Example of A Living Will from a Catholic Perspective

MEDICAL POWER OF ATTORNEY,
GUARDIAN APPOINTMENT,
AND LIVING WILL

OF

-NAME-

I, , of , want to participate in my own medical care as long as I am able, but I recognize that an accident or illness may someday render me unable to do so. Should this come to be the case, this document is intended to direct those who make choices on my behalf and to appoint an individual to have sole authority to make decisions regarding my health and medical care, and whether to withhold or withdraw life-sustaining procedures for me. I have prepared this document while still legally competent and of sound mind. If these instructions create a conflict with the desires of my relatives, with hospital policies, or with the principles of those providing my care, I ask that my instructions prevail.

In order to carry out these instructions and to interpret them, I appoint my , , as my true and lawful attorney-in-fact. As such, my shall have sole authority to make decisions under this Medical Power of Attorney, Guardian Appointment, and Living Will. knows how I value the experience of living and how I would weigh this experience against the experience of incompetence, suffering and dying. I have thoroughly discussed with my attorney-in-fact my desires concerning medical treatment, health care, and the withholding and withdrawal of life-sustaining procedures from me, and I trust said individual's judgment on my behalf.

Should be unable for any reason to act on my behalf, I appoint , to act as my attorney-in-fact.

ARTICLE I
HEALTHCARE

My attorney-in-fact is authorized in my attorney-in-fact's sole and absolute discretion from time to time and at any time to exercise the authority described below relating to matters involving my health and medical care.

In exercising the authority granted to my attorney-in-fact herein, I direct my attorney-in-fact should try to discuss with me the specifics of any proposed decision regarding my medical care and treatment if I am able to communicate in any manner, even by blinking my eyes. If I am unable to give an informed consent to medical treatment, my attorney-in-fact shall give or withhold such consent for me based upon any treatment choices that I have expressed while competent, whether under this instrument or otherwise. If my attorney-in-fact cannot determine the treatment choice I would want made under the circumstances, then my attorney-

in-fact should make such choice for me based upon what my attorney-in-fact believes to be my best interests. Accordingly, my attorney-in-fact is authorized as follows:

(1) To request, receive and review any information, verbal or written, regarding my personal affairs or my physical or mental health, including medical and hospital records, and to execute any releases or other documents that may be required in order to obtain such information, and to disclose such information to such persons, organizations, firms or corporations as my attorney-in-fact shall deem appropriate.

(2) To employ and discharge medical personnel including, but not limited to, physicians, psychiatrists, dentists, nurses and therapists as my attorney-in-fact shall deem necessary for my physical, mental and emotional well-being, and to pay them, or any of them, reasonable compensation.

(3) To consent to any medical procedures, tests or treatments, including surgery; to arrange for hospitalization, convalescent care, hospice or home care; to summon paramedics or other emergency medical personnel and to seek emergency treatment for me, as my attorney-in-fact shall deem appropriate; and under circumstances in which my attorney-in-fact determines that certain medical procedures, tests or treatments are no longer of any benefit to me or, based upon instructions previously given by me, are not desired by me regardless of benefit, to revoke, withdraw, modify or change consent to such procedures, tests and treatments, as well as hospitalization, convalescent care, hospice or home care which I or my attorney-in-fact may have previously allowed or consented to or which may have been applied due to emergency conditions.

(4) To exercise my right of privacy to make decisions regarding my medical treatment and my right to be left alone, even though the exercise of my right might hasten my death or be against conventional medical advice.

(5) To consent to and arrange for the administration of pain-relieving drugs of any kind, or other surgical or medical procedures calculated to relieve my pain even though their use may lead to permanent physical damage, addiction or even hasten the moment of (but not intentionally cause) my death; and to authorize, consent to and arrange for unconventional pain relief therapies which my attorney-in-fact believes may be helpful to me.

(6) To grant, in conjunction with any instructions given under any article of this document, releases to hospital staff, physicians, nurses and other medical and hospital administrative personnel who act in reliance on instructions given by my attorney-in-fact or who render written opinions to my attorney-in-fact in connection with any matter described in any article of this document from all liability for damages suffered or to be suffered by me; and to sign documents including, but not limited to, those titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice," as well as any necessary waivers of or releases from liability required by any hospital or physician to implement my wishes regarding medical treatment or non-treatment.

(7) To serve as plaintiff in a court action in the event it is necessary to enforce my rights under this document.

