

Catholic Declaration on Life and Death

Of

(Name) _____

This Declaration on Life and Death, made while I am of sound mind, is intended to convey my desire that my dying not be artificially prolonged under the circumstances set forth below.

Because of my Catholic belief in the dignity of the human person and my eternal destiny with God, I ask my family, physicians, lawyer, pastor, and friends to fully inform me of my condition and prognosis, if I should become irreversibly and terminally ill, so that I can prepare myself spiritually for death.

I am executing this Declaration in order to make known my decisions concerning medical treatment that might unnecessarily prolong the dying process beyond the limits dictated by reason and good judgment.

I do therefore declare that if at any time I am mentally or physically unable to make my own health care decisions and unlikely to regain such capacity and:

[initial below the one(s) you want to apply]

_____ I have a terminal condition from which I will inevitably die with or without treatment; or,

_____ I have an end-stage condition (an irreversible and progressive condition caused by an illness or injury which has reached its final stages, and for which, to a reasonable degree of medical certainty, further treatment would be medically ineffective); or,

_____ I am in a persistent vegetative state (a permanent and irreversible condition in which the patient is totally unaware and totally unable to communicate); or,

and if my attending or treating physician and another consulting physician have determined that I have one of the conditions I have initialed above and there is no reasonable medical expectation of my recovery from such condition, then I request and direct: 1) that my pain be alleviated; 2) that no excessively burdensome nor disproportionate means be used to prolong my life; and 3) that nothing should be done with the intention of causing my death.

I believe nutrition and hydration are generally beneficial, whether being administered orally or with assistance. Therefore, they are not to be withheld or withdrawn from me unless there is clear evidence, in the judgment of my physicians and my surrogate (if I have designated a surrogate), that they would cause me harm, be disproportionate, or be excessively burdensome.

I understand the full import of this Declaration, and I am emotionally and mentally competent to make this Declaration. It is my intention that this Declaration be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences of such refusal.

Additional Instructions (Optional):

I ask my family, friends and the Catholic community to join me in prayer as I prepare for death. Finally, I seek prayers after my death, that I may enjoy eternal life.

Signed this ___ day of _____, 20__

_____ (Signature) _____
(Address)

The declarant is personally known to me, and I believe him/her to be of sound mind. (The witnesses cannot be the health care surrogate; only one witness can be a spouse or blood relative of the signer.)

_____ (Witness) _____
(Witness)

_____ (Address) _____
(Address)

_____ (Phone) _____
(Phone)