



The Roman Catholic
Diocese of Phoenix

400 EAST MONROE, PHOENIX, ARIZONA 85004-2336 TELEPHONE (602) 257-0030

May 16, 2012

Dear Brothers and Sisters in Christ,

There seems to be much confusion today about the Church's teaching on end of life issues. In a culture where some people demand that they have the right to die and even to assist others who may be suffering to end their lives, the Church proclaims that God alone is the Lord of life. Created in the image of God, human beings share a dignity that is unique within creation.

The *Catechism of the Catholic Church* reminds us that "Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. . . Palliative care is a special form of disinterested charity. As such it should be encouraged." (#2279)

To assist Catholics to better understand the Church's teaching on end of life issues and to provide guidance for those who wish to provide their caregivers with a formal expression of their desire to follow the ethical and religious directives that have been promulgated by the Bishops of the United States, I am providing the following information for use as an Advance Medical Directive in the form of a Health Care Power of Attorney that conforms to the statutes of the State of Arizona.

"Human life is sacred because from its beginning it involves the creative action of God and it remains forever in a special relationship with the Creator, who is its sole end. God alone is the Lord of life from its beginning until its end: no one can under any circumstances claim for himself the right directly to destroy an innocent human being." (CCC # 2258)

Sincerely yours in Christ,

+ Thomas J. Olmsted
Bishop of Phoenix

Roman Catholic Diocese of Phoenix

Advance Medical Directives
&
Arizona Health Care Power of
Attorney

May 15, 2012

Introduction

The attached document has been prepared by the Medical Ethics Board of the Diocese of Phoenix for use as an Advance Medical Directive in the form of a Health Care Power of Attorney. This document is in accord with the Statutes of the State of Arizona and is an adaptation of the National Right to Life Committee's "Will to Live." After careful study and consultation we do not believe that a "Living Will" is an effective or necessary document. Thus we are not encouraging the use of "Living Will" documents.

The attached Advance Medical Directive was developed following guidelines from several major Church documents: the fifth edition of the "Ethical and Religious Directives for Catholic Health Care Services" (USCCB) and "Responses to Certain Questions of the USCCB Concerning Artificial Nutrition and Hydration" (Congregation for the Doctrine of the Faith). Pertinent excerpts from these documents are as follows:

Ethical and Religious Directives for Catholic Health Care Services- Fifth Edition **Part Five**

Issues in care for the seriously ill and dying

Introduction

...The Church's teaching authority has addressed the moral issues concerning medically assisted nutrition and hydration. We are guided on this issue by Catholic teaching against euthanasia, which is "an action or omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated" While medically assisted nutrition and hydration are morally obligatory in certain cases, these forms of basic care should in principle be provided to all patients who need them, including patients diagnosed as being in a "persistent vegetative state" (PVS), because even the most severely debilitated and helpless patient retains the full dignity of a human person and must receive ordinary and proportionate care.

Directives

55. Catholic health care institutions offering care to persons in danger of death from illness, accident, advanced age, or similar condition should provide them with appropriate opportunities to prepare for death. Persons in danger of death should be provided with whatever information is necessary to help them understand their condition and have the opportunity to discuss their condition with their family members and care providers. They should also be offered the appropriate medical information that would make it possible to address the morally legitimate choices available to them. They should be provided the spiritual support as well as the opportunity to receive the sacraments in order to prepare well for death.
56. A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. 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.
57. A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.

58. In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the “persistent vegetative state”) who can reasonably be expected to live indefinitely if given such care. Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be “excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed.” For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.
59. The free and informed judgment made by a competent adult patient concerning the use or withdrawal of life sustaining procedures should always be respected and normally complied with, unless it is contrary to Catholic moral teaching.

“Fifth Edition of the Ethical and Religious Directives for Catholic Health Care Services” USCCB

Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration

First question: *Is the administration of food and water (whether by natural or artificial means) to a patient in a “vegetative state” morally obligatory except when they cannot be assimilated by the patient’s body or cannot be administered to the patient without causing significant physical discomfort?*

Response: Yes. The administration of food and water even by artificial means is, in principle, an ordinary and proportionate means of preserving life. It is therefore obligatory to the extent to which, and for as long as, it is shown to accomplish its proper finality, which is the hydration and nourishment of the patient. In this way suffering and death by starvation and dehydration are prevented.

Second question: *When nutrition and hydration are being supplied by artificial means to a patient in a “permanent vegetative state”, may they be discontinued when competent physicians judge with moral certainty that the patient will never recover consciousness?*

Response: No. A patient in a “permanent vegetative state” is a person with fundamental human dignity and must, therefore, receive ordinary and proportionate care which includes, in principle, the administration of water and food even by artificial means.

“Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration” Congregation For The Doctrine Of The Faith August 1, 2007

What is an Advance Medical Directive? The term "Advance Medical Directive" refers to treatment preferences and the designation of a surrogate decision maker in the event that a person should become unable to make medical decisions on his or her behalf.

What is a Living Will? This is a written document that specifies what types of medical treatment are desired should the individual become incapacitated. A living will can be general or very specific. The most common statement in a living will is to the effect that:

- If I suffer an incurable, irreversible illness, disease, or condition and my physician determines that my condition is terminal, I direct that life-sustaining measures that would serve only to prolong my dying be withheld or discontinued.

More specific living wills may include information regarding an individual's desire for such services such as analgesia (pain relief), antibiotics, hydration, feeding, CPR (cardiopulmonary resuscitation) and the use of life-support equipment including ventilators.

What is a Health Care Power of Attorney? A Health Care Power of Attorney (sometimes referred to as a Medical Power of Attorney) authorizes an agent to make health care decisions for an individual when he or she is no longer capable of making them. Most states allow for a Living Will and a Health Care Power of Attorney to be combined into one document.

Why do we feel that a Living Will is not necessary? A Living Will is only helpful if an individual knows ahead of time the manner in which they are going to be incapacitated or die, whereas a Health Care Power of Attorney provides the means to deal with any and all medical situations. Thus, appointing an agent using a Health Care Power of Attorney allows for greater flexibility.

What is the most important aspect of a Health Care Power of Attorney? The choice of your AGENT, the one who will become your advocate when you are incapacitated, is crucial. A good agent is one who knows your wishes and desires, shares your moral and ethical beliefs and will advocate for you when necessary. This could be your spouse, your children, a sibling or a good friend.

If I am sick or dying am I required to do "all that is considered medically possible?" No. There are many situations when you or your agent can decide to not partake in a surgical or medical procedure if it cannot be expected to provide you with a significant benefit or relief of symptoms. The Directives in the preface of this document will be helpful in these considerations.

How can my Agent or I know which procedures to choose and which to refuse? You cannot, nor are you expected to, know the answers to all possible situations. However, you are encouraged to know the Church teachings on these matters, or at least the parameters for decision making. Then, if further questions were to arise you could consult a priest, deacon or lay person who you trust to help make a specific decision.

Arizona Health Care Power of Attorney

Form

I, _

(print your name)

Address _____ City _____

State _____ Zip _____ Telephone _____

As Principal, Hereby Designate:

(print agent's name)

Address _____ City _____

State _____ Zip _____ Telephone _____

as my health care agent to make any health care decisions for me consistent with the instructions below.

If the person I designated above refuses or is not able to act for me, I designate the following persons (each to act alone and successively, in the order named):

A. _____

(print successor agent's name)

Address _____ City _____

State _____ Zip _____ Telephone _____

B. _____

(print second successor agent's name)

Address _____ City _____

State _____ Zip _____ Telephone _____

as my health care agent to make any health care decisions for me consistent with the instructions below.

This designation shall become effective only when I become incapable of making and communicating my own health care decisions. Any prior designation is revoked.

General Presumption for Life

1. I direct my health care provider(s) and health care agent to make health care decisions consistent with the teaching of the Roman Catholic Church and with my general desire for the use of medical treatment that would preserve my life, as well as for the use of medical treatment that can cure, improve, or reduce or prevent deterioration in, any physical or mental condition.
2. Food and water are not medical treatment, but basic necessities. I direct my health care provider(s) and health care agent to provide me with food and fluids orally, intravenously, by tube, or by other means to the full extent necessary both to preserve my life and to assure me the optimal health possible.
3. I direct that medication to alleviate my pain be provided, as long as the medication is not used in order to cause my death.
4. I also direct that I be provided basic nursing care and procedures to provide comfort care.
5. I reject, however, any treatments that use an unborn or newborn child, or any tissue or organ of an unborn child, who has been subject to an induced abortion. This rejection does not apply to the use of tissues or organs obtained in the course of the removal of an ectopic pregnancy.
6. I also reject any treatments that use an organ or tissue of another person obtained in a manner that causes, contributes to, or hastens that person's death.
7. The instructions in this document are intended to be followed even if suicide is alleged to be attempted at some point after signing.
8. I request and direct that medical treatment and care be provided to me to preserve my life without discrimination based on my age, physical or mental disability or the "quality" of my life. I reject any action or omission that is intended to cause or hasten my death.
9. I direct my health care provider(s) and health care agent to follow the above policy, even if I am judged to be incompetent.
10. During any time I am judged to be incompetent, my agent is authorized to make medical decisions on my behalf, consistent with the above policy, after consultation with my health care provider(s), utilizing the most current diagnoses and/or prognosis of my medical condition, in the following situations with the written special conditions.

