

~ Connecticut ~ Advance Directive Christian Version

EXPLANATORY SUPPLEMENT

**Understanding the document
and why you answer the way you do.**

You don't have to read this . . .

. . . but we wish you would. You can take the Advance Directive – Christian Version document, fill in a few blanks, sign it and be on your way. We ask, however, that you take the time to read this supplement. This is certainly a very important issue and we have designed this material to help you understand not only what you have signed but why you have answered the questions the way you did.

MEDICAL DIRECTIVE STATEMENTS

The Advance Directive (AD) document is a medical directive statement. Medical directive statements are intended to guide others on how to provide for your care if you become unable to make decisions about your health care. Advance Directive documents have become increasingly popular because they generally allow a person more options for providing health care than the living will.

MORE OPTIONS

Sometimes more options mean more confusion. The ability to customize the Advance Directive brings the Christian two challenges: 1) crafting the document to properly reflect Christian convictions which are based on God’s Word; and, 2) understanding and making choices in the medical arena that can often be confusing and overwhelming.

THE ADVANCE DIRECTIVE – CHRISTIAN VERSION

In the 1980s, society became very interested in medical directive statements and individual states began formulating legislation around what were called “living wills.” Living wills appear to have been promoted primarily by the Society for the Right to Die (now called “Choice in Dying”), a pro–euthanasia organization. They provided samples of what were clearly “pro–death” documents designed to allow people the “right” to refuse potentially life–prolonging treatment or care in favor of life–shortening measures.

As states began to adopt these pro–death documents Christians became frustrated. It was clear society and the medical community were looking for written medical directive statements. Christians, however, found most living wills unacceptable with their convictions.

Responding to that concern, a Christian alternative document called *My Christian Declaration on Life* (DOL) was developed. More than 15,000 people made use of this document.

On countless occasions family members and medical professionals consulted that document to provide for the care of a loved one. The DOL has never been legally challenged for its validity. In fact, it has been greatly appreciated by legal and medical professionals alike.

The advent of the Advance Directive documents provided people with a generally more acceptable alternative to living wills. With this growing acceptance of Advance Directive documents has come the desire for many people to give a Christian witness and provide God–pleasing direction for their medical care with a document recognized within their state statutes. To assist Christians in using the customary Advance Directive document, Christian Life Resources, Inc. has developed the “Christian Version.”

VALIDITY

In 1989 the U.S. Congress passed legislation requiring every medical institution receiving federal funds to inform patients of their right to have a medical directive statement. This legislation did not mandate patients to have such a document; it only mandated that patients understand their right to have such a document. Unfortunately, most people do not encounter this issue until they have to be admitted to the hospital or nursing home. Many feel that they are pressured into having a document and then feel further pressured into selecting only what is offered. It is this perception of pressure that prompted us to provide this Christian alternative to the medical directive statements typically offered.

Generally speaking, the medical community is obliged to comply with your wishes for medical care. Ideally, it is desired that people can provide verbal direction. The validity of this type of direction is first dependent upon one's state of mind when giving the verbal instructions. If a person is not mentally competent then such instructions are not necessarily valid. Also, directives cannot involve the violation of any law, regulation, or generally accepted ethical standard.

Any written document that can be verified as authentic and executed while the person was competent to do so, is generally accepted as valid.

Because there is always the possibility, however, that verbal or written instructions may be too vague or violate an unknown regulation, states have passed legislation to allow for Advance Directive documents. Such legislation prescribes the critical elements of such a document.

It is important to remember that even using a document in 100 percent conformity with state statutes does not fully protect it from legal challenges. In this litigious society there are no such guarantees. Conformity to state statutes, however, certainly strengthens the document's integrity.

States are able to change their advanced medical directive statutes at will. As the statutes change we modify our documents to properly reflect those changes. The document you received is the most current that is available. Once you fill out your document, it will be legal and will not need to be changed or updated even if the statutes change. If you postpone filling out this document for an extended period of time, please call our office to ensure you have the most recent copy.

The Advance Directive Care – Christian Version document has been carefully designed to be in full compliance with the statutes for the state of Connecticut and some Canadian provinces. Christian Life Resources, Inc. has similar documents available for all 50 states and some Canadian provinces. If you desire this document for a state other than Connecticut, please contact Christian Life Resources, Inc. at 1-800-729-9535.

