



# A CATHOLIC GUIDE TO AN ADVANCE DIRECTIVE

**A RESOURCE FOR INDIANA CATHOLICS  
ON END-OF-LIFE CARE**



**INDIANA CATHOLIC  
CONFERENCE**

**Includes Advance Directive Supplement**



This brochure has been provided by the Indiana Catholic Conference (ICC) as a pastoral resource. The ICC is the statewide coordinating body for the five Roman Catholic Dioceses in Indiana. The ICC and its board of five bishops and five laypersons serves the spiritual, moral, and material well-being of the people of Indiana and is the public policy voice of the Catholic Church in the State of Indiana.

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Cover art: The Death of Saint Joseph (1832–1836) Friedrich Overbeck



# A Catholic Guide to an Advance Directive

On July 1, 2021, Indiana’s SEA 204 redefined an “advance directive” as:

“A written declaration of a declarant who...gives instructions or expresses preferences or desires concerning any aspect of the declarant’s health care or health information, including the designation of a health care representative, a living will declaration made under IC 16-36-4-10, or an anatomical gift made under IC 29-2-16.1.”

An advance directive under the new law allows for a person to do the following:

- (1) Designate one or more competent adult individuals as health care representatives. Selection as a healthcare representative allows the representative to make health care decisions and to receive health information on behalf of the person.
- (2) Speak on behalf of the person regarding specific health care decisions; and
- (3) Affirm the person’s preference or desire regarding current or ongoing care; including the provision, continuation, termination or refusal of life-prolonging procedures, palliative care, comfort care or assistance with activities of daily living.

The person who has selected the health care representative, as long as they are competent, may modify, terminate, or supersede a previously executed advance directive by communicating in writing or orally to their health care provider(s).

**This guide answers some basic questions about the change in the law, Catholic Church teaching, and advance directives.**

## **Why would I want an advance directive?**

By completing an advance directive, you can help ensure that your wishes for health care decisions are followed when you are not able to communicate those wishes on your own behalf. In addition, an advance directive could greatly help your family and friends during what can be a difficult time.

## **What happens if I don't have an advance directive?**

In Indiana, if you have not appointed a health care representative, and you are unable to make or communicate health care decisions, state law governs who can make health care decisions for you. A court can appoint a guardian. If there is no court-appointed decision-maker, then the law authorizes persons in the following categories to make such decisions: your spouse, a parent, any of your adult children, or adult brother(s) or sister(s). Any person in this group can make decisions; there is no order or preference. Medical professionals usually try to talk with family members who are available and able to offer guidance.

If you have no next of kin and have not designated a decision-maker, then a court might be petitioned to make a health care

decision for you or might appoint someone as your representative. In the case of a member of a religious order, a religious superior is authorized to make health care decisions.

## **Should I appoint a health care representative or just write down my wishes?**

The Indiana Catholic Conference recommends that you discuss your wishes about medical treatment with your loved ones and doctor(s). If you have an advance directive, it should include the appointment of a health care representative.

Written instructions alone are only as good as your ability to accurately predict your every possible future medical condition and every future medical treatment option. In addition, without a health care representative, the person interpreting those instructions might be someone who does not truly know what you want. By appointing a health care representative, you can make sure that someone who cares about you will apply your faith, wishes, and personal beliefs to the health care choices at hand—just as you would do.

Therefore, it is imperative that you discuss your wishes and values with your family and especially with your representative and

an alternate. Even if you appoint a health care representative, you can still give written health care instructions to direct, guide, and even limit the actions of your representative.

## **Do I need a lawyer? Will this cost me anything?**

No. It is not necessary to have a lawyer provide or complete an advance directive. However, you should contact a lawyer if you have legal questions regarding advance care planning. Also, the procedure for creating a durable power of attorney that includes a health care representative is legally technical; therefore, a lawyer should be contacted.

Advance directive forms are available from a number of sources. There are forms included at the end of this brochure. Most health care providers also have standard forms available.

## **I already have an advance directive. Do I need to change it?**

No. An advance directive is valid until revoked or replaced.

## **I already have an advance directive but want a new one. What do I do?**

The process to replace or to change an advanced directive is simple but varies depending upon the type of directive. You should change the health care representative by notifying the original representative in writing and also informing interested family members.

## **Who can be my representative?**

Because of the nature of the decisions involved, your agent should be a mature adult and must accept the appointment. Talk beforehand to the person or persons you wish to appoint. Find out if the person(s) is/are willing to accept the responsibility. Tell the person(s) about your wishes and preferences for care. Be sure the person(s) is/are willing and able to follow your wishes according to your faith.

If you are comfortable with anyone in your immediate family making decisions, except for a few persons, you can also exclude some people, by name, from acting as your decision-maker.

