A FAITH-BASED **ADVANCE HEALTH CARE** DIRECTIVE

Archidiocèse de Saint-Boniface Archdiocese

Is it important to you that other people KNOW and RESPECT your HEALTH CARE WISHES?

If yes, you are invited to complete this ***advance health care directive***. The purpose of this document is to direct others (medical staff, health care proxy, family members) about treatment decisions if, and only if, you are no longer able to make decisions about your own care.

It is also valuable to have discussions with your family members about your health care wishes.

An ***advance health care directive*** informs you, your family, friends, health care professionals, and appointed proxy or proxies of your wishes about your health care.

RESOURCES

- Health Ethics Guide, Third Edition. Catholic Health Alliance of Canada, Novalis, 2012. Print.
- Euthanasia and Assisted Suicide – Urgent Questions. Catholic Organization for Life and Family, 2005. Digital and print. www.colf.ca
- Ethicist for St. Boniface Hospital and Catholic Health Corporation of Manitoba, Winnipeg: 204-235-3267.

THIS DOCUMENT DRAWS ON:

- A Faith-Based Advance Health Care Directive for Health Care: A Catholic Approach by Father Mark Miller, CssR
- A Faith-Based Advance Health Care Directive. Catholic Health Association of Saskatchewan, 2014. Print.
- The work of the St. Paul's Hospital Ethics Committee (Saskatoon).

What is an *Advance Health Care Directive?*

An advance health care directive (also often called a "living will") is a legally binding document made while a person has the mental capacity to do so. In Manitoba, to have **decision-making capacity**[1] means that a person is able to understand information about a health care decision, is able to understand the consequences of making a decision based on that information, and is able to communicate a decision. In other words, does the patient understand the risks, benefits, consequences and alternatives of a decision? An advance health care directive speaks to a limited range of health care decisions and comes into effect only when a person lacks capacity.

Making an advance health care directive is optional, and some people may be happier to leave these decisions to others. However, there are advantages to making an advance health care directive. It informs your family, friends, health care professionals, and appointed **proxy or proxies**[2] about your treatment wishes when you lack the capacity to make health care decisions.

Making an advance health care directive might cause you to consider circumstances you have not thought about before. It gives you an opportunity to discuss your health care wishes with your physician, health care professionals, priest, minister, family members, or others. Tensions can arise within families when a person's health care wishes are unknown and he or she loses capacity. Preparing an advance health care directive and letting your loved ones know about your wishes prior to a potentially stressful time is encouraged, as it can be very helpful to families who may struggle with health care decisions.

Three Available Options to Delegate Health Care Decisions

Option 1

Health care proxy and advance health care directive

Option 2

Health care proxy

Option 3

Advance health care directive

Why Complete a Faith-Based Advance Health Care Directive?

Making an advance health care directive gives you an opportunity to ensure the values, customs and moral teachings of your faith will direct treatment decisions to be made when you lack capacity. Catholics, many Christians, and even more broadly members of many other faiths, believe that life is a gift from a loving God and that being disabled or ill does not diminish human dignity or the value of life. In light of this, we understand that life should never be terminated through **euthanasia**[3] or **assisted suicide**[4], also known as **medical assistance in dying (MAID)**[5].

However, respecting human dignity does not mean that life must be preserved at all costs. Medical treatments and interventions can offer the benefits of cure and/or comfort, but in some situations, such as many life-threatening conditions and terminal illnesses, pursuing life prolonging interventions may only increase the burden to the patient or prolong the process of dying. Making an advance health care directive gives you an opportunity to consider your wishes in such circumstances and discuss them with others.

Within the Catholic tradition, it is understood that medical treatments and interventions may be withheld when they do not offer a reasonable hope of benefit or would be too burdensome to the patient. Natural death is accepted as a part of life. However, there may be difficult decisions to make at the end of life or when life hangs in a critical balance. When a person decides to decline life-sustaining interventions because they would provide little or no benefit or would be too burdensome, it does not mean that he or she will be abandoned by health care staff. **Palliative care**[6] strives to relieve symptoms and to provide opportunities to focus on relationships and spirituality while neither promoting nor hindering death. Palliative care treatments are not limited to the end of life when a person has only days, weeks or months to live. Pain and symptoms will be managed using the **principle of double effect**[7].

