

INSTRUCTIONS:

The care and treatment of dying patients, living wills, and advance directives concerns all of us today. Economic, legal and technological considerations often seem to outweigh human dignity toward the end of life.

Catholic doctrine teaches that each life is created by God in His image and is therefore sacred. Our life is a sacred gift from God and we should treat it as that sacred gift. We have an obligation to sustain our lives. Catholic doctrine never condones the intentional termination of anyone's life.

The Church does allow us to accept a natural death, hence, Catholics can refuse extraordinary or disproportionate medical treatment to maintain life, when the only effect of the treatment would be to prolong the dying process.

The Church does not consider administering food and water to be extraordinary or disproportionate medical treatment. The Catholic Bishops of Louisiana issued a statement on the dignity of human life in July 2006. In this statement, the bishops outlined Catholic doctrine on the subject of living wills. In the situation of a "persistent vegetative state," such as the Terry Schiavo case, Catholic doctrine allows the removal of a gastric feeding tube only when death is imminent or when the body is unable to assimilate the hydration and nutrition.

Louisiana law is muddled on this issue. Prior to the 2005 legislative session, Louisiana law presumed that anyone who executed a living will did not desire nutrition and hydration to maintain their life if they were in a persistent vegetative state. The legislature in 2005 passed Act 447, which was to clarify how Louisiana law addressed the issue of providing nutrition and hydration to patients in a persistent vegetative state. That Act at one point says that it will NOT be presumed that the patient desires the administration of nutrition and hydration, and at another point, it says that human life is of the highest and inestimable value and that any ambiguity in the act shall be interpreted in favor of preserving life. **If you have executed a living will that doesn't specifically state your wishes, your wishes may not be carried out.**

We offer here a form for a Health Care Advanced Directive for Catholics. This conforms with Catholic Doctrine and Louisiana law on this subject.

This Declaration provides instructions for treatment in a terminal illness. We also recommend that you designate a health care surrogate, who can speak for you when you cannot speak for yourself, whether terminal or not. Each of these documents should be discussed with family members and the health care surrogate while the signer is competent.

Other documents are helpful in conditions that are not terminal, but involve possible incapacity or incompetency, such as a Durable Power-of-Attorney. Moral, legal and medical questions might well be referred to one's pastor, attorney or physician.

Who can be a witness? These declarations must be signed in the presence of two witnesses. Those witnesses must be at least eighteen years of age and mentally competent. They cannot be related to you by blood or marriage, nor can they be someone who will receive property upon your death.

HEALTH CARE ADVANCE DIRECTIVE FOR CATHOLICS

by (print name): _____

Because of my Catholic belief in the dignity of the human person and my eternal destiny with God, I ask my family, physicians, lawyer, pastor, and friends to fully inform me of my condition and prognosis, if I should become irreversibly and terminally ill, so that I can prepare myself spiritually for death.

I have the right to make my own decisions concerning medical treatment that might unnecessarily prolong the dying process beyond the limits dictated by reason and good judgment. This Declaration applies in the event that I have an incurable injury, disease or illness, or be in a continual an profound comatose state with no reasonable chance of recovery, from which I will inevitably soon die, as determined by two physicians who have examined me, one of whom shall be my attending physician, and that the use of life sustaining procedures would serve only to prolong artificially the dying process. In that event, then I direct that, after I have received the Sacraments of the Church, such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical or nursing procedure deemed necessary to provide me with comfort care.

The supplying of nutrition and hydration is ordinarily not to be considered as a life-sustaining procedure which should be withdrawn. It may be withheld or withdrawn only if the treatment itself has become extremely burdensome to me or my family or the continued supplying of nutrition and hydration would make no appreciable difference in the prolongation of life.

I ask my family, friends and the Catholic community to join me in prayer and sacrifice as I prepare for death. Finally, I seek prayers after my death, that I may enjoy eternal life.

ADDITIONAL DECLARATION CONCERNING WOMEN. If I should be pregnant, and that condition is known to my physician, then every means should be taken to preserve the life of my unborn child, including the continuation of life prolonging procedures for myself.

Signed this _____ day of _____, 200 ____

(Signature) _____

The declarant executed this Declaration in my presence. The declarant is personally known to me and I believe him/her to be of sound mind. (The witnesses cannot be related to the declarant by blood or marriage, nor can they be heirs of the declarant.)

Witnesses: _____

Print name: _____

ORGAN DONATION

In accordance with the Anatomical Gift Act, I hereby donate any needed organs or parts of my body, to take effect upon my death, as an anatomical gift.

Signed this _____ day of _____, 200 ____

(Signature) _____

The declarant executed this Declaration in my presence. The declarant is personally known to me and I believe him/her to be of sound mind. (The witnesses cannot be related to the declarant by blood or marriage, nor can they be heirs of the declarant.)

Witnesses: _____

Print name: _____