



DIOCESE OF PORTLAND  
OFFICE OF THE BISHOP

October 1, 2005

Dear Catholic Faithful:

The subject of death and dying is for most of us at minimum, an uncomfortable topic. In spite of the fact that for Christians, death is but the pathway to eternal life, it often remains difficult to confront death, much less discuss it with our families and friends. However, we must for our sake and that of loved ones, ponder the possible circumstances surrounding our dying and share with others the details of our precise wishes. Failure to make known our wishes through the vehicle of a "Living Will" (Advanced Directive) and/or the appointment of a surrogate, can lead to misunderstanding and confusion for our families. I strongly urge you to prepare and plan ahead for the inevitable by completing an advanced directive and by the appointment of a surrogate.

To assist you in this process and to further guarantee that your health care providers understand that you want any and all procedures, or lack thereof, to be consistent with Catholic principles, we have developed this End of Life Care packet for your use. Be advised that they are consistent with Catholic doctrine, and that they are fully consistent with the laws and practices of the State of Maine. Feel free to photocopy them and share them with family and friends. More information on ordering additional packets and other vital information regarding your End of Life Care Packet can be found inside this folder in the memorandum from the Office of Public Affairs.

May we all take solace in the knowledge that a better life, life eternal, awaits those who believe and follow Jesus Christ.

Yours Sincerely in Christ,

Most Reverend Richard J. Malone

Bishop of Portland

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Office of Public Affairs

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## MEMORANDUM

Date: October 1, 2005  
To: Administrators/Pastors  
From: Marc Mutty  
Re: Catholic Advanced Directives

I am very pleased to be able to share with you these ADVANCED HEALTH CARE DIRECTIVE forms and their companion instructions and narrative. This End of Life Planning Packet has been reviewed and approved for consistency with Catholic teachings and all applicable State laws.

PLEASE, make this packet available to your parishioners in any and all ways open to you. It is vitally important in these complex times to have an Advanced Directive, **and** A Named Surrogate. You may:

1. Photocopy the materials and make them available.
2. Request the official Diocesan packet (with folder).\*
3. Refer parishioners to the Office of Public Affairs for the forms.
4. Obtain form from Diocesan website.
5. Any combination of the above.

Our goal is to encourage parishioners to complete an Advanced Directive ASAP, and to assist them by providing forms and advice that will help insure that their wishes be known and carried out.

**PLEASE CALL OUR OFFICE IF WE CAN BE OF FURTHER ASSISTANCE.**

\* A \$3.00 per packet donation is requested to offset expenses.

**UNDERSTANDING THE  
CATHOLIC DECLARATION ON LIFE AND DEATH  
October 1, 2005**

**What is an “advance directive”?**

An advance health care 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 *Power of Attorney for Health Care*, 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 Agent or Surrogate**

Every adult, 18 years of age and older, should choose at least one health care surrogate (this individual is referred to as an Agent in the Maine *Catholic Declaration on Life and Death*), one or more alternates, and designate this choice in writing. Unexpected health crises often involve complex treatment options, and having an Agent who is prepared and authorized to make decisions, for the patient, helps to ensure the patient’s wishes are respected. The Agent should be chosen carefully as someone who will represent the patient’s wishes regarding medical care and treatment, the application of one’s Catholic faith to the rendering of those decisions, and act in the patient’s best interest when those wishes are unknown. The *Living Will* section of the *Catholic Declaration on Life and Death* gives the Agent a basic framework for understanding the patient’s wishes regarding end-of life care or treatment. The document provides that your Agent’s decisions constitute the final word in the event of any dispute, so discussing religious beliefs, treatment goals, personal hopes, medical options and general concerns with your Agent is critical to ensuring that their decision(s) reflect those you would make for yourself were you able to do so. Similarly, a frank discussion of these issues with your family will provide them helpful insight into your end of life desires and can comfort all involved if future decisions must be made on your behalf.

**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 Agent is available or no Agent is designated?**

The *Living Will* 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 Agent 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. It is not necessary that you make any additions or offer any special directions if you do not wish to do so.