Further to health care decisions, some individuals may **wish to prepare for death with the practices and sacraments of their faith tradition** and inform their health care providers of their further comments and wishes.

What is a Health Care Proxy?

Advance health care directives may not cover every decision about health care for a person without capacity. For this reason, others may need to make some decisions about your health care. A proxy is a person you appoint while you have capacity. Your proxy makes health care decisions on your behalf when you lack capacity. A proxy acts according to your known wishes. This means that he or she acts to uphold the wishes you have expressed in your advance health care directive, in conversations, and to uphold your known beliefs and values. In the event that your proxy is unaware of your preferences, he or she is required to make decisions that are in your best interest.

Any person aged 16 years or over may appoint a capable proxy 18 years of age or over. A proxy may or may not be a family member and more than one proxy may be appointed. Health care providers would contact the first-listed proxy and move to the second-listed proxy if the first was unable or unavailable to make a decision. However, joint proxies are appointed to make a decision together. Where joint proxies cannot reach a mutual decision, the majority would decide. In the case of an evenly split decision, the first-listed proxy would make the decision, guided by your known wishes. It is advisable to discuss with your proxy or proxies what your wishes would be in different circumstances so that they are informed about them.

Powers of Attorney and Health Care Decision Making

There is some confusion about the roles of powers of attorney and health care proxies. In Manitoba, if you have appointed someone to be your Enduring Power of Attorney, he or she makes financial and/or personal decisions on your behalf, **but not health care decisions**. If you wish to specify who should make health care decisions on your behalf when you are unable to do so, you will need to appoint a proxy. Your proxy can be the same person as your power of attorney, but it is recommended you create two separate documents: one for the health care proxy and one for the power of attorney.

How to Complete the Advance Health Care Directive Form

Review this document, including the definitions on page 5 and the footnotes on page 6, and then fill out the form at the end of the document. You may change your advance health care directive at any time but all changes made to the form must be initialled and dated.

The form has five sections:

1. Proxies;
2. Interventions;
3. Comments and wishes;
4. Faith considerations; and
5. Declaration and signature.

What Should I Do with my Advance Health Care Directive and/or Health Care Proxy?

Once completed, you might consider giving a copy to your proxy or proxies, physician, hospital or care home to which you are admitted, and family members or others you choose to make aware of your wishes. It is also advised to give a copy of your proxy to your lawyer with your legal will. You might also consider placing a copy on your refrigerator, where it would be seen by paramedics if they were called to your home.

Questions or Consultation

If you have any questions regarding the information in this booklet or would like a consultation when completing an advance health care directive, you are invited to call the St. Boniface Hospital Ethicist at 204-235-3267.

Definitions

Artificial Nutrition and Hydration Tubes:

Artificial nutrition and hydration can be provided in several ways. The type of intervention used is dependent on medical factors related to the specific patient's condition. For example, in situations where a patient is unable to swallow safely, a temporary feeding tube which passes through the nose and down the throat to the stomach may be used. A more permanent solution is to insert a feeding tube directly into the stomach through an incision in the abdomen. Receiving a feeding tube into the stomach involves a surgical procedure.

Decisions about whether to accept a feeding tube require careful deliberation. Feeding tubes can be beneficial in some circumstances; however, a feeding tube can also be an inappropriate intervention. For example, when a person who is near death can no longer process nutrition and hydration, a feeding tube can be burdensome. Legally, the patient has the authority to determine whether he or she will accept a feeding tube or choose methods of comfort such as pleasure-feeding (ice chips, ice cream, sips of water, etc.). Catholic teaching directs the patient to weigh the benefits of a feeding tube against the burdens imposed by the intervention. The weighing of benefits and burdens must take into consideration the patient's beliefs, wishes, values, specific medical conditions and stage of life. The patient is encouraged to consult a health care professional and/or seek an ethics consultation.

CPR (Cardiopulmonary Resuscitation):

An attempt to restart the heart when it has stopped beating. This may involve physical chest compressions and electric shocks to the heart. It may also involve medications and intubation, which means a tube is passed into the respiratory system to assist breathing. CPR aims to continue the circulation of blood throughout the body until further life-support measures can be implemented.

