it has a special value and significance.

(2) I believe that I have come from God and will return to God – in God's time and in God's way, not mine.

(3) As a member of the Catholic Church, I wish to follow the moral teachings of the Church, or though not a member of the Catholic Church, I nonetheless direct my Health Care Agent to adhere to the moral teachings of the Catholic Church when making health care decisions on my behalf. I wish to receive all the obligatory care that my faith teaches we have a duty to accept. I also believe that Jesus has conquered sin so that death has lost its sting (1 Cor. 15:55) and that death need not be resisted by any and every means and that I have the right to refuse medical treatment that is excessively burdensome and would only prolong my death. I also know that I may morally receive medication to relieve pain even if it is foreseen that its use may have the unintended result of shortening my life. I direct that those caring for me avoid doing anything which is contrary to the moral teachings of the Catholic Church. Those making decisions on my behalf shall be guided by the moral teachings of the Catholic Church, including the teachings contained in the Virginia bishops' question-and-answer guide entitled *Medical Dilemmas and Moral Decision-Making* and the authoritative Church references cited in that document. If my health care providers are unfamiliar with such teachings or authoritative Church references, I request that a certified Catholic chaplain or a Catholic priest be consulted to provide guidance.

(4) I consider food (nutrition) and water (hydration), even when provided by artificial means, always to be a natural and, in principle, ordinary and proportionate means of preserving life, not medical or therapeutic acts. I direct my Health Care Agent to authorize and my health care providers to provide food and fluids orally, intravenously, by tube, or by other means to the full extent necessary both to preserve my life and to assure me the optimal health possible, unless or until the benefits of such nutrition and hydration are clearly outweighed by a definite danger or burden, or are useless in achieving their intended outcome.

(5) I reject in any situation any treatment that directly uses an unborn or newborn child, or any tissue or organ of an unborn or newborn child, who is a product of an induced abortion.

(6) I reject in any situation any treatments that use an organ or tissue of another person obtained in a manner that directly causes, contributes to, or hastens that person's death.

(7) It is my intention that the instructions in this document are to be followed even if it is alleged that I have attempted suicide at some point after it is signed.

(8) I direct that medical treatment and health care be provided to me to preserve my life without discrimination based on my age, physical or mental disability, or the actual or anticipated "quality" of my life.

(9) I direct that my life not be ended by assisted suicide or euthanasia, the latter meaning an action or omission that would directly and intentionally cause my death.

B. Particular Instructions Concerning Life-Prolonging Treatment

When I am in the final stages of a terminal illness or injury or when my death is imminent, I ask that I be informed of this so that I may prepare myself for death. Furthermore, I request (initial each item you request):

____ That I be attended by a Catholic priest and be provided the opportunity to receive the Sacraments of the Church (Reconciliation, Holy Eucharist and the Anointing of the Sick) if I am Catholic.

____ To the degree possible, that all reasonable steps be taken to allow me to see my family and to reconcile with anyone from whom I may have become estranged.

____ To the degree possible, that I be permitted to die at home or in a hospice that has the appearance of a home setting.

After reasonable efforts have been made to satisfy my requests as confirmed above, I direct the following (initial only ONE choice):

____ That the application of all life-prolonging procedures (including artificial respiration, cardiopulmonary resuscitation and invasive procedures) which would serve only to artificially prolong the dying process be withdrawn or withheld, and that I be permitted to die naturally with only the administration of medications and the performance of medical procedures deemed necessary to ensure my comfort and alleviate pain.

OR

____ That all treatments to prolong my life as long as reasonably possible within the limits of generally accepted heath care standards be continued.

OR

____ That I choose to provide no written guidelines and direct my Health Care Agent to make end-of-life decisions based on my known values and wishes.

In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this Advance Medical Directive shall be honored by my family and physician as the final expression of my legal right to refuse health care and my acceptance of the consequences of such refusal. In all cases, I direct that decisions about my medical treatment and health care be made in accordance with Catholic moral teachings.

C. Additional Health Care Instructions for Women

If I am pregnant, I direct that, regardless of my physical or mental condition, all medically indicated procedures, including medically assisted nutrition and hydration, be provided to sustain my life and the life of my unborn child until birth or at least until the child's viability is attained. No one is authorized to consent to any treatment or procedure for me whose sole immediate and directly intended effect is the termination of my pregnancy before the viability of my unborn child is attained.

I understand that I may morally accept or refuse operations, medications and forms of treatment that have as their direct purpose the cure of a serious pathological condition when these interventions cannot be safely postponed until the viability of my unborn child is attained, even if such interventions indirectly result in the death of my child. If I am determined to be incapable of providing consent for such interventions, I (initial ONE choice):

____ Grant the authority to my Health Care Agent to consent to or refuse such interventions.

____ Do not grant the authority to my Health Care Agent to consent to or refuse such interventions.

SECTION III: APPOINTMENT OF AN AGENT TO MAKE AN ANATOMICAL GIFT OR ORGAN, TISSUE OR EYE DONATION (This Section is Optional)

(CROSS THROUGH THIS SECTION IF YOU DO NOT WANT TO APPOINT AN AGENT TO MAKE AN ANATOMICAL GIFT OR ANY ORGAN, TISSUE OR EYE DONATION FOR YOU.)

