

Catholic Advance Directive

"Living Will" Declaration

I, _____, being of sound mind, willfully and voluntarily make known the following and do hereby declare:

1. Purpose. This Catholic Declaration on Life and Natural Death, made while I am of sound mind, is provided as a means of making known my desires and directions regarding treatment or care for me in the event I become irreversibly or terminally ill. In the absence of my ability to give directions regarding any of the above, I intend that this Declaration shall be honored by my family and physician(s) as the final expression of my legal right to make decisions regarding medical or surgical treatment and accept the consequences for such decisions.

2. Full Disclosure of Facts. I admonish and direct my family, physicians, lawyer, pastor, and friends that, because of my Catholic belief in the dignity of the human person and my eternal destiny in God, if I become irreversibly, incurably, or terminally ill, I be informed fully of the facts so that spiritually I can prepare myself to die.

3. General Presumption for Life. This Declaration is to be interpreted in favor of continued life. I direct that health care decisions be made which are consistent 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 the deterioration in, any physical or mental condition. I request and direct that medical treatment and care be provided to me to preserve my life without discrimination based on my age or physical or mental ability. I reject any action or omission that is intended to cause or hasten my death. If the instructions contained herein do not adequately address an issue concerning my medical treatment and care, those making decisions on my behalf should be guided generally by the pro-life teachings of the Catholic Church.

4. Natural Death Instructions. I have the right to make my own decisions concerning treatment that might inordinately prolong the dying process beyond the limits dictated by reason and good judgment. If I should have an incurable injury, disease or illness, certified to be a terminal condition by two physicians who have examined me (one of whom shall be my attending physician), and the physicians have determined, to the best of their professional ability, that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process; and if I am unable to make my own decisions and have no reasonable expectations of recovery, then I request and direct that no life-sustaining procedures be used to preserve my life. No means should be used with the intention of shortening my life. I intend for the term "life-sustaining procedure" to mean: any medical procedure or intervention which would only serve to prolong the dying process and where, in the judgment of the attending physician, natural death will occur whether or not such procedure or intervention is utilized.

