

FAITH-FOCUSED ADVANCE DIRECTIVE FOR HEALTH CARE

A COMBINED LIVING WILL & DURABLE POWER OF ATTORNEY FOR HEALTH CARE

INTRODUCTION

Every adult person has the freedom, as part of a right to self-determination, to accept or refuse any recommended medical treatment. This is relatively easy when people are well and can communicate. Unfortunately, during severe illness or injury people are often unable to communicate their desires at the very time that many critical decisions about medical care become necessary.

This **Faith-focused Advance Directive for Health Care** states a person's preferences for or against various types of medical interventions so that this person's preferences can be respected even when he or she cannot communicate.

This **Faith-focused Advance Directive for Health Care** takes effect when a person becomes incapable of making decisions or expressing his or her desires. The Principal person signing this document can change it at any time prior to his or her inability to communicate. Decisions involving their capacity and ability to make decisions should be discussed directly with their physician.

This **Faith-focused Advance Directive for Health Care** should be seen not only as providing legal protection for an individual's personal rights but also as a guide for this person's physician, other healthcare providers and medical institutions. Discussion of this **Faith-focused Advance Directive for Health Care** with one's physician, pastor and family can help in making plans for one's health care that is compatible with his or her personal, philosophical and spiritual values.

The most important purpose of this **Faith-focused Advance Directive for Health Care** is to give the principal individual signing this document the opportunity to name and procure another individual(s) as one's personally designated "**agent**" to make those decisions relevant and needed for their health care. These decisions will include the power to consent to provide, or to withhold, or to withdraw any type of personal care, medical treatment for any physical or mental condition, and to admit or to discharge the principal individual from any hospital, long-term care institution, or another facility. The principal individual may also name successor agents, and he or she has the freedom to change these designated agents at any time prior to his or her inability to communicate.

LIVING WILL

PERSONAL DECLARATION TO MY FAMILY, PHYSICIAN, ATTORNEY, PASTOR AND ALL OTHERS CONCERNED WITH MY CARE:

Believing that God is my Creator and Sustainer, I firmly believe that whether we live or whether we die, we are the Lord's. Believing I came from God as a spiritual being into human form, I am aware that as my human form terminates my spiritual being returns to God. As death in this human form is certain to all, so is the faithfulness of God to us in dying and death as in life. With this faith and hope in God's unending love to sustain me, I seek to be as responsible in my dying as in my living. To this end, I implore all those responsible for my care, and knowledgeable of my condition, to be completely honest with me about my health condition, so that I be allowed to make my own decisions about my health care and preparations for my dying as much as possible.

Therefore, I, _____, being of sound mind, make this personal declaration as a personal directive to be followed if I become incapable of participating in decisions regarding my health care. If my desires are not known and life-sustaining or life-supporting procedures are utilized in an emergency situation, I request that my desires be respected and followed by my professional health care team once they are known. The directives in this document express to my agent(s) my legal right to accept, to refuse, to withhold, and/or to withdraw health care treatments. In the absence of my agent(s) or in settings where they are not allowed legally to speak for me, I request the directives in this document be honored for me. Therefore, I expect my family, physician, pastor and everyone concerned with my health care to regard themselves as legally and morally bound to act in accord with my desires, and in so doing they be free of any legal liability for having followed my directives as explained in the following pages of this document.

Signature _____ Date _____

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I understand that my desires as expressed herein may not cover all possible aspects of my health care should I become incapable of personal decision-making. Consequently, there may be a need for someone to accept, to refuse, to withhold, and/or to withdraw health care treatments for me, in consultation with my physician and other healthcare providers.

Therefore, I authorize my legal agents in the following stated order to make decisions for me as expressed in this document even if these general guidelines are insufficiently clear or unavailable for specific circumstances. If the first person I have named below is unable to act in my behalf, I then authorize the following persons to so act in my behalf as named:

AGENT # 1 _____ [only one person per line]

AGENT #2 _____ [only one person per line]

AGENT #3 _____ [only one person per line]

MY PREFERENCES FOR HEALTH CARE DECISION-MAKING

The following three scenarios (**A**, **B**, and **C**) are frequently encountered in today's health care settings. Physicians, other health care providers and family members agonize when a patient has not expressed his or her preferences concerning medical care prior to his or her illness or injury.

Imagine yourself as a patient in each of these separate situations (**A**, **B**, and **C**).

Indicate, by marking or writing either "**Yes**" or "**No**", your desires for each of the various types of medical interventions, treatments or procedures.

In completing this section of the *Faith-focused Advance Directive for Health Care*, recognize that medical circumstances in patient care situations do frequently change. Your stated preferences below in the three most frequent generic scenarios are general guidelines provided by you to your designated agent who is to have the final authority about medical decision-making.

Difficult questions or dilemmas may arise for your agent(s), and to resolve these questions and dilemmas, you need to personally instruct your agent to assertively seek out and speak with appropriate resource persons: your physician, your pastor, your attorney or others.

