

A Catholic Guide to End-of-Life Decisions for Individuals and Families

Missouri's Durable Power of Attorney
for Health Care and Planning Tools



Introduction

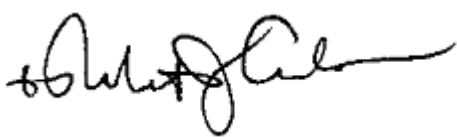
Missouri citizens today are living longer, healthier lives thanks to modern medical techniques and advancements. While many of these medical advances are life affirming and welcome, they can increase anxiety for family members and make decision making more difficult. What should we do, for example, if a loved one has cancer and his/her physicians are recommending an experimental treatment that they expect to succeed, but which may cause pain and discomfort? If that same loved one is incapacitated and close to death with no hope of recovery, should we withdraw mechanical ventilation? What about food and water?

These questions can create uncertainty and anxiety for patients and their families. In some ways, we are victims of our own success. Our medical advancements help us live longer, but they often require us to make difficult decisions that involve medical, moral and legal questions that we are not always equipped to answer.

The Catholic Church has much to offer those facing these types of decisions. Over the course of the last century, the Church has grappled with these issues and has prepared many good resources offering us guidance on how we as Catholics can respond to these difficult questions in light of our faith tradition and the hope of our eternal reward in Christ.

We hope this brief guidebook will offer you some direction on how to discuss these issues with your family. We also hope that you will take the time to plan for your future medical care by appointing a health care surrogate to make decisions for you in the event you are unable to do so yourself.

As you ponder these issues, we offer our support and our prayers. May God's peace be with you!



Most Reverend Robert J. Carlson
General Chairman
Archbishop of St. Louis



Most Reverend James V. Johnston, Jr.
Vice Chairman
Bishop of Kansas City/St. Joseph



Most Reverend John R. Gaydos
Executive Chairman
Bishop of Jefferson City



Most Reverend Edward Rice
Bishop of Springfield/Cape Girardeau

Church Teaching on End-of-Life Issues

The bishops of the State of New York developed the following summary of Catholic Church teaching on end-of-life issues. It has been updated and revised in order to reflect and be consistent with Missouri law. We hope you find these sections helpful to the formation of your conscience on these issues. Additional resources are listed at the end of this summary for your reference should you wish to consult them.

The Catholic Church teaches us that each and every human life is an unrepeatable gift, created in the image and likeness of God. We are called to respect and protect human life because of its inherent dignity, sacredness and value. We understand that life is a sacred trust over which we have been given stewardship, but not ownership. Our life belongs to God, and we do not have absolute power over it. So while it is entrusted to us, we are called to care for it, preserve it and use it for the glory of God.

All those who are sick should rightfully expect, accept and be provided appropriate food, water, pain control, activity (as tolerated), bed rest, suitable room temperature, personal hygiene measures and comfort care. These are not medical treatments, but basic care giving; the care that is owed to one human being by another. To truly respect the dignity of the person, we must provide those who are sick with adequate pain relief, symptom management, compassion, acceptance, love, and physical, emotional and spiritual care.

The Church also teaches that the suffering of illness and dying is an opportunity for finding oneness with Christ. Suffering can be an instrument of redemption when we seek in faith to join our suffering to that of Jesus on the cross at Calvary.

For Catholics, death is a doorway to eternal life. In the face of illness, suffering and death, our faith assures us that we are created for eternal life. “I look forward to the resurrection of the dead, and the life of the world to come. Amen.”¹

Life is a Gift to be Cherished, Never Rejected

“Human life is sacred and inviolable at every stage and in every situation; it is an indivisible good.”² Therefore, we must cherish and preserve all human lives as gifts from God. We may never deliberately and directly cause the death of an innocent person. To deliberately cause the death of an innocent person (one not guilty of a violent crime or act of aggression) both contradicts human reason (natural law) and violates the Fifth Commandment, “you shall not kill,” and our duty to “love one another.”³

1. The Nicene Creed, Roman Missal, Third Edition, effective November 27, 2011.

2. Pope John Paul II, *Evangelium Vitae* (The Gospel of Life), 1995, No. 87.

3. Adapted from *Evangelium Vitae* (The Gospel of Life), 1995, No. 57.

Euthanasia is “an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated.”⁴ While some may view euthanasia as a way for a person with an incurable disease or disability to escape a difficult and painful life, such a view is a rejection of the precious gift of life and a rejection of God’s plan. Those whose lives are diminished or weakened deserve special respect and preferential care.⁵

There may be a temptation to judge the quality of our own life and the lives of others and to use this “quality of life” standard to guide medical decisions. However, regardless of “quality” labels, the sacredness of all human life is always to be valued and protected. The acceptance of, and assistance with, a person’s desire to end their life because it no longer has the “quality” they are accustomed to is a false compassion that improperly affirms the sick person’s assessment of the valuelessness of their life.

Some who suffer with severe illness may be tempted to consider assisted suicide. Assisted suicide is the voluntary termination of one’s own life using physician-prescribed medications that will cause death. It is considered **active euthanasia** because it is the direct and intentional taking of life. It is gravely immoral both for the patient who is assisted and for the physician who assists. While assisted suicide is now legal in several states, it is not legal in Missouri.⁶

Whatever the motives and means, euthanasia (whether by direct action/inaction, or by physician-assisted suicide) consists of putting an end to the lives of sick, despairing or dying persons, or persons with disabilities. Regardless of the civil laws, euthanasia always, without exception, constitutes a grave moral evil.⁷

Ordinary vs. Extraordinary Treatments

The immorality of directly intending and bringing about our own death or of assisting in the death of another by intentional action is evident enough. Decisions can become much more complex – and more difficult – when we contemplate the removal or withholding of medical treatments such as a ventilator or dialysis. In an age of rapidly advancing life-sustaining treatment technologies, such decisions are not infrequent.

Out of respect for the gift of life, we must always accept, and others must provide, **ordinary medical means** of preserving life. Ordinary means are those that offer us reasonable hope of benefit and would not entail excessive burden on us, our family or the community.⁸ Ordinary means

4. Declaration on Euthanasia, Congregation for the Doctrine of the Faith, 1980.

5. Catechism of the Catholic Church, No. 2276.

6. Oregon, Washington, Montana (as of July 2010).

7. Adapted from the Catechism of the Catholic Church, No. 2277.

8. Ethical and Religious Directives for Catholic Health Care Services, 5th Edition, Part 5, No. 56.

of medical treatment are **morally obligatory**, and the patient has the greatest claim to this treatment since it is the patient's life that is more acutely affected. Withholding ordinary care with the intention of causing death is considered **passive euthanasia** and is always gravely contrary to God's will.

But Catholics are not morally bound to prolong the dying process by using every medical treatment available. Allowing natural death to occur is not the same as killing. Some treatments may be considered "**extraordinary**" (as opposed to ordinary) and are not morally obligatory because the burdens and consequences are out of proportion to the beneficial results anticipated for a particular patient. These are considered **morally optional** treatments.

For example, it would be permissible for a cancer patient to forego a particularly aggressive and expensive treatment if the patient judged the survival rate too low and the pain of the treatment too great a burden.

But what constitutes an "excessive burden"? Our Church suggests that when making a decision to accept or refuse a treatment, we should take into consideration the type of treatment recommended, how risky or complicated it is, its cost, side effects, how painful it will be, its availability, the likelihood of that treatment maintaining or enhancing the life of the patient, and the need to share limited medical resources.⁹ We should also consider the spiritual and emotional burdens on our family and ourselves, understanding that we are morally obligated to accept **some** degree of burden to maintain our lives, as proper stewards thereof.

One of the most important moral distinctions for end-of-life decision-making is between what is morally obligatory and what is morally optional. Even if death is thought imminent, ordinary care owed to a sick person cannot be legitimately interrupted.¹⁰ On the other hand, discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous" treatment.¹¹

Sometimes the very same medical intervention can be morally obligatory (ordinary) in one case, but morally optional (extraordinary) in another. For example, a relatively healthy person recovering from a bout with pneumonia may need to be on a ventilator for a few days to restore him to his optimal condition. But for a patient in the final stages of lung cancer, being placed on the same ventilator may be painful, burdensome and only prolong the patient's dying process without any reasonable benefit. The particular burdens of any treatment will vary with each individual.

