

# **Catholic Advance Medical Directives**



**An End of Life Resource for Catholics including:**

**Medical and Moral Decision Making Q & A**

**Definitions & Guidelines for Creating an  
Advance Medical Directive**

**Forms for the appointment of a Healthcare Agent**



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Dear Brothers and Sisters in Christ,

Our faith teaches us that we have been created by God and will return to God in His time and His way. It gives us comfort to know that one day we shall see Him face to face. We know that each of our lives is a precious gift from God and should not be treated lightly.

In our world of advanced medical technology and life-prolonging treatments, the many choices presented to us can often become confusing. However, the Church gives us guidance to navigate these choices and to choose treatments that are morally sound and that respect the dignity of our humanity and our destiny to live with Jesus Christ forever in heaven.

It is not obligatory to have an Advance Directive, but this document (revised from the 2014 edition) can assist you in ensuring your care and treatment is consistent with our Catholic faith and your wishes. I extend my gratitude to the Diocese of Arlington and the Diocese of Richmond for the permission to use some content from their publication: Catholic Advance Medical Directives. It is my hope that this resource will assist you in light of our Catholic understanding of health care and the human person.

With continued assurances of my prayers,

In Christ,

  
† Luis Rafael Zarama, J.C.L.  
Bishop of Raleigh

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We give them back to You, dear Lord, who gave them to us;  
Yet as You did not lose them in giving, so we have not lost them by their return.  
Not as the world gives, do You give, O Lover of Souls.  
What You give, You do not take away,  
For what is Yours is ours also if we are Yours.  
And Life is eternal and Love is immortal, and death is only a horizon,  
and a horizon is nothing save the limit of our sight.  
Lift us up, strong Son of God, that we may see further;  
Cleanse our eyes that we may see more clearly;  
Draw us closer to Yourself so that we may know ourselves  
to be nearer to our loved ones who are with You.  
And while You prepare a place for us, prepare us also for that happy place,  
that where You are we may be also for evermore.

**Prayer used by Fr Bede Jarrett, O.P.**

prayer written by William Penn  
1644 - 1718

## **Medical and Moral Decision Making: Questions and Answers**

### **How does our faith assist us in making choices that are morally sound and respect the goodness of our lives here on earth as well as our vocation to eternal life?**

Each one of us knows that one day we will die, but most of us do not know when we will die or what the cause will be. It is natural to fear death and the unknowns associated with it. Most of us do not even like to think about death, but every so often life puts death in our path. We go to funerals. We hear about a good friend losing a long battle with cancer. As Catholics, we know that death was not God's original plan for us, but due to the fall of Adam and Eve we all must die to be reborn with Christ in the next life. We believe in Christ Jesus who suffered crucifixion, died, was buried and rose again.

We must never forget that each one of us is a child of God, and that is the unchanging source of our dignity. A person is still a person no matter what type of job they have, no matter how they look, and no matter what their quality of life is. We did nothing to earn this dignity and there is nothing we can do to lose it. An unconscious man is still a man; not a carrot or a tomato or any other type of vegetable.

As Catholics, we are called to be the light of the world. We are called to propose rather than impose. Our challenge is to reflect the light of Christ into the lives of others so that they may see something they never saw before. For example, why does the world spend so much time thinking about how they "don't" want to die, and so little time thinking about how they "do" want to die. Do you want to die alone in a hospital? Do you want your death to be an unseen moment handled by medical professionals? Do you want the cause of your death to be dehydration? Do you want to die of natural causes surrounded by those you love most? Do you want to receive the sacraments? Do you want to be in the state of grace? Do you want to keep your grudges or do you want an opportunity to be reconciled? These are some of the questions that we should help others consider.

Euthanasia (also known as "mercy-killing") is an action or omission (meaning failing to act) that intentionally causes a person's death, whether directly or indirectly, for the purpose of eliminating that person's suffering. Because it involves the deliberate killing of a human person, euthanasia is always morally unacceptable. Euthanasia and any form of mercy-killing, including physician-assisted suicide, is a grave violation of reason and the natural law and completely contrary to our Christian faith.

### **What are the fundamental principles that should guide a Catholic who is thinking about creating an Advance Medical Directive?**

1. Human life is a precious gift from God. This truth should inform all health care decisions.
2. We have the right and the duty to direct our own care and the responsibility to act accordingly to the principles of Catholic moral teaching. Each person has a right to clear and accurate information about a proposed course of treatment and its consequences, so that the person can make an informed decision about whether or not to receive the proposed treatment.
3. Suicide, euthanasia and acts that intentionally and directly would cause death by deed or omission, are never morally acceptable.
4. Death is a beginning, not an end. Death, being conquered by Christ, need not be resisted by any means. A person may refuse medical treatment that is extraordinary. A treatment is extraordinary when it offers little or no hope of benefit and cannot be provided without undue burden, expense or pain.
5. There should be a strong presumption in favor of providing a person with nutrition (food) and hydration (water) even if medically assisted. Providing nutrition and hydration should be considered ordinary

means. Exceptional situations may exist. In no case should food and water be removed with the intent to cause death.

6. Catholics have the right to comfort and to seek relief from pain. A person has the right to pain relief and comfort care, even if the method or treatment indirectly and unintentionally shortens life.

