

My Intentions for Health Care

For the benefit of those who will make decisions on my behalf should I become incapable, I hereby express my desire 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 know that a health care provider may not provide for me any health care for which I refuse consent in this Advance Care Plan, and 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.

I know that a person might not be chosen to make decisions on my behalf with respect of any health care for which I have given or refused consent in this Advance Care Plan. 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 Conference 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 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 Medical treatments may be forgone or withdrawn if they do not offer a reasonable hope of benefit while entailing excessive burdens or imposing excessive expense on my family or the community.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 objection to the use of medication or procedures necessary for my comfort even if they may indirectly 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may be used to conserve my life, and if I have received the Sacraments of the Church, I direct that there be forgone or withdrawn treatment that will only maintain a precarious and burdensome prolongation of my life without reasonable hope of recovery, unless those responsible for my care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 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 transplantation 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: _____

Witnesses: 1. _____

2. _____

Note: These persons may not act as witnesses:

- One who provides personal care, health care or financial services to the adult for compensation, other than a lawyer or a member in good standing of the Society of Notaries Public of BC
- A spouse, child, parent, employee or agent of a person described in the point above
- A person who is not an adult
- A person who does not understand the type of communication used by the adult, unless the person receives interpretive assistance to understand that type of communication

Remember, you may change any part of this document at any time. It will be referred to only if you cannot speak for yourself. As long as you are capable, your health care providers will communicate and consult with you directly.

My Wishes for My Funeral and Burial

For the benefit of those who will make decisions on my behalf, these are the things that are important to me after I have died:

I wish to have a Catholic funeral Mass and burial.

Fill in any of the spaces below that are applicable to your situation.

I am a member of _____ Parish. Please contact the pastor there to arrange my funeral.

_____ I have already prearranged my funeral and burial.

I would like these readings to be included in my Funeral Mass:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Is there anything else you would like to add about your care and treatment choices and/or your wishes for a Catholic funeral and burial?

Be sure to sign and date this document concerning your health care wishes and those for your funeral and burial.

Make copies of pages 29 to 33 of this booklet for members of your family, your physician, other health care providers and your pastor.

Initial _____

Date _____