ARTICLE II
REFUSAL OF MEDICAL TREATMENT

I wish to live and enjoy life as long as possible, but I do not wish to receive futile medical treatment, which I define as treatment that will provide no benefit to me and will only delay my inevitable death, or prolong my irreversible coma or permanent vegetative state (PVS). In exercising the authority given to my attorney-in-fact herein, my attorney-in-fact should try to discuss with me the specifics of any proposed decision regarding my medical care and treatment if I am able to communicate in any manner, even by blinking my eyes. If I am unable to give an informed consent to medical treatment, my attorney-in-fact shall give or withhold such consent for me based upon any treatment choices that I have expressed while competent, whether under this instrument or otherwise. If my attorney-in-fact cannot determine the treatment choice I would want made upon the circumstances, then my attorney-in-fact should make such choice for me based upon what my attorney-in-fact believes to be in my best interests. Accordingly, if:

(1) two licensed physicians who are familiar with my condition have diagnosed and noted in my medical records that my condition is incurable, terminal and expect to result in my death within twelve months regardless of what medical treatment I may receive, and they have determined that I am unable to give informed consent to medical treatment; or

(2) two licensed physicians who are familiar with my condition have diagnosed and noted in my medical records that I have been in a coma or PVS for at least thirty (30) days and that the coma or PVS is irreversible, meaning that there is no reasonable possibility of my ever regaining consciousness or the ability to interact with others, then my attorney-in-fact is authorized as follows:

(a) to sign on my behalf any documents necessary to carry out the authorizations described below, including waivers or releases of liability required by a health care provider;

(b) to give or withhold consent to any medical care or treatment,

to revoke or change any consent previously given or implied by law for any medical care or treatment, and to arrange for my placement in or removal from any hospital, convalescent home, hospice or other medical facility;

(c) to require that medical treatment which will only delay my inevitable death, or prolong my irreversible coma or PVS (including, by way of example, such treatment as cardiopulmonary resuscitation, surgery, dialysis, the use of a respirator, blood transfusions, antibiotics, anti-arrhythmic and pressor drugs, or transplants) not be instituted or, if previously instituted, to require that it be discontinued;

(d)

to require that procedures used to provide me with nourishment, hydration and/or life-saving support (including, for example, parenteral feeding, intravenous feeding, and endotracheal or nasogastric tube use with or without ventilator assistance) be instituted unless and until I am no longer able to tolerate them or, if previously instituted, to require that they be continued unless and until I am no longer able to tolerate them; and

(e) to serve as plaintiff in a court action in the event it is necessary to enforce my rights under this document.

In the place and stead of the medical treatment and/or procedures to be withheld or removed pursuant to this document, I wish to have only care which gives comfort and support, which facilitates my interaction with others to the extent this is possible, and which brings peace.

ARTICLE III
DURABILITY

This Power of Attorney shall not be affected by my disability or incapacity.

ARTICLE IV
DEFINITIONS

The term "attorney-in-fact," as used herein, shall in the case of a multiple appointment be construed to mean, in the first instance, both of the named individuals, or in the event that one of said individuals shall be unwilling or unable to serve or to continue serving, the other of said individuals.

ARTICLE V
GUARDIAN APPOINTMENT

I hereby request that my be appointed as my Guardian should there come a time in the future when a Guardian must be appointed for my person or my estate pursuant to Section 3B:12-25 of the New Jersey Statutes or any other section of the law. Should be unable to act on my behalf, I request to be appointed as such Guardian. I hereby specifically request that said Guardian(s) be given the broadest possible powers to include any and all decision-making concerning my financial, medical, and social care and needs.

ARTICLE VI
COPIES

It is my intent that a true and accurate photostatic copy of this document shall be legally binding in the same manner as the original.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of , 2010.

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-NAME-

WE DECLARE that the person who signed this document is personally known to us and appears to be of sound mind and acting willfully and free from duress. Said individual signed this document in our presence. We are not the person appointed as agent by this document.

_____residing at_____

_____

_____residing at_____

_____

STATE OF NEW JERSEY

)SS.:

COUNTY OF

BE IT REMEMBERED, that on this day of , 2010, before me, the subscriber, a Notary Public of New Jersey, personally appeared

, who, I am satisfied, is the individual mentioned in the within Instrument; and thereupon this individual acknowledged that said individual signed and delivered the same as said individual's voluntary act and deed for the uses and purposes therein expressed.

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A Notary Public of the State of New Jersey

Prepared by: