

# WE ARE THE LORD'S



A REVIEW OF THE THEOLOGICAL AND  
PRACTICAL APPLICATIONS OF CATHOLIC  
TEACHING ON END-OF-LIFE CARE

WRITTEN AND COMPILED BY THE DIOCESE OF CHARLESTON





ROMAN CATHOLIC  
**DIOCESE**  
**OF CHARLESTON**

OFFICE OF THE BISHOP

Dear Friends in Christ,

As faithful Catholics, we share a common belief that ultimately we shall be together, united with the Lord Jesus. But in our complex world of advanced medical technology and life-prolonging treatments, we can easily become distracted and confused by the many choices presented to us. It is likely that many of us will face difficult decisions alongside our loved ones. Our faith teaches that we are held in the embrace of a loving God and that one day we shall see Him face to face. We also know that human life is a precious gift from God, and should not be treated lightly. We will not live forever; yet as believers, we fix our eyes not on what is seen, but on what is unseen. "For what is seen is temporary, but what is unseen is eternal" (2 Corinthians 4:18).



The medical field has been greatly blessed with advances in science and technology which may alleviate suffering from sickness but also may present distressing questions regarding use of such technology in order to sustain human life. As we face the reality of death, this may lead some to express support of euthanasia or assisted suicide. These expressions represent a false understanding of the gift of life and personal freedom. The Church teaches that life is a gift from God and that we are stewards of that gift, not masters.

We need treatments at the end of our lives that are morally sound and that respect both the dignity of the human person, made in the image of God, and our destiny to live with Him forever in heaven. Our Church's moral teachings address many of the concerns that burden us in this complex culture. Consequently, we have consulted with professionals in Catholic bioethics and law to assist in preparing this Health Care Power of Attorney for the state of South Carolina.

You are neither legally nor morally required to have an Advanced Medical Directive. However, we have offered you this document to assist you in making sure that your care and treatment is consistent with the Catholic faith and your wishes.

May Mary, the Mother of God, intercede for us now and at the hour of our death.

In the Lord's Peace,

Most Rev. Robert E. Guglielmo  
Bishop of Charleston



# WE ARE THE LORD'S

## EXPLORING THREE ESSENTIAL PRINCIPLES FOR BIOETHICAL DISCERNMENT

*If we live, we live for the Lord; and if we die, we die for the Lord.  
So, whether we live or die, we belong to the Lord.*

Romans 14:8

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❧ ONE ❧

## INTRODUCTION

The question of bioethics and end-of-life directives affects the life of every person. People of good will seek to make decisions based on their discernment of the natural moral law, their own moral sense, and their understanding of benefits and burdens, rights and responsibilities.

Christian believers are called to this same process of discernment but are greatly aided and assisted by the teachings of Jesus Christ and his Church. As disciples of the Lord Jesus, we declare that our lives are not our own. As Saint Paul declared: "For to me, to live is Christ" (Phil 1:21). Thus, we are called to give the "obedience of faith" (cf. Rom 1:5; 16:26) throughout our lives and into our dying process.

Pope St. John Paul II explained faith in this way:

It is urgent to rediscover and to set forth once more the authentic reality of the Christian faith, which is not simply a set of propositions to be accepted with intellectual assent. Rather, faith is a lived knowledge of Christ, a living remembrance of his commandments, and a truth to be lived out. A word, in any event, is not truly received until it passes into action, until it is put into practice. Faith is a decision involving one's whole existence. It is an encounter, a dialogue, a communion of love and of life between the believer and Jesus Christ, the Way, and the Truth, and the Life (cf. Jn 14:6). It entails an act of trusting abandonment to Christ, which enables us to live as he lived (cf. Gal 2:20), in profound love of God and of our brothers and sisters.

*- Veritatis Splendor, #88*

CHRIST AND THE RICH YOUNG RULER; HEINRICH HOFMANN, 1889



## ❧ TWO ❧

# RICH YOUNG MAN

With the above in mind, let's draw some principles of discernment from the Sacred Scriptures. We can go to the story of the rich young man and use this story to elucidate central principles of discernment for the Christian believer.

Let's go to Matthew 19:16-21 and review the encounter between the Lord Jesus and the rich young man.