9. Adapted from the Declaration on Euthanasia, Congregation for the Doctrine of the Faith, 1980.

10. Adapted from the Catechism of the Catholic Church, No. 2279.

11. Catechism of the Catholic Church, No. 2278.

Weighing the burdens and benefits of particular medical treatments for each individual requires us to apply the virtue of prudence, using practical reason to discern the true good and choose the right path. Because such decisions are often sensitive and complex, Catholics may wish to seek guidance from a moral expert who regularly makes judgments on these matters, such as a priest, chaplain or ethicist.¹²

The Special Case of Assisted Nutrition and Hydration

The important distinction between what is morally obligatory and morally optional extends even to food and water when it is medically assisted. In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally.¹³ This obligation extends to those with a presumptive diagnosis of irreversible conditions (such as “persistent vegetative state” or PVS) who are not imminently dying. This is so because even the most severely debilitated and helpless patient retains the full dignity of the human person and must receive ordinary care and proportionate care such as food and water.

But as is the case at times with life-sustaining treatments, medically assisted nutrition and hydration, although frequently constituting a form of ordinary care, may, under very specific circumstances, be deemed excessively burdensome and of little or no benefit to the patient. The most common case of this is when the patient enters into the dying process and the body can no longer properly assimilate food and water, even through a tube. When death is imminent (within days) or in rare instances when a gastric feeding tube may cause intractable side effects such as severe agitation, physical discomfort, aspiration into the lungs, or severe infection, any foreseeable benefits of maintaining the tube are likely outweighed in light of the attending burdens. In this case, other means of providing nutrition or if not feasible, at least hydration, even if minimally, must be carefully considered and employed if possible.

When medically assisted nutrition and hydration is withheld or withdrawn for licit reasons, death occurs as a result of the underlying disease not through starvation or dehydration.

It is never permissible to remove a feeding tube or any other form of life-sustaining treatment, based on a belief that the patient’s life no longer holds value or with the intention to terminate the patient’s life.

12. The National Catholic Bioethics Center provides free consultation services to individuals facing difficult ethical decisions related to health care. In emergency situations, an NCBC ethicist is available 24 hours a day, 7 days a week by calling 215-877-2660.

13. Ethical and Religious Directives for Catholic Health Care Services, 5th Edition, Part 5, No. 58.

A Final Word on Church Teaching

In summary, medical interventions may be deemed ordinary (morally required) or extraordinary (morally optional) based on the weighing of benefits and burdens expected for each individual. This is not just a pragmatic decision of costs and benefits, but a moral decision that affects our spiritual health.

When we make decisions about these treatments either for our-

selves or our loved ones, and we wish to make them in accord with our faith, we must take into account all factors – risks, benefits, alternatives, condition, prognosis, cost – and consider all possible burdens on the patient, the family and the community. Determining if and when a particular treatment can morally be withheld or withdrawn should be done with all involved parties – patient, patient’s Durable Power of Attorney – Health Care (if the patient is incapacitated), family members, health care providers, and oftentimes a priest or ethicist trained in the Church’s moral teachings.

The provision of food, water, cleanliness and warmth are elements of ordinary care that we owe to our brothers and sisters in Christ as we respond to the Gospel call to care for “the least among us.” They are generally morally required for each patient.

Treatment decisions are moral decisions and must be made with informed consent. Each of us has free will and the ability to reason, and we must use these gifts as we make important medical decisions. As Christians, we have the moral obligation to make decisions that are good for us and are according to God’s will.



Planning in Advance: Legal Options in Missouri

There may come a time when our ability to reason, or even to communicate, is compromised and we will not be able to make our own medical decisions. We have the ability to plan in advance to ensure that our wishes about medical treatments and our religious beliefs are known and honored at that time. Advance directives are legal documents that take effect when a patient becomes incapacitated and incapable of making medical decisions.

