

## A GUIDE TO HEALTH CARE DIRECTIVES

A Resource for Utah Catholics from the Catholic Diocese of Salt Lake City

The Catholic Diocese of Salt Lake City has prepared this Utah Health Care Directive to assist Catholics who wish to have an advance directive, including a Durable Power of Attorney for Health Care, that reflects Catholic teaching and meets state legal requirements. This guide answers some basic questions about the law, Church teaching, and completing a health care directive.

### **UTAH LAW**

Utah law allows you to inform others of your health care wishes. Through an Advance Directive, you can describe the kind of life-saving treatment you want and identify a person you trust to make health care decisions for you if you are unable to do so because of illness or injury. The information that follows tells about health care directives and how to prepare them. It does not give every detail of the law.

#### **What is an advance health care directive?**

An advance health care directive is a written document that informs others of your wishes about your health care. It allows you to name a person (“agent”) to make inpatient treatment decisions for you if you are unable to do so (the directive does not guide emergency medical treatment). It also allows you to express your preferences about those health care decisions.

#### **Why have a health care directive?**

A health care directive, which includes a Durable Power of Attorney for Health Care, allows you to determine who may make health care decisions for you if you are unable to do so in the future because of a physical or mental incapacity. The directive may also give that person guidance about your values and priorities when making those decisions.

#### **Which health care decisions can someone else make for me?**

The health care directive may include decisions about:

- Who your agent will be
- which health care facilities or providers to use,
- your goals, values and preferences about health care,
- the types of treatment you would want (or not),
- orders not to resuscitate,
- instructions if you are pregnant,
- instructions to contact your parish priest,
- directions to provide nutrition and hydration,
- organ donor preference,
- whether to include you in medical research,
- who may access your medical records,
- whom to appoint as your guardian if there is a court action.

It may be as specific or as general as you wish. You can choose which issues or treatments to address in the directive.

#### **What happens if I don't have a health care directive?**

Everyone should have a health care directive because it helps make sure your wishes are known, understood and followed.

#### **How do I make an advance health care directive?**

There are forms for health care directives. You don't have to use a form, but your health care directive must meet the following requirements to be legal:

- It may be oral or written
- it must be witnessed by an adult who is not the person who signed the directive, not a blood relative or related by marriage, not entitled to

benefit financially upon your death or receive property from your estate, not directly financially responsible for your medical care, and not a health care provider from whom you are receiving care, not an administrator at the health care facility where you are receiving treatment, and not the appointed agent.

If you are a Catholic, a Utah Health Care Directive consistent with Catholic moral teaching is included with this document.

**Do I need an attorney? Will it cost be anything?**

No. It is not necessary to have an attorney provide or fill out the form. However, you should contact an attorney if you have legal questions regarding advance care planning. Advance directive forms are available from a number of sources at no charge, including the Catholic Diocese of Salt Lake City.

**Should I appoint a health care agent or just write down my wishes?**

Under Utah law, the Advance Health Care Directive also serves as a Durable Power of Attorney for health care. While you are not required to appoint an agent, doing so allows you to choose someone who knows you to make health care decisions consistent with your Catholic moral beliefs and preferences.

Written instructions are only as good as your ability to accurately predict every possible future medical condition and every future medical treatment option. By appointing a health care agent, you can make sure that someone who cares about you will apply your wishes and personal beliefs to the health care choices at hand.

**I prepared a directive in another state, is it still valid?**

Health care directives prepared in another state are valid in Utah.

**How long does a health care directive last? Can I change it?**

Your health care directive lasts until you change or cancel it. You may cancel it by writing “void” across the document, destroying it, instructing someone else to destroy it, or orally stating your intent to cancel it in the presence of someone who is over the age of 18 and meets the witness requirements set out above.

**What if my health care provider refuses to follow my health care directive?**

Your health care provider generally will follow your health care directive as long as the health care provider follows reasonable medical practice. A provider is not expected to provide treatments you request that the provider is not allowed to provide or objects to for reasons of conscience. If a health care provider is unable to follow the directive, he or she must promptly inform the agent, make a good faith attempt to resolve the conflict, and provide continuing care until you can be transferred to a facility or provider who is able to follow the directive.

**How can I make sure that decisions made on my behalf are consistent with my Catholic beliefs?**

State in your health care directive your desire to have all health care decisions made in a manner consistent with Catholic teaching. The Utah Catholic Health Care Directive does this.

