

CHRISTIAN SPIRITUAL ADVANCE DIRECTIVES (Living Will)

FOR THE HEALTHCARE OF (Name): _____

To my family, my friends, my physicians, clergy and all others who may be interested.

In order to ensure that my advance directives will be carried out effectively, I shall state the beliefs on which my directives for further healthcare are based. These beliefs should guide the persons involved in providing healthcare to me when I am unable to speak for myself.

STATEMENTS OF BELIEFS

I believe that God creates each person out of love and that God retains a loving relationship with each person throughout human life and in eternity.

I believe that each person is created in the image and likeness of God and that this is the source of individual worth and dignity, not one's usefulness or effectiveness in society.

I believe in a God who allows suffering, death, and then a resurrection to make possible my participation in eternal life.

I believe that each person has a purpose or mission in life given by God. In general, this mission is fulfilled by knowing, loving, and serving God, self, and neighbor. Specifically, each person pursues the mission in life in light of individual needs, abilities, responsibilities and circumstances.

I believe that I pursue my mission in life as a member of a human community. Thus, social as well as personal responsibilities are important to my mission in life.

I believe that human life is a gift from God and that I am a steward of the gift of life, not the owner. Consequently, a number of duties are incumbent upon me.

1. I must take personal responsibility for my own health, and make healthcare decisions consistent with my dignity as a person.
2. If I am afflicted with a terminal illness, I should use medical therapy to prolong my life unless this therapy holds no hope of success in overcoming my condition or imposes a grave burden on me or my family.
3. I must recognize that embodied life is not an absolute good and that death is not an unequivocal evil. Hence, when I can no longer effectively pursue my mission in life, the moral obligation to prolong life ceases and I may refuse life-prolonging therapy even though death may result.
4. I must not cause my own death, either through suicide or active euthanasia.

Finally, I believe that, through death, life is not taken away but merely changed. Though I may experience fear, suffering, and sorrow as death approaches, by the grace of God, I hope to be united for eternity with this loving God who created and redeemed me.

DIRECTIVES FOR FUTURE HEALTHCARE DECISIONS

In accord with my beliefs, when I lack the capacity to make healthcare decisions for myself:

I request that all medical therapies be evaluated insofar as they enable me to pursue my mission in life. Hence, when assessing a specific medical therapy, my physician, my family, clergy, and others involved in healthcare should ask two questions:

1. Is the therapy effective in enabling me to pursue my mission in life?
2. Does the therapy involve a grave burden in relationship to my pursuing my mission in life?

If medical therapy is ineffective or imposes a grave burden, it may be withheld or withdrawn. Medical therapies that are to be withheld or withdrawn include but are not limited to:

Cardiopulmonary Resuscitation (CPR)

Mechanical Ventilation (Respirator)

Renal Dialysis (Artificial Kidney)

Antibiotics

Artificial Hydration

Artificial Nutrition

Blood Transfusion

Having stated my personal values and goals:

1. If medical therapy holds no hope of success in overcoming my condition or if it imposes a grave burden, I request that my life not be prolonged in any way whatsoever.
2. If I am in an irreversible coma or in a persistent vegetative state, I request that medical therapy be withheld or withdrawn and that I be allowed to die of natural causes.
3. If I am suffering from a terminal illness, I request that medication sufficient to relieve my pain or to provide me comfort be administered, even if such medication may indirectly hasten my death. Medication should not be used, however, with the direct intention of causing my death.
4. If my mental or physical condition seriously impedes my ability to pursue my mission in life, and I am afflicted with a terminal illness, I request that medical therapy be withdrawn and that I be allowed to die.
5. As death approaches, because I am a sinner, and in need of mercy, I request that I receive the prayers and/or sacraments by clergy/church and that my family and friends join in prayer for me.
6. Finally, I request that after my death, my family and friends pray for me and rejoice that I will be united for all eternity with the God who created and redeemed me.

This declaration shall become effective if in a terminal state, I become unable, for any reason, to participate in decisions regarding my own healthcare, and shall remain in full force and effect during my incapacity.

Executed Date _____ Date this formed was completed _____

Name Signature _____

Address

City State Zip

The declarant is known to us, is 18 years of age or older, is of sound mind, and voluntarily signed this document in our presence.

Date _____

Two Witnesses:

Name Signature _____

Address

City State

Name Signature _____

Address

City State Zip

APPOINTMENT OF A DURABLE
POWER OF ATTORNEY FOR HEALTHCARE

I hereby appoint:

Name

Address

City State Zip

Home and work phone numbers

As my attorney-in-fact, to act for me and in my name to make healthcare decisions, in the event I am unable to do so, in accord with the statement I have made above, including but not limited to the power to consent, refuse consent, or withdraw consent to any care, treatment, procedure, or device, including artificially supplied nutrition and hydration, to maintain, diagnose, or treat any physical or mental condition.

If name listed above _____ is unable for any reason to act as my attorney-in-fact to make healthcare decisions, then I hereby appoint

Name

Address

City State Zip

Home and work phone numbers

As my alternate attorney-in-fact to make such healthcare decisions for me.

This is a durable power of attorney to make healthcare decisions, and the authority of my attorney-in-fact to exercise all powers above shall become effective if and when I become unable for any reason to participate in decisions regarding my own healthcare, and shall remain in full force and effect during my incapacity.

Executed Date _____ Date this formed was completed _____

Signature _____

Name

Address

City State Zip

The declarant is known to us, is 18 years of age or older, is of sound mind, and voluntarily signed this document in our presence.

Date _____

Two Witnesses:

Name Signature _____

Address

City State Zip

Name Signature _____

Address

City State Zip

Optional Burial Information that could be helpful for your family/friends:

Upon my death, if possible, my wishes are, and I would prefer the following:

If known, the name, address, etc., of the person responsible for my burial arrangements:

Name

Address

City State Zip

Home and work phone numbers

Arrangements to be made with the following funeral director: _____

City and State _____

Check as appropriate.

_____ That my body be viewed

_____ That my body not be viewed

_____ That my body be cremated

_____ That traditional services be conducted in this religion/denomination _____

_____ That the services be conducted by the following priest/clergy _____

_____ That I have a church or place of worship funeral service with a priest/clergy in the following:

Name of church _____

_____ That I have a traditional service at the funeral home with a priest/clergy in this religion/denomination _____

_____ That my body or cremated remains be buried in the following cemetery or mausoleum _____

_____ If known, give grave or mausoleum number to be used _____

_____ To be buried as close as possible to the following person/s or what would I want done with my earthly

Remains?: _____

Name of person making the above requests
Phone number _____

Signature _____

Date of signature _____

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I believe that each person is created in the image and likeness of God and that this is the source of individual worth and dignity, not one's usefulness or effectiveness in society.

I believe that Jesus Christ lived, suffered, and died for me and that His suffering, death, and resurrection make possible my participation in eternal life.

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5. As death approaches, because I am not perfect, and in need of the God's loving mercy, I request that I receive the prayers and/or sacraments by clergy/church and that my family and friends join in prayer for me.
6. Finally, I request that after my death, my family and friends pray for me and rejoice that I will be united for all eternity with the God who created and redeemed me.