SCENARIO A: Should I have a serious illness or severe injury, such as a massive stroke or severe paralysis, which is not terminal, and has not resulted in my being in a coma, but culminates in the probable likelihood that I will never regain my full mental capabilities, leaving me unable to communicate and to make decisions for myself, then my desires regarding the use of the following, if considered medically feasible, would be:

SCENARIO B: Should I become seriously ill and be in a coma, such as resulting from a cardiopulmonary resuscitation attempt, and have a small likelihood of recovering fully, a larger likelihood of surviving with permanent brain damage, or a much greater likelihood of dying, then my desires regarding the use of the following, if considered medically feasible, would be:

SCENARIO C: Should I have brain damage or a brain disease, such as dementia from Alzheimer's disease, which is irreversible and makes me unable to recognize people or speak understandably, even if this condition is not terminal and irrespective of how long I could possibly live in this condition, then my desires regarding the use of the following, if considered medically feasible, would be:

LIFE-SUSTAINING / LIFE-PROLONGING / DEATH-DELAYING INTERVENTIONS --- TREATMENTS --- PROCEDURES

SCENARIO "A" SCENARIO "B" SCENARIO "C"
 YES NO YES NO YES NO

Cardiopulmonary Resuscitation [CPR] – use of manual CPR, drugs, electric shock to restart heart beating & manual breathing support.						
Mechanical Breathing [Ventilator] – a respirator attached to a tube inserted into the lungs through the nose or mouth to consistently support breathing.						
Heart Drugs – medications for life threatening problems of the heart and for blood pressure control.						
Pacemaker – a device that substitutes for normal heart beat.						
Transfer to an Intensive Care Unit [ICU]						
Transfer to an Acute Care Hospital – from home or long-term care or other facility.						
Kidney Dialysis – alternative means of filtering poisons from the body’s blood when the kidneys fail.						
Blood Transfusions – blood or blood products given into the vein.						
Major Surgery						
Minor Surgery – beyond just “Comfort Care”						
Chemotherapy – drugs given by mouth or intravenously [IV]						
Antibiotics – drugs to treat pneumonia and other infections.						
Invasive Diagnostic Tests –such as using a flexible tube to look into the stomach, rectum or another body location.						
Simple Diagnostic Tests – such as blood tests or X-rays or frequent blood pressure measurements.						
Artificial Nutrition – daily feedings given through a tube in the veins, nose or mouth. or into the stomach.						
Intravenous [IV] Hydration – tubes for fluids in the veins.						
Paramedic Care – medical transport to an acute care hospital, such as in the need of emergency intervention.						
Medical Research – participation in medical research, such as chemical and drug studies and procedures approved by a Research and Human Subjects Review Committee, before and / or after death. My agent may give consent.						

ORGAN / TISSUE DONATION – donating vital organs and bodily tissues, if useable, as an anatomical gift. Check the desired donations:

Vital Organs: Kidneys Heart Liver Lungs Pancreas Any other

Bodily Tissues: Corneas Skin Bone Bone Marrow Any other

Autopsy – to confirm diagnosis and / or cause of death: Partial Complete

COMFORT CARE: My desires and expectations also include the following:

- Comfort and supportive medical and nursing care to relieve pain and suffering, including drugs that may depress my respiration and indirectly shorten my life or become habit-forming.
- Food and fluids to be offered **as long as I am conscious, alert and able to receive them by mouth**, and moist sponges to be offered to moisten my lips to relieve the sensation of thirst.
- To live out my last days in my home or my relative’s home rather than in a hospital or long-term care facility, **but only if it is not a burden to my family.**

ADDITIONAL COMMENTS

Additional comments may be provided on a separate page. Check this box ? if additional comments are to be attached.

SIGNATURES:

I am fully informed as to all the contents of this form and understand the full importance of this authorization to my agent(s) identified above.

PRINCIPAL: [print name] I, _____, the principal person of this document, do affirm that I understand this document in its entirety, do sign it freely, and acknowledge my signature (or mark) on this document in presence of the following witnesses:

PRINCIPAL: _____ Date _____

WITNESS: _____ Date _____

WITNESS: _____ Date _____

AGENTS:

AGENT #1 _____ Date _____

AGENT # 2 _____ Date _____

AGENT #3 _____ Date _____

RECOMMENDED DISTRIBUTION AND NOTES:

Photocopies of this completed ***Faith-focused Advance Directive for Health Care*** (photocopied signatures being acceptable) should be provided to: your designated agents, your physician(s), your closest relatives, your pastor(s), and your attorney. Also, keep several additional copies in your personal possession and one in your vehicle's glove compartment or luggage in order to have with you in the event of admission to a hospital or long-term care facility, or in the event of an accident or illness when traveling.

• This ***Faith-focused Advance Directive for Health Care*** is provided as a public service without charge or fee; however, a voluntary contribution of \$5 for each copy - unchanged and used for its intended purpose - would be greatly appreciated to offset the expenses of time, study, labor and marketing invested in its development and availability. Contributions should be sent to: **Chaplain Roy Nash, Belief-Focused Care & Healing**, 5004 Eagle Ridge, Springfield, IL 62711-7830.

• This ***Faith-focused Advance Directive for Health Care*** was created in 1991, and revised in 2005, by **Chaplain Roy B. Nash, MDiv, LMFT, LCPC** who served at Memorial Medical Center, Springfield, IL as the first Founding Director of the Pastoral Care Department [1978-2000] and as the Vice-Chair and Consultation Coordinator of the Human Values and Ethics Committee for those last five years. Currently, he engages in a United Methodist Church endorsed ministry titled, **Belief-Focused Care & Healing**, as a **Pastoral Psychotherapist and Marriage & Family Therapist** in Springfield, IL. He may be contacted by visiting: www.roynash.com .

• Although this is a legal document and should last for decades, some attorneys are recommending that it should be reaffirmed every 4-5 years, either by initialing and re-dating, or completing a new one.

• Most Living Wills and Durable Power of Attorney for Health Care forms are separate documents, yet in this document they are combined in order to be applicable for various legal context and situations. Some states in the U.S. have not yet established Durable Power of Attorney for Health Care law, and in those states one may need the Living Will, should one's circumstances become necessary.