



Advance Directive for Health Care: A Christian's Guide

I eagerly expect and hope that I will in no way be ashamed, but will have sufficient courage so that now as always Christ will be exalted in my body, whether by life or by death.

-- Philipians 1:20

Introduction

This information is intended as a guide for the entire family in discussing the health care needs and wishes of the patient regarding end-of-life decisions. The Christian Medical & Dental Associations encourages everyone to plan for these situations by having discussions with their families and friends and by preparing written instructions before a crisis occurs. Since no one can predict when such a crisis might occur, it is prudent to prepare now for future medical issues.

The purpose of an Advance Directive is to give the members of the family direction regarding medical decisions – as the patient would like them to be decided – in the event that the patient should be unable to speak for himself regarding end of life decision making.

(Pronouns are recognized as being gender neutral.)

Definition of Terms

- **Health Care Agent:** This is the individual (also called the *surrogate* or the *proxy*) who makes health care decisions on behalf of the patient when the patient cannot speak for himself.
- **Advance Directive:** The legal written document that attempts to convey the patient's health care preferences when the patient cannot speak for himself. The Advanced Directive typically appoints both a Health Care Agent and an alternate Health Care Agent. The Advance Directive may express the patient's attitudes about life and death, and it often gives some direction regarding end-of-life health care decisions. It is important to note that the Advanced Directive only recognizes the authority of the Health Care Agent or Health Care Agent alternate when the patient lacks decisional capacity and cannot speak for himself.

Advance Directives come in several different and distinct forms: Living Will, Health Care Surrogate (or Proxy), and Medical (or Health Care) Power of Attorney. It is very

important to note that the various states (and the District of Columbia) have different health care laws and limited uniformity in the recognition of the various Advance Directives.

- The **Living Will**: A document that allows the patient to state personal wishes in specific medical situations. Typically, this is useful if the health care situation matches the statements in the Living Will - such as in a terminal condition, an end-stage condition, or in a persistent vegetative state. However, there may be a substantial problem (ethically, legally, and medically) if the medical situation does not match the specified medical parameters within the Living Will.

Other advance directives, such as those described below, provide more flexibility and options for the Health Care Agent to engage in decision-making on behalf of the patient ensuring those decisions are reflective of the patient's attitudes, beliefs, and wishes. For these reasons, CMDA recommends that the following options be considered.

- The **Health Care Surrogate or Proxy form**: A document that offers the opportunity to appoint both a Health Care Agent and an alternate Health Care Agent. These individuals have the authority to speak on behalf of the patient when he cannot speak for himself.
- The **Medical (or Health Care) Power of Attorney**: A document that generally appoints a Health Care Agent (and alternate) and it may specify what type of issues that the Health Care Agent may address on behalf of the patient. This document (often) covers healthcare decisions whether or not they are related to the terminal illness. For example, the document can give authority to the Agent to hire or fire the health care providers. The patient, in appointing the Agent and executing this document, pre-selects what types of decisions the Agent may have authority to decide on behalf of the patient.

Why should I have an Advance Directive?

The Advance Directive is a way for an individual to give direction to family members and physicians, regarding future health care decisions that must be made when he (as the patient) has lost decisional capacity and cannot speak for himself.

How do most Christians perceive Advance Directives?

When Advance Directives were first proposed, many Christians were concerned these documents could be used by "right to die" proponents to facilitate the premature withdrawal of treatment from handicapped individuals - perhaps even leading to euthanasia. However, when properly drafted, most Christians are now comfortable with Advance Directives and realize they are compatible with biblical teaching.

Several assumptions underlie the use of Advance Directives:

- (a) Many of us will face loss of decision-making capacity.
- (b) The patient and the family will discuss the health care preferences and will write them down in advance.
- (c) Selecting a Health Care Agent can avoid confusion and heartache for the family and provide better care for all concerned.

- (d) Every medical intervention that can be done need not be done.
- (e) Treatment decisions require informed consent by you or someone on your behalf.

As a Christian, how should I approach an Advance Directive?

Prior to completing an Advance Directive, prayerfully consider God's will for your life and end-of-life. Family, clergy, and other Christian advisors can assist if you are uncertain about the application of biblical principles and Christian tradition to your particular situation. Draft your Advance Directive to assure that it clearly and accurately reflects your values and wishes. If the patient spends significant time in another state, then he should consider having separate Advance Directives for each state. When standard forms do not address the specific situations, legal advice is warranted.

After completing an Advance Directive, discuss its content and meaning with your Health Care Agent, family, and physician - providing copies of the document to each as appropriate. Review your document periodically to assure that it accurately reflects your current values and wishes.

Serving as a Health Care Agent may be demanding and stressful. The agent should be (a) deserving of family support, and (b) willing to carrying out the patient's final wishes.

