This is an important legal document. You should contact your doctor and attorney if you have questions.

Approved by Counsel, Indiana Catholic Conference, 2007

Indiana Catholic Health Care Directive

of

_____

(Name)

I am executing this Catholic Health Care Directive while I am of sound mind. It is intended to clarify my wishes for treatment in situations that may arise in which I am 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. 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 Representative

In the event that I become incapable of making decisions regarding my health care, I appoint as my health care representative for health care decisions (if no representative is to be appointed, please write "none" in place of "name" below):

Name: _____

Address: _____

Phones: _____

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

Name: _____

Address: _____

Phones: _____

I authorize my health care representative to make decisions in my best interest concerning withdrawal or withholding of health care. If at any time based on my previously expressed preferences and the diagnosis and prognosis my health care representative is satisfied that certain health care is not or would not be beneficial or that such health care is or would be excessively burdensome, then, my health care representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted, even if death may result.

My health care representative must try to discuss this decision with me. However, if I am unable to communicate, my health care representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care givers. To the extent appropriate my health care representative may also discuss this decision with my family and others to the extent they are available.

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If my health care representative cannot be contacted, I request my health care providers follow these guidelines and avoid doing anything that is contrary to the moral teaching of the Catholic Church.

- Medical treatments may be forgone or withdrawn if they do not offer a reasonable hope of benefit to me or are excessively burdensome.
- There should be a presumption in favor of providing me with nutrition and hydration, including medically assisted nutrition and hydration, if they are of benefit to me.
- In accord with the teachings of my Church, I have no moral objection to the use of medication or procedures necessary for my comfort, even if they may indirectly or unintentionally shorten my life.
- I reject any action or omission that is intended to cause my death. Recognizing that human life is a precious gift from God that never becomes something without dignity, I direct that treatment never be withheld or withdrawn from me solely because of a judgment that my life is not worth living.
- 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 receive the Sacraments of Reconciliation, Anointing, and Eucharist as viaticum.

Believing none of the following directives conflicts with the teachings of my Catholic faith or the directives listed above, I add the following directives: *(You do not need to complete this section. If you do, you can add an extra sheet, if needed.)*

_____

_____

_____

_____

Signatures

It is my intention that my representative, family, and physician 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.

DATED at _____, Indiana, this _____ day of _____

Signature _____

Name: _____

Address: _____

_____

_____ County, Indiana

I am at least eighteen (18) years old and not the appointed health care representative. The above named individual has been personally known to me and I believe him/her to be of sound mind.

Date _____ _____

(Witness)