

# **A Catholic Guide to Health Care Directives**

---

A Resource for Indiana Catholics  
that includes end of life care

## **& Indiana Catholic Health Care Directive**

---

A Supplement

*Published as a pastoral service  
by the Indiana Catholic Conference, 2007*

# A Catholic Guide to Health Care Directives

**Recent events and continuing developments in medical technology and health care have generated interest in health care directives—legal documents that give instruction for future health care decisions. This guide answers some basic questions about the law, Catholic Church teaching, and health care directives.**

## **What is a “health care directive,” or an “advance directive?”**

A “health care directive,” also called an “advance directive,” usually means a document which provides guidance when a person is no longer able to communicate and make decisions regarding his or her medical and health care. Most often, a health care directive spells out the subject’s wishes regarding a “living will” or a “health care representative” or a “durable power of attorney” that includes health care.

A “living will” is a document in which a person authorizes withholding or withdrawing life-prolonging procedures if one has an incurable injury or disease, and death will occur in a short time, without life-prolonging treatment. The will speaks for the individual who is no longer able to make or communicate decisions about treatment.

A “health care representative” refers to appointment of someone to make health care decisions on another’s behalf only when the

ill person is unable to make or communicate decisions regarding health care.

A “durable power of attorney” authorizes someone to make health care decisions for another *if the authorizing document specifically includes a list of health care powers*. Typically, this document provides authority for someone to act on another’s behalf on a number of legal matters. If health care is included, a separate provision must explicitly grant authority in regard to end-of-life decisions.

Indiana has additional laws relating to health care directives. These cover life-prolonging procedures, psychiatric advanced directives, organ donation, and an out-of-hospital, do-not-resuscitate declaration. Each law addresses specific situations and might be helpful in particular circumstances. For example, the do-not-resuscitate declaration might be important to persons with terminal illnesses who are not in a hospital. Persons wishing information regarding these laws should contact a trusted advisor, a health care provider, or an attorney.

## **Why would I want a health care directive?**

By completing a health care directive, you can help ensure that your wishes for health care decisions are followed when you are not able to communicate those wishes on your own behalf. In addition, a health care directive could greatly help your family and friends during what can be a difficult time.

## **What happens if I don't have a health care directive?**

In Indiana, if you have not appointed a health care representative, and you are unable to make or communicate health care decisions, state law governs who can make health care decisions for you. A court can appoint a guardian. If there is no court-appointed decision-maker, then the law authorizes persons in the following categories to make such decisions: your spouse, a parent, any of your adult children, or adult brother(s) or sister(s). Any person in this group can make decisions; there is no order or preference. Medical professionals usually try to talk with family members who are available and able to offer guidance.

If one has no next of kin and has not designated a decision-maker, then a court might be petitioned to make a health care decision for you, or might appoint someone as your representative. In the case of a member of a religious order, a religious superior is authorized to make health care decisions.

## **Do I need to use a special form?**

No. Indiana law does not require a specific form for appointment of a health care representative or living will. There are many different forms available that meet Indiana's legal requirements. A written statement that meets these requirements can serve as a legal health care directive in Indiana:

- States the name of the person executing the directive;
- Includes a health care directive, the appointment of a representative, or both;
- Is signed and dated by the person to whom it applies or by another person authorized to sign on behalf of the person to whom it applies;
- Is executed by a person with the capacity to understand, make, and communicate decisions; and
- Contains verification of the required signature, by a notary public or by qualified witnesses, as required by the respective form.

## **Do I need a lawyer? Will this cost me anything?**

No. It is not necessary to have a lawyer provide or complete a health care directive. However, you should contact a lawyer if you have legal questions regarding advance care planning. Also, the procedure for creating a durable power of attorney that includes a health care representative is legally technical; therefore, a lawyer should be contacted.

Health care directive forms are available from a number of sources, including the Indiana Catholic Conference. Most health care providers have standard forms available.

## **I already have a health care directive. Do I need to change it?**

No. An advance directive is valid until revoked or replaced. However, if your advance directive is only a living will, you should consider appointing a health care representative. Living wills become effective when you do not have capacity and *face imminent death*. Because of medical technology, persons often must make decisions regarding medical care that have significant consequences long before a living will is applicable.

## **I already have an advance directive but want a new one. What do I do?**

The process to replace or to change an advanced directive is simple but varies depending upon the type of directive. You can change the health care representative by notifying the original representative either orally or in writing. A living will or life-prolonging procedures declaration is revoked by a signed and dated written statement

or by physical destruction of the written advanced directive. It can also be revoked orally.

It is recommended that you inform those who might have copies of the old document that it is no longer valid, and that you have a new health care directive. And, when available, the old document should be destroyed.

## **Should I appoint a health care representative or just write down my wishes?**

The Indiana Catholic Conference recommends that you discuss your wishes about medical treatment with your loved ones and doctor. If you have an advance directive, it should include the appointment of a health care representative.

Written instructions alone are only as good as your ability to accurately predict your every possible future medical condition and every future medical treatment option. In addition, without a health care representative, the person interpreting those instructions might be someone who does not truly know what you wanted. By appointing a health care representative, you can make sure that someone who cares about you will apply your wishes and personal beliefs to the health care choices at hand—just as you would do.