Then someone came to him and said, 'Teacher, what good must I do to have eternal life?' And he said to him, 'Why do you ask me about what is good? There is only one who is good. If you wish to enter into life, keep the commandments. 'He said to him, 'Which ones?' And Jesus said, 'You shall not murder; You shall not commit adultery; You shall not steal; You shall not bear false witness; Honor your father and mother; also, You shall love your neighbor as yourself.' The young man said to him, 'I have kept all these; what do I still lack?' Jesus said to him, 'If you wish to be perfect, go, sell your possessions and give the money to the poor, and you will have treasure in heaven; then come, follow me'."

Throughout the Gospels, we see crowds follow Jesus and yet, at the end of His earthly ministry, fewer than 100 people chose to follow Him as disciples. Many were intrigued, curious, entertained, or healed by Jesus but few chose to accept the cross of discipleship. In this arena, one person steps out of the crowd. The person goes to Jesus.

Already we see a representation of our own response to the Lord Jesus. We have also stepped out of the crowd and approached the Lord Jesus.

As Pope St. John Paul II observed:

In the young man, whom Matthew's Gospel does not name, we can recognize every person who, consciously or not, approaches Christ the Redeemer of man and questions him about morality. For the young man, the question is not so much about rules to be followed, but about the full meaning of life. This is in fact the aspiration at the heart of every human decision and action, the quiet searching and interior prompting which sets freedom in motion. This question is ultimately an appeal to the absolute Good which attracts us and beckons us; it is the echo of a call from God who is the origin and goal of man's life.

– *Veritatis Splendor*, #7

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## FIRST PRINCIPLE

### OBJECTIVE MORAL ORDER AND OUR DIGNITY

Having approached Jesus, the rich young man asks a revealing question: “Teacher, what good must I do to have eternal life?” The inquiry indicates an acknowledgment of eternity and of heaven. It shows the person's sincere desire: “what must I do,” as well as an acceptance of an objective criteria outside of himself. The young man cannot give the answer to himself. The answer is not solely within him. He must look beyond his own world, his own confusion, his own suffering, and ultimately beyond his own desire.

Again Pope St. John Paul II teaches:

The question which the rich young man puts to Jesus of Nazareth is one which rises from the depths of his heart. It is an essential and unavoidable question for the life of every man, for it is about the moral good which must be done, and about eternal life. The young man senses that there is a connection between moral good and the fulfillment of his own destiny.

– *Veritatis Splendor*, #8

In the exchange, the Lord Jesus responds to the use of the term “good” by the rich young man. The Lord is indicating that the answer to the person's question can only be found in the One who is Good, namely, in the Creator. The Lord is pointing the rich young man to the things that are above, but the man misses it.

We hear again from the saintly John Paul II:

To ask about the good, in fact, ultimately means to turn towards God, the fullness of goodness. Jesus shows that the young man's question is really a religious question, and that the goodness that attracts and at the same time obliges man has its source



CHINESE DEPICTION OF JESUS AND THE RICH MAN - 1879, BEIJING, CHINA

in God, and indeed is God himself. God alone is worthy of being loved “with all one’s heart, and with all one’s soul, and with all one’s mind” (Mt 22:37). He is the source of man’s happiness. Jesus brings the question about morally good action back to its religious foundations, to the acknowledgment of God, who alone is goodness, fullness of life, the final end of human activity, and perfect happiness.

- *Veritatis Splendor*, #9

Thus, our first principle of discernment is the recognition of our Creator and, more immediately, the objective order of moral truth beyond us.

It is “objective”, meaning beyond the subject, which is our own person. It’s beyond us. We didn’t create it, we can’t change it (without moral peril), and if we want a good decision, one that brings peace, we must discern and decide according to it.

For example, one objective truth is our dignity. In making end-of-life decisions, some will say, “But I just want to die with dignity.” And they will. We all do. Our dignity is not given by our health, autonomy, by laws or government, or even by ourselves. Our dignity is given to us by our Creator, it is inalienable. No one, no thing, can take it away. Therefore, this inalienable dignity demands respect.

This dignity is the foundation of our human vocation, our call to live as full human beings, cherishing, respecting, and flourishing within our own dignity and that of others.