What role should my doctor play?

Doctors should carefully examine the wishes expressed by their patients in the Advance Directive. The doctor should keep a copy in the patient's chart. Any undocumented verbal discussions should be witnessed and documented in the patient's chart. Any potential conflict between the patient's directive and the doctor's willingness or ability to comply must be thoroughly discussed and resolved. If a potential conflict cannot be resolved, then the doctor should be willing to transfer care of the patient to a qualified physician.

Do I have a right to refuse treatment?

Yes, any patient may refuse treatment, especially if that treatment would only prolong the dying process. For Christians, to be absent from the body is to be with the Lord. Physical death need not be resisted at all costs. However, Christians must weigh the service and stewardship responsibility of continued living. In certain circumstances, medical treatment only prolongs pain and suffering and postpones the moment of death. In those situations, it may be appropriate for a patient with decision-making capacity to refuse medical interventions. Such a decision should be made after thoughtful consideration of our responsibilities to God, family, and others.

What is a Do Not Resuscitate Order (DNR) and when is it appropriate?

A Do Not Resuscitate order states that no effort, such as Cardio-Pulmonary Resuscitation (CPR), should be made to save your life if your heart stops beating or if you stop breathing. A DNR order is usually written by a physician in a hospital with the patient's or Health Care Agent's informed consent. Some states allow DNR orders to apply in the home or in emergency situations. The DNR tells the physician and other healthcare professionals that the patient is ready to accept death and that additional life saving intervention is not desired. Unless written otherwise in the Advance Directive, it is important for patients to know that the Health Care Agent may authorize a DNR when the patient is unable to communicate his wishes. Without a DNR, it is the responsibility of the healthcare team to take all reasonable measures to save your

life. In addition to your Advance Directive, if the situation warrants, your doctor may ask you to approve a DNR.

What should my family know and do if I am on life support?

Your family should ask three questions if you are on life support. (a) What is the diagnosis? (b) What medical interventions are possible? (c) What is the prognosis of the condition with and without treatment? If the proposed treatment plan is reasonably expected to reverse the condition and restore health, or if the plan is expected to restore or to maintain an acceptable level of health, then the treatment plan should be pursued. Most importantly, ask God for wisdom and guidance in this situation. Removing life support may be considered when death is eminent or there is no expectation that continued care will reverse the hopeless condition.

Example 1: A 72-year-old woman has fallen ill and is currently on life support. The doctors have told the family that she has had a stroke. They can keep her on the ventilator and feed her intravenously indefinitely. The prognosis is that she will be able to have limited interaction with the world around her. The family decides to keep her on life support as long as she is responsive and has the chance of recovery.

Example 2: A 45-year-old man has a sudden aneurysm and repeated tests confirm he is brain dead. After being told the man has no hope of recovery, the family decides to take him off organ support.

Should my family ever have my doctor withhold nutrition?

Artificial nutrition and hydration is often the only option when the digestive system fails. This method is typically used when death is not imminent and the feeding or hydration tubes are not causing distress to the patient. If the patient is dying, artificial nutrition may give comfort care to the patient. Doctors must take special care not to start or continue the feeding tube when it only adds to the patient's pain or discomfort. The removal of a feeding tube should not be done with the intention of causing death by dehydration or starvation.

Why does my doctor seem unable to control my pain?

Some health care providers were taught that the primary goal of medicine is the diagnosis and cure of the patient's illness and that the symptomatic relief of pain is of secondary importance. The philosophy of this teaching is that it is better to treat the disease process directly so that the symptoms will lessen, rather than to treat only the symptoms – especially the pain - thereby masking the illness. In addition, some doctors have been concerned about the overuse or inappropriate use of narcotic analgesics for fear of chemical dependence. However, it is increasingly understood that these concepts and concerns do not apply to patients with terminal illness. Another reason that pain relief may be inadequate is that it is difficult for the doctor to assess the severity of a patient's pain. It is important for patients to communicate their physical, mental, and spiritual distress.

In recent years, the **hospice movement** in Europe and North America has emphasized the relief of symptoms, including pain, in patients who are terminally ill. We have also learned that chemical dependence on narcotics is relatively rare in patients with chronic pain. Adequate pain

control should be the goal in every situation. If this is not being addressed, seek additional consultation.

How do I get copies of an Advance Directive?

Appropriate documents such as the Health Care Surrogate, Living Will, and the Medical Power of Attorney can be obtained from many sources such as the American Bar Association, individual state Bar Associations, state medical societies, your doctor, your attorney, and local hospitals.

You may also visit a Web site called "Put It In Writing," sponsored by the American Hospital Association. It has information available for all 50 states and the District of Columbia. This Web site provides downloadable documents that are applicable for each state. In addition a wallet-sized ID card can be obtained that identifies you as a person who has a Health Care Agent. The web address is <http://putitinwriting.org>. These forms can be printed and discussed with your attorney if necessary.