### **What is an Advanced Medical Directive?**

A witnessed legal instrument that makes known what type of health care you would or would not want if you ever become incapacitated and unable to express these wishes yourself. Under North Carolina law, an Advance Medical Directive serves the same or a similar function as other documents called a “Health Care Power of Attorney,” a “Health Care Proxy,” or a “Living Will.”

### **Am I required to have an Advance Directive?**

You are neither legally nor morally required to have an Advance Medical Directive. However, we have offered you this document to assist you in making sure that your care and treatment is consistent with the Catholic faith and your wishes.

### **What is the Process for creating an Advanced Medical Directive in North Carolina?**

The process for creating an Advance Medical Directive in North Carolina can be fairly simple and only has three essential steps: (1) an adult puts his or her health care wishes in writing, (2) he or she signs the document, and (3) the document is signed by at least two adult qualified witnesses. All signatures must be notarized.

The Advance Medical Directive document does **not** need to be reviewed by an attorney. The Diocese of Raleigh has issued an Advance Medical Directive that you are welcome to use for free. However, no specific written form of an Advance Medical Directive is required under state law in North Carolina. North Carolina may recognize Advance Medical Directives drawn up in other states, as long as those Directives comply with the laws of the states in which they were created and do not conflict with North Carolina law. Lastly, photocopies, faxes, and computer-generated forms (like scanned PDFs) of Advance Medical Directives are all valid in North Carolina.

## Definitions and Guidelines for Creating an Advance Medical Directive

*A review of concepts used in Catholic moral teaching and important medical and legal terms to assist individuals and families in developing a useful, Christian-based Advance Medical Directive.*

### Introduction

This section is divided into four parts. **Part I** (Terms Used in Catholic Moral Teaching) summarizes important concepts used in the moral teachings of the Catholic Church regarding medical decision-making. **Part II** (Medical Terms) defines common medical terms that you may encounter in the health care setting. **Part III** (Legal Terms) reviews legal terms that are found in an Advance Medical Directive. **Part IV** (Instructions) presents general instructions consistent with Catholic teaching on how to create an Advance Medical Directive. A clear understanding of these terms and instructions will assist you in making choices for yourself and/or loved-ones in making decisions on your behalf.

### Part I: Terms used in Catholic Moral Teaching

Ordinary Means vs. Extraordinary Means - Terms used by the Church to distinguish between those means that we must use to preserve human life (ordinary), and those means that we are not obligated to use (extraordinary). Means that do not offer reasonable hope of benefit, are disproportionately burdensome or useless, or later become so, are *extraordinary* and therefore morally optional.<sup>1</sup> The Church teaches that you are only morally obligated to accept or render *ordinary* means of care.<sup>2</sup>

More recently, the Church has used the traditional terms “ordinary” and “extraordinary” interchangeably with the terms “proportionate” and “disproportionate,” as these more modern terms are more precise and practical when weighing the various issues raised by a serious health problem.

Proportionate Means - Measures that in the judgment of the patient offer a reasonable hope of benefit and do not entail excessive burden or impose excessive expense on the family or the community.<sup>3</sup> The Church teaches that such care always includes adequate pain relief, personal cleanliness, a comfortable, safe environment, and the presence of loved ones. These ordinary means are always *proportionate* and therefore obligatory. The provision of nutrition and hydration, even by artificial methods, is considered to be proportionate and therefore morally obligatory except in cases where such provision is useless or imposes an excessive burden.<sup>4</sup> There are other means, for example medical procedures, which initially may be proportionate but later become disproportionate as circumstances change.<sup>5,6</sup>

Disproportionate Means - Measures that in the patient’s judgment do not offer a reasonable hope of benefit or entail an excessive burden, that impose excessive expense on the family or community. Disproportionate or extraordinary means would be interventions or treatments that are likely to cause harm or undesirable side-effects out of proportion to the benefit they might offer.<sup>7</sup> The Church states that you or the person designated to make decisions for you may forego disproportionate or extraordinary means of preserving life.<sup>8,9,10</sup>

### Part II: Medical Terms

Brain Death - Defined by the medical profession and North Carolina law as the irreversible loss of all brain function, from which recovery is not possible. Brain death can be established with certainty based on strict guidelines that have been established by the neurological profession.<sup>11</sup> When two physicians confirm a diagnosis of “brain death,” the person is considered to be medically and legally dead. Brain death, defined as the irreversible cessation of total brain function, may be used as the sole basis for the determination that a person has died, particularly when brain death occurs in the presence of artificially maintained respiratory and circulatory functions.<sup>12</sup>

Coma - Medically defined as an abnormal state of unconsciousness. A person in coma is alive, but lies with the eyes closed and does not meaningfully respond to stimulation.<sup>13</sup> There are variations in the degree of coma. In deep coma, the person may show no reactions of any kind. In lighter stages, sometimes called “semicomatose,” the person may stir or moan to vigorous stimulation. Coma ends with the person waking up, dying or passing into a *permanent unconscious state*.<sup>14</sup>

Minimally Conscious State (MCS) - Defined medically<sup>15</sup> as a condition where a person has completely lost the ability to think and reason, but retains basic vital bodily functions such as heart function, respiration and blood pressure. The person’s eyes may open, and movements and sleep-wake cycles may occur, but the person cannot speak or obey commands. The person has no self-awareness or awareness of the environment.<sup>16</sup> Recent studies have confirmed that some of these patients do have awareness of their environment and more research is needed to define these individuals. Because this state is typically due to severe brain damage, improvement in the person’s condition is extremely rare.<sup>17</sup>

DNR - DNR stands for Do Not Resuscitate, which is a medical order written by a physician that directs cardiopulmonary resuscitation (CPR) be withheld from a patient in the event of cardiac or respiratory arrest. It must be understood that CPR may entail not only giving compressions to the chest but also inserting a breathing tube down the person’s windpipe and connecting the person to a mechanical ventilator, and/or delivering electrical shocks to the heart. A DNR order does not restrict a physician or hospital from providing other medical interventions such as intravenous fluids, oxygen or therapies deemed necessary to provide comfort care or to alleviate pain.