### **Do Not Resuscitate Orders<sup>1</sup>**

If your heart or breathing suddenly stops in the hospital or nursing home, drugs, machines and other means will be used to try to restart them. This is called cardiopulmonary resuscitation or CPR. CPR is always done unless your doctor writes an order called a "Do Not Resuscitate" order or DNR. If you have concerns about CPR, discuss them with your doctor while you are well. If you make an advance directive that says you do not want CPR, it may not be possible for the hospital or nursing home to follow your decision all the time. For example, if you come to the emergency room and your heart has stopped, there may be no time to check your advance directive before CPR is started. If you do not want CPR while you are in the hospital or nursing home, your doctor must write a DNR order for you and put it in your medical record

If you are at home and your heart stops, ambulance crews may still give you CPR even if you have an advance directive. You should talk with your doctor if you do not want CPR at any time. If you and your doctor both sign a special form -- now orange -- then your decision not to have CPR should be followed. Show that form to those close to you and keep it where it will be easily seen. Your doctor will then give you a special bracelet or wallet card designed to alert ambulance crews that you do not want CPR.

### **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>2</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>3</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>4</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

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<sup>1</sup> *Taking Charge of Your Health Care: A Description of Maine Law on Health Care Advance Directives.*  
<http://www.maine.gov/dhhs>

<sup>2</sup> United States Conference of Catholic Bishops, *Ethical & Religious Directives for Catholic Health Care Services* (USCCB: Washington, DC 2001) no. 56.

<sup>3</sup> *Ibid.*, no. 57.

<sup>4</sup> *Ibid.*, no. 58.

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.

*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>5</sup>

### **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.<sup>6</sup>

### **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.<sup>7</sup>

### **DISPROPORTIONATE TREATMENT**

The conscious taking of a human life through either active or passive measures 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

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<sup>5</sup> United States Conference of Catholic Bishops *Ethical & Religious Directives for Catholic Health Care Services*, June 2001, Part Five.

<sup>6</sup> United States Conference of Catholic Bishops *Ethical & Religious Directives for Catholic Health Care Services*, June 2001, Part Five.

<sup>7</sup> United States Conference of Catholic Bishops *Ethical & Religious Directives for Catholic Health Care Services*, June 2001, no. 61.

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>8</sup>

## **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.<sup>9</sup>

### ***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 Agent(s) now, while fully competent.
- Choose healthcare providers who are familiar with and respectful of your values.
- After executing an advance directive it should be treated as any other important personal document such as a Last Will and Testament. After discussing the issues with your Agent(s) and family, provide copies to them. You may also want to provide a copy to your physician(s), and attorney as well as to your 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*.

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<sup>8</sup> Pope John Paul II *Evangelium Vitae (The Gospel of Life)*, 1995, no. 65.

<sup>9</sup> National Conference of Catholic Bishops, *Order of Christian Funerals* (The Liturgical Press: Collegeville, MN 1989), no. 1.; Congregation for the Doctrine of Faith, *Declaration on Euthanasia* (1980).

## **Things To Remember:**

- *The best way to make sure wishes are known and followed is to designate and prepare one's own Agent 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. This sacrament may be received before admission to a hospital or other health care facility and is fruitful in the various stages of prolonged illness or where physical and mental limitations are increasing in nature due to advanced age, deteriorating health or as the result of some degenerative condition such as dementia, Parkinson's disease or Alzheimer's disease.*
- *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. You should seek to have your earlier versions replaced with your more recent revisions to prevent any confusion.*
- *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.*
- *An advance directive completed in the State of Maine may not have the same effect should you move to another state. It is always wise to review your important legal documents with an appropriate professional should you relocate to another state.*

**CATHOLIC DECLARATION ON LIFE AND DEATH  
ADVANCE HEALTH CARE DIRECTIVE**

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

I have given copies of this form to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. POWER OF ATTORNEY FOR HEALTH CARE**

**Introduction:** I am executing this *Catholic Declaration on Life and Death Advance Health Care Directive* while I am of sound mind. It is intended to clarify my wishes for treatment in situations that may arise where I am incapacitated or unable to express my wishes. This Power of Attorney is not affected by my subsequent disability or incapacity or by the passage of time.

