



Advance Directives, And Dignity of the Human Person

A Catholic Perspective

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“Even the weakest and most vulnerable, the sick, the old,
the unborn and the poor are
MASTERPIECES OF GOD’S CREATION,
Made in his own image, destined to live forever, and
deserving of the utmost reverence and respect.”

Pope Francis July 7, 2013

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BACKGROUND

For nearly a century, you have had the right to make decisions about your own health care, including the right to request or refuse health care interventions. Over the years, virtually all the states have gradually provided a framework for you to spell out your wishes for health care treatment in the event that you are incapacitated.

The first wave of health care planning documents consisted of so-called “living wills.” These documents spelled out an individual’s wish as to the kind of care that would not be provided when the person was close to the end of life. These documents generally did not give positive authorization for treatment, and did not involve any other person. They were frozen documents that allowed for no flexibility. Because we cannot predict a particular patient’s actual medical condition, living wills pose a risk of directing what could in some cases be considered a morally inappropriate refusal or withdrawal of care.

In time, it became clear that it is advantageous to designate an individual (health care agent) to make decisions on behalf of an incapacitated person. Thus developed the kind of document known as a “Health Care Directive,” also known as an “Advance Directive” or a “Health Care Power of Attorney.”

In Massachusetts, all patients with serious advancing illness have a legal right to receive information about their medical conditions, their likely outcome (“prognosis”), and their full range of options for care. This enables patients or their advocates to make informed decisions about healthcare choices that reflect each person’s goals, values, wishes, and needs. Although it can be difficult to think about future healthcare choices – especially when an illness is stable and symptoms are manageable – there is much wisdom in talking with loved ones and healthcare providers when you are feeling strong and can make your wishes clearly known.

The topics described below will be discussed in more detail

**Advance Care Planning,
Health Care Proxy (Health Care Directive),
Palliative Care,
Hospice Care,
Comfort Care
DNR (Do Not Resuscitate)
Medical Orders for Life-Sustaining Treatment (MOLST)**

The law allows any statement of your wishes to be as general or specific as you desire. Again, because medical conditions and circumstances are impossible to know in advance and are always changing, it is recommended that you allow your health care agent as much leeway as possible.

Frequently Asked Questions

Q; What is Advance Care Planning?

Advance care planning is about taking steps to make sure you get the medical care you would want if you were too sick or hurt to express your wishes, even when doctors and family members are making those decisions for you. It is important to talk with family and trusted loved ones about your goals, values and wishes for future medical care, regardless of your current health needs. And it is important for patients and their families (or advocates) to have these conversations with the patient's care providers throughout the illness, even at the beginning. Decisions that might come up include whether you want to use a breathing machine, have tube feeding, or be resuscitated if your heart stops.



Q: What is an advance directive or health care proxy?

Advance directives are legal documents that allow you to spell out your preferences about end-of-life care ahead of time. In Massachusetts, a Health Care Proxy is the legally accepted form of advance directive. It is a simple legal document that allows any adult to name a trusted person to make future healthcare decisions on his or her behalf if that person is ever unable to make or communicate those decisions. The designated person is known as a “health care agent.” The health care agent must wait until a physician determines and documents that a patient is not able to make or communicate those decisions on his or her own.

Q: Who should be named as health care agent?

You should designate a health care agent, first of all, who can be counted on to carry out your wishes. You want someone who will not be swayed by emotion, and who will take the time to consult with doctors and other advisors, as well as with your priest and family members, if the need arises to make a decision. As a Catholic, you should name someone who can be counted on to carry out your wishes in a way that is consistent with Church teaching.

If a spouse is able to serve, that is most often the first choice, though it need not be. One or more children often are named. People sometimes ask whether all of their children should be named together as health care agent. This can be done, but experienced lawyers recommend that you not name all your children “just so no one feels left out.” Rather, select only those children who meet the qualifications above — and who you are confident can work together in a stressful situation.

It is helpful but not essential that your agent live near you. Your agent may come to town to be present, or deal with health care providers by phone, as necessary, but it is an advantage to have someone physically on the scene. Still, experienced advisers say that it is better to have an agent who meets all the other qualifications but is not local, rather than an agent who is local but lacking in other respects.

You may name more than one proxy to serve together, if you wish. Many people also designate one or two back-up agents, in case the primary agent dies, becomes incapacitated, or is otherwise unavailable. You may, if you wish, insert language requesting, or even requiring, that your agent act only in accordance with the teachings of the Church. If you do so, you might consider adding language to discourage anyone — inside or outside your family — from seeking court intervention with respect to your health care in the event of disagreements.