Palliative Care - Palliative care, frequently also referred to as “comfort care” or “comfort measures,” means treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of the patient as he or she experiences the stress of a chronic illness and/or the dying process, rather than investigating and initiating treatment and interventions for the purpose of seeking a cure or prolongation of life.

Terminal Illness - A medical condition where a person has an incurable or irreversible condition that will result in the person’s death within a relatively short period of time. Terminal condition is more broadly defined as a condition caused by injury, disease or illness from which, to a reasonable degree of medical probability, a patient cannot recover and (1) the patient’s death is imminent, or (2) the patient is in a permanent unconscious state, or (3) death is expected within 6-12 months. This definition is somewhat problematic, both morally and medically, because there are conditions like permanent unconscious state (defined in Part II) where a person in such a state may neither be terminally ill (that is, death expected within a relatively short period of time) nor imminently dying (that is, death expected in a week or less).<sup>18</sup>

Terminal Sedation - This is a form of assisted suicide which is increasingly being used in terminal care facilities. The patient is given heavy sedation in excess of that needed to control pain and rendered semi-comatose by this medication. Nutrition and hydration is then withheld because the patient is no longer conscious enough to consume them. Death ensues within 7-10 days usually from dehydration and starvation.<sup>19</sup>

### **Part III: Legal Terms**

Advance Medical Directive - A witnessed legal instrument that makes known what type of health care you would or would not want if you ever become incapacitated and unable to express these wishes yourself. An Advance Medical Directive generally has four sections.

In the **first section**, called “Appointment of Health Care Agent,” you may name another person or persons to act as your Agent(s) in making health care decisions for you if you become unable to make these decisions yourself because of mental or physical illness or injury.<sup>20</sup> In the **second section**, called “Instructions about my Health Care to my Health Care Agent(s) and All Medical Personnel,” you may state the types of treatment you would or would not want your physician to provide should the situation arise when you are unable to make or communicate treatment decisions for yourself. A part of this section, sometimes called a “Living Will,” specifically addresses

your desires regarding what type of care and treatment you would or would not want should you have a terminal condition and your death is imminent. In the **third section**, you may document your preferences about organ, tissue and eye donation, and give your Agent the power to make organ donation decisions on your behalf following your death. The Advance Medical Directive is completed in the fourth section after you sign the document in the presence of two qualified witnesses.

Under North Carolina law, an **Advance Medical Directive** serves the same or a similar function as other documents called a “**Health Care Power of Attorney**,” a “**Health Care Proxy**,” or a “**Living Will**.” Also be aware that if you do not complete and sign an Advance Medical Directive form, and if the attending physician determines, to a high degree of medical certainty, that you lack capacity to make or communicate health care decisions and you will never regain that capacity, the physician or others, such as a guardian or spouse, may decide to withhold or discontinue life prolonging measures.<sup>21</sup> Therefore, signing an Advance Medical Directive is vitally important to ensure your wishes are carried out.

Agent (more precisely “Health Care Agent”) - Under North Carolina law, any competent person who is not engaged in providing health care to the Principal for remuneration, and who is 18 years of age or older, may be appointed to make health care decisions for another person (called the Principal or the Declarant in an Advance Medical Directive, see below).<sup>22</sup> A Health Care Agent must also be capable of understanding, making and communicating informed health care decisions to the Declarant’s physicians.<sup>23</sup> The Health Care Agent’s responsibilities on the Declarant’s behalf may include consenting to or refusing medical treatment, authorizing admission or transfer to a hospital or mental health facility, and making arrangements for organ donation after death.<sup>24</sup> Under North Carolina law, the Health Care Agent is not allowed to restrict visitors unless you have provided specific instructions in your Advance Medical Directive about visitation at times when you are unable to make decisions on your own behalf.

Assisted Suicide - A form of euthanasia (defined below) in which a person, including a physician or other medical personnel, provides a lethal substance to or in some way assists a person in taking his or her own life.

Attending Physician - The primary physician who has responsibility for the patient’s health care.

Declarant (or the “principal”) - The Declarant, or the principal, is the person who is making the Advance Medical Directive for himself or herself. North Carolina law states that the Declarant must be 18 years of age or older and be capable of making and communicating an informed decision when creating the Advance Medical Directive.<sup>25</sup>

Euthanasia (also known as “mercy-killing”) - An action or omission (meaning failing to act) that intentionally causes a person’s death, whether directly or indirectly, for the purpose of eliminating that person’s suffering. Because it involves the deliberate killing of a human person, euthanasia is always morally unacceptable.<sup>26</sup> Euthanasia and any form of mercy-killing, including physician-assisted suicide, is a grave violation of the law of God and completely contrary to our Christian faith.<sup>27</sup>