Please note that CPR is an intervention with a very limited success rate. Sometimes people believe it will bring terminally ill people back to life or that it can be performed time and time again to avoid death. However, when CPR is performed in a hospital, a small percentage of people who receive resuscitation will survive. Of the few who survive, some may experience side effects associated with lack of oxygen to the brain or broken bones, lung punctures, and severe discomfort. A person who receives CPR which successfully restarts the heart may be placed on a ventilator. CPR can be a useful intervention in some cases. For instance, if a person experiences a cardiac arrest, and CPR is quickly implemented, the person may recover and enjoy many more years of life. Thus, a person's state of health, and possibly his or her age, is exceedingly relevant when making decisions about CPR.

Mechanical Ventilator:

A machine that moves air into and out of the lungs to provide the mechanism of breathing for a patient who is physically unable to breathe or has difficulty in breathing sufficiently.

Sometimes a person might be placed on a ventilator during or after a medical intervention such as surgery. The ventilator aids breathing until the body is strong enough to take over the task of breathing. In critical situations or at the end of life, and sometimes after a person has received CPR, mechanical ventilation may be requested. The decision to have CPR and to be placed on a ventilator is a very serious one. A person might request mechanical ventilation where there is a reasonable chance of recovery from an illness. A person might also refuse it if it offers no reasonable chance of a return to breathing on one's own.

Methods of respiratory medical intervention, in the order of the least to the most invasive, include:

1. Oxygen masks;
2. Intubation or ventilation; and
3. Tracheostomy, a surgical procedure which involves making an opening in the throat in order to place a tube into a person's windpipe. It may be either temporary or permanent.

Footnotes

1. Decision-Making Capacity

To have "capacity" means having the ability to understand the risks, benefits, consequences and alternatives of decisions and treatments options:

(i) To understand information relevant to a health care decision in respect to a proposed treatment;
(ii) To appreciate the reasonably foreseeable consequences of making or not making a health care decision in respect to a proposed treatment; and
(iii) To communicate a health care decision about a proposed treatment.

Capacity may be lost due to disease, medications, loss of consciousness or other factors. In some illnesses, capacity may fluctuate. For example, persons in the early stages of dementia may have capacity at times and not at others.

2. Proxy or Proxies

Any capable adult 18 years of age or older whom you appoint while you have capacity and who will make health care decisions on your behalf should you lose the capacity to do so. A proxy acts according to your known wishes or what is in your best interest. You must be 16 years or over to appoint a proxy.

3. Euthanasia

It is the deliberate ending of someone's life, with or without that person's consent, in order to eliminate suffering. The individual who commits euthanasia must, therefore, intend to kill the person and must cause the death—for example, by lethal injection.

Euthanasia does not include:

- Respecting a person's refusal of treatment or request to discontinue treatment;
- Letting someone die naturally by withholding or withdrawing medical treatment when its burdens outweigh its benefits; and
- The administration of drugs appropriate for the relief of pain and suffering, even if some anticipate that the unintended effect might be the shortening of life. (Catholic Organization for Life and Family)

4. Self-Administered (Assisted Suicide)

Knowingly and intentionally providing a person with the knowledge or means required to commit suicide, including counselling about lethal doses of drugs, prescribing such lethal doses or supplying the drugs by which the individual self-administers medication in order to end his or her life. Counselling on how to commit suicide remains illegal.

Catholic teaching considers assisted suicide or euthanasia unacceptable due to the belief that life is a gift from God, and that we are stewards of this gift, not owners of life. Just as we do not decide the time and circumstances of our births, nor do we decide this of our deaths. To do so impacts the nature of this gift of life, both to us and to those around us.

Footnotes

5. Medical Assistance in Dying (MAID)—Manitoba

"Medical assistance in dying takes place when an authorized health care provider provides or administers medication that intentionally brings about the patient's death, at the request of the patient. This procedure is available only where a patient meets the criteria set out in the federal legislation on MAID.

There are 2 types of medical assistance in dying available to Canadians. They include where an authorized health care provider:

i) Directly administers a substance that causes death, such as an injection of a drug (this is commonly called voluntary euthanasia).

ii) Gives or prescribes a drug that is self-administered to cause death (this is commonly known as medically assisted suicide)."