Therefore, it is imperative that you discuss your wishes and values with your family and especially with your representative and an alternate. Even if you appoint a health care representative, you can still give written health care instructions to direct, guide, and even limit the actions of your representative.

## Who can be my representative?

Because of the nature of the decisions involved, your agent should be a mature adult and must accept the appointment. Talk beforehand to the person or persons you wish to appoint. Find out if the person(s) is/are willing to accept the responsibility. Tell the person(s) about your wishes and preferences for care. Be sure the person(s) is/are willing and able to follow your wishes.

If you are comfortable with anyone in your immediate family making decisions, except for a few persons, you can also exclude some people, by name, from acting as your decision-maker.

Generally the representative is to be 18 years of age or older, although, in Indiana, an emancipated minor 14 years or older can legally be designated as a health care representative. However, due to the serious nature of decisions being contemplated and the uncertain maturity of such a young decision-maker, this might not be advisable.

## What should I do with my health care directive?

Provide a copy of your health care directive to your doctor(s) and other health care providers such as your nursing facility, hospice, or home health agency. In addition, it is recommended that you give copies of your health care directive to close family members, your health care representative(s), and your lawyer, if you have one.

It is equally important to discuss this decision and your values and wishes with family and close friends. To single out someone in your immediate family without explanations to the rest might put that person's relationship with the rest of the family at greater risk. Moreover, it is recommended that you discuss this with family before documents are finalized.

*The information in this publication is for educational purposes only and is not intended as legal advice. For legal advice, please consult your lawyer.*

# Ethical Principles

## What fundamental principles should guide a Catholic and, indeed, any person who is thinking about health care decisions?

*1. Human life is a precious gift from God; it never becomes something to be disposed of.*

This truth should inform all health care decisions. Every person has a duty to use reasonable means to preserve his or her life.

*2. We have the right to direct our own care and the responsibility to act according to the principles of Catholic moral teaching.*

Each person has a right to clear and accurate information about a proposed course of treatment and its consequences, so that the person can make an informed decision about whether or not to receive the proposed treatment.

*3. Suicide, euthanasia, and acts that intentionally would cause death by act or omission are never morally acceptable.*

We are stewards of our lives, over which God has dominion. Intending to take away life, whether one's own or another's, is inherently wrong and contrary to Catholic Church teaching.

*4. Death is a beginning, not an end.*

Death, being conquered by Christ, need not be resisted by any and every means. A person may refuse medical treatment that is *extraordinary or disproportionate to its benefit*. A treatment is

extraordinary or disproportionate when it offers little or no hope of benefit or cannot be provided without undue burden, expense, or pain.

*5. There should be a presumption in favor of providing a person with nutrition (food) and hydration (water), even if medically assisted, as long as this is of sufficient benefit to outweigh the burdens involved.*

Providing nutrition and hydration should be considered ordinary care, as long as the means of supplying food and water are relatively simple and—barring complications—are generally without pain and of benefit to the individual.

Situations might exist in which this is not the case, such as:

- When a person is no longer able to assimilate nourishment, or
- When death is so imminent that withholding or withdrawing food and water will not be the actual cause of death, or
- When the means of providing medically assisted nutrition or hydration is disproportionate to the benefit gained.

**In no case, should food or water be removed with the intent to cause death.** A decision to forgo treatment because of its futility or lack of sufficient benefit is different than a decision to deliberately end a life. The cause of death should be the pathology or illness and should not be due to a lack of nutrition or hydration.



6. *We have the right to comfort and to seek relief from pain.*

Although our faith teaches that we can find meaning in suffering, no one is obligated to experience pain. A person has a right to pain relief and comfort care, even if the method or treatment *indirectly* and *unintentionally* shortens life. However, it is not right to deprive the dying person of consciousness without a serious reason.

Some physicians specialize in the control of pain and other symptoms. If a patient's physical suffering continues, it might be desirable to ask for a consultation by such a specialist.

### **What is the difference between “ordinary,” or “proportionate,” means of preserving life and “extraordinary,” or “disproportionate,” means?**

Medical personnel and ethicists often use these terms in describing or evaluating procedures and therapies used in providing care to individuals.

“Ordinary,” or “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. A person has a moral duty to use these means to preserve life. (*Ethical and Religious Directive for Catholic Health Care Services*, USCCB)

“Extraordinary,” or “disproportionate,” means of preserving life are those, in the patient's judgment, that do not offer a reasonable hope of benefit, or that entail an excessive burden or impose excessive expense on the family or the community. A person is not morally bound to use these means and may forgo them. (*Ethical and Religious Directive for Catholic Health Care Services*, USCCB)

One question to ask when confronted with these concerns is, “Does the procedure, therapy, or prescribed care prolong one's life, or does it artificially delay one's death?”