I have completed my Advance Directive. What do I do now?

When you have completed and signed your Advance Directive, provide copies to the individuals who will be involved with the decision-making authorized in the Directive. This includes your Health Care Agent, (and alternate), close family members, your physician, and your lawyer. Put copies in a safe but easily assessable place where others (e.g., your spouse or the executor) can find it. If you update the Advance Directive, remember to provide the updated copy to these same people. Do not put your Directive only in a safety deposit box, as others may not have immediate access. Review these documents periodically. On occasion, an agent may become either unwilling or unable to serve.

Where can I find out more about end of life issues and resources?

You can find position statements, commentaries, press releases, and congressional testimony about end-of-life issues at the Christian Medical & Dental Associations Web site, www.cmda.org. Search under Issues > Assisted Suicide/Euthanasia. Position statements include Advance Directives, Medical Futility, Pain Management, Suffering, Withholding Nutrition, The Vegetative State, Suicide, Physician-Assisted Suicide and Euthanasia. You may also be interested in the position statements listed under Issues > Healthcare Ethics. They include statements on Disabled Persons, Patient Refusal of Therapy, Miraculous Healing and Death.

CMDA recommends the following resources on end-of-life matters. You can order them online at www.cmda.org under Shopping & Ads, or call Life & Health resources at 888-231-2637.

Basic Questions on End of Life Decisions. Kregel Publications (August 1, 1998).

By Multiple Authors. The choices that we make in life are products of our values. The values we place on human life determine how we treat others. Now, more than ever, Christians need to address crucial questions pertaining to the end of life. Some of the questions answered in the work include: "How do I adequately prepare for the dying process? Should I consider organ donation? How can I cope with suffering that God doesn't relieve? Do I have a right to determine my medical treatment? If I remove life support, am I responsible for the death?" Paperback, 89 pages. \$4.00.

Life on Hold. Multnomah (March 20, 2001).

By Brunvoll & Seiler. When David Seiler and his daughter Laurel Brunvoll confronted the sudden onset of cancer in their wife and mother, they found themselves in unfamiliar territory: fear, setbacks, treatments, and waiting... *endless waiting*. The result of their trial is *Life on Hold*, a sensitive practical handbook for others making their way through the difficult journey of life-threatening disease. This moving story shows you how to live well and trust God in the face of serious illness--your own, or that of a person you deeply care for. Paperback 288 pages. \$10.990

Hard Choices for Loving People. A & A Publishers, Inc. (May 2001).

By Hank Dunn. No one likes to think about his or her loved one on a ventilator, or to be faced with choices like artificial feeding, resuscitation, etc. Hank Dunn, having worked for over 17 years both as a nursing home and hospice chaplain has created this booklet to help you make the tough choices. Sections have been added on ventilators, dialysis, antibiotics and pain control. Also, at the end of the chapters on CPR, Artificial Feeding and Comfort Care/Hospice a section has been added which gives consideration to making these treatment choices for children. Hardback, 80 pages. \$4.00.

When Your Doctor Has Bad News. Zondervan Publishing Company; 1st edition (July 1, 2003).

By Al B Weir, MD. When the diagnosis is serious, what makes the difference between *hope* and despair? As a practicing oncologist, Dr. Al Weir worked daily with patients who received bad news. A medical doctor with a pastor's heart, Dr. Weir knows from experience that it is the patient's focus, not the diagnosis, that indicates whether one will slip into despair and hopelessness or have the courage to live each day fully. Resilience of spirit can powerfully influence recovery and healing, and within our crisis, the choices we make are important. *When Your Doctor Has Bad News* offers no easy answers, no quick outs, but it does equip you to weather the storm you are facing and emerge whole again. Practical tips provide questions for you to ask your doctor and choices you can make to achieve your best chances for healing. Real-life stories show how others have coped with life-threatening illness, walked with God, and won! Paperback, 191 pages. \$12.99.

Complete Guide to Caring for Aging Loved Ones. Tyndale House Publishers (October 1, 2004).

From Focus on the Family. Why should you purchase, much less invest the time in reading, this complete guide? The answer is simple. This volume deals with the aspects of successful aging from the viewpoint of the whole person--physical, mental, emotional, relational, and spiritual. The book focuses, not just on spiritual aspects of aging, but on the maintenance--as far as possible--of physical, social and productive activities. It incorporates the critical "how-tos" of successful aging into precepts and recommendations. It will enlighten, equip, encourage, and enable you to care for those you love. Hardback, 558 pages. \$29.99.

Note: This document is for informational purposes only and is not intended to offer legal advice. If legal advice is required, please consult with a legal professional.