Federal law requires all health care facilities to advise patients, upon admission, of their right to accept or refuse medical treatment and their right to issue advance directives.¹⁴ In Missouri, we have the option of preparing a Durable Power of Attorney – Health Care. Our law also provides for executing in advance a Declaration concerning “death-prolonging” procedures and an Outside the Hospital Do-Not-Resuscitate (DNR) order. Each of these is discussed below.

When considering an advance directive, it is important to study thoughtfully and prayerfully the principles of the Catholic faith and prepare the document in accord with Church teaching. While most advance directives may grant a health care surrogate the authority to make some or all health care decisions for us, the Church teaches that not all health care decisions are ours to make or to delegate to a surrogate.

It is impossible to cover all possible medical situations in an advance care directive. Therefore, it is important to ensure that there is room for interpretation when a particular medical situation occurs. For this reason, the Church recommends the Durable Power of Attorney – Health Care as the advance care planning tool of choice in Missouri. It will allow an appointed health care surrogate to consider all options in any given situation, and make decisions following the patient’s wishes in accord with Church teaching.

Durable Power of Attorney – Health Care

Missouri law allows you to specify a particular individual, such as a family member or close friend, as your health care surrogate, known in Missouri as a Durable Power of Attorney – Health Care (DPOA). A DPOA is empowered to make decisions on your behalf when you are no longer able to do so. Unless otherwise stated, a DPOA can make all decisions that you could make while competent, including decisions about life-sustaining treatments. Because you can choose your DPOA who will advocate for treatment that is in accord with your moral and religious beliefs, appointing a DPOA is a morally appropriate and desirable action to take.

14. Patient Self-Determination Act of 1990, 42 U.S.C. 1395(cc)(a).

When choosing someone to be your DPOA, it is important to choose someone known to be of good moral character, who knows you well, is familiar with your religious beliefs, has the ability to understand medical information, operates well under stressful conditions, and who will be sure that end-of-life decisions on your behalf are made consistent with your wishes and in accord with the Church’s moral teachings. Have a conversation with the person you wish to name as your DPOA about your preferences while you are healthy and competent. Be sure to have periodic conversations with that person as well, because your surrogate will be interpreting your wishes as medical circumstances change and could be called upon to make decisions you may not have known would have to be made.

A draft Durable Power of Attorney – Health Care document, including basic directives offering guidelines to your health care surrogate (DPOA) is included in the Appendix to this document.

Declaration on “Death-Prolonging” Procedures

Missouri law¹⁵ also allows you to make a written declaration concerning your future health care, and specifically, what health care you should receive in the event you are close to death.¹⁶ This type of advance directive would allow you to state that it is your intent to allow your physician to withhold or withdraw medical procedures that would only prolong the dying process.

Such a declaration differs from a Durable Power of Attorney – Health Care in that you would be expressing your intentions in writing without appointing a health care surrogate (DPOA). The document itself would speak for you, rather than a designated person.

Although such a document is legally recognized in Missouri, a Durable Power of Attorney – Health Care is a more versatile advance directive. You can express your intentions in your Durable Power of Attorney – Health Care outlining what medical treatments you would like to receive in the event you are close to death without having to attempt to deal in advance with all the specific medical decisions that may have to be made.

15. Mo.Rev.Stat. §404.800-§404.865.

16. Mo.Rev.Stat §459.010-§459.055.

Other Issues to Consider in Missouri

Outside the Hospital — Do-Not-Resuscitate Orders

A Missouri “Outside the Hospital Do-Not-Resuscitate”¹⁷ (DNR) Order, signed by the patient, or the patient’s representative, and a physician is a medical order that will instruct emergency medical service personnel not to attempt cardiopulmonary resuscitation (CPR) if a patient’s heartbeat or breathing stops when the patient is NOT in the hospital. An Outside the Hospital DNR Order is only about CPR and does not affect any other treatment. Missouri law allows a patient, or a patient’s representative, to execute an Outside the Hospital DNR Order in advance.