Q: How do I decide what should go into my health care directive?

What kind of medical decisions would you want to be made for you if you are unable to communicate or decide for yourself? This is not an easy question. It takes thought, discussion, and prayer. Doctors say that many people sit around a dining room table and jump to the conclusion that they would not want life-sustaining treatment if they were terminally ill or permanently unconscious – but those same people, when they actually go to an emergency room with a life-threatening health problem, want to receive medical treatment. Take the time to

think through what you really would want to happen. Talk with your family and perhaps a close friend. Find out what the Church teaches about these matters. Consult a priest, deacon, chaplain or other advisor. Pray.

Q: If I make an advance directive, how can I revoke it?

You can revoke it by:

- saying so in writing (which does not need to be witnessed or notarized), or
- destroying it or marking it as revoked, or
- stating orally to a doctor or other health care practitioner that you wish to revoke it, or executing a new advance directive.

Note: If you revoke an advance directive, you should recall and destroy all copies of that document, so that no confusion occurs.

Q: When does my advance directive become effective?

It is “effective” immediately when you have signed it with the required formalities. The person you designated becomes your agent. However, the agent has no authority to act on your behalf until you are certified by a physician unable to make or communicate decisions about your health care. Generally, this determination is made by two doctors — you’re attending physician and a second doctor who has recently examined you — but if you are unconscious or unable to communicate, the certification of a single doctor is sufficient.

Even before such physician certification, the directive may grant your agent access to your medical information, notwithstanding the provisions of federal privacy law (sometimes known as “HIPAA”). This could be important in case your doctor needs to consult with your agent about whether you are capable of making health care decisions. But you should consider carefully how much access to your medical information you want to give your agent prior to the time you are incapacitated.

Q: Are advance directives only about “pulling the plug?”

No, even though people often speak of advance directives only in terms of “pulling the plug,” they are in fact applicable — and can be useful — in many other situations. For example, if you were temporarily unconscious in an automobile accident, your agent could authorize surgery on your behalf. Your agent under an advance directive also can direct that you be given certain treatments; these documents are not aimed only at withdrawing treatment, as may commonly be supposed. And your agent can advocate for you when you are unable to do so for yourself.

Q: What should I do with my advance directive once I have signed it?

First, remember that a copy is as good as an original. You should make multiple copies and send one to your primary care physician. You should send another copy to your health care agent (and perhaps your back-up agent if you have one).

You should discuss the document, the treatment you want, and your Catholic beliefs about medical decisions with your agent (and possibly with your back-up agent) if you have one.

You should carry a copy with you.

Finally, it is a good idea to keep a copy of the document somewhere easily accessible in your residence, for example, in your kitchen. The reason: if you have to go to the emergency room, you might have time to pick up this document on your way out. And if you do, you can be sure that it will be included in your hospital records at the time you check in. Federal law requires hospitals to ask you at the time you register whether you have such a document. (Of course, in the event of an emergency, you might not have time to locate and take with you your advance directive; but in many cases, you will have the opportunity to do so, and providing one increases the likelihood that your wishes will be carried out.)

Q. What is palliative care?

Palliative care is a team-based approach to treating serious illness that focuses on a person's physical, emotional and spiritual needs. Palliative care is appropriate for patients at any age, regardless of the expected outcome of their illness. The goal of palliative care is to prevent and relieve the physical symptoms, anxiety, and stress that often accompany a serious illness. This includes managing pain, shortness of breath, fatigue, nausea, loss of appetite, and decreased function. Palliative care services also help patients and family members with planning for future needs, coordinating care, and working through sometimes difficult decisions.

Q. Who provides palliative care?

Palliative care is provided by a team of professionals with a variety of different skills. This team can include physicians, nurses, social workers, chaplains, and others.

Q. Who can receive palliative care?

Anyone with a serious illness, regardless of his or her age, life expectancy or prognosis, can receive palliative care services.

Q. Is palliative care the same as hospice?

No, but they are related. Palliative care (providing comfort and support) is a component of hospice care, but it can be delivered at any point in a serious illness – at home, hospital, etc. Hospice care is specifically about the end of life.

Q. Where do I receive palliative care?

Palliative care can be provided anywhere, including in the hospital, nursing home, long term care facility or at home.