Appoint a health care agent who shares your beliefs, or at least sincerely intends to respect your wishes.

If your health care agent is not familiar with Catholic teaching on these matters, give your agent the name of a priest or lay leader who can provide guidance. You can include the name and contact information of that person in the health care directive.

**Are Catholics morally obligated to have an advance directive?**

No. However, an advance directive that includes

the appointment of a health care agent is one way to make sure that your care and treatment is consistent with the Catholic faith and your wishes.

**Is organ donation morally acceptable? Can I include organ donation in my health care directive?**

Organ donation after death is a noble and meritorious act and is to be encouraged as an expression of generous solidarity. You should, however, give explicit consent. The Utah Catholic Health Care Directive includes an optional section where you can give that consent.

**How can I make sure my spiritual needs are met?**

When you enter a hospital or nursing home, state that you are a Catholic and want to have a priest or lay minister care for your spiritual needs. Also state if you want to see a particular priest. Unless you have done this, privacy rules may prevent the hospital or nursing home from informing a priest about your presence or allow him to visit.

If you cannot communicate your wishes when being admitted, your health care agent will be able to do this for you.

Include spiritual requests in your health care directive. The Utah Health Care Directive included with this document, for example, includes a request for the Sacrament of Reconciliation, Sacrament of Anointing of the Sick, and Eucharist.

**What should I do with my health care directive after I've signed it?**

You should inform others of your health care directive and give people copies of it, including your physician. You may wish to inform family members, agents, and your health care providers that you have a health care directive. It's a good idea to review and update your directive as your needs change.

Even if you appoint a health care agent, you can still give written health care instructions to direct,

guide, and even limit the actions of your agent.

**What is POLST?**

A POLST is a Physician Order for Life-Sustaining Treatment. It is a standing medical order directing a patient's end-of-life care treatment. POLST forms are authorized as Life with Dignity Orders under Utah Law. The POLST enables an authorized health care provider to put transferable orders in place addressing specific life-sustaining treatments. The POLST encourages communication between providers and patients about difficult end-of-life care decisions. In addition, it is the only legal mechanism that allows a Utahan to have a Do Not Resuscitate order outside of a licensed health care facility.

The POLST form complements the Advance Directive and is not intended to replace it. An Advance Directive is necessary to appoint a legal health care representative and provide instructions for *future* life-sustaining treatments. The Advance Directive is strongly recommended for all adults, regardless of their health status. A POLST form should accompany an Advance Directive when appropriate. Because it is a medical order, a POLST form must be completed and signed by a health care professional and cannot be filled out by a patient. However, a health care professional always completes a form in close consultation with the patient to ensure that the patient's values and goals of care are accurately represented.

A POLST form is most appropriate for seriously ill persons with life-limiting, or terminal, illnesses; or advanced frailty characterized by significant weakness and extreme difficulty with personal care activities.

Catholics are encouraged to participate actively in decisions about their own healthcare decisions. For seriously ill Catholics, a POLST along with an Advance Directive can provide clear and specific clinical directions based on prior conversations in cases of an emergency where circumstances make conversation impossible.

**What fundamental principles should guide a Catholic  
who is thinking about health care decisions?**

1. *Human life is a precious gift from God.* This truth should inform all health care decisions. Every person has a moral obligation to preserve his or her life and to use it for God's glory.
2. *We have the right to direct our own care and the responsibility to act according to the principles of Catholic moral teaching.* Each person has a right to clear and accurate information about a proposed course of treatment and its consequences, so that the person can make an informed decision about whether to receive the proposed treatment.
3. *Suicide, euthanasia, and acts that intentionally and directly cause death by deed or omission are never morally acceptable.*
4. *Death is a beginning, not an end.* Death, being conquered by Christ, need not be resisted by any and every means and a person may refuse medical treatment that is *extraordinary/disproportionate*. A treatment is extraordinary/disproportionate when it offers little or no hope of benefit and cannot be provided without undue burden, expense, or pain.
5. *There should be a strong presumption in favor of providing a person with nutrition (food) and hydration (water).* Providing medically administered nutrition and hydration should be considered ordinary care since it serves a life-preserving purpose and the means of supplying nutrition and hydration are relatively simple and, barring complications, generally without pain. Exceptional situations may exist in which this is not the case, such as when a person is no longer able to assimilate nourishment, or when death is so imminent that withholding or withdrawing medically assisted nutrition and hydration will not be the actual cause of death. In no case should nutrition or hydration be denied with the intent to cause death.
6. *We have the right to comfort and to seek relief from pain.* Although our faith teaches that we can find meaning in suffering, no one is obligated to experience pain. A person has a right to pain relief and comfort care, even if the method or treatment *indirectly* and *unintentionally* shortens life. However, it is not right to deprive the dying person of consciousness without a serious reason.

