



ADVANCE CARE PLANNING AND ADVANCE HEALTH CARE DIRECTIVES



This guide was developed in collaboration with physicians, nurses, theologians and ethicists within Catholic health care to help you reflect on your wishes for medical treatments and prepare an advance health care directive. In addition to reflecting Catholic tradition, the resource is designed to be helpful to people from all faiths and beliefs. For additional resources about palliative care and living with serious illness, visit [Avera.org/AdvanceDirective](https://www.avery.org/AdvanceDirective).

State-specific advance directive forms may be found at www.avery.org/patients-visitors/advance-directives-end-of-life-planning

INTRODUCTION

Modern medicine and technology have given us wonderful opportunities to relieve pain, manage symptoms and cure disease. Sometimes, however, these treatments can present difficult decisions for patients and their families when they become burdensome to the patient, no longer provide a benefit, or prolong the dying process at the end of life.

An advance health care directive can help reduce these challenges by communicating your treatment preferences in advance and providing guidance for families and caregivers.

People frequently have questions about what advance directives are, why they're helpful and how to prepare them. We hope that this guide helps answer the many questions you may have and that you find it a useful resource to consider and share your health care wishes.



What Is an Advance Health Care Directive?

An advance health care directive is a written document that is prepared prior to a life-threatening illness or injury to express your wishes and values for your health care treatment in the event that you are unable to communicate your preferences on your own. Preparing an advance directive is a valuable opportunity to have in-depth conversations with your loved ones about these issues ahead of time.

Why Should I Have an Advance Directive?

An advance directive lets you express your wishes for your own medical treatment in advance and share your wishes with your family, loved ones, caregivers and health care providers so they know they are honoring your wishes if you are unable to communicate on your own. A serious accident, for example, could create a need for such a directive suddenly and without warning.

In situations when an advance directive has not been prepared, your loved ones must make decisions on your behalf without your input or guidance and may disagree about what should be done. This creates additional stress and conflict at an already difficult time, particularly if

important medical decisions need to be made quickly.

Everyone over the age of 18 should have an advance directive. It's a good idea to review it periodically and to update it if you are diagnosed with a new, serious illness, get married or divorced, or decide to name a different person to act on your behalf.

Who Can Prepare an Advance Directive?

You are the only one who can prepare your advance directive. Since it is a legal document, it must be signed, appropriately witnessed and/or notarized according to the laws in your state. Please see www.caringinfo.org/planning/advance-directives/by-state for information pertaining to your state.

When Is a Good Time to Prepare an Advance Directive?

It's a good idea to prepare an advance directive as early as you can so you have sufficient time to ask questions, get reliable information, consider your medical options and reflect on what matters most to you in life.

As you determine your wishes for treatment, this is also an excellent time to select the person you want to make medical decisions on your

behalf if you are unable to do so yourself. This person will be designated as your “agent” or “surrogate” decision-maker in a document called the durable power of attorney, which accompanies the advance directive.

What Does an Advance Directive Include?

An advance directive usually has two parts: a living will and a durable power of attorney.

- A **living will** is a written legal document in which you express your wishes for your health care.
- A **durable power of attorney** is a document in which you designate a loved one or trusted friend to make health care decisions on your behalf if you’re not able to.

What Is a Living Will?

Many people think of a will as a document that leaves property or assets to heirs. A living will, however, is a statement regarding medical treatments, especially life-sustaining treatments, that you want or do not want in life-threatening situations that might arise at a future time.

A living will lets your family, friends, and health care team know your preferences for medical treatments and provides guidance about your values, religious beliefs or spiritual tradition. It is important to remember

that a living will does not take effect until you are unable to speak for yourself.

Here are two important things to keep in mind about a living will:

- When you prepare the document, you are describing treatments that you are requesting or refusing without knowing what your actual medical condition will be in the future. Therefore, these statements are often rather general.
- Due to the general nature of a living will, doctors often find this document, if used by itself, to be too vague to determine your wishes for specific medical treatments. Because of this, many states have combined the living will and the durable power of attorney for health care into a single advance directive document.