Health Care - “Health care” is legally defined as any care, treatment, service, or procedure to maintain, diagnose, treat, or provide for the principal’s physical or mental health or personal care and comfort including life-prolonging measures. “Health care” includes mental health treatment.<sup>28</sup>

Lacking Capacity to Make or Communicate Health Care Decisions - (sometimes referred to as being “medically incapacitated”) North Carolina law states that the determination that a person “lacks capacity to make or communicate health care decisions” shall be made by the physician or physicians or, in the case of mental health treatment, physician or eligible psychologist, designated by the principal in writing and shall continue in effect during the incapacity of the principal. The determination shall be made by the principal’s attending physician or eligible psychologist if the physician or physicians or eligible psychologist designated by the principal is unavailable or is otherwise unable or unwilling to make this determination or if the principal failed to designate a physician or physicians or eligible psychologist.<sup>29</sup>



Life-Prolonging Measures - North Carolina law defines “life-prolonging measures” as medical procedures or interventions which in the judgment of the attending physician would serve only to postpone artificially the moment of death by sustaining, restoring, or supplanting a vital function, including mechanical ventilation, dialysis, antibiotics, artificial nutrition and hydration, and similar forms of treatment. Life-prolonging measures do not include care necessary to provide comfort or to alleviate pain.<sup>30</sup> In addition, the use of antibiotics to reverse a simple infection that might lead to death should be encouraged and not considered a “life-prolonging measure.” Despite the legal definition of “life-prolonging measures,” the Church teaches that the provision of nutrition and hydration, even by artificial methods, is considered to be proportionate and therefore morally obligatory except in cases where such provision is useless or imposes an excessive burden. Therefore, as faithful Catholics, “life-prolonging measures” do not include nutrition and hydration and cannot be discontinued or withheld except in those cases where the nutrition and hydration are useless or impose an excessive burden.

Qualified Witness - A witness in whose presence the principal has executed the advance medical directive, who believes the principal to be of sound mind, and who states that he or she (i) is not related within the third degree to the principal nor to the principal’s spouse, (ii) does not know nor have a reasonable expectation that he or she would be entitled to any portion of the estate of the principal upon the principal’s death, (iii) is not the attending physician or mental health treatment provider of the principal, nor a licensed health care provider who is a paid employee of the attending physician or mental health treatment provider, nor a paid employee of a health facility in which the principal is a patient, nor a paid employee of a nursing home or any adult care home in which the principal resides, and (iv) does not have a claim against any portion of the estate of the principal at the time of the principal’s execution of the advance medical directive.<sup>31</sup>

## **Part IV: Guidelines<sup>32</sup>**

### **The Basic Requirements**

The process for creating an Advance Medical Directive in North Carolina can be fairly simple and only has three essential steps: (1) an adult puts his or her health care wishes in writing, (2) he or she signs it, and (3) the document is signed by at least two adult qualified witnesses. All signatures must be notarized.<sup>33</sup>

The Advance Medical Directive document does not need to be reviewed by an attorney. The Diocese of Raleigh has issued an Advance Medical Directive that you are welcome to use for free. However, no specific written form of an Advance Medical Directive is required under state law in North Carolina. North Carolina also recognizes Advance Medical Directives drawn up in other states, as long as those Directives comply with the laws of the states in which they were created and do not conflict with North Carolina law. Lastly, photocopies, faxes, and computer-generated forms (like scanned PDFs) of Advance Medical Directives are all valid in North Carolina.

### **Oral Advance Medical Directives**

Advance Medical Directives should be put into writing since North Carolina law does not specifically recognize an oral statement as valid.

### **Choosing a Health Care Agent(s)**

You need to think carefully about whom you will choose to be your Agent, because this will be the person who will be entrusted and legally authorized to make health care decisions for you when you become unable to make them for yourself. The person you choose should be mature, 18 years of age or older, generally knowledgeable about your values and wishes, and prepared to follow the moral teachings of the Catholic Church and your health care treatment preferences. The Agent does not need to live in North Carolina but at the least needs to be accessible by phone. To avoid conflict, it is usually best to appoint only one person to serve as your Agent, and at the same time, it is important to appoint alternate (successor) Agents (perhaps at least two) in case the primary Agent is unable to serve.

### **Instructing Health Care Agents and Health Care Providers**

As a competent person over the age of 18 residing in North Carolina, you have the legal right to instruct medical

personnel and any court, either directly or through your Health Care Agent, about what health care you will accept or refuse. You have the right to instruct them that you regard food and water (nutrition and hydration) as necessities and not “treatment.” You have the right to instruct them that if you are ever diagnosed as being in a permanent unconscious state, you are not, by that fact alone, “terminally ill.”

### **Revocation and Cancellation**

You can revoke or cancel your Advance Medical Directive at any time so long as you are capable of making and communicating health care decisions. You can exercise this right to revoke in writing or in any manner by which you are able to clearly and consistently communicate your intent to revoke. You can revoke your entire Advance Medical Directive or any part of it, leaving the remainder in effect. The law requires that you inform your attending physician about your revocation.<sup>34</sup>

You can cancel your Advance Medical Directive by destroying it yourself or having another destroy it in your presence (if you choose this method, it is best to destroy all known copies), or by orally stating your new wishes (if you choose this method, you should have witnesses sign and date an entry in your medical record), or by signing and dating a new document which again has been properly witnessed. You should also notify in writing any previously appointed Health Care Agent of your cancellation of the Advance Medical Directive. An Advance Medical Directive cannot be revoked by family members or health care providers. If family members or others disagree with your Advance Medical Directive at a time when you are hospitalized and incapable of making health care decisions, they should be encouraged to contact the hospital’s Ethics Committee or seek legal counsel.