## **The representative should be:**

- Someone over 18 years old
- Someone willing to take on the role
- Someone aware of your goals, values, and preferences
- Someone who will respect your wishes in alignment with your Catholic faith
- Someone willing to speak up for what you want
- Someone who will make decisions in your best interest
- Someone able to make decisions in difficult moments
- Someone who is accessible by telephone in case of an emergency.

## **What should I do with my advance directive?**

Provide a copy of your advance directive to your doctor(s) and other health care providers such as your nursing facility, hospice, or home health agency. In addition, it is recommended that you give copies of your advance directive to close family members, your health care representative(s), and your lawyer, if you have one.

It is equally important to discuss this decision along with your values and wishes with family and close friends. To choose only one person in your immediate family

without explanations to the rest might put that person's relationship with the rest of the family at odds. Moreover, it is recommended that you discuss this with family before documents are finalized.

## **How do I execute my advance directive?**

Generally, an advance directive is required to be executed in the presence of either two witnesses or a notary. COVID and electronic meetings have broadened the definition of presence. Under the new law, an advance directive can be signed and witnessed remotely if the person and the witnesses are able to see, interact, and identify each other in real time through questions and accurate answers. An advance directive may also be signed and witnessed during a real-time telephone conversation. Those on the call are not required to see one another, but the advance directive must include a statement describing how the directive is witnessed. Additionally, the witnesses must be able to establish that the declarant is of sound mind and acting of his or her own free will in executing or directing the execution of the advance directive.

If there are not two witnesses to the advance directive, the new law allows for the

declarant and a notary to use audiovisual technology to sign and witness the document.

Finally, the new law permits an advance directive to be executed in two or more paper counterparts. This is only valid if the counterparts are later assembled into one complete advance directive within ten business days after receipt of all counterparts. If the advance directive has been executed in multiple counterparts, there must be a statement on the advance directive to this effect.





# Ethical Principles

## **What fundamental principles should guide a Catholic and, indeed, any person who is thinking about health care decisions?**

*1. Human life is a precious gift from God; it never becomes something to be disposed of.*

This truth should inform all health care decisions. Every person has a duty to use reasonable means to preserve his or her life.

*2. We have the right to direct our own care and the responsibility to act according to the principles of Catholic moral teaching.*

Each person has a right to clear and accurate information about a proposed course of treatment and its consequences, so that the person can make an informed decision about whether or not to receive the proposed treatment.

*3. Suicide, euthanasia, and acts that intentionally would cause death by act or omission are never morally acceptable.*

We are stewards of our lives, over which God has dominion. Intending to take away life, whether one's own or another's, is inherently wrong and contrary to Catholic Church teaching.

*4. Death is a beginning, not an end.*

Death, being conquered by Christ, need not be resisted by any and every means. A person may refuse medical treatment that is extraordinary or disproportionate to its benefit. A treatment is extraordinary or disproportionate when it offers little or no hope of benefit or cannot be provided without undue burden, expense, or pain.

*5. There should be a presumption in favor of providing a person with nutrition (food) and hydration (water), even if medically assisted, as long as this is of sufficient benefit to outweigh the burdens involved.*

Providing nutrition and hydration should be considered ordinary care, as long as the means of supplying food and water are relatively simple and—barring complications—are generally without pain and of benefit to the individual.



Situations might exist in which this is not the case, such as:

- When a person is no longer able to assimilate nourishment, or
- When death is so imminent that withholding or withdrawing food and water will not be the actual cause of death, or
- When the means of providing medically assisted nutrition or hydration is disproportionate to the benefit gained.

**In no case, should food or water be removed with the intent to cause death.** A decision to forgo treatment because of its futility or lack of sufficient benefit is different than a decision to deliberately end a life. The cause of death should be the pathology or illness and should not be due to a lack of nutrition or hydration.

*6. We have the right to comfort and to seek relief from pain.*

Although our faith teaches that we can find meaning in suffering, no one is obligated to experience pain. A person has a right to pain relief and comfort care, even if the method or treatment indirectly and unintentionally shortens life. However, it is not right to deprive the dying person of

consciousness without a serious reason.

Some physicians specialize in the control of pain and other symptoms. If a patient's physical suffering continues, it might be desirable to ask for a consultation by such a specialist.

**What is the difference between “ordinary,” or “proportionate,” means of preserving life and “extraordinary,” or “disproportionate,” means?**

Medical personnel and ethicists often use these terms in describing or evaluating procedures and therapies used in providing care to individuals.

“Ordinary,” or “proportionate,” means are those that, in the judgment of the patient, offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community. A person has a moral duty to use these means to preserve life. (*Ethical and Religious Directive for Catholic Health Care Services, USCCB*)

“Extraordinary,” or “disproportionate,” means of preserving life are those, in the patient's judgment, that do not offer a

reasonable hope of benefit, or that entail an excessive burden or impose excessive expense on the family or the community. A person is not morally bound to use these means and may forgo them. (*Ethical and Religious Directive for Catholic Health Care Services*, USCCB)

One question to ask when confronted with these concerns is, “Does the procedure, therapy, or prescribed care prolong one’s life, or does it artificially delay one’s death?”