Palliative means:

Soothing
Calming
Relieving

Palliative care includes:

- Physical Symptom Relief
- Coordination of Care
- Patient and Family Support
- Assistance with Decision Making

Clarifying a common misconception:

Palliative care does NOT prevent other treatments from being provided, including life-prolonging or even potentially curative measures.

Q. What is hospice care?

Hospice care is a philosophy of end-of-life care that looks at the whole person. Hospice provides an array of comfort and support services – also called palliative care – to patients and their loved ones. This is usually when a serious illness is no longer responding to treatments focused on a cure. Hospice helps patients who are dying clarify their priorities and establish their goals of care while providing relief from pain and other symptoms. Hospice treatments do not aim to lengthen life. Instead, they focus on ensuring comfort and dignity so that the final months of a patient’s life are as meaningful and fulfilling as possible, for both the patient and family.

Q. Who provides hospice care?

In most cases, a healthcare team manages hospice care. Doctors, nurses, social workers, counselors, home health aides, clergy, chaplains, therapists, and trained volunteers all provide care, each based on his or her special areas of expertise. Together they provide complete medical, emotional, and spiritual care to the person who is dying.

Q. Who can receive hospice care?

Anyone who has received a diagnosis of a terminal illness may receive hospice care.

Q. Where do I receive hospice care?

A terminally ill person may get hospice services wherever he or she is, including in a hospital or at home. A patient living in a nursing facility or long-term care facility can receive specialized visits from hospice nurses, home health aides, chaplains, social workers, and volunteers, in addition to other care and services offered by the nursing facility.

Q. What is Comfort care?

Comfort care is an essential part of medical care at the end of life. It is care that helps or soothes a person who is dying. The goal is to prevent or relieve suffering as much as possible while respecting the dying person's wishes

Q. What is a Do Not Resuscitate (DNR/DNI) Order

You have the right to decide if you want medical workers to use CPR (cardiopulmonary resuscitation) to try to save your life if your heart stops or if you stop breathing. This is a decision you should make with your doctor, family members, and other people you trust. If you do not want CPR to be used, you must get a Do Not Resuscitate (DNR/DNI) order from your doctor.

You may ask your doctor for a DNR/DNR order at any time. You may cancel a DNR/DNI order if you change your mind.

Q. What is Comfort Care / DNR Order Verification

A DNR order usually only applies in hospitals and nursing facilities. If you also want a DNR order to apply in your home and other non-hospital settings, you and your doctor must complete a Comfort Care (CC) / DNR Order Verification Form. Without the CC/DNR Verification Form, emergency medical responders, if called, are required to use CPR to try to save your life.

You must keep the signed CC/DNR Verification Form in a place where emergency responders can find it easily. For example, you can keep it on your bedroom door, or you can keep it in a bracelet or necklace that you wear. It is a good idea to let your local ambulance service know that you have a CC/DNR Order Verification Form, in case they are called in an emergency.

Q. What is a Living Will?

Massachusetts is one of only a few states that do not allow legally binding living wills. If you write a living will in Massachusetts, your doctors are not legally obligated to follow your wishes. However, a living will can help health care providers and the courts make decisions about your medical care.

What is Medical Orders for Life Sustaining Treatment, MOLST?

MOLST is a medical order form that is based on a patient's rights and preferences to accept or refuse medical treatment – including treatment that might extend the person's life. It reflects decisions made by seriously ill patients about certain medical treatments they want, or do not want, to receive. These decisions can be changed at any time, even after completing and signing a MOLST form. Using MOLST is voluntary. The MOLST form is used to communicate medical orders from a care provider (ex: doctor or nurse) to other health professionals (ex: emergency responders).

Is MOLST the same as a Health Care Proxy?

No. The MOLST form is a medical document that can be acted on immediately based on a person's current medical situation. Health Care Proxy forms are legal documents that take effect only after a person is no longer able to communicate his or her wishes.

Why isn't the MOLST form considered an Advance Directive?

The MOLST form is not an advance directive because it is a medical document that contains actionable medical orders that are effective immediately based on a patient's current medical condition. Advance directives, including health care proxies and living wills, are legal documents that are effective only after the patient has lost capacity. In other words, a health care agent can make decisions for a person only after he or she has been determined to lack capacity. A MOLST form, on the other hand, is a medical document signed by both the clinician and the patient, and is effective as soon as it is signed, regardless of a patient's capacity to make decisions.