### **Signature and Dating**

If you are unable to sign and date the Advance Medical Directive document, you may make your mark (“X”) on the document in the presence of at least two qualified witnesses and direct someone 18 years of age or older to date it for you in your presence. The persons who witness your mark or signature should provide their signatures, names, addresses and phone numbers on the document.

### **GIVE COPIES OF THIS DOCUMENT TO:**

- your physician (with a request that it be made part of your medical records)
- your Health Care Agent (and successor Health Care Agents)
- your family
- your health care facility (or facilities)
- your lawyer, if you have one and optionally, the North Carolina Advanced Health Care Registry (<https://www.sosnc.gov/ahcdr/>)

### **Risks of not having an Advance Medical Directive:**

- (1) Your specific directions about your own medical treatment may not be known or may be ignored.
- (2) Decisions about your medical treatment may be made by family members other than the person you would have chosen, or by a court or a court-appointed guardian if no family members are available and willing to make your health care decisions.
- (3) Your family will face the burden of making decisions for you without your guidance and, if they cannot agree, the burden of going through court proceedings.
- (4) Moral aspects of these directives as taught by the Catholic Church might not be observed.

## References

- 1 Nutrition and Hydration: Moral and Pastoral Reflections, Committee for Pro-Life Activities, National Conference of Catholic Bishops, 24 March 1992 (Washington, D.C., United States Catholic Conference, third printing, 1998), p. 2.
- 2 Address of Pope Pius XII to the International Congress of Anesthesiologists; Vatican City, November 24, 1957 (*L'Osservatore Romano*; Nov. 25-26, 1957).
- 3 Ethical and Religious Directives for Catholic Health Care Services, Part V, # 56, Issued by USCCB, November 17, 2009.
- 4 Joint Statement on the Vegetative State: the Pontifical Academy for Life and World Federation of Catholic Medical Associations; Rome, Italy, March 10-17, 2004, no.10; Address of Pope John Paul II to the participants in the International Congress on "Life-sustaining treatments and vegetative state: scientific advancement and ethical dilemmas", March 20, 2004, no. 4.
- 5 Congregation for the Doctrine of the Faith, "Declaration on Euthanasia," Rome, 1980, Part IV.
- 6 Congregation for the Doctrine of the Faith, "Responses to certain questions of the U. S. Conference of Catholic Bishops concerning artificial nutrition and hydration" together with a commentary prepared by the Congregation, Rome, 2007.
- 7 Ethical and Religious Directives for Catholic Health Care Services, Part III, # 32, 33; Part V, # 57.
- 8 "Declaration on Euthanasia" Part IV.
- 9 Ethical and Religious Directives for Catholic Health Care Services, Part V, # 57.
- 10 Commentary on "Responses to certain questions of the United States Conference of Catholic Bishops concerning artificial nutrition and hydration."
- 11 Practice Parameters for Determining Brain Death, summary statement of the American Academy of Neurology, September 24, 1994 (*Neurology* 1995; 45:1012-1014). Reaffirmed January 13, 2007.
- 12 North Carolina General Statutes Section 90-323 (hereinafter "N.C.G.S.").
- 13 Bradley, Daroff, Fenichel and Marsden, *Neurology in Clinical Practice* (Boston: Butterworth-Heinemann, 2004), p. 45, 62-63.
- 14 Viktor and Adams, *Principles of Neurology*, 6th ed. (New York: McGraw-Hill Inc.1997), p. 365.
- 15 Practice Parameters: Assessment and Management of Patients in the Persistent Vegetative State, Summary Statement of the American Academy of Neurology, 5 May 1995 (*Neurology* 1995; 45: 855-1034). Reaffirmed July 28, 2006.
- 16 Bradley, Daroff, Fenichel and Marsden, p. 44.
- 17 Viktor and Adams, *Principles of Neurology*, 6th ed., p. 347.
- 18 <http://www.hospicepatients.org/n-valko-terminal-sedation.html>
- 19 <http://www.hospicepatients.org/n-valko-terminal-sedation.html>
- 20 N.C.G.S. § 32A-16(3).
- 21 N.C.G.S. § 90-322.
- 22 N.C.G.S. § 32A-18.
- 23 N.C.G.S. § 32A-19(a).
- 24 N.C.G.S. § 32A-19(b).
- 25 N.C.G.S. § 32A-17.
- 26 "Declaration on Euthanasia," Part II; Catechism of the Catholic Church, # 1994, 1997, 2277.
- 27 Pope John Paul II, *The Gospel of Life*, #65 (1995).
- 28 N.C.G.S. § 32A-16(ia).
- 29 N.C.G.S. § 32A-20(a).
- 30 N.C.G.S. § 32A-16(4).
- 31 N.C.G.S. § 32A-16(6).
- 32 This summary of guidelines is for educational purposes only and should not be considered to represent legal advice. Portions of this summary have been adapted from the *Virginia Advance Directives Primer for Providers*, Health Law Section of the Virginia State Bar (Richmond, Virginia), 2009.
- 33 N.C.G.S. § 32A-16(3).
- 34 N.C.G.S. § 32A-20(b).