For Catholics, deciding about a Outside the Hospital DNR order requires weighing burdens and benefits. For a frail elderly sick individual, or a terminally ill patient, signing an Outside the Hospital DNR order may be a morally appropriate thing to do if it is prudently judged that resuscitation would be of no significant benefit to the patient. Resuscitation techniques at times constitute extraordinary (and therefore morally optional) means of sustaining life, such as the case when reviving a patient would only allow him or her to continue in the dying process. On the other hand, for a patient who is not terminally ill, successful CPR can constitute a form of ordinary care, which allows a person to resume their previous lifestyle.

Before deciding about an Outside the Hospital Do-Not-Resuscitate Order, you should speak with your doctor, priest or ethicist, family members and health care surrogate (DPOA) about the burdens and benefits of CPR in specific situations.

Conclusion

The best time to create an advance directive such as a Durable Power of Attorney – Health Care is now, before you enter a hospital or nursing home or become seriously ill. That way you can consider all your options carefully and competently, through the lens of your faith. Take time to reflect on your beliefs, the Church’s teachings, and have conversations about those beliefs with your family members, loved ones and health care providers.

It is hoped that the guidance provided herein will be of assistance as you consider your own advance planning or are charged with the responsibility of making medical decisions for a loved one.

17. Mo.Rev.Stat. §190.600-§190.621.

Additional Resources

1. The National Catholic Bioethics Center, a Catholic bioethics think tank staffed by ethicists. The National Catholic Bioethics Center provides free consultation services to individuals facing difficult ethical decisions related to health care. In emergency situations, an NCBC ethicist is available 24 hours a day, 7 days a week by calling 215-877-2660; www.ncbcenter.org; email: info@ncbcenter.org
2. United States Conference of Catholic Bishops, Pro-Life Secretariat, the official voice of the United States Bishops with links to Church documents and teachings. 202-371-3070; <http://www.usccb.org/issues-and-action/human-life-and-dignity/end-of-life/euthanasia/>; email: prolife@usccb.org

In-Depth Reading

1. “Vatican Declaration on Euthanasia,” Congregation for the Doctrine of the Faith, May 5, 1980; available at <http://old.usccb.org/prolife/tdocs/euthanasia.shtml>
2. Catechism of the Catholic Church, 2nd Edition, United States Catholic Conference, 1997, available at http://www.vatican.va/archive/ENG0015/_INDEX.HTM
3. Ethical and Religious Directives for Catholic Health Care Services, 5th Edition, United States Conference of Catholic Bishops, November 17, 2009, available at <http://www.usccb.org/about/doctrine/ethical-and-religious-directives/>
4. Evangelium Vitae (The Gospel of Life): On the Value and Inviolability of Human Life, Pope John Paul II, 1995; available at http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html
5. “To Life Each Day With Dignity,” a Statement on Physician-Assisted Suicide, United States Conference of Catholic Bishops, June 16, 2011
<http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/to-live-each-day>

About the Durable Power of Attorney — Health Care

1. The Durable Power of Attorney – Health Care is an important legal document. It gives the person you name as your health care surrogate the authority to make health care decisions for you, including decisions to provide, withhold or withdraw life-sustaining treatments, unless you state otherwise in the form.
2. Missouri's Durable Power of Attorney – Health Care statute does not permit you to choose your physician, or an employee of your physician, as your health care surrogate. Mo.Rev.Stat. §404.815.
3. You can use the sample Durable Power of Attorney – Health Care included in the booklet or you can draft your own using this as a guideline.
4. This form includes an optional provision allowing you choose to make organ and tissue donations, if you would like, upon your death. 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.
5. Your Durable Power of Attorney – Health Care document becomes effective upon your incapacity. Two physicians must examine you and determine that you are incapacitated and unable by reason of your physical or mental condition to receive and evaluate information or to communicate decisions concerning your health care.
6. Even though you have signed a Durable Power of Attorney – Health Care, you have the right to make your own health care decisions as long as you are able to do so. You will also have the right to make your own health care decisions if you regain the ability to do so, if you were previously deemed incapacitated.
7. The Durable Power of Attorney – Health Care does not expire, but you may update it or change it at any time simply by completing and dating a new one.
8. You do not need an attorney to complete the Durable Power of Attorney – Health Care, but consulting an attorney is recommended if you have any questions concerning the legal effect of signing a Durable Power of Attorney – Health Care.
9. You will need two adults and a notary public to sign the document and witness your signature.
10. You should keep a copy of the document and give a copy to your doctor, your named health care surrogate and your alternative health care surrogate.