A Catholic Perspective

POINTS TO TAKE AWAY

- ✓ Think carefully about what you would want if you were unable to decide for yourself.
- ✓ Talk with others about your wishes – your family, physician, parish priest.
- ✓ Designate a health care agent being careful to choose someone who will reliably carry out what you want to happen – in accordance with the teaching of the Church. Don't be swayed by emotion or a concern about hurting the feelings of family members.
- ✓ Put your wishes in written form utilizing the catholic advance directive form at the end of this brochure.
- ✓ Consider consulting with an attorney to help you draft a document ensuring that your wishes are carried out.
- ✓ Sign the document with the proper formalities. Make sure the witnesses are qualified.
- ✓ Make sure that a copy of the document reaches your doctor, your agent, and anyone else who might need it.
- ✓ Tell your doctor to put your advance directive in your medical file.
- ✓ Don't hesitate to change the document if circumstances change.
- ✓ Remember MOLST is a medical order and allows you to choose, refuse or withdraw food and hydration which under certain conditions maybe against Catholic teaching
- ✓ All decisions should be made based on the dignity of the human person which does not change through the life span

Ethical and Religious Directives for Catholic Health Care Services

Fifth Edition

United States Conference of Catholic Bishops, USCCB

Jesus' healing mission went further than caring only for physical affliction. He touched people at the deepest level of their existence; he sought their physical, mental, and spiritual healing (Jn 6:35, 11:25-27). He "came so that they might have life and have it more abundantly" (Jn 10:10).

The dignity of human life flows from creation in the image of God (Gn 1:26), from redemption by Jesus Christ (Eph 1:10; 1 Tm 2:4-6), and from our common destiny to share a life with God beyond all corruption (1 Cor 15:42-57). Catholic health care has the responsibility to treat those in need in a way that respects the human dignity and eternal destiny of all. The words of Christ have provided inspiration for Catholic health care: "I was ill and you cared for me" (Mt 25:36). The care provided assists those in need to experience their own dignity and value, especially when these are obscured by the burdens of illness or the anxiety of imminent death.

23. The inherent dignity of the human person must be respected and protected regardless of the nature of the person's health problem or social status. The respect for human dignity extends to all persons who are served by Catholic health care.

26. The free and informed consent of the person or the person's surrogate is required for medical treatments and procedures, except in an emergency situation when consent cannot be obtained and there is no indication that the patient would refuse consent to the treatment.

27. Free and informed consent requires that the person or the person's surrogate receive all reasonable information about the essential nature of the proposed treatment and its benefits; its risks, side-effects, consequences, and cost; and any reasonable and morally legitimate alternatives, including no treatment at all.

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 an 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 not 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.

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.³⁹

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.⁴⁰ 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."⁴¹ 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.

61. Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person's life so long as the intent is not to hasten death. Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering.

For a complete list of the Ethical and Religious Directives go to:

https://www.google.com/?gws_rd=ssl#q=ethical+and+religious+directives+for+catholic+healthcare+services+5th+edition

ROMAN CATHOLIC HEALTH CARE PROXY
(Three pages)

1. APPOINTMENT OF HEALTH CARE AGENT AND ALTERNATE

I, _____, residing at _____, Massachusetts
(name of principal) (street) (city)

appoint

_____,
(name of Health Care Agent) (area code and telephone number)

residing at _____, as my Health Care
(street) (city/state)

Agent (“Agent”) to make health care decisions for me as authorized in this Health Care Proxy according to Chapter 201D of the General Laws of Massachusetts, including any future amendments (“Chapter 201D”). Capitalized terms used and not defined in this Health Care Proxy have the meaning specified in Chapter 201D.

If for any reason _____, is unavailable, unwilling,
(name of Health Care Agent)

incompetent, or otherwise disqualified under Chapter 201D to act as my Agent and is not expected to become available, willing, competent or qualified to make a timely decision given my medical circumstances, I appoint

_____, residing at _____,
(name of alternate agent) (area code & telephone) (street)

_____, as my Agent.
(city/state)

2. WHEN MY AGENT’S AUTHORITY TO MAKE HEALTH CARE DECISIONS ON MY BEHALF BECOMES EFFECTIVE

My Agent is authorized to act on my behalf only if and when my Attending Physician determines, as provided in Section 6 of Chapter 201D, that I lack the Capacity to Make Health Care Decisions or to communicate my decisions. A notice that such a determination has been made must be given orally and in writing (a) to me, if there is any indication that I could comprehend the notice, (b) to my Agent and (c) if I am in or transferred from a mental health Facility, to the director of the Facility.

My Agent’s authority will end if and when my Attending Physician determines that I have regained the Capacity to Make Health Care Decisions and will resume if it is again determined that I lack such capacity.