What Is a Durable Power of Attorney for Health Care?

A durable power of attorney for health care allows you to name a person who will make health care decisions on your behalf if you become unable to do so.

The person you select is called your “agent,” “health care surrogate,” or “proxy decision-maker.” They can accept or refuse any type of medical treatment or procedure on

your behalf just as you would if you could make these decisions yourself. Your surrogate needs to communicate decisions they believe you would choose based on the wishes you shared in your advance directive rather than treatments they would want for themselves.

This is why it is so important to have an in-depth conversation with the person you select to be your surrogate so that he or she can make decisions that match your values and beliefs.

Significant problems can arise if you haven't named a surrogate. Decisions about urgent medical treatments can become complicated and/or unnecessarily delayed as your health provider tries to find someone who is authorized to act on your behalf.

In many states, if no surrogate is named, the law establishes a prioritized list of people to make these decisions for you.

How Do I Prepare an Advance Directive? Do I Need to Get a Lawyer?

Fortunately, it is relatively simple to prepare an advance directive, and you do not need a lawyer, but you may consult one for advice specific to your situation. As you complete the form and consider your treatment preferences, remember the most important thing is to discuss the values that are most important to you with your surrogate decision-maker.



*THE LORD IS GOOD TO THOSE WHO TRUST
IN HIM, TO THE ONE THAT SEEKS HIM.*

LAMENTATIONS 3:25 NEW AMERICAN BIBLE

Steps to Complete the Form

1. **Obtain the form.**

You can easily obtain forms for a living will and durable power of attorney online from your local library, state department of public health or at health care facilities such as hospitals, nursing homes, home health agencies and hospices.

2. **Read the form carefully.**

If you have any questions about medical treatments or care, contact your physician, clergyperson or trusted friend. You do not need to have an attorney to prepare a durable power of attorney or a living will. However, each state has its specific legal requirements to guarantee that the advance directive has been properly witnessed, so it is important to follow your state's requirements for these documents.

3. **Carefully consider your wishes.**

Think about what medical treatments or interventions you want or do not want if you become seriously ill, have a medical condition or injury that requires you to be on life-support treatment for the rest of your life, are advanced in age, or are frail.

For example: Do you want to be resuscitated when you have a serious injury or are at the end of life? Do you want chemotherapy when it's no longer effective or

no longer provides a benefit?

Be sure to discuss your decisions with your surrogate, your family, and your health care providers so they know and understand your wishes.

4. **Determine your surrogate.**

The person you designate must be the age of majority in your state or older and be willing to speak for you and carry out your treatment wishes. No one is required to act as a surrogate simply because they have been named in the durable power of attorney. Also, if you choose a surrogate who is not your spouse or family member, let your family know in advance. This lowers the chance of confusion if the surrogate needs to make important decisions.

5. **Make copies available.**

Give copies of your completed documents to your surrogate and your physician(s). Keep the original for yourself in an easily accessible place and inform others, especially family members, where it is kept. You should also give copies to your family members, close friends, attorney and possibly clergy to ensure that medical personnel will be able to get a copy of your advance directive should the need arise. Some states have registries in which you can record your advance directive.



How Do I Decide Which Medical Treatments Are Appropriate for Me?

There is no ready-made answer to this question that applies to all situations. However, here are some elements to keep in mind:

1. What are your values and your philosophy of life?

Take time to reflect on your beliefs about life, suffering and death. From a Catholic perspective — shared by many other faith traditions as well — human life is a sacred gift from God. All persons, regardless of their medical or physical condition, possess inherent dignity and are worthy of respect, protection and care.