# ADVANCE MEDICAL DIRECTIVE

I, [print name] \_\_\_\_\_, being of sound mind, an adult of at least 18 years of age or older, and a resident of North Carolina, willfully and voluntarily make known my wishes in the event that I am incapable of making an informed decision, as follows:

1. I understand that my Advance Medical Directive may include the selection of an agent in addition to setting forth my choices regarding health care.
2. The determination that I lack capacity to make or communicate health care decisions shall be made by the physician or physicians or, in the case of mental health treatment, physician or eligible psychologist, designated by me in writing and shall continue in effect during my incapacity. The determination shall be made by my attending physician or eligible psychologist if the physician or physicians or eligible psychologist designated by me is unavailable or is otherwise unable or unwilling to make this determination or if I have failed to designate a physician or physicians or eligible psychologist.
3. If at any time I am determined to lack capacity to make or communicate health care decisions, I shall be notified, to the extent I am capable of receiving such notice, that such a determination has been made before health care is provided, continued, withheld or withdrawn. Such notice also shall be provided, as soon as practicable, to my named agent or person authorized by North Carolina General Statutes Section 32A-15 through 32A-27 to make health care decisions on my behalf. If I am later determined to be capable of making an informed decision by a physician, in writing, upon personal examination, then any further health care decisions will require my informed consent.
4. This Advance Medical Directive shall not terminate in the event of my disability.
5. This Advance Medical Directive reflects my wishes, and I ask the medical and legal authorities in every state and country to respect them.
6. I intend this Advance Medical Directive to be construed in accordance with my religious beliefs and my basic values and in accordance with the laws of North Carolina. This document is intended to be valid in any jurisdiction in which it is presented. The powers delegated under this document are severable, so that the invalidity of one or more powers shall not affect any others. This document is intended to comply with the requirements of Chapter 32A, Article 3, of the North Carolina General Statutes, as amended, regarding health care powers of attorney and Chapter 90, Article 23, of the North Carolina General Statutes, as amended, regarding advance directives.
7. Any prior appointment of a Health Care Agent, including an appointment that may be made in a document called a "living will" or "durable power of attorney for health care" or "health care proxy," is revoked.
8. If I am seriously ill or in a terminal condition, I ask that I be attended to by a Catholic Priest and that I receive the Sacraments of Reconciliation, Anointing of the Sick, and Viaticum.

## Section I

### **A. Appointment of My Health Care Agent**

I hereby appoint the following person(s) to serve as my health care agent(s) to act for me and in my name (in any way I could act in person) to make health care decisions for me as authorized in this document. My designated health care agent(s) shall serve alone, in the order named:

1. Name (printed): \_\_\_\_\_  
 Address (printed): \_\_\_\_\_  
 Telephone numbers: \_\_\_\_\_
2. Name (printed): \_\_\_\_\_  
 Address (printed): \_\_\_\_\_  
 Telephone numbers: \_\_\_\_\_
3. Name (printed): \_\_\_\_\_  
 Address (printed): \_\_\_\_\_  
 Telephone numbers: \_\_\_\_\_

Any successor health care agent designated shall be vested with the same power and duties as if originally named as my health care agent and shall serve any time his or her predecessor is not reasonably available or is unwilling or unable to serve in that capacity.

**B. Powers Granted to My Health Care Agent**

I hereby grant to my Health Care Agent, named above, full power and authority to make health care decisions on my behalf as described below whenever I have been determined to be incapable of making an informed decision about providing, withholding or withdrawing medical treatment.

The powers of my Health Care Agent shall include the following:

1. Request, review and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records, and to consent to the disclosure of this information.
2. Employ or discharge my health care providers.
3. Consent to and authorize my admission to and discharge from a hospital, nursing or convalescent home, hospice, long-term care facility or other health care facility.
4. Consent to and authorize my admission to and retention in a facility for the care or treatment of mental illness.
5. Consent to and authorize the administration of medications for mental health treatment and electroconvulsive treatment (ECT) commonly referred to as “shock treatment.”
6. Give consent for, withdraw consent for or withhold consent for X-ray, anesthesia, medication, surgery and all other diagnostic and treatment procedures ordered by or under the authorization of a licensed physician, dentist, podiatrist or other health care provider. This authorization specifically includes the power to consent to measures for relief of pain.
7. Provide my medical information at the request of any individual acting as my attorney-in-fact under a durable power of attorney or as a Trustee or successor Trustee under any Trust Agreement of which I am a Grantor or Trustee, or at the request of any other individual whom my Health Care Agent believes should have such information. I desire that such information be provided whenever it would expedite the prompt and proper handling of my affairs or the affairs of any person or entity for which I have some responsibility. In addition, I authorize my Health Care Agent to take any and all legal steps necessary to ensure compliance with my instructions providing access to my protected health information. Such steps

shall include resorting to any and all legal procedures in and out of courts as may be necessary to enforce my rights under the law and shall include attempting to recover attorneys' fees against anyone who does not comply with this health care power of attorney.

8. Take any lawful actions that may be necessary to carry out these decisions, including, but not limited to: (i) signing, executing, delivering and acknowledging any agreement, release, authorization or other document that may be necessary, desirable, convenient or proper in order to exercise and carry out any of these powers; (ii) granting releases of liability to medical providers or others; and (iii) incurring reasonable costs on my behalf related to exercising these powers, provided that this health care power of attorney shall not give my Health Care Agent general authority over my property or financial affairs.