(Source: https://www.gov.mb.ca/health/maid.html)

6. Palliative Care

Palliative care, as a philosophy of care, is the combination of active and compassionate therapies intended to comfort individuals and their support communities who are facing the reality of impending death. It strives to meet physical, social, emotional, and spiritual expectations and needs, while remaining sensitive to personal, cultural and religious values, beliefs and practices. Palliative care is not limited to the end of life when a person has only days, weeks or months to live. Persons with progressive incurable illnesses may benefit from a palliation of symptoms and other problems much earlier in their illness, even when they are receiving treatments such as chemotherapy to control their illness.

7. Principle of Double Effect and Pain Control

This principle may be used when a person's pain is difficult to control. Double effect tells us that where an action will have two outcomes—one that is good and the other negative and unintended—we can act to bring about the good outcome. For example, some drugs that are used to relieve pain (such as morphine) can also weaken respiration. Increasing the dose of pain medication to relieve pain is usually necessary if there is no other way to control the pain. In doing so, death may be unintentionally hastened. The drug must be given with the intention of relieving pain and never with the intention of causing death. This is not assisted suicide.

Advance Health Care Directive Form

PLEASE NOTE: This legally binding advance health care directive can only be made by a person with capacity and is only in effect when that person lacks capacity. Please read this document carefully prior to filling out this form, giving special attention to the footnotes and to the definitions provided. A person with capacity may change his or her directive at any time but must initial and date any changes.

This advance health care directive form is an example for illustration purposes only and should not be relied upon as a substitute for professional advice. We strongly encourage you to seek professional ethical, legal or medical advice, as required in your personal situation, before deciding on your course of action.

To my family, friends, physicians and health care professionals, and all others whom it may concern:

It is my intention that this directive be respected by my family, friends, physicians and health care professionals if I am no longer capable of consenting to health care on my own behalf. I am aware that this directive shall apply only when I lack capacity. I would like the following information to help direct my care. Carefully read the five separate situations (A, B, C, D, and E) on the Intervention page of this form. I understand that the health care team will meet with my appointed proxy or proxies or substitute decision maker to discuss my prognosis, available interventions, and their value in my circumstances. The values, customs, and moral teachings of my faith should direct any treatment decisions that must be made should I lack capacity to make them. I do not accept that my life should ever be terminated through euthanasia or assisted suicide. I recognize that medical treatments may be refused or withdrawn if they do not offer a reasonable hope of benefit. I request that the best of palliative care be provided. I have no moral objection to the use of medication or procedures necessary to relieve severe pain or symptoms, even if they unintentionally shorten my life. This advance health care directive is to direct those who will make difficult decisions on my behalf in a crisis or at the end of life. I thank my family, friends, physicians and health care professionals for their care and concern.

Signature: _____

Date (YYYY/MM/DD) _____/_____/_____

Proxies

PLEASE NOTE: To appoint more than one proxy, you can list up to three names on this form. If you wish to appoint more than three proxies, you may attach a separate piece of paper to this form. Circle the word "AND" after the proxies if you wish the appointed proxies to act jointly on your behalf. Circle the word "OR" if you wish the proxies to act successively (independently). If appointing successive proxies, your preferred proxy should be listed first.

Proxy 1

Name: _____

Phone: _____

Address: _____

City: _____

Province: _____ Postal code: _____

Email: _____

AND - OR

(circling AND indicates joint proxy status; circling OR indicates successive proxy status)

Proxy 2

Name: _____

Phone: _____

Address: _____

City: _____

Province: _____ Postal code: _____

Email: _____

AND - OR

(circling AND indicates joint proxy status; circling OR indicates successive proxy status)

Proxy 3

Name: _____

Phone: _____

Address: _____

City: _____

Province: _____ Postal code: _____

Email: _____

In addition to my proxy or proxies, I have also spoken to the following people about my wishes:

Name: _____

Phone: _____

Address: _____

City: _____

Province: _____ Postal code: _____

Email: _____

Name: _____

Phone: _____

Address: _____

City: _____

Province: _____ Postal code: _____

Email: _____

Name: _____

Phone: _____

Address: _____

City: _____

Province: _____ Postal code: _____

Email: _____

Interventions

For EACH intervention in ALL the situations (A, B, C, D, and E), indicate which interventions you Accept or Decline in each of the five situations by placing a check mark in the circle, then adding your initials to the right of your choice as per the example below.