Situations often arise in which an intervention or procedure no longer offers real hope of benefit or imposes burdens upon a patient that outweigh the benefits. Respect for human dignity and human life, however, does not mean that we must do everything possible to prolong physical life when death is inevitable. Many faith traditions believe that death is not the end of life but a transition from this life to the next. Preparing for a peaceful death and easing suffering can be a gift of grace to our loved ones.

2. Given your health history, what conditions and diagnoses might you have in the future?

Most of the time, people who prepare an advance directive do not know the exact life-threatening medical situation they will face in the future. Nevertheless, it is helpful to consider what types of treatments you would want or would refuse if you are diagnosed with a life-limiting illness or disease that will eventually lead to death or if you are close to death. Your decisions about treatments will vary depending on your diagnosis and whether you have a reasonable chance of recovery.

3. Does the end-of-life treatment offer a benefit without being excessively burdensome?

Catholic moral teaching states that all persons need to use ordinary or proportionate means of preserving life. However, the term “ordinary means” is not the same as ordinary medical care. Rather, it is understood in terms of whether the particular medical treatment offers a reasonable hope of benefit to the patient that outweighs the associated risks and/or burdens of the treatment. If the benefits are proportionate to the burdens, the patient should choose in favor of the treatment. However, patients may refuse a treatment if it does not offer a reasonable hope of benefit or has risks or burdens that exceed any possible benefit. This is what

the Catholic moral tradition calls “extraordinary” or “disproportionate” means. For example, continued chemotherapy for an incurable cancer patient may not offer any further benefit to the person and may impose considerable discomfort. So, for this particular cancer patient, this treatment becomes “extraordinary means” even though most would consider it an “ordinary” treatment option.

4. What health care is realistically available?

When trying to determine which medical interventions you desire, you should also consider the availability of the desired treatments, procedures and mechanical interventions at your local health care facility. You may also need to consider your options in light of your financial situation and health insurance coverage.

Will My Health Providers Follow Instructions in My Advance Directive?

In general, health care providers should follow your advance health care directive as long as it has been properly completed according to the laws of your particular state.

However, a doctor or hospital does not have to follow an advance health care directive that is contrary to the religious and moral convictions

of the health care organization. A provider also does not have to follow a directive that asks for inappropriate or non-beneficial treatment.

What If I Change My Mind About My Advance Directive?

Although legislation varies in different states, in general you may revoke your advance health care directive at any time by an oral or written notification to your surrogate or health care provider or by simply writing VOID on your document. You automatically revoke an earlier directive by completing a new written document, as long as you are still able to make your own decisions.

The most recent version of your durable power of attorney for health care will take the place of any earlier versions. If you make any changes to your advance directive, be sure to inform your physician, your surrogate, your family members, and your attorney (if applicable) and provide them with copies of the new, clearly dated version.

What Is the Position of the Catholic Church on Advance Directives?

The Catholic Church affirms a patient's right to make his or her own health care decisions. *The Catechism of the Catholic Church* explains, "The decisions should

be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected" (§2278). One of the purposes of an advance directive, especially the durable power of attorney for health care, is to establish who is legally entitled to speak for the patient.

The Ethical and Religious Directives for Catholic Health Care Services (ERDs), a document issued by the United States Conference of Catholic Bishops (USCCB) that guides the practice of Catholic hospitals and other Catholic health care organizations, recognizes a person's right to complete an advance directive and to appoint a surrogate decision-maker (Directives 24–25.) The ERDs explain that a person's advance directive should be followed as long as the person does not request anything contrary to Catholic Church teaching. Furthermore, in their 1999 pastoral message "The Blessings of Age," bishops encouraged people to have an advance directive, noting that "advance directives can help your loved ones know your wishes."



WHERE CAN I FIND ADDITIONAL INFORMATION ABOUT ADVANCE HEALTH CARE DIRECTIVES?

Additional information and resources are available at Avera.org/patients-visitors/advance-directives-end-of-life-planning

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Source: Catholic Health Association of the United States.
Advance Directives: Sharing Your Health Care Wishes.