This means that, in terms of end-of-life planning, while we must discern many things in the realm of treatment, we have boundaries. Our personal will, or the desire for autonomy, are not sovereign. These must be placed within our human dignity and the objective order of moral goodness, which is binding on all people of good will (and is seen as a manifestation of God’s will by believers). Therefore, we cannot take our own lives or cause willful harm to our well-being.

The conversation between the Lord Jesus and the rich young man continues.

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## SECOND PRINCIPLE

### OUR SPECIFIC VOCATION

In the exchange, the Lord Jesus emphasizes the objective order of life by summarizing the Ten Commandments to the rich young man.

Pope John Paul II explains: “The moral life presents itself as the response due to the many gratuitous initiatives taken by God out of love for man” (*Veritatis Splendor*, #10). The rich young man claims to have followed the commandments since his youth and so asks, “What still do I lack?” (Mt 19:20).

This second question points not only to our human vocation (described above) but also to our particular vocation, namely, to our specific place and mission in the plan of salvation. While the commandments are universal and apply to all people in every circumstance, the mission given to each person is unique because each person is “one of a kind,” and so

the details surrounding the who, what, when, where, why, and how are distinct to each vocation.

In terms of the rich young man, the Lord responded to his inquiry with a challenge and invitation:

Jesus answered, "If you want to be perfect, go, sell your possessions and give to the poor, and you will have treasure in heaven. Then come, follow me."

*-Matthew 19:21*

We know from the context of the story that the young man was rich, so this was a very difficult summons for him. Yet it would have to be accepted if he was going to follow the Lord, find his particular vocation, and seek happiness. Of course, the Bible tells us that the young man declined the Lord's call.



It would be a mistake to think that the Lord's invitation is only about money. Quite the contrary, the Lord focused on what was distracting the young man from the summons. The Lord was calling him to abandon anything else that claimed an unconditional allegiance from him or that provided him with a false sense of security. The Lord was telling the rich young man, "Trust me. Leave what is taking you away from me and that is consuming your heart. Come, follow me!"

For the rich young man, it was his money that was absolutized. In moral discernment on end-of-life issues, it could be our sense of autonomy or self will, our desire for independence, a false definition of quality of life, fear, or an exaggerated anxiety of the future. All of these, the Lord calls us to abandon so that we can accept His invitation and follow Him.

In our discernment, we must consider the specific areas of our particular vocation, such as the state of our souls (i.e., are we in grave sin or in an irregular marriage), our duties

and responsibilities toward others, our talents and skills, our financial arrangements, our opportunities and authority, and our capabilities and roles in society and in the care of others. Our discernment is never just about us. It always involves our relationship with God and our neighbors.

This point leads us to our third principle for discernment. As we approach scenarios that demand decisions — sometimes rapid decisions — we should consider: What is obligatory and what is morally optional? What must I, as a human being and as the one holding this specific vocation, do to inherit eternal life?

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### THIRD PRINCIPLE OBLIGATION OR OPTION

The questions of the rich young man echo in our own hearts, “What must I do to inherit eternal life?” and “What still do I lack?” As Christian disciples, we desire to do what the Lord asks of us and to do it with trust and joy. Our discernment helps us discover what the Lord’s will is for us in each situation. Our discernment always addresses the specific state of affairs, in a particular place, and at a specific time.

Therefore, relying on the two principles above, our third principle is the distinction between ordinary and extraordinary care. These are the two expressions that are used to clarify what we are called to do.

**Ordinary Care** is that care which is morally obligatory.

**Extraordinary Care** is that care which is morally optional.

The distinction between the two is essential for our discernment since ordinary care is the summons of the Lord. We are called to abandon all things and to give an obedience of faith to these areas of our end-of-life care. It would be severely regrettable if a person were to have lived their entire life as a faithful Christian but then abandon the Cross and the demands of discipleship at the end of life. In order to prevent this scandal, each of us are obliged to enter into serious discernment, seek counsel, and do whatever the Lord asks of us.

It’s worth remembering again that we do not determine but merely discern what is morally good. Our discernment is marked by our faith in the Lord Jesus and his Church, which is guided by the Holy Spirit. Our first principle stands and is very much needed in this process. It cannot be negotiable, otherwise, we end up following our own fallen preferences.