EXAMPLE:	**Mechanical Ventilation** An intervention to help one breathe	☒ Accept NF ○ Decline	☒ Accept NF ○ Decline	☒ Accept NF ○ Decline	○ Accept ☒ Decline NF	○ Accept ☒ Decline NF
		Situation A It is an emergency and my health condition may not be clear.	**Situation B** I have been diagnosed with an illness from which I am likely to recover.	**Situation C** I suffer from a health condition that may require many months or years from which to recover. During that time, life support may be required to ensure the continuation of my life.	**Situation D** I have a long-term, chronic or terminal illness from which I am unlikely to recover. During that time, life support may be required to support the quality or continuation of my life.	**Situation E** My death is inevitable within 6 months, and I would only be alive on life support no matter what treatment is provided.
INTERVENTIONS						
Cardiopulmonary Resuscitation (CPR) (includes chest compressions)		○ Accept ○ Decline	○ Accept ○ Decline	○ Accept ○ Decline	○ Accept ○ Decline	○ Accept ○ Decline
Mechanical Ventilation An intervention to help one breathe		○ Accept ○ Decline	○ Accept ○ Decline	○ Accept ○ Decline	○ Accept ○ Decline	○ Accept ○ Decline
Dialysis An intervention to clean blood when kidneys are not functioning well, especially during multi-organ failure		○ Accept ○ Decline	○ Accept ○ Decline	○ Accept ○ Decline	○ Accept ○ Decline	○ Accept ○ Decline

Continued on next page...

Interventions

INTERVENTIONS	**Situation A** It is an emergency and my health condition may not be clear.	**Situation B** I have been diagnosed with an illness from which I am likely to recover.	**Situation C** I suffer from a health condition that may require many months or years from which to recover. During that time, life support may be required to ensure the continuation of my life.	**Situation D** I have a long-term, chronic or terminal illness from which I am unlikely to recover. During that time, life support may be required to support the quality or continuation of my life.	**Situation E** My death is inevitable within 6 months, and I would only be alive on life support no matter what treatment is provided.
Aggressive Antibiotic Treatments	O Accept O Decline	O Accept O Decline	O Accept O Decline	O Accept O Decline	O Accept O Decline
Artificial Feeding A feeding tube inserted surgically directly into the stomach	O Accept O Decline	O Accept O Decline	O Accept O Decline	O Accept O Decline	O Accept O Decline
Artificial Feeding A temporary feeding tube inserted nasally (from the nose) to the stomach	O Accept O Decline	O Accept O Decline	O Accept O Decline	O Accept O Decline	O Accept O Decline
Other:	O Accept O Decline	O Accept O Decline	O Accept O Decline	O Accept O Decline	O Accept O Decline
Other:	O Accept O Decline	O Accept O Decline	O Accept O Decline	O Accept O Decline	O Accept O Decline

Further Comments

Please comment further on each of the above-mentioned medical interventions in as much detail as you can, including the circumstances in which you wish to have interventions provided or not, including: code status/cardiopulmonary resuscitation (CPR) (if you have special instructions regarding ventilation, chest compressions, electric shocks to the heart, etc.); dialysis (especially with multi organ failure for comfort measures); aggressive forms of antibiotics when death is imminent and; hydration and nutrition measures.

My Catholic Faith

Please fill out this table according to your wishes.

I want ...	***Yes***	***No***	***Comments***
To be identified as a Catholic upon admission to the hospital or to another health care facility.			
To have Mass daily (unless it is impossible).			
To have Holy Communion daily (unless it is impossible).			
A priest called to give me the Sacrament of the Anointing of the Sick as soon and as often as I become seriously ill or if I must undergo a serious operation.			
Other (please specify).			

Declaration and Signature

Name (please print): _____

Signature: _____

Date (YYYY/MM/DD): _____

Witness Name
(A witness is only necessary if the person making the directive cannot sign for themselves. A witness cannot be an appointed proxy or the proxy's spouse or common-law partner.):

_____

Witness Signature: _____

Witness Address: _____

PLEASE NOTE
Consider supplying copies of your directive to your proxy or proxies and physician to review it with them. Also, consider providing copies to your family members or health care facilities to which you are admitted.