**Choosing an agent:** I choose the following person as my agent to make health care decisions for me:

Name \_\_\_\_\_

Title or Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_



If I cancel my first choice for agent or if my first choice is not available to be my agent, my second and third choice for agent (if any) are listed here:

**Choice #2**

Name \_\_\_\_\_

Title or Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone(\_\_\_\_) \_\_\_\_\_

**Choice #3**

Name \_\_\_\_\_

Title or Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

**Nomination of a Guardian:** If a court of competent jurisdiction determines that a guardian of my person needs to be appointed, I nominate the agent, or alternate agent, designated herein.

## II. LIVING WILL

**Statement of Faith:** I am a Roman Catholic. As a Roman Catholic I elect to make decisions regarding my care and treatment that are morally permissible according to the teachings of my church. 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 I can prepare myself spiritually for death and witness to my belief in Christ's redemption and hope for eternal life.

I have directed my agent, named herein, to make my condition known to my parish. In the event that the decisions implicated by this document must be made in a locality away from my parish, I request that notice of my whereabouts and condition be provided to the Roman Catholic Parish in the locality where I may be receiving care or admitted for treatment, so that I may receive their support and the Sacraments of my Church. I further request, as my agent has been instructed, that those responsible for my care permit under all circumstances, visitation by any Priest, Chaplain, Minister, Deacon or other Church official, at any hour of the day or night, for the purpose of receiving the Sacraments of my Church, and prayers.

**When my agent can start making decisions for me:** (Check A or B)

- A. \_\_\_\_\_ My agent can make decisions for me only when my primary doctor or a judge decides that I am not able to make my own health care decisions.
- B. \_\_\_\_\_ My agent can start making health care decisions for me right away, but this does not mean I have given up the right to make my own decisions if I am still aware. When my agent makes a health care decision for me, I will be told, if possible, about that decision before it is carried out unless I say I do not want to know. If I disagree with that decision and am still aware, I can make a different decision. I can change my mind at any time as long as I am aware and either change or end my agent's right to make decisions for me and make decisions for myself. If I want to end my agent's right to make decisions for me, I will tell my primary doctor or I will put it in writing and sign it.

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

October 1, 2005  
Diocese of Portland, Maine  
510 Ocean Avenue, Portland, ME

Once my agent has the right to make health care decisions for me:

1. My agent can ask for and look at my medical records and consent to giving my medical information to others.
2. My agent's authority shall include receipt of my medical information covered under the Health Insurance Portability and Accountability Act.
3. My agent shall have the final word in the unlikely event of any dispute regarding My intention(s) as expressed in this document.

**How my agent must make decisions:**

My agent must make health care decisions for me that agree with the choices I have made in this document, and with any other choices or wishes of mine that my agent knows about. If my agent does not know my choices or wishes, my agent must make decisions based on my best interests and his or her knowledge of my personal values and Catholic faith. Any such decision shall be made in accordance with my Statement of Faith and Treatment Decision Making Guidance, contained herein.

**Treatment Decision Making Guidance:** The following is provided as written guidance for carrying out my end of life wishes. If the agent(s) named above is unavailable or unwilling to direct my treatment providers in accordance with my wishes, I request and direct that:

1. I be provided care and comfort and that my pain be relieved;
2. No inappropriate, excessively burdensome or disproportionate means be used to prolong my life. This may include medical or surgical procedures;
3. There 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.
6. In the event that it would be beneficial to myself or my agent, the counsel of a Priest or moral theologian may be obtained to assist in understanding the Acceptability of terminating any medically assisted life support.

SPECIAL INSTRUCTIONS

**End-of-Life Choices:** I have directed my agent to make end of life decisions in accordance with the **Statement of Faith** and the **Treatment Decision Making Guidance** contained herein.

**Tube Feeding:** I have checked below my choices about tube feeding or having water and nutrition fed into my body through an IV or tube (artificial nutrition and hydration):

\_\_\_\_\_ Artificial nutrition and hydration must be given, not given, or stopped based on the Treatment Decision Making Guidance I have given to my agent about keeping me alive.

\_\_\_\_\_ Artificial nutrition and hydration must be given regardless of my condition and regardless of the Treatment Decision Making Guidance I have given to my agent about keeping me alive.