Thus, in acknowledging our human vocation and our particular vocation, how can we discern what is ordinary or extraordinary? Is it possible that something is obligatory to one person but not to another? Are these terms applied to specific medical procedures or types of treatment?



The distinction between ordinary and extraordinary care can also be seen as a discernment of benefits and burdens. This means our discernment must involve some practicals, such as the possibility of survival or benefit to one's person, the degree of possible side effects, the extent of the proposed treatment, our capacity for pain, our responsibilities to other people or society, and our financial means. Within the boundaries set by our first principle, we have to add these other factors into the arena as we discern whether we are obliged to accept treatment or not.

Since our discernment follows our particular vocation, it is possible that a medical procedure or treatment is obligatory for one while optional for another.

Since our discernment follows the state of affairs within the boundaries set by our human vocation, we cannot solely identify a specific medical procedure or treatment as ordinary or extraordinary. While the medical community may do so and use the same terms, the Church uses these terms far more holistically and calls for us to consider many areas of our life, and not simply the medical invention that is being proposed.

And so, our discernment imitates that of the rich young man. We seek to know what the Lord is asking of us and then, like the Apostles, to generously respond with trust and confidence in the ways of God. The Lord will never overwhelm us or abandon us. He will only give us what we can carry but, in order to carry what He does give us, we must rely on Him and the workings of His grace.

### THREE

## CONCLUSION

We are the Lord's. As Christian disciples, we follow what Saint Paul called "the more excellent way of love" and we seek, in all that we do, to draw closer to him. In the planning for the end of our lives, and in that difficult process, we must turn closer to the Lord and do all that He asks of us.

The principles above are given so that each of us can search and discover God's will. As Saint Paul also wrote:

Therefore, I urge you, brothers and sisters, in view of God's mercy, to offer your bodies as a living sacrifice, holy and pleasing to God — this is your true and proper worship. Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is — his good, pleasing and perfect will.

*-Romans 12:1-2*

This is our task as Christians. We must seek to know God's will and not our own. Therefore, as we surrender our lives to Him, let us be brave and also surrender our dying to Him as well.

# PRACTICAL APPLICATIONS

OBJECTIVE: REVIEW SCENARIOS AND APPLY PRINCIPLES TO DISCERN OPTIONS.

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## SCENARIO 1

### USE OF DRUGS THAT CONTROL PAIN AT END OF LIFE

John is dying and he is in severe pain. The normal dosage of the pain reliever is not controlling his pain. The doctor knows that the minimum effective dose might hasten his death. Is it morally licit for the doctor to give this drug to bring comfort, considering the risks?

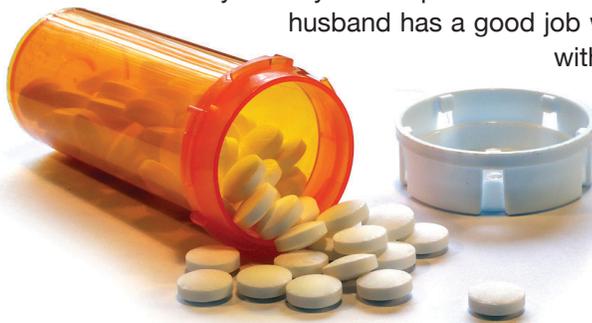
Question:

1. Is the act of providing relief using the effective dose of the pain medication, in order to ease intense pain, morally licit?
2. What is the intent of the physician, to relieve pain or hasten death?
3. Will John's suffering be relieved by the medication or by his death?
4. Is controlling John's severe suffering serious enough to justify using the effective dose of a drug that hastens his inevitable death?

## SCENARIO 2

### DOES THE BENEFIT OF TREATMENT OUTWEIGH THE BURDEN

Mary is 59-year-old patient with three grown children and a 12-year-old daughter. Her husband has a good job with excellent medical benefits. Mary was diagnosed with uterine cancer, 4<sup>th</sup> stage, and the cancer has spread to other parts of her body. She has been told that she has approximately 4 months or less to live. The doctor discussed various treatment options, one being chemotherapy. The doctor said that chemotherapy had a less than 20% chance of changing her condition and would probably not prolong her



life by any significant time. The family decided to try aggressive chemotherapy and Mary died two days later. What would you have done?