Notwithstanding my Attending Physician’s determination that I lack the Capacity to Make Health Care Decisions, if I object to any decision made by my Agent, my decision will prevail unless a court of competent jurisdiction determines that I lack the Capacity to Make Health Care Decisions.

3. SCOPE OF MY AGENT’S AUTHORITY

My Agent is authorized to make any and all Health Care decisions for me that I could make on my own behalf, including decisions about life-sustaining treatment, subject to any limitations described herein. My Agent may make Health Care decisions for me (a) only after consultation with my Health Care Providers and consideration of acceptable medical alternatives regarding diagnosis, prognosis, treatments and their side effects, and (b) according to my Agent’s assessment of my wishes as stated in this Health Care Proxy, or as otherwise known to my Agent, including my religious and moral beliefs or, if my wishes are not known, according to what my Agent determines to be in my best interest.

I also authorize my Agent

- (a) to receive any medical information regarding me or my Health Care, including any confidential medical information that I would be entitled to receive, and to disclose the information to others;
- (b) to arrange my admission to or discharge from any Facility, even if against medical advice;
- (c) to contract for any Health Care for me at my expense, without incurring personal liability for the payment of any Health Care;
- (d) to employ and discharge Health Care Providers and related support personnel; and
- (e) to do all things necessary to carry out the intent of this Health Care Proxy, including granting any waiver or release from liability required by a Health Care Provider, signing any documents relating to a refusal of treatment and pursuing any legal action in my name and at my expense to force compliance with my wishes as determined by my Agent.

(f) _____
(Please list other specific authorizations here)

4. MY WISHES REGARDING HEALTHCARE DECISIONS AND EXPRESS LIMITATIONS ON MY AGENT’S AUTHORITY

I direct that my Agent make Health Care decisions for me which are consistent with authentic Roman Catholic ethical, moral and religious principles and based upon my profound respect for life and my belief in eternal life. I direct my Attending Physician(s) and the Facility where I am a patient, provide me with proper medical treatment and care including, but not limited to:

- (a) appropriate pain relieving medicine in an amount to alleviate or suppress my pain, but not calculated specifically to cause or hasten my death;
- (b) food and water to sustain my life, including when provided by artificial means, and including when I am diagnosed as having a chronic and presumably irreversible disabling condition—(sometimes described as a

“persistent vegetative state”)—and I am reasonably expected to live if given food and water; however, my Health Care Agent may consent to discontinuing food and water when they no longer provide reasonable hope of prolonging my life or relieving my suffering, or they may be discontinued when their provision or the means of providing them causes me significant discomfort or imposes other excessive burdens on me or my family

- (c) standard comfort care appropriate for any patient suffering from illness, injury or disease; and
- (d) [if I am pregnant] treatment or care necessary to benefit my unborn child, even if such treatment or care shortens or prolongs my life when I am diagnosed as having a terminal condition];
- (e) _____
(Please list other wishes here)

Notwithstanding the above, I also specifically limit my Agent’s authority as follows (if the following space is not filled in, then there are no express limitations):

_____.

5. SACRAMENTS AND SPIRITUAL CARE

I direct my Health Care Agent, in consultation with my family or with a priest or chaplain, to afford me with the opportunity to receive the Roman Catholic sacraments (Anointing of the Sick, Confession and Holy Communion), and appropriate spiritual care.

6. REVOCATION

This Health Care Proxy will be revoked if:

- (a) I sign a subsequent Massachusetts Health Care Proxy; or
- (b) I notify my Agent or one of my Health Care Providers orally or in writing or by any other act showing a specific intent to revoke this Health Care Proxy.

7. SIGNATURE OF PRINCIPAL

I, _____, by signing this Health Care Proxy declare that I understand its contents
(name of principal)

and the effect of this grant of authority to my Agent, that I sign it willingly in the presence of each of the undersigned witnesses, and that I sign it as my voluntary act for the purposes expressed, this _____ day of _____, _____.

(signature of principal)

8. WITNESSES

We, the undersigned, have witnessed the signing of this document by the principal or at the direction of the principal and state that the principal appears to be at least eighteen years of age, of sound mind and under no constraint or undue influence. We have not been named as Health Care Agent or alternate Health Care Agent in this document.

Witness One: _____

Witness Two: _____

Name (print): _____

Name (print): _____

Street: _____

Street: _____

City/State: _____

City/State: _____

Telephone: (_____) _____

Telephone: (_____) _____