

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: _____