UNDERSTANDING THE DOCUMENT

This portion of the Explanatory Supplement will help you understand the Advance Directive – Christian Version document. By following these simple directions, you will be able to understand your choices and select the options that best fit your needs and wishes.

PAGE 1

Notice to Person Making This Document

It is very important that you understand the significance of executing this document. From a Christian perspective we are more inclined to say you have a responsibility to make decisions about your health care. God's Word reminds us that life is God's gift to us. (Acts 17:25 NIV – *And he is not served by human hands, as if he needed anything, because he himself gives everyone life and breath and everything else.*)

As Christians, God further reminds us in his Word that our bodies are temples of his Holy Spirit. (1 Corinthians 6:19 NIV – *Do you not know that your body are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own.*) Life, therefore, is a blessing entrusted to us. As with all blessings from God, it is given in various degrees but always with the responsibility to properly care for it. (Genesis 9:5 NIV – *And for your lifeblood I will surely demand an accounting. I will demand an accounting from every animal. And from each human being, too, I will demand an accounting for the life of another human being.*)

PAGE 2

The first two paragraphs on the top of page 2 cover an area of health care that concerns many people who are facing end-of-life issues. There is a great fear that these people will be kept alive by tubes and machines when God intends to end their lives.

The first paragraph is important in that it reminds you that your health care agent will make appropriate health care decisions that are in agreement with your desires. We have consistently stated in this document that you are entrusting your health care to your health care agent, and you should communicate your desires in advance so the proper decisions can be made for you.

The second paragraph gives choices for you to select which are intended to give more detailed direction to your health care agent. Since virtually every health care situation is different, we do not recommend that you make fixed decisions in advance that will limit the decision-making process for your health care agent. For that reason, we recommend that you consider the three options very carefully before making any decisions.

It would certainly be appropriate that you leave the first two statements stand. By doing nothing with those two statements, you are stating that you do not want artificial respiration performed on

you, and you do want cardiopulmonary resuscitation (CPR) performed on you. If you desire to have artificial respiration or CPR performed on you, then cross out either or both of those statements and initial any line that you crossed out.

The third statement, “Artificial means of providing nutrition and hydration,” should be crossed out and initialed. This means you may receive nutrition and hydration. This also is in agreement with the next statement of this section that reads, “I do not intend any direct taking of my life, but only that my dying not be unreasonably prolonged.” For further information on nutrition and hydration, please read pages 7-9 of this Supplement and page 8 of the document.

Designation of Primary and Alternate Health Care Agent and Attorney-in-Fact for Health Care Decisions

First of all, understand that this designated person, called your “health care agent and attorney-in-fact for health care” or “health care agent and attorney-in-fact,” only makes your medical decisions for you when you cannot. If you are competent, you make the decisions. This document, even though it be completely filled out and signed, only goes into effect when you can no longer make decisions.

The document allows for you to select a primary and alternate health care agent and attorney-in-fact for health care. The alternate agent and attorney-in-fact for health care acts only when the primary health care agent and attorney-in-fact is unable or unwilling to do so.

Obviously, the selection of a health care agent and attorney-in-fact is very important. You are not permitted to designate anyone who provides for your health care. This would eliminate your doctor and members of his or her staff. The State wants to ensure that such institutions or professionals which might stand to gain financially from your health care decisions not be the primary decision-maker of your health care needs. The document also does not permit you to select any staff member of the hospital or nursing home where you reside unless that he/she is related to you. Carefully read the restrictions stated on the bottom of page 2 in the document.

The intent is that the health care agent be someone who is primarily interested in your needs. That is why people are careful not to designate health care agents who would be too busy for the task; too selfish to be genuinely concerned; or too greedy for an inheritance.

Obviously you want someone who shares your convictions about God, salvation, the value of human life, and the desire to make decisions pleasing to God. While the State may be primarily interested in someone who has your concerns in mind, you should seek out someone who first has God’s concerns in mind.

Generally, this person shares your faith and has your complete trust. That is why many designate their spouse, children, dear friend or relative. Some who have no such close friends or relatives often designate their pastor or ask for his counsel on the matter.

You are first asked to designate a health care agent and attorney-in-fact for health care decisions. Please the name, address, and phone number on the lines provided.