The United States Conference of Catholic Bishops' Ethical and Religious Directives for Catholic Health Care Services, Part V on Issues in Care for the Seriously Ill and Dying is a helpful summary. It is available free of charge at: <http://www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/Ethical-Religious-Directives-Catholic-Health-Care-Services-fifth-edition-2009.pdf>

# Utah Catholic Advance Health Care Directive

*(Pursuant to Utah Code Section 75-2a-117, effective 2009)*

**Part I: Allows you to name another person to make health care decisions for you when you cannot make decisions or speak for yourself.**

**Part II: Allows you to record your wishes about health care in writing.**

**Part III: Tells you how to revoke or change this directive.**

**Part IV: Makes your directive legal.**

## My Personal Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_

## Part I: My Agent (Health Care Power of Attorney)

This document allows me to name another person (called the health care agent) to make health care decisions for me if I am unable to decide or speak for myself. My health care agent must make health care decisions for me based on the instructions I provide in this document (Agent's Authority), if any, and the wishes I have made known to him or her. He or she must act in my best interest consistent with the principles of Catholic teaching if I have not made my health care wishes known.

### A. No Agent

If you do not want to name an agent: initial the box below, then go to Part II; do not name an agent in B or C below. No one can force you to name an agent.

\_\_\_\_\_ I do not want to choose an agent.

**B. My Agent**

Agent's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**C. My Alternate Agent**

This person will serve as your agent if your agent, named above, is unable or unwilling to serve.

Alternate Agent's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**D. Agent's Authority**

If I cannot make decisions or speak for myself (in other words, after my physician or another authorized provider finds that I lack health care decision making capacity under Section [75-2a-104](#) of the Advance Health Care Directive Act, my agent has the power to make any health care decision I could have made such as, but not limited to:

- Consent to, refuse, or withdraw any health treatment, consistent with Catholic moral principles and my wishes expressed in paragraph F.
- Hire and fire health care providers.
- Ask questions and get answers from health care providers.
- Consent to admission or transfer to a health care provider or health care facility, including mental health facility, subject to any limits in E or F.
- Get copies of my medical records.
- Ask for consultations or second opinions.

My agent cannot force health care against my will, even if a physician has found that I lack of health care decision making capacity.

**E. Other Authority**

My agent has the powers below ONLY IF I initial the "yes" option that precedes the statement. I authorize my agent to:

YES \_\_\_\_\_ NO \_\_\_\_\_ Get copies of my medical records at any time, even when I can speak for myself.

YES \_\_\_\_\_ NO \_\_\_\_\_ Admit me to a licensed health care facility, such as a hospital, nursing home, assisted living, or other facility for long-term placement other than convalescent or recuperative care.

**F. Limits/Expansion Authority**

I wish to limit or expand the powers of my health care agent as follows:

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**G. Nomination of Guardian**

Even though appointing an agent should help you avoid a guardianship, a guardianship may still be necessary. Initial the "YES" option if you want the court to appoint your agent or, if your agent is unable or unwilling to serve, your alternate agent, to serve as your guardian, if a guardianship is ever necessary.

YES \_\_\_\_\_ NO \_\_\_\_\_

I, being of sound mind and not acting under duress, fraud, or other undue influence, do hereby nominate my agent, or if my agent is unable or unwilling to serve, I hereby nominate my alternate agent, to serve as my guardian in the event that, after the date of this instrument, I become incapacitated.

**H. Consent to Participate in Medical Research**

YES \_\_\_\_\_ NO \_\_\_\_\_ I authorize my agent to consent to my participation in medical research or clinical trials, even if I may not benefit from the results.

**I. Organ Donation**

YES \_\_\_\_\_ NO \_\_\_\_\_ If I have not otherwise agreed to organ donation, my agent may consent to the donation of my organs for the purpose of organ transplantation.

