# OPTIONAL DOCUMENTS (General Edition)

Note: These are not legally binding, but may be useful in directing your agent and loved ones

(Please turn to the next page)

### LETTER TO MY AGENT (SAMPLE)

If you are reading this, it probably means that I am unable to make healthcare decisions for myself. Please know that I picked you as an agent because I trust you and I know that you will do the best you can. My Advance Directive and Health Care Power of Attorney tries to address the issues you might face when making decisions for me. There is language in there about the kind of care I want if I cannot make decisions for myself. I hope this document will give you some guidance.

The main principle to follow is to weigh the benefit of a proposed treatment with the burdens of that treatment (to me, the patient) when making decisions. Please give me food and water unless it's truly burdensome to me and/or my body cannot assimilate it. Everyone needs food and water to live, even if it's administered "artificially" (i.e. orally, intravenously, by tube, or other means, etc.)

I strongly believe in pro-life principles and do not want anything done to hasten my death, but I also understand that some pain medications might have the *unintended* effect of shortening my life. Again, please take a look at my *Advance Directive and Health Care Power of Attorney* for more information to help you make decisions.

If it looks like I am at the end of my earthly life, please do your best to ensure that I receive the appropriate care from my minister or an appropriate chaplain. Read to me from Sacred Scripture and pray with and for me. Helping me with my spiritual needs is probably the most important thing you can do for me!

I have attached some additional resources and people you can contact to assist you if you need help making decisions.

Pray for the Holy Spirit to guide you. Ask God to grant me a peaceful death and thank you for all your love and care for me.

## MY SPIRITUAL/RELIGIOUS NEEDS

If I am in a terminal condition or death is imminent, I ask that I be told of this so that I might prepare myself for death, and I ask for the following if possible (please initial all those that apply):

*Initial below* 

	Please call my Church:
	or minister:
	I would like this prayer, service, or blessing:
	Please read to me from my Bible or appropriate sermons ()
	I would like all reasonable steps to be taken to allow me to see my family
	If possible, I would like to die at home, or at least in a hospice that has the appearance of a home setting.
	appearance of a nome setting.
	Additional Request:
	Additional Request:
My favorite prayers a	are:
My favorita randings	orot
My favorite readings	aic.

# OTHER INSTRUCTIONS

(please initial all those that apply):

Initial below							
	My church affiliation is (insert name and phone #):						
	I want my funeral to include a specific type of service at my church (Note: It is wise to do funeral planning with your church to ensure that you will receive this. Not all traditions have a set rite.)						
	I have already made arrangements for my funeral with: (Name funeral home and/or Church):						
	The funeral home I wish to care for my arrangements is (Name funeral home):						
	I wish to be buried						
	If burial, what cemetery? (Name cemetery):						
	I own a burial plot at that cemetery (Mark your response):  Yes  No						
	I would like my body to be cremated with burial to follow.						
	I would like an open casket if it is possible.						
	I do not want an open casket.						
Other wishes/special	l instructions:						
The name address a	and phone number of the attorney who has a copy of my Last Will and						
Testament is:	nd phone number of the attorney who has a copy of my Last will and						
Optional – I have a v	will and the executor of my estate is:						
1	, <u></u>						

## RESOURCES AND PEOPLE TO CALL

If you need help on making a good prudential judgment on how to care for me, these are the people/places I would go to if I was facing end of life decisions for a loved one:

Consider pro-life doctors that you know and trust that could be consulted. List their name and contact information.
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Consider your pastor or other ministers that you know who could assist you when needed. Lis their name and contact information.
(More resources are on the next page.)

#### **RESOURCES**

#### 1. Christian Medical and Dental Associations: https://cmda.org/

#### 2. The National Catholic Bioethics Center: www.ncbcenter.org

Note: you may not be Catholic, but the NCBC has created documents that are used by many faith based organizations in determining bioethical standards for medical care at the end of life. The NCBC offers free consultation service by a credentialed bioethicist who can share with you the Catholic principles for addressing an ethical dilemma involving health care or the life sciences. If you have a specific time-sensitive question that cannot wait until their regular business hours, please call: 877-2660, 24 hours/day, 7 days/week.

Follow the prompts to leave a message and an ethicist will be paged and respond to your call as soon as possible. If your question is not related to an emergency situation, please call during regular business hours (9am - 5pm Eastern Time) or use their Consultation Request Form.

#### 3. Patients Rights Council: www.patientsrightscouncil.org

The Patients Rights Council is the author of the Protective Medical Decisions Document. If you have friends or family in another state that need a Health Care Power of Attorney, this is an organization that can assist them. They can be reached at: 1-800-958-5678 or 740-282-3810.