My Health Care Agent has further authority to request and receive all information regarding my medical condition and, when necessary, to execute any documents necessary for release of such information. My Health Care Agent may execute any document of consent or refusal to permit treatment in accord with my intentions. My Health Care Agent may also admit me to a nursing home or other long-term care facility as he/she deems appropriate and to sign on my behalf any waiver or release from liability required by a physician or a hospital.

Notwithstanding the foregoing, it is my intent that, effective immediately upon the execution of this document, that my Health Care Agent be considered a personal representative under privacy regulations related to protected health information. My Health Care Agent shall be entitled to all individually identifiable health care information and other medical records in the same manner as if I, personally, made the request. I authorize any physician or any other person or entity in possession of protected health care information to release to my Health Care Agent, without restrictions, all of my individually identifiable health care information and medical records. This authorization shall be deemed consent to the release of such information under current laws, rules and regulations as well as future laws, rules and regulations and amendments to such laws, rules and regulations to include but not to be limited to or by the express grant of authority to personal representatives as provided to the medical information privacy laws and regulations generally referred to as HIPAA. The authority given my Health Care Agent has no expiration date and shall expire only in the event that I revoke the authority as provided herein. The authority given my Health Care Agent shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my Health Care Agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

### **C. Duration and Scope of Agent's Authority**

My designation of a Health Care Agent expires only when I revoke it. Absent revocation, the authority granted in this document shall become effective when and if one of the physician(s) listed below determines that I lack capacity to make or communicate decisions relating to my health care and will continue in effect during that incapacity, or until my death, except that if I authorize my Health Care Agent to exercise my rights with respect to anatomical gifts, autopsy or disposition of my remains, this authority will continue after my death to the extent necessary to exercise that authority.

1. \_\_\_\_\_ (Physician)

2. \_\_\_\_\_ (Physician)

If I have not designated a physician, or no physician(s) named above is reasonably available, the determination that I lack capacity to make or communicate decisions relating to my health care shall be made by my attending physician.

In exercising the power to make health care decisions on my behalf, my Health Care Agent shall follow my desires

and preferences as stated in this document or in matters not addressed by my instructions in this document, as otherwise known to my agent. My Health Care Agent shall be guided by my medical diagnosis and prognosis and any information provided by my physicians as to the intrusiveness, pain, risks, side effects, benefits and alternatives associated with treatment or non-treatment. My Health Care Agent shall not authorize a course of treatment which he or she knows, or upon reasonable inquiry ought to know, is contrary to my religious beliefs or my basic values, whether expressed orally or in writing.

My Agent shall not be liable for the costs of treatment pursuant to my Agent's authorization, based solely on that authorization. My Health Care Agent shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provision of this document.

My Agent shall have the continued authority to serve as my Agent even in the event that I protest the Agent's authority after I have been determined to be lacking capacity to make or communicate health care decisions.

If it becomes necessary for a court to appoint a guardian of my person, I nominate the persons designated in Section 1, in the order named, to be the guardian of my person, to serve without bond or security. The guardian shall act consistently with G.S. 35A-1201(a)(5).

## **SECTION II**

### **A. General Instructions: A Presumption for Life**

1. My desires and preferences are grounded in the Judeo-Christian moral tradition, which views human life as a gift of a loving God. This tradition further respects the life of each and every human being because each human being is made in the image and likeness of God and therefore it has a special value and significance.
2. I believe that I have come from God and will return to God – in God's time and in God's way, not mine.
3. As a member of the Catholic Church, I wish to follow the moral teachings of the Church, or though not a member of the Catholic Church, I nonetheless direct my Health Care Agent to adhere to the moral teachings of the Catholic Church when making health care decisions on my behalf. I wish to receive all the obligatory care that my faith teaches we have a duty to accept. I also believe that Jesus has conquered sin so that death has lost its sting (1 Cor. 15:55) and that death need not be resisted by any and every means and that I have the right to refuse medical treatment that is excessively burdensome and would only prolong my death. I also know that I may morally receive medication to relieve pain even if it is foreseen that its use may have the unintended result of shortening my life. I direct that those caring for me avoid doing anything which is contrary to the moral teachings of the Catholic Church. Those making decisions on my behalf shall be guided by the moral teachings of the Catholic Church. If my health care providers are unfamiliar with such teachings or authoritative Church references, I request that a certified Catholic chaplain or a Catholic Priest be consulted to provide guidance.
4. I consider food (nutrition) and water (hydration), even when provided by artificial means, always to be a natural and, in principle, ordinary and proportionate means of preserving life, not medical or therapeutic acts. I direct my Health Care Agent to authorize and my health care providers to provide 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, unless or until the benefits of such nutrition and hydration are clearly outweighed by a definite danger or burden, or are useless in achieving their intended outcome.
5. I reject in any situation any treatment that directly uses an unborn or newborn child, or any tissue or organ of an unborn or newborn child, who is a product of an induced abortion.

6. I reject in any situation any treatments that use an organ or tissue of another person obtained in a manner that directly causes, contributes to, or hastens that person's death.
7. It is my intention that the instructions in this document are to be followed even if it is alleged that I have attempted suicide at some point after it is signed.
8. I direct that medical treatment and health care be provided to me to preserve my life without discrimination based on my age, physical or mental disability, or the actual or anticipated "quality" of my life.
9. I direct that my life not be ended by assisted suicide or euthanasia, the latter meaning an action or omission that would directly and intentionally cause my death.