### **Is this all there is to know about making ethical health care decisions?**

No. These statements are only some basic principles. Some situations, such as pregnancy or organ donation, involve other principles. Understanding and applying these principles to specific cases can be difficult. You are encouraged to discuss specific circumstances with Church leaders, health care professionals, ethicists, and trusted advisors. At times, the Church provides additional teaching and guidance for specific situations.

For additional resources and information on making ethical health care decisions, contact your parish or diocesan offices.

## **How can I make sure that decisions made on my behalf are consistent with my Catholic beliefs?**

State in your health care directive your desire to have all health care decisions made in a manner consistent with Catholic teaching.

- Appoint a health care representative who shares your beliefs or, at least, who sincerely intends to respect your wishes. Spend time discussing your basic values and attitudes and any specific wishes with your health care representative or any immediate family member who might be speaking for you.
- If your health care representative is not familiar with Catholic teaching on these matters, give your representative the name of a priest, religious, or lay leader who can provide guidance. You can include the name and contact information of that person in the health care directive.
- You should also give this information to your immediate family and health care provider.

## **Are Catholics morally obligated to have an advance directive?**

No. However, an advance directive, especially one that appoints a health care representative, is one way to help make sure that your care and treatment are consistent with the Catholic faith and your wishes.

## **Is organ donation morally acceptable?**

Yes. Organ donation after death is a noble and meritorious act and is to be encouraged as an expression of generous solidarity. You should, however, give explicit consent for donation. Your wishes in this regard should be shared with your family and health care representative. You can authorize organ donation in your health care directive. In addition, many individuals note this on their driver's licenses.



## How can I make sure my spiritual needs are met?

As with your medical needs, it is prudent to find out in advance whether and how your spiritual needs can be met in a particular health care institution.

- When you enter a health care facility, state that you are a Catholic and want to have a priest or lay minister care for your spiritual needs. If you cannot communicate your wishes when being admitted, your health care representative should be able to do this for you.
- You or someone who speaks for you should notify your parish of your situation and wishes.
- Include spiritual requests in your health care directive. For example, you can request, within your health care directive, that the Sacraments of Reconciliation, Anointing, and Eucharist as viaticum be made available.

## What is “viaticum?”

Literally, viaticum means “food for the journey.” Death is not the end. Rather, it is only a “passing over” from this world to the Father. In preparation for this journey, the Church offers Eucharist as viaticum, i.e., Christ’s body and blood as food for the journey.

This is an important legal document. You should contact your doctor and attorney if you have questions.

*Approved by Counsel, Indiana Catholic Conference, 2007*

## **Indiana Catholic Health Care Directive**

### **of**

---

(Name)

I am executing this Catholic Health Care Directive while I am of sound mind. It is intended to clarify my wishes for treatment in situations that may arise in which I am unable to express these wishes.

### **Statement of Faith**

I believe that I have been created for eternal life in union with God. The truth that my life is a precious gift from God has profound implications for the question of stewardship over my life. I have a duty to preserve my life and to use it for God's glory, but the duty to preserve my life is not absolute, for I may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options. If I should become irreversibly and terminally ill, I request to be fully informed of my condition so that I can prepare myself spiritually for death and witness to my belief in Christ's redemption.

### **Designation of Health Care Representative**

In the event that I become incapable of making decisions regarding my health care, I appoint as my health care representative for health care decisions (if no representative is to be appointed, please write "none" in place of "name" below):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: \_\_\_\_\_

If my representative is unwilling or unable to perform his or her duties or cannot be contacted, I wish to designate as my alternate representative (if no alternate representative is to be appointed, please write "none" in the place of "name" below):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: \_\_\_\_\_

I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time based on my previously expressed preferences and the diagnosis and prognosis my health care representative is satisfied that certain health care is not or would not be beneficial or that such health care is or would be excessively burdensome, then, my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.

My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate my health care representative may also discuss this decision with my family and others to the extent they are available.

**Continued on back**

If my health care representative cannot be contacted, I request my health care providers follow these guidelines and avoid doing anything that is contrary to the moral teaching of the Catholic Church.

- Medical treatments may be forgone or withdrawn if they do not offer a reasonable hope of benefit to me or are excessively burdensome.
- There should be a presumption in favor of providing me with nutrition and hydration, including medically assisted nutrition and hydration, if 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 or unintentionally shorten my life.
- I reject any action or omission that is intended to cause my death. Recognizing that human life is a precious gift from God that never becomes something without dignity, I direct that treatment never be withheld or withdrawn from me solely because of a judgment that my life is not worth living.
- 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, Anointing, and Eucharist as viaticum.

Believing none of the following directives conflicts with the teachings of my Catholic faith or the directives listed above, I add the following directives: *(You do not need to complete this section. If you do, you can add an extra sheet, if needed.)*

---

---

---

---

## Signatures

It is my intention that my representative, family, and physician honor this declaration as the expression of my treatment wishes. I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

DATED at \_\_\_\_\_, Indiana, this \_\_\_\_\_ day of \_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ County, Indiana

I am at least eighteen (18) years old and not the appointed health care representative. The above named individual has been personally known to me and I believe him/her to be of sound mind.

Date \_\_\_\_\_

\_\_\_\_\_

(Witness)