

My Intentions for Health Care

For the benefit of those who will make decisions on my behalf should I become incompetent, I hereby express my desires about some issues that others may face in providing my care. Most of what I state here is general in nature, since I cannot anticipate all the possible circumstances of a future illness. I direct that those caring for me avoid doing anything that is contrary to the moral teaching of the Catholic Church. If I fall terminally ill, I ask that I be told of this so that I might prepare myself for death and I ask that efforts be made that I be attended by a Catholic priest and that I am afforded the opportunity to receive the Sacraments of Reconciliation and Anointing as well as Viaticum.

Those making decisions on my behalf should be guided by the teachings of the Catholic Church contained in, but not limited to, the Health Ethics Guide (produced by the *Catholic Health Alliance of Canada* and approved by the Canadian Council of Catholic Bishops), the document entitled *On Life-Sustaining Treatments and the Vegetative State* (Allocution of Pope John Paul II, March 20, 2004) and *Directive on Health Care* (an instruction on health care ethics issued May 11, 1993 by then-Vancouver Archbishop Adam Exner, OMI).

I want those making decisions on my behalf to avoid doing anything that intends and directly causes my death by deed or omission. Medical treatments may be forgone or withdrawn if they do not offer a reasonable hope of benefit to me or if they entail excessive burdens or impose excessive expense on my family or the community. There should be a presumption in favour of providing me with nutrition and hydration, assuming of course they are of benefit to me. In accord with the teachings of my Church, I have no moral objections to the use of medication or procedures necessary for my comfort even if they may indirectly and intentionally shorten my life.

_____ initial

If, in the medical judgment of my attending physician, death is imminent, even in spite of the means which may be used to conserve my life, and if I have received the Sacraments of the Church, I direct that there be forgone or withdrawn treatment that will only maintain a precarious and burdensome prolongation of my life, unless those responsible for my care judge at any time that there are special and significant reasons why I should continue to receive such care (such as those listed below).

Believing none of the following directives conflicts with the teachings of my Catholic faith, I hereby add the following special provisions and/or limitations to my future health care:

_____ I would like my tissue and organs to be used for research or transplants after I am dead.

_____ I would like all reasonable steps to be taken to allow me to see my family.

_____ I would like all reasonable steps to be taken to allow me to be reconciled with someone from whom I may have become estranged.

Add your own special provisions, if you wish:

_____ initial

Today's Date: _____

Name: _____

Address: _____

Date of Birth: _____

Care Card Number: _____

Witness: _____

Remember, you may change any part of this document at any time.

It will only be referred to if you cannot speak for yourself.

*As long as you are capable, your health care providers
will communicate and consult with you directly.*