1. Legal Authorization. Upon my certain death, I direct that an anatomical gift of all of my body or certain organ, tissue or eye donations shall be made pursuant to Article 2 (§ 32.1-289 et seq.) of Chapter 8 of Title 32.1 of the Code of Virginia and in accordance with my directions below.

2. Appointment of Agent (initial ONE choice):

____ the same Agent (and successor Agents) named in SECTION I above.

OR

____ I hereby appoint the following person as my Agent to make such anatomical gift or organ, tissue or eye donation following my certain death:

Name of my Agent for this purpose (printed): _____

Address (printed): _____

Telephone: _____

3. Directions to Agent [Optional]: I give the following instructions regarding my anatomical gift or organ, tissue or eye donation:

_____

_____

4. No ovum or sperm shall be extracted – from my anatomical gift, from my organ or tissue donation, or as a tissue donation – for the purpose of creating an embryo.

SECTION IV: AFFIRMATION AND RIGHT TO REVOKE

By signing below, I state that I am emotionally and mentally capable of making this Advance Medical Directive and that I understand the purpose and effect of this document. I understand that I may revoke all or any part of this document at any time (i) with a signed, dated writing; (ii) by physical cancellation or destruction of this Advance Medical Directive by myself or by directing someone else to destroy it in my presence; or (iii) by my oral expression of intent to revoke.

Copies of this document carry the full force and authority as the original. The original of this document is in the possession of or can be found at [print name or specify location where original document can be found]:

_____

SIGNATURE AND WITNESSES:

_____

Signature of Declarant Date

The declarant is at least 18 years of age and voluntarily dated and signed the foregoing Advance Medical Directive in my presence, without any appearance of being under duress, undue influence or fraud.

_____ _____

(Witness) (Witness)

ADVANCE MEDICAL DIRECTIVE SUPPLEMENT FOR MENTAL HEALTH CARE

PATIENT PROTEST TREATMENT OPTION (This Section is Optional)

This Section includes my specific instructions about my health care if I am objecting to health care that my Health Care Agent and my physician believe I need. *(VIRGINIA LAW CLEARLY STATES THAT NOTHING IN THIS SECTION CAN BE USED TO AUTHORIZE ANYONE TO MAKE ANY DECISION THAT INVOLVES THE WITHDRAWAL OR WITHHOLDING OF LIFE-PROLONGING TREATMENT.)*

To complete this Section, you will need the signature of your physician or clinical psychologist certifying that you are capable of making an informed decision and that you understand the consequences of this provision **at the time you execute (sign) the advance directive**. This is the only Section in the Advance Medical Directive that requires a signature from a physician or a licensed clinical psychologist. A physician's signature is not required for any other portion of this document; all other portions of this Advance Medical Directive are in full effect with or without a physician's signature.

SPECIAL POWERS OF MY AGENT TO AUTHORIZE HEALTH CARE OVER MY OBJECTION

I, (print name) _____ give my Health Care Agent the power to authorize my physicians to provide me the specific types of medically necessary treatment and health care authorized below **even over my protest (initial each item you authorize):**

____ To authorize my admission to a health care facility for the treatment of mental illness as permitted by law, even if I object.

____ To authorize other health care that is permitted by law and that my Health Care Agent and my physician believe I need, even if I object. This would include **any** type of health care unless I have indicated otherwise by my specific instructions written in this document, in my Advance Medical Directive, or in the space below.

I do not authorize the following specific types of health care: _____

_____

ADDITIONAL MENTAL HEALTH CARE INSTRUCTIONS, IF ANY

If you want to give additional instructions about your mental health care, you may do so here. You may use this section to direct your mental health care even if you do not have an Agent. If you do not give specific instructions, your mental health care will be based, to the extent allowed by law, on your wishes and values if known, or otherwise on your best interest.

A. I specifically direct that I receive the following mental health care if it is medically appropriate:

_____

B. I specifically direct that I not receive the following mental health care:

_____

TO GIVE YOUR AGENT ANY OF THE POWERS SET FORTH ABOVE, YOUR PHYSICIAN OR LICENSED CLINICAL PSYCHOLOGIST MUST SIGN THE STATEMENT BELOW.

I am a physician or licensed clinical psychologist familiar with the person who has made this Advance Medical Directive Supplement for Mental Health Care. I attest that he or she is presently capable of making an informed decision and that he or she understands the consequences of the special powers given to his/her Agent by this Supplement.

_____

Physician or Licensed Clinical Psychologist (Printed Name and Address)

_____

Signature of Physician or Licensed Clinical Psychologist **Date**

AFFIRMATION AND RIGHT TO REVOKE: By signing below, I affirm that I understand this Advance Medical Directive Supplement for Mental Health Care and that I am willingly and voluntarily executing it. I also understand that I may revoke all or any part of it at any time as provided by law.

_____

Signature of Declarant **Date**

NOTE: THIS ADVANCE MEDICAL DIRECTIVE SUPPLEMENT FOR MENTAL HEALTH CARE SHOULD BE KEPT WITH YOUR GENERAL ADVANCE MEDICAL DIRECTIVE.

For copies, comments or clarifications, contact:
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(703) 841-3817
respectlife@arlingtondiocese.org

Catholic Dioceses of Arlington and Richmond