Questions:

1. Was the burden of the chemotherapy greater than the benefit of the little hope of improving Mary's condition, assuming we didn't know the outcome?
2. If not, in this case, under what conditions would such treatment seem justified?



### SCENARIO 3

#### WHEN A PATIENT WITH ALZHEIMER'S DISEASE REFUSES NUTRITION AND HYDRATION

Pat is a 72-year-old patient diagnosed with Alzheimer's eight years ago. He has become progressively worse and has been moved to a nursing home to a special care unit for patients with the disease. Recently he has refused to eat or drink. Other than his struggle with Alzheimer's, Pat is healthy.

Questions:

1. Should the doctor place a feeding tube for nutrition/hydration or would it prolong Pat's suffering?
2. Is a feeding tube an aspect of ordinary/proportionate care and thus obligatory, or extraordinary/disproportionate and thus optional?

# SOUTH CAROLINA HEALTH CARE POWER OF ATTORNEY

*(Roman Catholic Faith-Based)*

## **INFORMATION ABOUT THIS DOCUMENT**

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU NAME AS YOUR AGENT THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOU CANNOT MAKE THE DECISIONS FOR YOURSELF. THIS POWER INCLUDES THE POWER TO MAKE DECISIONS ABOUT LIFE-SUSTAINING TREATMENT. UNLESS YOU STATE OTHERWISE, YOUR AGENT WILL HAVE THE SAME AUTHORITY TO MAKE DECISIONS ABOUT YOUR HEALTH CARE AS YOU WOULD HAVE.
2. THIS POWER IS SUBJECT TO ANY LIMITATIONS OR STATEMENTS OF YOUR DESIRES THAT YOU INCLUDE IN THIS DOCUMENT. YOU MAY STATE IN THIS DOCUMENT ANY TREATMENT YOU DO NOT DESIRE OR TREATMENT YOU WANT TO BE SURE YOU RECEIVE. YOUR AGENT WILL BE OBLIGATED TO FOLLOW YOUR INSTRUCTIONS WHEN MAKING DECISIONS ON YOUR BEHALF. YOU MAY ATTACH ADDITIONAL PAGES IF YOU NEED MORE SPACE TO COMPLETE THE STATEMENT.
3. AFTER YOU HAVE SIGNED THIS DOCUMENT, YOU HAVE THE RIGHT TO MAKE HEALTH CARE DECISIONS FOR YOURSELF IF YOU ARE MENTALLY COMPETENT TO DO SO. AFTER YOU HAVE SIGNED THIS DOCUMENT, NO TREATMENT MAY BE GIVEN TO YOU OR STOPPED OVER YOUR OBJECTION IF YOU ARE MENTALLY COMPETENT TO MAKE THAT DECISION.
4. YOU HAVE THE RIGHT TO REVOKE THIS DOCUMENT, AND TERMINATE YOUR AGENT'S AUTHORITY, BY INFORMING EITHER YOUR AGENT OR YOUR HEALTH CARE PROVIDER ORALLY OR IN WRITING.
5. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A SOCIAL WORKER, LAWYER, OR OTHER PERSON TO EXPLAIN IT TO YOU.
6. THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS TWO PERSONS SIGN AS WITNESSES. EACH OF THESE PERSONS MUST EITHER WITNESS YOUR SIGNING OF THE POWER OF ATTORNEY OR WITNESS YOUR ACKNOWLEDGMENT, WHILE COMPETENT, THAT THE SIGNATURE ON THE POWER OF ATTORNEY IS YOURS.

