

SAMPLE

HEALTH CARE PROXY

I, (Name) _____, residing at (Address) _____

(Date) _____, hereby

create a Health Care Proxy and designate

Name

Address

Telephone

to be my health care agent for making any and all health care decisions on my behalf should I ever become incompetent. If my agent is ever unable or unwilling to act as my agent, I hereby designate

Name

Address

Telephone

to be my alternative health care agent.

Signature

Date

My health care agent has the authority to make any and all medical decisions on my behalf should I ever be unable to do so for myself. I have discussed my wishes with my agent (and with my alternate agent) who shall base all decisions on my previous instructions. If I have not expressed a wish with respect to some future medical decision, my agent shall act in a manner that he/she deems to be in my best interests in accord with what he/she knows of my beliefs.

My agent has the further authority to request and receive all information regarding my medical condition and, when necessary, to execute any documents necessary for release of such information. My agent may execute any document of consent or refusal to permit treatment in accord with my intentions. My agent may also admit me to a nursing home or other long-term care facility as he/she deems appropriate and to sign on my behalf any waiver or release from liability required by a physician or a hospital.

As a member of the Catholic Church, I believe in a God who is merciful and in Jesus Christ Who is the Savior of the World. As the Giver of Life, God has sent us his only-begotten Son as Redeemer so that in union with Him we might have eternal life. Through His death and Resurrection, Jesus has conquered sin so that death has lost its sting (1 Cor. 15:55). I wish to follow the moral teachings of the Catholic Church and to receive all the obligatory care that my faith teaches we have a duty to accept. However, I also know 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 or would only prolong my death and delay my being taken to God. 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.

Witness _____ Date _____

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

Witness _____ Date _____

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

Note: In many states you must obtain the signature of at least two witnesses. This document is designed to be legally valid in many states, but check with your local Catholic Conference for particular legal requirements.

When initiated here _____ the Advance Medical Directive on the reverse shall be considered an extension of this document.

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; and *On Life-Sustaining Treatments and the Vegetative State*, Allocution of Pope John Paul II, March 20, 2004.

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 (for example, "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.

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

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