DESIGNATION OF PRIMARY AND ALTERNATE HEALTH CARE AGENT AND ATTORNEY-IN-FACT FOR HEALTH CARE DECISIONS

I appoint _____, _____
Name Address
(_____) _____
Phone to be my health care agent and my attorney-in-fact for health care decisions. If my attending

physician determines that I am unable to understand and appreciate the nature and consequences of health care decisions and unable to reach and communicate an informed decision regarding treatment, my health care agent and attorney-in-fact for health care decisions is authorized to:

1. Convey to my physicians my wishes concerning the withholding or removal of life support systems;
2. Take whatever actions are necessary to ensure that any wishes are given effect;
3. Consent, refuse or withdraw consent to any medical treatment as long as such action is consistent with my wishes concerning the withholding or removal of life support systems; and
4. Concern to any medical treatment designed solely for the purpose of maintaining physical comfort.

PAGE 3

You are then asked to designate your health care agent and attorney-in-fact for health care decisions.

If _____ is unwilling or unable to serve as my health care agent and my attorney-in-fact for health care decisions, I appoint _____, _____
Name Address
_____, (_____) _____
Phone to be my alternate health care agent and my attorney-in-fact for health care decisions.

Nomination of Conservator of Person

In the event it becomes necessary for a court to designate a conservator to care for your physical concerns, you may suggest the person for the court to designate. We advise that you provide the same name and address here as the designated health care agent and attorney-in-fact for health care decisions from page 2.

Anatomical Gift

This section is optional so you do not need to fill it out. If you choose to fill out this section, then decide whether or not you would like to donate one or more of your organs. If you do not want to donate any organs, you should check the blank that states, "I do not want to make an organ or tissue donation, and I do not want my agent or family to do so."

PAGE 4

Statement of Author

After filling in the selections provided, you need to sign and date the document in the presence of EITHER: 1) two witnesses who must be at least 18 years of age (these witnesses

must also sign the document to show they believe you to be of sound mind, that you voluntarily signed the document and that they are not your appointed health care agent, or alternate health care agent); OR, 2) a notary public. The author must sign both the Advance Directive – Christian Version document and the attached Addendum in the presence of these two witnesses or the authorized notary.

UNDERSTANDING THE ADDENDUM

The Addendum makes up the rest of the Advance Directive document. It gives specific directions to your attorney-in-fact to help that person make decisions consistent with your desires. Due to the detail found in this portion of the document, you should sign the Addendum on page 10 at the same time you sign page 4. Since this Addendum has information that describes your wishes, it should be witnessed at the same time as the Advance Directive document.

PAGE 7

Admission to Nursing Homes

We would advise that you discuss with your health care agents whether you wish to grant them authority to admit you on a long-term or permanent basis to a nursing home. There are some who feel they do not want to make others care for them at home and so insist on going to an institution. On the other hand, there are those who never want to be in an institution. You need to thoroughly discuss all of the options. While Christians should be willing to care for others, they also must balance all of their commitments to assure adequate care of all responsibilities.

In an attempt to be noble do not deprive loved ones of the blessing there is in caring for others. At the same time be considerate of all responsibilities your loved ones have. Carefully and completely discuss this issue.

We would suggest you check the “Yes” blank to allow flexibility for your health care agent. You may verbally express desires on this matter.

PAGE 8

Provision of Feeding Tube

A feeding tube generally comes in two varieties: a gastrostomy tube installed directly into the abdomen and a nasogastric tube which is installed through the nasal cavity and into the stomach. There are other types of tube-feeding, but these are the most common.

A number of conditions may raise the issue of whether to start tube-feeding. Some medical conditions may significantly reduce or eliminate the ability to swallow. This would make

tube-feeding necessary. Residents in extended care facilities who require spoon-feeding by staff personnel are sometimes placed on tube-feeding to reduce the demand on staff time.

The debate over the provision of tube-feeding is often expressed in clichés and exaggeration intended to mask the fundamental issue. Common arguments against tube-feeding include the notion that it is unnatural and is considered modern technology. For those reasons some feel it intrudes on what would be termed a “natural” death.

Tube-feeding is not exactly modern technology. It has been used for over 100 years. Tube-feeding is also no more “unnatural” than insulin for the diabetic, nitroglycerin for the heart patient, and dialysis for those with kidney failure. All of these represent advancements in medicine that help us care for and prolong human life.

The underlying arguments usually center around quality-of-life issues and the economy of time and resources. Tube-fed patients often have a decreased quality of life, and are greater drains on financial resources and the schedules of loved ones. Society in general is finding these problems to be sufficient justification to discourage tube-feeding or discontinue it. A Christian, however, must first look to what God’s Word has to say.

