

# INFORMATION PACKET FOR THE VERMONT CATHOLIC ADVANCE DIRECTIVE

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## ***What is an Advance Directive?***

An advance directive is a legal document written in advance of a serious illness or injury to address your end-of-life medical care and/or your medical care in the event you are temporarily unable to speak for yourself. An advance directive is a document created to ensure that you receive the type of medical care you deserve. Executing an advance directive exercises good stewardship over the gift of life.

## ***Why Should I Have an Advance Directive?***

An advance directive provides control over your medical decisions if you become unable to speak for yourself. Without an advance directive, an unknown health care provider could end up making life and death decisions for you without knowing your values.

Everyone can benefit from an advance directive, not just the sick or elderly. If you are a legal adult, over age 18, you should seriously consider completing an advance directive. The best time to complete an advance directive is when you are healthy, since medical crises are not restricted to older populations.

## ***Why a Vermont Catholic Advance Directive?***

Catholics, together with many people of good will, profess the sacredness of human life from the first moment of conception to the moment of natural death. Hence, we recognize that every ordinary effort will be made to preserve and improve life.

Modern medical technology has brought many benefits and has helped many persons to live healthier lives for longer periods of time. It is important to ensure that medical techniques truly serve the dignity of the human person and do not unnecessarily prolong the natural death to which God calls each person. Yet in our day, there are campaigns to legalize physician-assisted suicide and euthanasia. We unambiguously oppose these efforts because life is God's precious gift and must not be subjected to deliberate violence or destruction. In light of these realities, one must avoid two extremes:

1. The euthanasia mentality that wills the death of a person under the guise of mercy.
2. A technological mentality that prolongs unnecessarily the life of a dying patient.

Because of the advances in medicine and the ongoing complexity of medical care, it is no longer possible to anticipate what decisions will need to be made about your care. The Diocese of Burlington has provided this document as an aide to Catholics and others who want their care to be based on Catholic teaching.

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In order for this particular type of advance directive to work, it is imperative that you spend time with the health care agent(s) of your choosing to discuss matters related to your health and end of life. He or she must have the understanding and information needed to make the decisions that you would want made.

It is important to understand that according to the law, when your physician determines that you no longer have the capacity to make your own health care decisions, your agent is empowered to make any and all health care\* decisions that you would make on your own behalf. If your health care agent is unavailable or otherwise unable to act as your agent, your alternate agent(s) will be empowered. In the event that you regain capacity, you will once again be free to make your own health care decisions and your agent will be released from responsibility.

## ***Choosing Your Agent***

Because the person(s) you select shall have the authority to make any health care decisions on your behalf, your agent should be a real advocate for you in a medical situation when you do not have the capacity to make such decisions yourself. This is more important than how close he or she is to you emotionally, which may put the agent at a disadvantage in a serious situation.

The following characteristics should be considered in appointing someone to be your agent:

1. You should appoint someone who has the strength of character to make good judgments in painful situations.
2. You should appoint someone whom you know you can trust to make decisions on the basis of the Church's teaching.
3. No one should agree to act as an agent for another person if that person would expect or require the agent to make decisions that disregard the teaching of the Church. It is not morally acceptable to carry out immoral decisions on behalf of someone else.
4. No agent and physician should ever feel obliged to act contrary to their well-formed consciences, even on behalf of another person.

Be sure that your agent and your alternate agent(s) have agreed to accept this responsibility and each has a copy of your signed and witnessed advance directive. If you want to change your instructions at a later date and execute a new document, be sure they dispose of the previous one and have a copy of the new directive. Your healthcare provider cannot be your agent, nor can the owners or employee of a hospital or nursing home in which you reside, unless he or she is related to you.

