

## CATHOLIC MEDICAL DURABLE POWER OF ATTORNEY

I, \_\_\_\_\_, Declarant, hereby appoint the following individual as my agent to make health care decisions for me, if and when I am unable to make my own health care decisions. This gives my agent the power to consent, to refuse or stop any health care, treatment, service or diagnostic procedure. My agent also has the authority to talk with health care personnel, get information and sign forms necessary to carry out those decisions.

\_\_\_\_\_  
*Name of Agent*

\_\_\_\_\_  
*Agent's Home Telephone Number*

\_\_\_\_\_  
*Agent's Work Telephone Number*

\_\_\_\_\_  
*Agent's Home Address*

If the person named as my agent is not available or is unable to act as my agent, then I appoint the following person to serve as my agent:

\_\_\_\_\_  
*Agent Name*

\_\_\_\_\_  
*Home Telephone #                      Work Telephone #*

If neither of the persons named above are available or both are unable to act as my agent, then I appoint the following person to serve as my agent:

\_\_\_\_\_  
*Agent Name*

\_\_\_\_\_  
*Home Telephone #                      Work Telephone #*

My agent shall make health care decisions as I direct below or as I make known to him or her in some other way. If I have not expressed a choice about the health care in question, my agent shall base his/her decision on what he/she believes to be in my best interest.

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 this truth should inform all decisions with regards to my health care. I have a duty to preserve my life and 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 excessively 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. If my agent has questions regarding the Catholic Church's teachings on any matter relating to my care, please consult a Catholic priest or a Catholic bioethicist. Believing the following are in accord with the teachings of the Catholic Church, I direct that:

- Medical treatments may be foregone or withdrawn if they do not offer a reasonable hope of benefit to me or are excessively burdensome.
- There should be a presumption in favor of providing me with nutrition and hydration, including medically assisted nutrition and hydration, unless they are of no benefit to me. This specifically includes providing me with artificial nutrition and hydration if I am in a Persistent Vegetative State.
- 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 or a serious medical procedure is imminent, I ask that efforts be made that I be attended by a Catholic priest and receive the Sacraments of Reconciliation, Anointing, Eucharist as viaticum, and the Apostolic Pardon.
- I hereby make an anatomical gift, to be effective upon my death, of:
  - A. \_\_\_\_\_ Any needed organs/tissues
  - B. \_\_\_\_\_ The following organs/tissues

\_\_\_\_\_  
\_\_\_\_\_

**BY SIGNING HERE, I INDICATE THAT I UNDERSTAND THE PURPOSE AND EFFECT OF THIS DOCUMENT IN ACCORDANCE WITH C.R.S. 15-14-506 AND C.R.S. 15-19-205(B).**

\_\_\_\_\_  
*SIGNATURE OF DECLARANT*

\_\_\_\_\_  
*DATE*

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this instrument and do hereby declare that \_\_\_\_\_ has signed and executed this Medical Durable Power of Attorney willingly and as her free and voluntary act.

\_\_\_\_\_  
*SIGNATURE OF WITNESS 1*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*SIGNATURE OF WITNESS 2*

\_\_\_\_\_  
*DATE*

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ as declarant and by \_\_\_\_\_ and \_\_\_\_\_ as witnesses.

Witness my hand and seal.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public