**THE FOLLOWING PERSONS MAY NOT ACT AS WITNESSES:**

- A. YOUR SPOUSE, YOUR CHILDREN, GRANDCHILDREN, AND OTHER LINEAL DESCENDANTS; YOUR PARENTS, GRANDPARENTS, AND OTHER LINEAL ANCESTORS; YOUR SIBLINGS AND THEIR LINEAL DESCENDANTS; OR A SPOUSE OF ANY OF THESE PERSONS.
- B. A PERSON WHO IS DIRECTLY FINANCIALLY RESPONSIBLE FOR YOUR MEDICAL CARE.
- C. A PERSON WHO IS NAMED IN YOUR WILL, OR, IF YOU HAVE NO WILL, WHO WOULD INHERIT YOUR PROPERTY BY INTESTATE SUCCESSION.
- D. A BENEFICIARY OF A LIFE INSURANCE POLICY ON YOUR LIFE.
- E. THE PERSONS NAMED IN THE HEALTH CARE POWER OF ATTORNEY AS YOUR AGENT OR SUCCESSOR AGENT.
- F. YOUR PHYSICIAN OR AN EMPLOYEE OF YOUR PHYSICIAN.
- G. ANY PERSON WHO WOULD HAVE A CLAIM AGAINST ANY PORTION OF YOUR ESTATE (PERSONS TO WHOM YOU OWE MONEY).

IF YOU ARE A PATIENT IN A HEALTH FACILITY, NO MORE THAN ONE WITNESS MAY BE AN EMPLOYEE OF THAT FACILITY.

- 7. YOUR AGENT MUST BE A PERSON WHO IS 18 YEARS OLD OR OLDER AND OF SOUND MIND. IT MAY NOT BE YOUR DOCTOR OR ANY OTHER HEALTH CARE PROVIDER THAT IS NOW PROVIDING YOU WITH TREATMENT; OR AN EMPLOYEE OF YOUR DOCTOR OR PROVIDER; OR A SPOUSE OF THE DOCTOR, PROVIDER, OR EMPLOYEE; UNLESS THE PERSON IS A RELATIVE OF YOURS.
- 8. YOU SHOULD INFORM THE PERSON THAT YOU WANT HIM OR HER TO BE YOUR HEALTH CARE AGENT. YOU SHOULD DISCUSS THIS DOCUMENT WITH YOUR AGENT AND YOUR PHYSICIAN AND GIVE EACH A SIGNED COPY. IF YOU ARE IN A HEALTH CARE FACILITY OR A NURSING CARE FACILITY, A COPY OF THIS DOCUMENT SHOULD BE INCLUDED IN YOUR MEDICAL RECORD.

**SOUTH CAROLINA  
HEALTH CARE POWER OF ATTORNEY**

*(Roman Catholic Faith-Based)*

**1. DESIGNATION OF HEALTH CARE AGENT**

I, \_\_\_\_\_, hereby appoint \_\_\_\_\_  
Principal's name Agent's name

\_\_\_\_\_  
Address

Home number: \_\_\_\_\_ Work number: \_\_\_\_\_

Cell number: \_\_\_\_\_

as my agent to make health care decisions for me as authorized in this document.

**SUCCESSOR AGENT:** If an agent named by me dies, becomes legally disabled, resigns, refuses to act, becomes unavailable, or if an agent who is my spouse is divorced or separated from me, I name the following as successor to my agent, each to act alone and successively, in the order named.

A. First Alternate Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

B. Second Alternate Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**2. EFFECTIVE DATE AND DURABILITY**

By this document I intend to create a durable power of attorney effective upon, and only during, any period of mental incompetence, except as provided in **Section 5** below.

3. **FAITH-BASED STATEMENT**

I believe that all life is a gift from God. I direct that all medical decisions for me be made according to my Catholic religious beliefs and in conformity to Catholic moral teaching as found in the *Ethical and Religious Directives for Catholic Health Care Services* promulgated by the United States Conference of Catholic Bishops. All provisions of this document shall be interpreted in accordance with this **Section 3**.

4. **PROTECTION FROM LIABILITY FOR PEOPLE RELYING ON THIS DOCUMENT**

No person who may act in reliance upon the representations of my attorney-in-fact for the scope of authority granted to the attorney-in-fact shall incur any liability as to me or to my estate as a result of permitting the attorney-in-fact to exercise this authority, nor is any such person who deals with my attorney-in-fact responsible to determine or ensure the proper application of funds or property.

5. **HIPAA AUTHORIZATION**

When considering or making health care decisions for me when I am no longer competent, all individually identifiable health information and medical records shall be released without restriction to my health care agent(s) and/or my alternate health care agent(s) named above including, but not limited to, (i) diagnostic, treatment, other health care, and related insurance and financial records and information associated with any past, present, or future physical or mental health condition including, but not limited to, diagnosis or treatment of HIV/AIDS, sexually transmitted disease(s), mental illness, and/or drug or alcohol abuse and (ii) any written opinion relating to my health that such health care agent(s) and/or alternate health care agent(s) may have requested. Without limiting the generality of the foregoing, this release authority applies to all health information and medical records governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320d and 45 CFR 160-164; has no expiration date; and shall terminate only in the event that I revoke the authority in writing and deliver it to my health care provider.

