

***Advance Directive for Health Care***  
***Diocese of Rapid City***

**Durable Power of Attorney for Health Care: Appointment of My Health Care Agent**

I, \_\_\_\_\_ hereby designate and appoint  
Name: \_\_\_\_\_  
Residential Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ Email \_\_\_\_\_

as my health care Agent. I am executing this Advance Directive for Health Care while I am of sound mind. It is intended to designate my Agent and provide guidance in making medical decisions in the event I am incapacitated or unable to express my own wishes. If the person named as my Agent is not available or is unable to act as my health care Agent, I appoint the following person(s) as 1<sup>st</sup> and 2<sup>nd</sup> alternate health care Agent to act on my behalf. (If one or both of the alternate Agents are not to be named, print "NONE" in the space provided.)

***1<sup>st</sup> Alternate Agent***

***2<sup>nd</sup> Alternate Agent***

Name: _____	_____
Address: _____	_____
_____	_____
Phone: _____	_____

My Agent has the authority to make any and all medical decisions for me should I ever be unable to do so for myself. My Agent may decide to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; to receive my personal health care information; and to authorize my admission to or transfer from a health care facility. My Agent is further appointed as my "Personal Representative" for purposes of compliance with Federal HIPAA (Health Insurance Portability and Accountability Act of 1996, including any subsequent revisions) Laws and Regulations.

I direct my Agent to choose on my behalf the appropriate course of treatment or non-treatment that is consistent with the following section, *Living Will: Instructions for My Health Care*, and any other instructions I have communicated directly to my Agent. I charge my Agent and all those attending me neither to approve nor commit any action or omission which by intent will cause my death. In all decisions regarding my health care, I instruct my Agent to act in accordance with Catholic teaching.

**Living Will: Instructions for My Health Care**

***Statement of Faith***

I believe that I have been created for eternal life in union with God. As such, I have a duty to preserve my life and to use it for God's glory, but the duty to preserve my life is not absolute, for I may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome to me, even if such rejection may hasten my death. Suicide and euthanasia are never morally acceptable options. If I should become irreversibly and terminally ill, I request to be fully informed of my condition so that I can prepare myself spiritually for death; I ask that efforts be made that I be attended by a Catholic priest and receive the Sacraments of Penance and Anointing as well as Viaticum.

***Medical Care & Treatment***

I wish to receive medical care and treatment appropriate to my condition as long as it is useful and offers a reasonable hope of benefit and is not excessively burdensome to me — that is, does not impose on me serious risk, excessive pain, prohibitive cost, or some other excessive burden. Before deciding that any life-sustaining medical treatment should be withheld or withdrawn from me, my Agent is directed to obtain the opinion of the physician who is treating me. I oppose any act or omission that of itself or by intention will cause my death, even for the purpose of eliminating suffering. I direct that all decisions about my medical treatment and care be made in accord with Catholic moral teachings as contained in *Ethical and Religious Directives*

for *Catholic Health Care Services* (United States Conference of Catholic Bishops, 2009 or subsequent revisions), as well as other Catholic teaching.

***Food & Fluids (nutrition and hydration)***

There should be a presumption in favor of providing me with nutrition and hydration, even if I am in a persistent vegetative state, provided they benefit me by providing nourishment and/or alleviating my suffering. If I am unable to take food and drink orally, I desire that medically assisted nutrition and hydration (MANH) be provided to me. MANH should be discontinued if it is futile (no longer able to sustain my life), or if it imposes excessive burdens to me (serious risk, excessive pain, or some other extreme burden), or if death is both inevitable and so imminent that continuing MANH is judged futile.

***Pain Relieving Medication***

As I have the right to prepare for my death while fully conscious, I should not be deprived of consciousness without a compelling reason. If my condition includes physical pain, I wish to receive pain-relieving medication in dosages sufficient to manage the pain, even if they may indirectly and unintentionally shorten my life. No pain medication should be given to me for the purpose of hastening my death.

***Imminent Death from Terminal Illness***

If my death from a terminal illness is both imminent and inevitable, even in spite of the means which may be used to conserve my life, and if I have received the Sacraments of the Church, then I wish to refuse medical treatment that would only secure a precarious and burdensome prolongation of my life, provided that I continue to receive the ordinary care due a sick person.

I hereby add the following special provisions and/or limitations to my health care directive, believing that they do not conflict with the teachings of my Catholic faith. (For example: "If I am pregnant, I wish reasonable means to be taken to preserve and nurture the life of my unborn child, including the continuation of life-sustaining procedures;" "I would like to donate tissue and organs after I am dead, in keeping with the teachings of my faith;" "Providing I am not in intolerable pain, I hope to be conscious as my death approaches;" "If possible, I would like to die at home, or at least in a hospice that has the appearance of a home setting;" "I would like to see my family—or be reconciled with someone from whom I may have become estranged.")

Enter special provisions here:

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It is my intention that my Agent, family and physicians honor these directives as the expression of my treatment wishes. I understand the full import of these directives, and I am emotionally and mentally competent to make them.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Principal

Two Witnesses (Family members and Agent(s) should not act as a witness.)

**First Witness:** I affirm that the principal is at least eighteen years of age, of sound mind, and under no undue influence.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

City and State of residence \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**Second Witness:** I affirm that the principal is at least eighteen years of age, of sound mind, and under no undue influence.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

City and State of residence \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_