

**CATHOLIC DECLARATION ON LIFE AND DEATH  
ADVANCE DIRECTIVE  
(HEALTH SURROGATE DESIGNATION/LIVING WILL) OF**

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(Name)

**Introduction**

I am executing this *Catholic Declaration on Life and Death* while I am of sound mind. It is intended to clarify my wishes for treatment in situations that may arise in which I am incapacitated or unable to express these wishes.

**Statement of Faith**

I believe that I have been created for eternal life in union with God. The truth that my life is a precious gift from God has profound implications for the question of stewardship over my life. I have a duty to preserve my life and to use it for God's glory, but the duty to preserve my life is not absolute, for I may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options.<sup>1</sup> If I should become irreversibly and terminally ill, I request to be fully informed of my condition so that I can prepare myself spiritually for death and witness to my belief in Christ's redemption.

**Designation of Health Care Surrogate**

In the event that I become incapacitated I designate as my surrogate for health care decisions (if no surrogate is to be appointed, please write "none" in place of "name" below):

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

Address: \_\_\_\_\_

Phones (H, W, C): \_\_\_\_\_

If my surrogate is unwilling or unable to perform his or her duties or cannot be contacted, I wish to designate as my alternate surrogate (if no alternate surrogate is to be appointed, please write "none" in place of "name" below):

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

Address: \_\_\_\_\_

Phones (H, W, C): \_\_\_\_\_

This directive will permit my surrogate to make health care decisions, and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; to receive my personal health care information; and to authorize my admission to or transfer from a health care facility. It is not being made as a condition of treatment or admission to a health care facility. This document must be signed and witnessed on the other side to be valid.

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<sup>1</sup> Cf. United States Conference of Catholic Bishops, *Ethical & Religious Directives for Catholic Health Care Services* (USCCB: Washington, DC 2001), Part Five.

The following gives guidance for carrying out my wishes at the end of life. If at any time I am incapacitated and I have a terminal condition or I have an end-stage condition, and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition(s), my health care surrogate (designated above, if any) will be authorized to make decisions for me in accordance with my wishes expressed in this Declaration. If my surrogate cannot be contacted (or I have not named a surrogate), then I request and direct that:

1. I be provided care and comfort, and that my pain be relieved;
2. No inappropriate, excessively burdensome nor disproportionate means be used to prolong my life. This can include medical or surgical procedures;
3. There should be a presumption in favor of providing nutrition and hydration to me, including medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to me;
4. Nothing be done with the intention of causing my death; and
5. Spiritual care be provided, including sacraments whenever possible.

**Additional Instructions**

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**Signatures Required**

It is my intention that my surrogate, family and physicians honor this declaration as the expression of my treatment wishes. I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

\_\_\_\_\_  
DECLARANT  
Last 4 Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Printed/Typed Name

The Health Care Surrogate cannot serve as a witness; at least one witness must not be a spouse or blood relative of the person signing.

January 1, 2005

# UNDERSTANDING THE *CATHOLIC DECLARATION ON LIFE AND DEATH*

January 1, 2005

## **What is the Catholic Declaration on Life and Death?**

The *Catholic Declaration on Life and Death* is a health care advance directive for Florida's Catholics and is approved by the Bishops of Florida. This directive conforms to both Florida law and the teaching of the Church.

## **What is an "advance directive"?**

A health care advance directive is a written or oral statement made and witnessed in advance of serious illness or injury to address medical situations that may arise when a person becomes unable to make one's own decisions. Executing an advance directive exercises good stewardship over the gift of life.

There are two forms of advance directives: the *designation of health care surrogate*, which authorizes a person to make decisions for the incapacitated patient, and the *living will*, which gives instructions to physicians and caregivers regarding medical care and treatment at the end of life. The *Catholic Declaration on Life and Death* merges both forms into one directive.

## **Designation of Health Care Surrogate**

Every adult, 18 years of age and older, should choose at least one health care surrogate (and alternate) and designate this choice in writing. Unexpected health crises often involve complex treatment options, and having a surrogate who is prepared and authorized to make decisions for the patient helps to ensure the patient's wishes are respected.

The health care surrogate should be chosen carefully as someone who will represent the patient's wishes regarding medical care and treatment or act in the patient's best interest if those wishes are unknown.

The "Living Will" section of the *Catholic Declaration on Life and Death* gives the surrogate a basic framework for understanding the patient's wishes regarding end-of-life care or treatment. Discussing goals, hopes, options and concerns with one's surrogate and family will provide the surrogate helpful information and can comfort all involved if and when future decisions are made on one's behalf.

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## **Living Will**

A living will specifies one's wishes should a person become unable to express those wishes at the time health care decisions are needed at the end of life. There are many forms of living wills available, some of which are not consistent with Catholic teaching.

## **What if no surrogate is available or no surrogate is designated?**

A section of the *Catholic Declaration on Life and Death* provides guidance regarding end-of-life care and treatment to those who are left to make decisions even if no surrogate is available or none has been designated.

## **Additions to the *Catholic Declaration on Life and Death***

Space is provided in the *Catholic Declaration on Life and Death* to add personal directions. Caution and care should be taken in making additions, as certain instructions set in writing could be problematic in some unforeseen circumstances. For instance, a particular treatment that may not be desirable long term could be life saving and health-restoring when used for a short time. The following are examples of appropriate additional instructions:

- Organ donors may wish to add: *I hereby donate any needed organs (or tissue) as an anatomical gift if I meet medical criteria at the time of my death.*
- A woman of childbearing age should add: *If I am pregnant, then take every reasonable means to preserve the life of my unborn child.*

## **Circumstances Requiring Special Attention**

Decisions regarding life-sustaining procedures are often difficult, especially when one's life may be prolonged indefinitely, but with little hope of functional recovery, such as may be the case with individuals in a so-called "vegetative state".