### **B. Particular Instructions Concerning Life-Prolonging Treatment**

When I am in the final stages of a terminal illness or injury or when my death is imminent (permanent unconscious state or advanced dementia), I ask that I be informed of this so that I may prepare myself for death. After reasonable efforts have been made to satisfy my requests as confirmed above, I direct the following (initial only ONE choice):

1. \_\_\_ That the application of all life-prolonging procedures (including artificial respiration, cardiopulmonary resuscitation and invasive procedures) which would serve only to artificially prolong the dying process be withdrawn or withheld and that I be permitted to die naturally with only the administration of medications and the performance of medical procedures deemed necessary to ensure my comfort and alleviate pain.

**OR**

2. \_\_\_ That all treatments to prolong my life as long as reasonably possible within the limits of generally accepted health care standards be continued.

**OR**

3. \_\_\_ That I choose to provide no written guidelines and direct my Health Care Agent to make end-of- life decisions based on my known values and wishes.

In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this Advance Medical Directive shall be honored by my family and physician as the final expression of my legal right to refuse health care and my acceptance of the consequences of such refusal. In all cases, I direct that decisions about my medical treatment and health care be made in accordance with Catholic moral teachings.

Notwithstanding the legal definition of "life-prolonging measures," according to my Catholic beliefs, I reject artificial nutrition and hydration as "life-prolonging measures" in that artificial nutrition and hydration are basic necessities and are not medical care. Therefore, any directions herein to withhold life-prolonging measures shall not mean to withhold artificial nutrition and hydration unless or until the benefits of such nutrition and hydration are clearly outweighed by a definite danger or burden, or are useless in achieving their intended outcome.

### **C. Additional Health Care Instructions for Women**

If I am pregnant, I direct that, regardless of my physical or mental condition, all medically indicated procedures, including medically assisted nutrition and hydration, be provided to sustain my life and the life of my unborn child until birth or at least until the child's viability is attained. No one is authorized to consent to any treatment or procedure for me whose sole immediate and directly intended effect is the termination of my pregnancy before the



viability of my unborn child is attained.

I understand that I may morally accept or refuse operations, medications and forms of treatment that have as their direct purpose the cure of a serious pathological condition when these interventions cannot be safely postponed until the viability of my unborn child is attained, even if such interventions indirectly result in the death of my child. If I am determined to be incapable of providing consent for such interventions, I (initial ONE choice):

- 1. \_\_\_\_ Grant the authority to my Health Care Agent to consent to or refuse such interventions.

**OR**

- 2. \_\_\_\_ Do not grant the authority to my Health Care Agent to consent to or refuse such interventions.

**SECTION III: APPOINTMENT OF AN AGENT TO MAKE AN ANATOMICAL GIFT OR ORGAN, TISSUE OR EYE DONATION (This Section is Optional)**

To the extent I do not otherwise make valid and enforceable arrangements during my lifetime my health care agent **(You MAY initial any or all options below):**

\_\_\_\_\_ may authorize an autopsy.

\_\_\_\_\_ may consent to the donation of all or any of my tissue or organs in a manner consistent with Catholic teaching.

\_\_\_\_\_ may direct the disposition of my remains in a manner consistent with Catholic teaching.

By initialing above I do not intend to revoke any valid and enforceable will provisions or anatomical gift instruments, whether executed by me before or after the date of this document.

**SECTION IV: AFFIRMATION AND RIGHT TO REVOKE**

By signing here, I indicate that I am mentally alert and competent, fully informed as to the contents of this document and understand the full import of this grant of powers to my Health Care Agent. I am aware and understand that this document sets forth my wishes concerning the future conditions under which life-prolonging measures may be withheld or discontinued in certain conditions in accordance with my advance instructions.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_(SEAL)

Print Name: \_\_\_\_\_

I hereby state that the principal, \_\_\_\_\_, being of sound mind, signed (or directed another to sign on the principal’s behalf) the foregoing document in my presence, that I am not related to the principal by blood or marriage and that I would not be entitled to any portion of the estate of the principal under any existing will or codicil of the principal or as an heir under the Intestate Succession Act if the principal died on this date without a will. I also state that I am not the principal’s attending physician, nor a licensed health care provider or mental health treatment provider who is (1) an employee of the principal’s attending physician or

mental health treatment provider, (2) an employee of the health facility in which the principal is a patient or (3) an employee of a nursing home or any adult care home where the principal resides. I further state that I do not have any claim against the principal or the estate of the principal.

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

NORTH CAROLINA

\_\_\_\_\_ COUNTY

Sworn to (or affirmed) and subscribed before me this day by

\_\_\_\_\_  
*(type/print name of signer)*

\_\_\_\_\_  
*(type/print name of witness)*

\_\_\_\_\_  
*(type/print name of witness)*

Date: \_\_\_\_\_  
*(Official Seal)*

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_, Notary Public  
*Printed or typed name*

My commission expires: \_\_\_\_\_

*For copies, comments or clarifications, contact: Coordinator for Human Life and Dignity, Catholic Diocese of Raleigh, 7200 Stonehenge Dr., Raleigh, North Carolina 27613, 919-719-8267, Joshua.Klickman@raldioc.org*

*Catholic Diocese of Raleigh*



**Catholic Advance Medical Directives**

**Office of the Bishop  
7200 Stonehenge Drive  
Raleigh, NC 27613**

**November 2017**