MISSOURI DURABLE POWER OF ATTORNEY HEALTH CARE OF:

Name

I. DIRECTIVES REGARDING MY HEALTH CARE

As a Catholic, I believe that my life is a gift from God and that this truth should inform all decisions regarding my health care. I wish to receive the ordinary care and normal treatment that the Catholic faith teaches we all have a duty to accept. I have a duty to preserve my life and affirm that suicide, euthanasia, and acts that would intentionally and directly cause my death by act or omission are never morally acceptable. I understand, however, that death, having been conquered by Christ, need not be resisted by any and every means and that I may refuse any medical treatment that is excessively burdensome or would only prolong my imminent death. It is my desire that those caring for me not do anything that is contrary to the moral teachings of the Catholic Church. In the event I am no longer able to communicate my wishes, I desire my health care be directed according to these guidelines:

- Medical treatments should be provided to me if they provide a reasonable hope of benefit to me, but life-prolonging and/or extraordinary procedures may be withheld or withdrawn if they provide no benefit, or are excessively burdensome to me, or impose excessive expense on my family or the community.
- There should be a presumption in favor of providing me with nutrition and hydration, including medically assisted nutrition and hydration, and I should be provided these unless they are of no physiological benefit to me, or I cannot physically tolerate them.
- In accord with the teachings of my Church, I have no moral objection to the use of medication or procedures necessary for my comfort even if they may indirectly and unintentionally shorten my life.
- If my death is imminent, I desire that treatment that will only maintain a precarious and burdensome prolongation of life be withheld or withdrawn, 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 (e.g. I desire to be alive to witness a significant life event such as the birth of a child, etc.).
- At the appropriate time, I ask that I be attended by a Catholic priest and receive the Sacraments of Reconciliation, Anointing of the Sick, and the Eucharist.

Anatomical Gifts (optional)

So long as it is consistent with Catholic moral teaching, and would not hasten or cause my death, I would like to be an organ and tissue donor at the time of my death. I wish to donate the following (initial one statement)

☐ Any needed organ and tissue.

☐ Only the following organs and tissue:

I wish to limit their use to the following (initial on statement)

☐ Any purpose.

☐ Only the following purposes (indicate if for transplant, education, or research)

II. DURABLE POWER OF ATTORNEY - HEALTH CARE

1. DESIGNATION OF HEALTH CARE SURROGATE.

I, _____, hereby appoint my _____, as my durable attorney-in-fact (hereinafter “Health Care Surrogate”) to make health care and personal decisions for me as authorized herein. I desire that my Health Care Surrogate base his/her health care decisions for me on what he/she believes to be my wishes and in my best interest taking into account all that the Catholic Church teaches and the guidelines set forth in Section I.

2. EFFECTIVE DATE AND DURABILITY.

I expect to make my own health care decisions as long as I am able to do so. By this document I intend to create a durable power of attorney effective during the period of time that I am incapacitated and unable to communicate my desires, and treatment decisions are required. In accord with Missouri law, I shall be considered incapacitated if I am unable by reason of any physical or mental condition to receive and evaluate information or to communicate decisions, and I am thereby unable to fulfill my needs for food, clothing, shelter, safety or other care such that serious physical injury, illness or disease is likely to occur. Mo.Rev.Stat. §404.805(2) The powers and duties of my Health Care Surrogate shall cease upon certification by my attending physicians that I am no longer incapacitated.