## Part II: My Health Care Wishes (Living Will)

If I cannot make decisions or speak for myself (in other words, after my physician or another authorized provider finds that I lack health care decision making capacity under Section [75-2a-104](#) of the Advance Health Care Directive Act, health care decision making capacity), this is what I want my agent—or if I have no health care agent, whoever will make decisions regarding my care-- to do. If I have not given specific instructions, then my agent must decide consistent with my wishes and beliefs.

As a Catholic, I believe that God created me for eternal life in union with Him. I understand that my life is a precious gift from God and that this truth should inform all decisions with regards to my health care. I have a duty to preserve my life and to use it for God's glory. Suicide, euthanasia, and acts that intentionally and directly would cause my death by deed or omission, are never morally acceptable. However, I also know that death, being conquered by Christ, need not be resisted by any and every means and that I may refuse any medical treatment that is burdensome or would only prolong my imminent death. Those caring for me should avoid doing anything that is contrary to the moral teaching of the Catholic Church. I ask that decisions be thus made respectful of and according to the following principles:

- Medical treatments may be withdrawn or avoided if they do not offer a reasonable hope of benefit to me or are burdensome.
- There should be a presumption in favor of providing me with nutrition and hydration if they are of benefit to me. In principle, there is an obligation to provide food and water (employing medically assisted nutrition and hydration for those who cannot take food orally) to all patients, including those in chronic and presumably irreversible conditions. Medically assisted nutrition and hydration, however, become morally optional when they cannot reasonably be expected to prolong life, they would be excessively burdensome for the patient, or they would cause significant physical discomfort.
- In accord with the teaching of the Church, I have no moral objection to the use of medication or procedures necessary for my comfort, even if they may indirectly or unintentionally shorten my life.
- If my death is imminent, I direct that treatment that will maintain only a precarious and burdensome prolongation of my life should be withdrawn or avoided, unless those responsible for my care judge at that time that there are special and significant reasons why I should continue to receive such treatment.
- 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 all efforts be made that I be attended by a Catholic priest and receive the Sacraments of Reconciliation, Anointing, and Eucharist as viaticum.

If you do not want emergency medical service providers to provide CPR or other life sustaining measures, you must work with a physician or APRN to complete an order that reflects your wishes on a form approved by the Utah Department of Health.



### Part III: Revoking or Changing a Directive

I may revoke or change this directive by:

1. Writing "void" across the form, or burning, tearing, or otherwise destroying or defacing this document or directing another person to do the same on my behalf;
2. Signing a written revocation of the directive, or directing another person to sign a revocation on my behalf;
3. Stating that I wish to revoke the directive in the presence of a witness who: is 18 years of age or older; will not be appointed as my agent in a substitute directive; will not become a default surrogate if the directive is revoked; and signs and dates a written document confirming my statement; or
4. Signing a new directive. (If you sign more than one Advance Health Care Directive, the most recent one applies.)

### Part IV: Making My Directive Legal

I sign this directive voluntarily. I understand the choices I have made and declare that I am emotionally and mentally competent to make this directive. My signature on this form revokes any living will or power of attorney form, naming a health care agent, that I have completed in the past.

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Date

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Signature

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City, County, and State of Residence

I have witnessed the signing of this directive, I am 18 years of age or older, and I am not:

1. related to the declarant by blood or marriage;
2. entitled to any portion of the declarant's estate according to the laws of intestate succession of any state or jurisdiction or under any will or codicil of the declarant;
3. a beneficiary of a life insurance policy, trust, qualified plan, pay on death account, or transfer on death deed that is held, owned, made, or established by, or on behalf of, the declarant;
4. entitled to benefit financially upon the death of the declarant;
5. entitled to a right to, or interest in, real or personal property upon the death of the declarant;
6. directly financially responsible for the declarant's medical care;
7. a health care provider who is providing care to the declarant or an administrator at a health care facility in which the declarant is receiving care; or

8. the appointed agent or alternate agent.

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Signature of Witness

Printed Name of Witness

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Street Address

City

State

Zip Code

*If the witness is signing to confirm an oral directive, describe below the circumstances under which the directive was made.*

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*REMINDER: Keep this document with your personal papers in a safe place (not a safe deposit box). Give signed copies to your doctors, family, close friends, health care agent, and alternate health care agent. Make sure your doctor is willing to follow your wishes. This document should be part of your medical records at your physician's office and at the hospital, home care agency, hospice, or nursing facility where you receive your care.*