6. **ADVANCE DIRECTIVES: GENERAL PRESUMPTION FOR LIFE**

A. **Life Preservation.** I direct my health care provider(s) to provide health care, and health care agent(s) to make health care decisions, consistent with my general desire for the use of medical treatment that would preserve my life. I do not authorize any action or omission that is *intended* to cause or hasten my death.

B. **Life-Sustaining Procedures.** The term “Life-Sustaining Procedures” as used in this document refers to the definition of Life-Sustaining Procedures provided in S.C. Code Ann. Section 62-5-501, which is as follows:

“Life-Sustaining Procedure means a medical procedure or intervention that serves **only** to prolong the dying process. Life-Sustaining Procedures **do not include** the administration of medication or other treatment for comfort care or alleviation of pain.”

I intend for Life-Sustaining Procedures to be administered only as specifically provided in this document.

- C. Nutrition and Hydration.** I intend for the term Life-Sustaining Procedures to **exclude** the providing of nutrition and hydration. I specifically direct my health care provider(s) and health care agent(s) to cause nutrition and hydration to be provided to me by any methods necessary, including but not limited to oral, intravenous or tube, when they can reasonably be expected to prolong my life and can be administered in a manner that does not create a disproportionate burden to me or cause me significant physical discomfort.
- D. CPR.** I intend for the term Life-Sustaining Procedures to **exclude** the administration of cardiopulmonary resuscitation (CPR). I specifically direct my health care provider(s) and health care agent(s) to administer CPR to me if it offers a reasonable hope of benefit to me without entailing an excessive burden to me from the means employed to resuscitate me.
- E. Medication.** I specifically direct that medication and/or other treatment for comfort care or alleviation of pain be provided to me in all instances. 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. *However, I do not authorize* the administration of any medication or other treatment *for the intended purpose of causing or hastening my death.*
- F. Nursing Care.** I specifically direct that I be provided basic nursing care and procedures to provide comfort care.
- G. Abortion/Stem Cells.** I *do not authorize* any treatments that are derived from any tissue, organ or other substance from a directly aborted unborn child, including but not limited to embryonic stem cells.
- H. Attempted Suicide.** The instructions in this document are intended to be followed even if suicide is attempted or alleged to be attempted.
- I. Discrimination.** I direct that medical treatment and care be provided to me to preserve my life as described herein without discrimination based on my age or physical or mental disability or the purported or perceived quality of my life.
- J. Pregnancy.** S.C. Code Ann. Section 62-5-507 provides that Life-Sustaining Procedures may not be withheld or withdrawn if I am pregnant. In accordance with that provision, I specifically direct that all lifesaving procedures, including Life-Sustaining Procedures, be used for me in order to allow my child to be born alive. This direction is to remain in force even if I am determined to be brain dead.

7. **AGENT'S POWERS**

I grant to my agent authority to make decisions for me regarding my health care, however in accordance with the terms, conditions and limitations contained in this document. In exercising this authority, my agent shall follow my desires as stated in this document.

8. **ORGAN DONATION (INITIAL ONLY ONE CHOICE)**

My agent [may \_\_\_\_\_ **or** may not \_\_\_\_\_] consent to the donation of any of my tissue or organs, except for any reproductive organs or tissue, for purposes of transplantation.

9. **OTHER ADVANCE DIRECTIVES**

**A. Revocation of Prior Living Will.** I hereby revoke any prior advance directives under the South Carolina Death with Dignity Act (S.C. Code Ann. Section 44-77-10, et seq.), such as a Living Will or Declaration for Desire of a Natural Death. The advanced directives contained in this document shall be control and be effective.

**B. Agent's Power Limited.** My agent shall not have the power to revoke this **Section 9**, or make any decisions for me inconsistent with this **Section 9**.

**C. Terminal Condition.** S.C. Code Ann. Section 44-77-20(4) defines "Terminal Condition" as an incurable or irreversible condition that, within reasonable medical judgment, could cause death within a reasonably short period of time if Life-Sustaining Procedures, as defined herein, are not used.

