

Archdiocese of Kansas City in Kansas
**Advance Declaration on Life and Natural Death
and on Withholding or Withdrawing Life Sustaining Procedures**

I, _____, being of sound mind, willfully and voluntarily make known my desires as set forth below.

1. Purpose

This declaration made while I am of sound mind, is provided as a means of making known my desires and directions regarding treatment or care for me in the event I become irreversibly or terminally ill. In the absence of my ability to give directions regarding any of the above, I intend that this Declaration shall be honored by my family and health care provider(s) as the final expression of my legal right to make decisions regarding medical or surgical treatment and accept the consequences for such decisions.

2. Full Disclosure of Facts¹

I direct my family, health care providers, lawyer, pastor, and friends that, because of my belief in the dignity of the human person and my eternal destiny in God, if I become irreversibly, incurably, or terminally ill, I be informed fully of the facts with adequate information to understand and in adequate time so that I may discuss the situation with my family and health care providers and, while conscious,² receive the Sacrament of the Sick (“Last Rites”), Viaticum (Communion) as nourishment for my final journey and be helped to understand the Christian meaning of suffering³.

If I am unresponsive, presume that my hearing may still function and attend to prayer. To aid in this, my parish can be contacted at _____.

3. General Presumption for Life

In the absence of a medical condition certified to be terminal as described in section 8 below, this declaration is to be interpreted in favor of seeking health care and preserving life.⁴ Should I have persistent unconsciousness (often referred to as a “vegetative” state), I request treatment to prevent complications, to improve function if possible, and to monitor for recovery.⁵ If I am pregnant, all medically indicated measures should be provided to sustain my life, if these measures could sustain the life of my unborn child until birth, regardless of my physical or mental condition. In general, my treatment may resort to the most advanced techniques, provided it is proportionate.⁶

No euthanasia (“mercy killing”) or assisted suicide may be performed. Euthanasia, for the purposes of this document, is understood to be an action or omission which of itself and by intention causes death with the purpose of eliminating suffering. No one or nothing may permit my euthanasia, even if I am suffering from an incurable disease, or dying. No one can ask for it, recommend it, or consent to it, on my behalf.⁷

4. Nutrition and Hydration.⁸

I direct that I should receive appropriate nutrition and hydration. This includes medically assisted (“artificial”) nutrition and hydration, when necessary. For me, such feeding is normal care and proportionate, not a heavy burden. I should receive it, to the extent that it accomplishes nutrition and/or hydration, in order to prevent death by starvation and/or dehydration. Even if I have a medical or psychological illness that prevents me from feeding myself, I do not wish to be abandoned to die.

Feeding and hydration become optional for me when it cannot be reasonably expected to sustain life, or in the rare case that complications cause excessive burden or significant physical discomfort.

5. Comfort Care.⁹

I wish to have pain well managed and, when possible, to be kept pain free. I authorize the liberal use of pain medication to keep me comfortable, but request that I not be so sedated to prevent me from communicating with loved ones or taking advantage of religious support.

While I value the salvific meaning of suffering, if I am unable to communicate, presume that I wish to have pain relieved, even if it unintentionally diminishes my consciousness or unintentionally shortens my life.

6. Natural Death Instructions.¹⁰

I wish to have the right to die peacefully, naturally, where I wish, not at the hand of someone else and surrounded by the love of all those close to me, family and caregivers.

7. Proportionate Remedies¹¹

When attempting to preserving my life, use proportionate means. Proportionate (sometimes called "ordinary") means are those that offer a reasonable hope of benefit and do not entail an excessive burden. Proportionate takes into account the type of treatment, its degree of complexity or risk, and its cost. It then compares those things with the expected result, considering my state of sickness and my physical, psychological, and spiritual resources.

Advanced medical techniques may be interrupted or withdrawn when results fall short of expectations as determined by my durable power of attorney (DPOA) or family, when there is no DPOA, considering the advice of doctors especially competent in the matter.

8. Declaration to Withhold or Withdraw Life-Sustaining Procedures.¹²

I do not desire to be subjected to treatment that would only secure a precarious and burdensome prolongation of life. Under the circumstances set forth below and informed by my desires spelled out above, I do hereby declare: If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care, including hydration and nutrition if my body can accommodate it.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my DPOA, family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Signed this ____ day of _____, 20____.

_____ signature of declarant

Printed Name: _____

Address: _____
Street, City, County, State

The declarant has been personally known to me and I believe the declarant to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession or under any will of declarant or codicil thereto, or directly financially responsible for declarant's medical care.

Witness _____ Witness _____

(OR)

STATE OF _____) COUNTY OF _____) SS

This instrument was acknowledged before me on _____ (date) by _____ (name of person)

(Signature of notary public)

(Seal, if any)

My appointment expires: _____

Copies:

Footnotes to Advance Declaration

¹ "Ethical and Religious Directives for Catholic Health Care Services, 6th Edition (ERDs)," US Conference of Catholic Bishops, November, 2018. <http://www.usccb.org/about/doctrine/ethical-and-religious-directives/index.cfm>, ¶ 55.

² ERDs, ¶ 15, 16.

³ ERDs, ¶ 61.

⁴ ERDs, Part V, Introduction.

"Declaration on Euthanasia," Sacred Congregation for the Doctrine of the Faith, May 5, 1980, http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html, § IV.

⁵ "Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration. Commentary," Sacred Congregation for the Doctrine of the Faith, August 1, 2007, http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20070801_nota-commento_en.html

⁶ "Declaration on Euthanasia," § IV.

⁷ ERDs, ¶ 60. "Declaration on Euthanasia," § II.

⁸ ERDs, Chapter V, Introduction, and ¶ 58.

"Responses...Concerning Artificial Nutrition and Hydration," and accompanying Commentary.

⁹ ERDs, ¶ 61. "Declaration on Euthanasia," § III.

¹⁰ ERDs, ¶ 61. "Declaration on Euthanasia," § II and IV.

¹¹ ERDs, ¶ 56. "Declaration on Euthanasia," § IV.

¹² KSA 65-28, 103