*\*"Health care means any treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition, including services provided pursuant to a clinician's order, and services to assist in activities of daily living provided by a health care provider or in a health care facility or residential care facility." (Act 55, 9701-10)*

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## ***Things You Should Discuss With Your Agent***

1. Values: Sometimes before it is even possible to talk to your agent or loved ones, you need to think about what's important to you:
  - Religious background and beliefs
  - Personal relationships
  - Thoughts about illness, dying and death
  - Living environment
  - Relationships with doctors and other healthcare providers
  - Thoughts about independence and self-sufficiency
  - Finances
  - Funeral plans, organ donations
  - Legal documents (where they are)
2. Physicians: Choose healthcare providers who are familiar with and respectful of your values.
  - Your primary physician
  - Other health care specialists you are seeing
  - Decide which physician will have a copy of your VCAD
3. Health and health care: Discuss your wishes about healthcare decisions with family members and agent(s) now, while fully competent. Be sure to address:
  - Your present health concerns and issues
  - Any development you anticipate that could cause you to lose capacity to make your own health care decisions
  - Your concerns about pain control (see “Church Teachings” below on relieving pain)
  - Discuss specific concerns about end of life care, especially regarding termination of life sustaining treatment (see “Church Teachings” below)

Food and water (even hydration and nutrition administered by medical means, including I.V.'s and tube feeding) are considered ordinary care by the Church. Vermont law and many healthcare providers, however, view such means the same way they do life-sustaining treatment. Thus they believe, and the law allows, that these means can be withheld or withdrawn with or without your direction or the direction of your agent unless it is specifically stated otherwise in your written advance directive.

The VCAD is specifically written in accordance with Church teaching and to assure that you will not be deprived of food and water against your wishes. [In some states, if your advance directive does not indicate any specific wish regarding nutrition and hydration, you will continue to receive nourishment, but in Vermont, if your directive is silent on this question, you can be denied food and water.]

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4. Your wishes about organ donation. If you wish to donate any organs and if so, which ones:
- Any organ needed
  - Major organs (heart, lungs, kidneys, etc.)
  - Tissues such as skin and bone
  - Eye tissue such as corneas
  - Your desires regarding an autopsy

5. Funeral arrangements:

It is usually easier for your family if you have already made some funeral directives. Most funeral homes provide this service and there is no charge to do so, though advanced payment is an option. It is also usually less expensive than when the bereaved family members have to make quick decisions at a difficult time.

6. Alternate Agent(s): Be sure your agent knows who your alternate agent(s) are.

## ***“Do Not Resuscitate” Orders***

If your heart or breathing suddenly stops while you are in a hospital or nursing home, drugs, machines, and other means will be used to try to restart them. This is called Cardiopulmonary resuscitation or CPR. CPR is always done unless your doctor writes an order called a “Do Not Resuscitate Order” or DNR.

Although CPR is routinely done, there are never any guarantees that CPR on a given patient will be successful. CPR will do nothing to restore a person to good health or cure the person of the underlying illness which caused the person’s heartbeat and breathing to stop. Since flow of oxygen to the brain stops when the heartbeat and breathing stop there is always a chance that a person might survive CPR but sustain brain damage.

Therefore, when a person suffers from an incurable, terminal disease, and when death is near, and CPR would not convey a benefit to the person, it may be said that CPR is futile. That person may in good conscience decide with his/her own doctor that a DNR order is appropriate.

It is important to talk with your physicians about your health conditions so you have a clearer sense of the progression of any disease process. Then it is important to discuss with your agent exactly how you feel about being resuscitated and under what conditions. You should also know that though there is a protocol to be followed for patients with DNR orders for Emergency Medical Services, in most cases when the Emergency Team arrives at the home, the patients are automatically resuscitated.

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## ***Changing Your Vermont Catholic Advanced Directive***

Once you have completed the document and it has been signed and witnessed, changes or modifications may only be made by filling out an entirely new one. It is also important for you to revisit your decisions and discussions with your agent(s) as time goes by.

It is helpful to keep a list of who has copies of your document with your personal copy of the document so that if you decide to make out a new one you are able to retrieve the old documents and destroy them.

You have the right to make health care decisions for yourself and treatment cannot be given to you or stopped over your objections as long as you have the capacity to do so. This document meets its purpose only when and if you are no longer capable of making such decisions. When and if you are found to have the capacity to make decisions for yourself once again, the agent is released from his or her responsibility.

Even after you have signed this document, you still have the right to revoke the authority granted to your agent by informing him or her, or your health care provider, orally or in writing.

## ***Church Teachings***

The following are excerpts from Church documents.