3. HEALTH CARE SURROGATE’S POWERS.

My Health Care Surrogate is hereby authorized:

- a. To consent, deny consent, or withdraw consent to any type of medical treatment or procedure;

b. To execute on my behalf any releases or authorizations necessary for my Health Care Surrogate to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and to consent to the disclosure of any information thereby obtained. I hereby authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services, to give, disclose, and release to my Health Care Surrogate, without restriction, all of my individually identifiable health information and medical records regarding my past, present, or future medical or mental condition, including all information relating to the diagnosis and treatment of mental illness, and drug or alcohol abuse (Such authorization will not expire until 3 years after my date of death);

c. To authorize my admission to or discharge from any hospital, nursing home, residential care, assisted living or similar facility or service, whether inside or outside the State of Missouri;

d. To contract, and make all necessary arrangements, on my behalf for any health care related service, without my Health Care Surrogate incurring personal liability for such contracts (unless he/she is otherwise legally liable);

e. To retain and to discharge medical, social service and other support personnel responsible for my care;

f. To grant any reasonable waiver or release from liability required by any health care provider; and

g. To take any action consistent with Catholic teaching that my Health Care Surrogate deems necessary or appropriate, in my Health Care Surrogate's discretion, with respect to my health care, including, but not limited to, taking any necessary legal action at the expense of my estate to enforce this Durable Power of Attorney for Health Care.

OPTIONAL (check those additional powers you wish to give your Health Care Surrogate):

☐ To give consent for and arrange for tissue/organ donation as expressed in Section 1, above.

☐ To make any arrangements for my funeral and burial.

4. SUCCESSOR HEALTH CARE SURROGATES.

If the Health Care Surrogate named by me shall die, become incapacitated, resign, refuse to act, be unavailable for an extended period, or (if any Surrogate is my spouse) be legally separated or divorced from me, I name the following (each to act alone and successively, in the order named) as successors to my Health Care Surrogate.

a. First Successor: _____
Address: _____
Telephone: _____

b. Second Successor: _____
Address: _____
Telephone: _____

5. *HOLD HARMLESS.*

I, for myself and for my heirs, executors, legal representatives and assigns, hereby release and discharge and agree to indemnify and hold harmless my Health Care Surrogate and any third party from and against any claim, liability or cost (including attorneys' fees) whatsoever that may arise by reason of my Health Care Surrogate or any third party having relied upon the provisions of this document.

6. *MISCELLANEOUS.*

a. I hereby revoke any prior health care declaration, living will, advance directive, or durable power of attorney for health care.

b. This durable power of attorney for health care is intended to be valid in any jurisdiction in which it is presented.

c. My Health Care Surrogate acting pursuant to this document shall incur no personal financial liability (unless he/she is otherwise legally liable). My Health Care Surrogate shall not be entitled to compensation for services performed under this durable power of attorney for health care, but my Health Care Surrogate shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provision hereof.

d. In the event any portion or provision of this document is deemed invalid, illegal, or unenforceable, the remaining portions of this document shall remain valid and effective.

e. A copy of this document shall be as valid as the original.

BY SIGNING HERE, I INDICATE THAT I UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND THE EFFECT OF THIS GRANT OF POWERS TO MY HEALTH CARE SURROGATE. THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY IN FACT SHALL NOT TERMINATE IF I BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE.

IN WITNESS WHEREOF, I have executed this Durable Power of Attorney for Health Care this _____ day of _____, 20_____.

The undersigned witnesses sign our names this _____ day of _____, 20_____, to the above instrument and do hereby declare that _____ is known to each of us, that he/she signs this instrument willingly in our presence, or willingly directs another to sign for him/her in our presence, and that to the best of our knowledge he/she is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Witness:

Witness:

Name (Print):

Name (Print):

Address:

Address:

STATE OF MISSOURI

COUNTY OF _____

On this _____ day of _____, 20_____, before me personally appeared _____, to me known to be the person described in this Durable Power of Attorney Health Care and who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County of _____, State of Missouri, the day and year first above written.

Notary Public

My Commission expires:

OBTAINING COPIES OF THIS DOCUMENT

This document is available at no cost for download through the websites of the dioceses of Missouri and the Missouri Catholic Conference.

Archdiocese of St. Louis — www.archstl.org
Diocese of Kansas City-St. Joseph — www.diocese-kcsj.org
Diocese of Jefferson City — www.diojeffcity.org
Diocese of Springfield-Cape Girardeau — www.dioscg.org
Missouri Catholic Conference — www.mocatholic.org

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