The Biblical Principles That Apply Here Are As Follows:

- † 1. Human life has varying degrees of quality as a result of sin in the world.
(Matthew 15:30 NIV) Great crowds came to him, bringing the lame, the blind, the crippled, the mute and many others, and laid them at his feet; and he healed them.

- † 2. It is the natural tendency of sinful human beings to look differently at people based on their quality of life.
(Luke 14:12-14 NIV) Then Jesus said to his host, “When you give a luncheon or dinner, do not invite your friends, your brothers or sisters, your relatives, or your rich neighbors; if you do, they may invite you back and so you will be repaid. But when you give a banquet, invite the poor, the crippled, the lame, the blind, and you will be blessed. Although they cannot repay you, you will be repaid at the resurrection of the righteous.”

- † 3. God shows equal love to all people regardless of their quality of life.
(John 3:16 NIV) For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life.

- † 4. God wants us to reflect his impartiality in dealing with all people.
(James 2:1 NIV) My brothers and sisters, believers in our glorious Lord Jesus Christ must not show favoritism.

- † 5. God is the author of life and death.
(1 Samuel 2:6 NIV) The LORD brings death and makes alive; he brings down to the grave and raises up.

In applying these principles, God’s Word illustrates that taking action with the “specific intent” to end human life, such as stopping administration of food and water in any form, is wrong.

God’s Word also shows us that failing to help someone care for his body and life is equally wrong.

It is these principles and applications that resulted in the Addendum directive which reads:

I do *not* give consent for the withholding or withdrawal of nutrition or hydration, even if I am diagnosed to have a terminal illness or injury, if doing so would cause my death by starvation or dehydration rather than from the terminal condition or injury.
(Addendum, Health Care Directives, p.6, #4)

There are, however, medical conditions in which tube–feeding is either not possible or futile.

For example, a patient with an inoperable intestinal tumor may not be able to process food and fluids. To force any type of feeding would most likely antagonize and accelerate the dying process.

There are also situations in which, in the course of tube–feeding, the patient develops a medical condition in which death is imminent. In other words, no matter what is done, death is expected to occur within the next few hours or days. In this circumstance the withholding of food and fluids does not contribute to the dying process. It is for these types of circumstances that the Addendum prescribes:

Should it become clear that God wishes to take my life, namely that I am diagnosed to have a terminal illness or injury where death is imminent, I direct that life–sustaining procedures be withheld or withdrawn, and that I be permitted to die in God’s time.
(Addendum, Health Care Directives, p.6, #4)

In summary, when food and fluids sustain life, they are to be done so regardless of the patient’s quality of life. If such feeding, however, is not possible or futile, one is not obliged to pursue it.

In light of this explanation and the provisions in the Addendum we suggest you check the “Yes” blank.

PROVISION OF FEEDING TUBE

My health care agent and attending physician-in-fact for health care may not have orally nutrition or hydration withheld or withdrawn from me unless physician-in-fact determines that the nutrition or hydration is medically contraindicated.

Withhold or withdraw a feeding tube Yes No

If I have not checked either “Yes” or “No” immediately above, my health care agent may not have a feeding tube withheld or withdrawn from me.

Health Care Decisions for Pregnant Women

God's Word clearly teaches that life begins at conception. (Psalm 51:5 NIV: *Surely I was sinful at birth, sinful from the time my mother conceived me.*) That being the case, the same directives that prescribe care and sustenance for an adult would also apply for the unborn.

The Addendum spells out your conviction on the value of human life from the moment of conception. It instructs others to essentially proceed with treatment with the understanding that a pregnant woman represents two patients of equal value and concern.

While you are given the choice of whether or not to grant your health care agent the right to make health care decisions for you if you are pregnant, we suggest you select "Yes." If this section neither presently, nor ever will, have application for you, draw a single line through the "Yes" and "No" selections and write "N/A" which means it is "Not Applicable."

PAGE 9

Statement of Desires, Special Provisions, or Limitations

The first two additions are provided for you. The first is a request that adds the Addendum to the Advance Directive Care document. This means that your agent will follow the directives in the Addendum just like the directives in the main document. The second request is not a requirement. It provides for your agent to contact your clergy for input and advice as needed when health care decisions are made.