**Relief from pain:** I want care that will allow me to be more comfortable. I also may make special choices about pain relief if I check below:

\_\_\_\_\_ I want treatment for relief of pain or discomfort to be given at all times, even if it shortens the time until my death or makes me drowsy, unconscious, or unable to do other things.

These are my wishes about relief or pain or discomfort: \_\_\_\_\_



**Do Not Resuscitate Order**

\_\_\_\_\_ **I do not want CPR.** I have discussed this with my doctor and directed my doctor to prepare a Do Not Resuscitate Order (DNR). The DNR is attached to this form and should be provided to any person or organization that may attempt to perform CPR upon me.

I understand that if I have not checked the foregoing, and attached an appropriate DNR, CPR will be performed upon me if necessary.

**If I am Pregnant:** If I am pregnant, please make every reasonable effort to protect the life of my unborn child

**Copy Same as Original:** A copy of this form shall bear the same weight and authority as the original.

DONATION OF ORGANS AT DEATH

**(Fill out this part only if you want to donate your organs. You do not have to donate organs at your death.)**

I have checked below my choices about donating my organs at death. I understand my family will make this decision, but I hope that they will follow my wishes. (Check A or B).

A. \_\_\_\_\_ My gift is for transplant or therapy for another person, to be chosen based on generally accepted health care standards. (check i or ii).

\_\_\_\_\_ i. I give any needed organs, tissues or parts, OR

\_\_\_\_\_ ii. I give the following organs, tissues, or parts only:

\_\_\_\_\_  
\_\_\_\_\_

B. \_\_\_\_\_ My gift is for research and education. My preference, if any, is to give my organs to the following hospital, medical school, or doctor:

Name \_\_\_\_\_

Address \_\_\_\_\_

Check i or ii:

\_\_\_\_\_ i. I give any needed organs, tissues or parts, OR

\_\_\_\_\_ ii I give the following organs, tissues, or parts only:

\_\_\_\_\_  
\_\_\_\_\_

PRIMARY DOCTOR OR HEALTH CARE PROVIDER

**(Fill out this part only if you wish to name your primary doctor or health care provider today.)**

Name of doctor or health care provider: \_\_\_\_\_

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

I want any agent I named in Part 1 to talk with this medical person about my health care. If the medical person I have named above is not willing or able to carry out my wishes, I want any agent I named in Part 1 to talk with the medical person listed below:

Name of doctor or health care provider: \_\_\_\_\_

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

INSTRUCTIONS ABOUT FUNERAL AND BURIAL ARRANGEMENTS

**(Fill out this part only if you wish to give special instructions here.)**

I hope that my family will follow my wishes after I die as noted below:

\_\_\_\_\_ I now choose \_\_\_\_\_ to have custody and control of my body after my death with the right to decide everything about my funeral and burial.

OR

\_\_\_\_\_ I want my family to know these are my wishes about possible burial, funeral and memorial services (Attach additional pages as necessary): \_\_\_\_\_

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SIGNING THE FORM

If you have filled out this form, you must sign and date it. You must also have 2 other people sign as witnesses. Your agent cannot sign as a witness. You do not need to have a Notary Public sign your Advance Directive form to make it legal in Maine. If you travel or live part of the year out-of-state, however, it would be wise to have the form Notarized (signed) by a Notary. Some states require this. You can find this service under Notary Public in the phone book. Most banks also have Notaries Public and will usually notarize papers for bank customers when asked.

**Sign and date the form here:**

Sign your name: \_\_\_\_\_ Address: \_\_\_\_\_

Print your name: \_\_\_\_\_

Date: \_\_\_\_\_

**First Witness:**

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

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

**Second witness:**

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

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

**Notary Acknowledgment.** Then personally appeared the above named \_\_\_\_\_  
\_\_\_\_\_ to me well known and acknowledged this Advance Health Care  
Directive, including power of attorney for healthcare, as his/her free act and deed before me.

Date: \_\_\_\_\_

Notary Public State of: \_\_\_\_\_

Commission Exp.: \_\_\_\_\_

Print Name