### **Faithful Stewards of Our Lives**

Our Judeo-Christian heritage holds that life is the gift of a loving God, and that each human being is made in the image and likeness of God. As Christians we also celebrate the fact that we have been redeemed by Jesus Christ and are called to share eternal life. We see life as a sacred trust over which we can claim stewardship, but not absolute dominion. (*US Conference of Catholic Bishops [USCCB] Declaration on Euthanasia, 1980*)

### **To Care When We Cannot Cure**

The task of medicine is to care even when it cannot cure. Physicians and their patients must evaluate the use of the technology at their disposal. Reflection on the innate dignity of human life in all its dimensions and on the purpose of medical care is indispensable for formulating a true moral judgment about the use of technology to maintain life. The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death. In this way two extremes are avoided: on the one hand, an insistence on useless or burdensome technology even when a patient may legitimately wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death. (*USCCB Ethical and Religious Directives for Catholic Health Care Services, November 2009*)

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## **Relieving Pain**

Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person's life so long as the intent is not to hasten death. Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering. (*USCCB Ethical and Religious Directives for Catholic Health Care Services*, 61, November 2009)

## **Disproportionate Treatment**

The conscious taking of a human life through either active or passive measures must be distinguished from the decision to forego so-called "aggressive medical treatment," in other words, medical procedures which no longer correspond to the real situation of the patient, either because they are now disproportionate to any expected results or because they impose an excessive burden on the patient and his family. In such situations, when death is clearly imminent and inevitable, one can in conscience "refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted." (*Pope John Paul II, Evangelium Vitae [The Gospel of Life] 1995, #65*)

## **Hydration and Nutrition**

The administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act. Its use, furthermore, should be considered, in principle, ordinary and proportionate, and as such morally obligatory, insofar as and until it is seen to have attained its proper finality. (*Pope John Paul II, To the Participants to the International Congress "Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas", March 2003*)

## **Hope for Eternal Life through Death**

Christ's redemption and saving grace embrace the whole person, especially in his or her illness, suffering, and death. The Catholic health care ministry faces the reality of death with the confidence of faith. In the face of death—for many, a time when hope seems lost—the Church witnesses to her belief that God has created each person for eternal life. (*Ethical and Religious Directives for Catholic Health Care Services*, November 2009)

## **Autopsies**

Autopsies can be morally permitted for legal requests or scientific research. (#2301, *Catechism of the Catholic Church*)

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## **Organ Transplants**

Organ transplants are in conformity with the moral law if the physical and psychological dangers and risks to the donor are proportionate to the good that is sought for the recipient. Organ donation after death is a noble and meritorious act and is to be encouraged as an expression of generous solidarity. It is not morally acceptable if the donor or his proxy has not given explicit consent. Moreover, it is not morally admissible directly to bring about the disabling mutilation or death of a human being, even in order to delay the death of other persons. (#1196, *Catechism of the Catholic Church*)

## **Disposition of a Body**

The bodies of the dead must be treated with respect and charity, in faith and hope of the Resurrection. The burial of the dead is a corporal work of mercy; it honors the children of God, who are temples of the Holy Spirit. (#2300, *Catechism of the Catholic Church*)

## **Cremation**

The Church earnestly recommends that the pious custom of burying the bodies of the deceased be observed; nevertheless, the Church does not prohibit cremation unless it was chosen for reasons contrary to Christian doctrine. (Can.1176 §3, *Code of Canon Law*)

The church permits cremation, provided that it does not demonstrate a denial of faith in the resurrection of the body. (#2301, *Catechism of the Catholic Church*)

## **Funerals**

The Christian funeral is a liturgical celebration of the Church. The ministry of the Church in this instance aims at expressing efficacious communion with the deceased, at the participation in that communion of the community gathered for the funeral, and at the proclamation of eternal life to the community. (#1684, *Catechism of the Catholic Church*)

Ecclesiastical funerals, by which the Church seeks spiritual support for the deceased, honors their bodies, and at the same time brings the solace of hope to the living, must be celebrated according to the norm of the liturgical laws. (Can.1176 §2, *Code of Canon Law*)

When it concerns funerals, catechumens must be counted among the Christian faithful. (Can. 1183 §1, *Code of Canon Law*)

The local ordinary can permit children whom the parents intended to baptize but who died before baptism, to be given ecclesiastical funerals. (Can.1183 §2, *Code of Canon Law*)