

# ADVANCE MEDICAL DIRECTIVE

For the benefit of those who will make decisions on my behalf should I become incapacitated, 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 teachings 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 Penance 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, 1980; *Address to the Eighteenth International Congress of the Transplantation Society*, August 2000; *Ethical and Religious Directives for Catholic Health Care Services*, United States Conference of Catholic Bishops, 2009; *On Life-Sustaining Treatments and the Vegetative State*, Pope John Paul II, March 20, 2004.

I want those making decisions on my behalf to avoid doing anything that intends or 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 Medical treatments may be forgone or withdrawn if they do not offer a reasonable hope of benefit to me or if they entail excessive burdens or impose excessive expense on my family or the community. In principle, I should receive nutrition and hydration so long as they are of benefit to me and alleviate suffering. 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may be used to conserve my life, and if I have received the Sacraments of the Church, I direct that there be forgone or withdrawn treatment that will only maintain a precarious and burdensome prolongation of my life, unless those responsible for my care judge at that time that there are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 that 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 to donate tissue and organs after I am dead, in keeping with the teachings of my faith." "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."):

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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 ON THE USE OF THIS DOCUMENT: This document may be revised and its language incorporated into other legal instruments as needed. Although it is designed to be valid in many states, this Advance Medical Directive and Health Care Proxy is a representative model. Before using it, you should consult with your health care representative, attorney, or local Catholic Conference to ensure that it fulfills the legal requirements in your state. If you incorporate the language of this document into another document, please include a line stating that the National Catholic Bioethics Center grants permission for the use of our language.