You are permitted to add additional restrictions particularly related to the issues of life-prolonging care, treatment, services, and procedures. This is where you may add specific instructions regarding resuscitation orders. We advise extreme caution in getting too specific. Sometimes these matters are best handled by the health care agent when they come up. Courses of action may vary depending on the circumstances and your overall health. As a general rule we advise that you leave these lines blank.

You are permitted to request resuscitation or no resuscitation in the medical directive document. Be aware that emergency medical personnel are generally required to perform resuscitation unless they see specific and immediate evidence that you have rejected resuscitation. We suggest you speak with your doctor on providing options for that immediate evidence which may be a smaller document, card or bracelet.

HIPAA Release Statement

The Health Insurance Portability and Accountability Act is a federal law that is designed to protect your personal health information and to prohibit the sharing of that information with any unauthorized personnel. Although not legally required, this statement is a critical component of your medical directive. This section specifies that your health care agent has the right to receive or share any of your personal health information that is needed to make appropriate decisions regarding your medical treatment.

PAGE 10

Statement of Author

The person filling out the form must sign again. After signing the Advance Directive document on page 4, you should now sign this Addendum. This verifies you are in agreement with the statements made in this Addendum and also communicates your choices in the areas you have checked. Again, your signature should be witnessed in the presence of two adults or an authorized notary public.

PAGES 10-11

Statement of Witnesses OR Notary Public

As with the Advance Directive on page 4, the author's signature must be witnessed in the presence of EITHER: 1) two adult witnesses; or, 2) a notary public. Be sure to sign the document while the witnesses or the authorized notary are present.

PAGE 11

Statement of Primary and Alternate Health Care Agent and Attorney-in-Fact for Health Care

The person you choose as your primary and alternate health care agents and attorneys-in-fact should sign this Addendum. This verifies they understand your specific desire as stated in this Addendum and are willing to make health care decisions for you in agreement with these statements. Your primary and alternate health care agents and attorneys-in-fact for health care do not need to sign at the same time you do.

Clergy

This portion of the Addendum allows you to have your clergy sign the document. This is an option which you have. You are not required to have the clergy's signature.

WHAT TO DO WITH THE COMPLETED DOCUMENT

We suggest that the original document be retained by you in a location known by your trusted relatives and friends. Generally this would be in an unlocked file cabinet or dresser drawer. You want to be sure your designated health care agent and/or other trusted individual(s) can easily get to it, if needed.

Make copies* of this entire document after it has been fully completed and give one to each of the following:

- Health care agent;
- Alternate health care agent;
- Your primary physician;
- Your congregation for safe-keeping on file.

You may also wish to provide copies to other close friends or relatives.

*Copyright permission is granted to duplicate the Advance Directive document and Addendum if those copies are to be used for informational purposes only.

UPDATING YOUR COMPLETED DOCUMENT

It is very important that your Advance Directive remains current. We suggest that you review it once a year or when events in your life change. Think about the “5 D’s” to decide when you should change or update your Advance Directive: 1) Decade birthday; 2) Diagnosis of a life-threatening condition; 3) Deterioration of health status; 4) Divorce; and, 5) Death of someone close to you or that may affect your medical directive. You should also address and contact information for your agent and alternate agent if these change.

IN SUMMARY

By federal law most health care institutions are required to inform you of your “right” to have a medical directive statement. They may even have offered you this document or one of their own choosing. At any rate, while you have the “right” to have such a document, you are not “required” to have one. Various institutions often have an “in-house” protocol for medical care to those without statements. You will be subject to that protocol if you have no statement.

While Christian Life Resources, Inc. has spent considerable resources in drafting this document we readily acknowledge that your best protection is to have a well-informed family and a doctor who clearly understands your wishes. We suggest that when you complete the document you meet with your loved ones and go through it line by line. Then schedule an appointment with your doctor and do the same with him or her.

This document is designed not only to provide direction for your medical care but is to be a tool for the Christian witness. When you discuss it with loved ones and your doctor, be sure to use this explanatory document to help you illustrate for them your convictions about God as the Author, Terminator, and Savior of life.

It is our prayer that as you walk through this process of drawing up your health care document your faith will be strengthened by the reminder of God’s authority over all things. May you also find peace and satisfaction that you have taken this step towards assuring that your life is lived in conformity to God’s will to the very end.

May the power and glory be His forever!

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