One is obliged to use "ordinary" (proportionate) means to preserve life.<sup>1</sup> However, one may forego "extraordinary" (disproportionate) means – those that in the patient's judgment do not offer a reasonable hope of benefit, entail excessive burden or entail excessive expense to the family or community.<sup>2</sup> There should be a presumption in favor of providing nutrition and hydration to all patients as long as this is of sufficient benefit to outweigh the burdens involved to the patient.<sup>3</sup> As a general rule, nutrition and hydration should be considered ordinary care except when death is imminent or a person is unable to assimilate them. A decision to withhold or withdraw a life-sustaining procedure should not be based solely on a judgment regarding a diminished quality of life, as all persons – no matter how sick or disabled – have inherent dignity which requires our respect.

Consulting with family, physicians, well-informed clergy, and pastoral healthcare workers is especially helpful for one who must make these difficult decisions. One need not make these decisions without the support, advice, and guidance of others.

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<sup>1</sup> United States Conference of Catholic Bishops, *Ethical & Religious Directives for Catholic Health Care Services* (USCCB: Washington, DC 2001) no. 56.

<sup>2</sup> *Ibid.*, no. 57.

<sup>3</sup> *Ibid.*, no. 58.

*The following are excerpts from recent Church teaching documents:*

## **HOPE FOR ETERNAL LIFE THROUGH DEATH**

Christ's redemption and saving grace embrace the whole person, especially in his or her illness, suffering, and death. The Catholic health care ministry faces the reality of death with the confidence of faith. In the face of death – for many, a time when hope seems lost – the Church witnesses to her belief that God has created each person for eternal life.<sup>4</sup>

-- United States Conference of Catholic Bishops  
*Ethical & Religious Directives for Catholic Health Care Services*, June 2001, Part Five.

## **TO CARE WHEN WE CANNOT CURE**

The task of medicine is to care even when we cannot cure. Physicians and their patients must evaluate the use of the technology at their disposal. Reflection on the innate dignity of human life in all its dimensions and on the purpose of medical care is indispensable for formulating a true moral judgment about the use of technology to maintain life. The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death.

-- United States Conference of Catholic Bishops  
*Ethical & Religious Directives for Catholic Health Care Services*, June 2001, Part Five.

## **RELIEVING PAIN**

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.

-- United States Conference of Catholic Bishops  
*Ethical & Religious Directives for Catholic Health Care Services*, June 2001, no. 61.

## **EUTHANASIA DISTINGUISHED**

Euthanasia must be distinguished from the decision to forego so-called "aggressive medical treatment," in other words, medical procedures which no longer correspond to the real situation of the patient, either because they are now disproportionate to any expected results or because they impose an excessive burden on the patient and his family. In such situations, when death is clearly imminent and inevitable, one can in conscience "refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted".<sup>5</sup>

-- Pope John Paul II  
*Evangelium Vitae (The Gospel of Life)*, 1995, no. 65.

## **FAITHFUL STEWARDS OF OUR LIVES**

...Our Judeo-Christian heritage holds that life is the gift of a loving God, and that each human being is made in the image and likeness of God. As Christians we also celebrate the fact that we have been redeemed by Jesus Christ and are called to share eternal life. We see life as a sacred trust over which we can claim stewardship, but not absolute dominion.

Catholic Bishops of Florida,  
*Life, Death & the Treatment of Dying Patients*, April 1989.

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<sup>4</sup> National Conference of Catholic Bishops, *Order of Christian Funerals* (The Liturgical Press: Collegeville, MN 1989), no. 1.

<sup>5</sup> Congregation for the Doctrine of Faith, *Declaration on Euthanasia* (1980).

## *The Catholic Declaration on Life and Death*

### **Things To Do:**

- Become familiar with Catholic teaching on end of life issues. The *Catechism of the Catholic Church* and *Ethical & Religious Directives for Catholic Health Care Services* are good sources of information on Catholic teaching.
- Complete the *Catholic Declaration on Life and Death* and have it witnessed.
- Discuss your wishes about health care decisions with family members and surrogates now, while fully competent.
- Choose healthcare providers who are familiar with and respectful of your values.
- After executing an advance directive, and after discussing the issues with your family and surrogate, provide copies to your surrogate (and alternate), family, attorney, physician(s), and the hospital or nursing home (upon each admission).
- Craft a separate document with information important to you. It could include a list of persons to be notified if you are sick or dying, special prayers you would like, a request for or extension of forgiveness, an expression of thanks, your funeral plans, and obituary information. Tell your surrogate about this document and keep it with your *Catholic Declaration on Life and Death*.

### **Things To Remember:**

- *The best way to make sure wishes are known and followed is to designate and prepare one's own surrogate in advance of a medical emergency.*
- *One should never ask for or demand assisted suicide, euthanasia, or mercy killing. This is not only wrong for the person signing the document, but it also does a serious injustice to physicians, family and medical personnel to whom such immoral demands are made.*
- *The Catechism of the Catholic Church reminds us that the first grace of the Sacrament of the Anointing of the Sick is one of "strengthening, peace and courage to overcome the difficulties that go with the condition of serious illness or the frailty of old age" (#1520). This particular gift of the Holy Spirit unites us with the passion of Christ, is gift to the whole Church, and prepares us for our final journey.*
- *Hospice teams are specially trained to care for persons with terminal illness. Ask your health care provider if hospice is appropriate for you or your loved one.*
- *If a person completes more than one advance directive, the most recent one is in effect; the others are invalid.*
- *An advance directive can be updated at any time by a competent person, provided the change is properly witnessed. Such changes are best made in writing.*

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