If at any time I have a condition certified to be a *Terminal Condition* by two (2) physicians who have personally examined me, one of whom is my attending physician, and the physicians have determined that my death could occur within a reasonably short period of time without the use of Life-Sustaining Procedures, as defined herein, and where the application of Life-Sustaining Procedures would serve only to prolong the dying process:

***(Initial only one choice below.)***

\_\_\_\_\_ I direct that the Life-Sustaining Procedures be **withheld or withdrawn**.

OR

\_\_\_\_\_ I direct that the **maximum amount** of Life-Sustaining Procedures **be administered unless they become futile to prolonging my life**.

***[The remainder of this page intentionally left blank.]***

**D. Permanent Unconsciousness.** S.C. Code Ann. Section 44-77-20(7) defines “Permanent Unconsciousness” as a medical diagnosis, consistent with accepted standards of medical practice, that a person is in a persistent vegetative state or some other irreversible condition in which the person has no neocortical functioning, but only involuntary vegetative or primitive reflect functions controlled by the brain stem.

If at any time I have been diagnosed as being in a state of **Permanent Unconsciousness** by two (2) physicians who have personally examined me, one of whom is my attending physician, and the physicians have determined that my death could occur within a reasonably short period of time without the use of Life-Sustaining Procedures and where the application of Life-Sustaining Procedures would serve only to prolong the dying process:

***(Initial only one choice below.)***

\_\_\_\_\_ I direct that the Life-Sustaining Procedures be **withheld or withdrawn**.

OR

\_\_\_\_\_ I direct that the **maximum amount** of Life-Sustaining Procedures **be administered**.

**10. ADMINISTRATIVE PROVISIONS**

- A. I revoke any prior Health Care Power of Attorney and any provisions relating to health care of any other prior power of attorney.
- B. This power of attorney is intended to be valid in any jurisdiction in which it is presented.

**11. MISCELLANEOUS PROVISIONS:**

***(Do not leave these lines blank. Either write in them or cross through them. Do not write in anything that conflicts with another provision in this document.)***

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**12. UNAVAILABILITY OF AGENT**

If at any relevant time the Agent or Successor Agents named herein are unable or unwilling to make decisions concerning my health care, and those decisions are to be made by a guardian, by the Probate Court, or by a surrogate pursuant to the Adult Health Care Consent Act, it is my intention that the guardian, Probate Court, or surrogate make those decisions in accordance with my directions as stated in this document. Pursuant to S.C. Code Ann. Section 62-5-511(c), this power of attorney shall not terminate upon the appointment of a guardian and/or conservator, and any such guardian and/or conservator shall be bound by the provisions of this document.

BY SIGNING HERE I INDICATE THAT I UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND THE EFFECT OF THIS GRANT OF POWERS TO MY AGENT.

I sign my name to this Health Care Power of Attorney on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My current home address is:

\_\_\_\_\_  
Street, City, State

\_\_\_\_\_  
Signature of Principal

***[The remainder of this page is intentionally left blank.]***

# WITNESS STATEMENT

I declare, on the basis of information and belief, that the person who signed or acknowledged this document (the principal) is personally known to me, that he/she signed or acknowledged this Health Care Power of Attorney in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence. I am not related to the principal by blood, marriage, or adoption, either as a spouse, a lineal ancestor, descendant of the parents of the principal, or spouse of any of them. I am not directly financially responsible for the principal's medical care. I am not entitled to any portion of the principal's estate upon his decease, whether under any will or as an heir by intestate succession, nor am I the beneficiary of an insurance policy on the principal's life, nor do I have a claim against the principal's estate as of this time. I am not the principal's attending physician, nor an employee of the attending physician. No more than one witness is an employee of a health facility in which the principal is a patient. I am not appointed as Health Care Agent or Successor Health Care Agent by this document.

Witness No. 1

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Witness No. 2

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

***(The notary portion of the document is optional and is not required to create a valid health care power of attorney.)***

STATE OF SOUTH CAROLINA, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by Principal on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for South Carolina

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





ROMAN CATHOLIC  
**DIOCESE**  
OF CHARLESTON