When My Death is Imminent

If I have an incurable illness or injury, and I will die imminently – meaning that a reasonably prudent physician, knowledgeable about the case and the treatment possibilities with respect to medical conditions involved, would judge that I will live only a week or less even if the lifesaving treatment or care is provided to me – the following may be withheld or withdrawn:

All medical and surgical treatments and tests except pain relief, food and hydration.

Signature

Date

I also desire to receive the Sacraments of the Catholic Church from a Catholic Priest

Signature

Date

When I Am Terminally Ill

Final state of Terminal Condition. If I have an incurable terminal illness or injury and even though death is not imminent I am in the final stage of that terminal condition – meaning that a reasonably prudent physician, knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved, would judge that I will live only three months or less, even if lifesaving treatment or care is provided to me – the following may be withheld or withdrawn:

Any medical or health care procedure that will not, in the best judgment of agent, being fully informed by my health care provider(s), provide definite relief of symptoms with the exception of pain relief, food and hydration.

Signature

Date

If I Am Pregnant

Special Instructions for Pregnancy. If I am pregnant, I direct my health care provider(s) and health care agent to use all lifesaving procedures for myself with none of the above special conditions applying if there is a chance that prolonging my life might allow my child to be born alive. I also direct that lifesaving procedures be used even if I am legally determined to be brain dead if there is a chance that doing so might allow my child to be born alive. Except as I specify by writing my signature in the box below, no one is authorized to consent to any procedure for me that would result in the death of my unborn child.

If I am pregnant, and I am not in the final stage of a terminal condition as defined above, medical procedures required to prevent my death are authorized even if they may result in the death of my unborn child, provided every possible effort is made to preserve both my life and the life of my unborn child. No action may be taken that constitutes a direct action against the life of my unborn child.

Signature

Date

HIPAA WAIVER OF CONFIDENTIALITY FOR MY AGENT

____ (Initial) I intend for my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

This health care directive is made under section 36-3221, Arizona Revised Statutes, and continues in effect for all who may rely on it except those to whom I given notice of its revocation

Signed this _____ day of _____, 20

Signature

Address _____ City _____ State _____ Zip

SIGNATURE OF WITNESS OR NOTARY PUBLIC:

NOTE: At least one adult witness OR a Notary Public must witness the signing of this document and then sign it. The witness or Notary Public CANNOT be anyone who is: (a) under the age of 18; (b) related to you by blood, adoption, or marriage; (c) entitled to any part of your estate; (d) appointed as your representative; or (e) involved in providing your health care at the time this form is signed.

A. Witness

I affirm that was present for and witnessed the signing of this Health Care Power of Attorney by the Principal, who appeared to be of sound mind and free from duress. In the event the Principal was physically unable to sign or mark this document, I verify that he/she directly indicated to me that this Health Care Power of Attorney expressed his/her wishes and that he/she intended to adopt the Health Care Power of Attorney at this time.

I understand the requirements of being a witness and I confirm the following:

- I am not currently designated to make medical decisions for this person.
- I am not directly involved in administering health care to this person.
- I am not entitled to any portion of this person's estate upon his or her death under a will or by operation of law.
- I am not related to this person by blood, marriage or adoption.

Signature of Witness

Address _____ City _____ State _____ Zip

Date _____

B. Notary Public (NOTE: If a qualified witness signs your form, you do not need a notary to sign):

STATE OF ARIZONA)

ss.

County of _____)

The undersigned, being a Notary Public certified in Arizona, declares that the person making this Health Care Power of Attorney has dated and signed or marked it in my presence and appears to me to be of sound mind and free from duress. I further declare I am not related to the person signing above by blood, marriage or adoption, or a person designated to make medical decisions on his/her behalf. I am not directly involved in providing health care to the person signing. I am not entitled to any part of his/her estate under a will now existing or by operation of law. In the event the person acknowledging this Health Care Power of Attorney is physically unable to sign or mark this document, I verify that he/she directly indicated to me that this Health Care Power of Attorney expresses his/her wishes and that he/she intends to adopt the Health Care Power of Attorney at this time.

WITNESS MY HAND AND SEAL this ____ day of _____, 20____.

Notary Public

[Imprint Notary Seal]

My Commission Expires