## **Is this all there is to know about making ethical health care decisions?**

No. These statements are only some basic principles. Some situations, such as pregnancy or organ donation, involve other principles. Understanding and applying these principles to specific cases can be difficult. You are encouraged to discuss specific circumstances with Church leaders, health care professionals, ethicists, and trusted advisors. At times, the Church provides additional teaching and guidance for specific situations.

For additional resources and information on making ethical health care decisions, contact your parish or diocesan offices.

## **How can I make sure that decisions made on my behalf are consistent with my Catholic beliefs?**

State in your advance directive your desire to have all health care decisions made in a manner consistent with Catholic teaching.

- Appoint a health care representative who shares your beliefs or, at least, who sincerely intends to respect your wishes. Spend time discussing your basic values and attitudes and any specific wishes with your health care representative or any immediate family member who might be speaking for you.
- If your health care representative is not familiar with Catholic teaching on these matters, give your representative the name of a priest, religious, or lay leader who can provide guidance. You can include the name and contact information of that person in the advance directive.
- You should also give this information to your immediate family and health care providers.

## **Are Catholics morally obligated to have an advance directive?**

No. However, an advance directive, especially one that appoints a health care representative, is one way to help make sure that your care and treatment are consistent with the Catholic faith and your wishes.

## **Is organ donation morally acceptable?**

Yes. Organ donation after death is a noble and meritorious act and is to be encouraged as an expression of generous solidarity. You should, however, give explicit consent for donation. Your wishes in this regard should be shared with your family and health care representative. You can authorize organ donation in your advance directive. In addition, many individuals note this on their driver's license.

## **How can I make sure my spiritual needs are met?**

As with your medical needs, it is prudent to find out in advance whether and how your spiritual needs can be met in a particular health care institution.

- When you enter a health care facility, state that you are a Catholic and want to have a priest or lay minister care for your spiritual needs. If you cannot communicate your wishes when being admitted, your health care representative should be able to do this for you.
- You or someone who speaks for you should notify your parish of your situation and wishes.
- Include spiritual requests in your advance directive. For example, you can request, within your advance directive, that the Sacraments of Reconciliation, Anointing, and Eucharist as viaticum be made available.

## **What is “viaticum?”**

Literally, viaticum means “food for the journey.” Death is not the end. Rather, it is only a “passing over” from this world to join our heavenly Father. In preparation for this journey, the Church offers Eucharist as viaticum, i.e., Christ's body and blood as food for the journey.



## **Indiana Catholic Advance Directive**

I am executing this Catholic Advance Directive while I am of sound mind. It is intended to clarify my wishes for treatment in the event of a situation or situations where I am unable to express my wishes.

### **Statement of Faith**

I believe that I have been created for eternal life with God. The truth that my life is a precious gift from God has profound implications for the question of stewardship over my life. 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. Suicide and euthanasia are never morally acceptable or compatible with my Catholic beliefs and therefore never 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 and witness to my belief in Christ's redemption.

### **Appointment of Health Care Representative**

My Health Care Representative (HCR) is a person chosen by me to make healthcare decisions, including end of life decisions, when I am unable to make my own decisions. I understand that it is better to talk with and appoint this person before medical decisions need to be made. A licensed physician, not a friend nor family member will determine when I am unable to make my own decisions.

#### **My name (also known as "declarant")**

(Full Name) \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

My Health Care Representative can make decisions for me if I cannot make and share my own health care decisions. My Health Care Representative must follow my wishes and values. My values include my ideas about dignity and quality of life. If my Health Care Representative does not know my wishes, my Health Care Representative must act in good faith and make decisions in my best interests. These decisions include:

- Agreeing to medical treatment
- Refusing medical treatment
- Stopping medical treatment
- Arranging comfort care

#### **I want the following person to be my Health Care Representative (HCR)**

(HCR Name) \_\_\_\_\_

(HCR Phone Number) \_\_\_\_\_

#### **If my primary HCR named above is not able or available to act for me, I want the following person to be my alternate, or backup Health Care Representative.**

(Alternate HCR Name) \_\_\_\_\_

(Alternate HCR Phone Number) \_\_\_\_\_

If my Health Care Representative cannot be contacted, I request my health care providers follow these guidelines and avoid doing anything that is contrary to the moral teachings of the Catholic Church.

- Medical treatments may be forgone 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, if they are of benefit to me.

- In accord with the teachings of my Church, I have no moral objection to the use of medication or procedures necessary for my comfort, even if they may indirectly or unintentionally shorten my life.
- I reject any action or omission that is intended to cause my death. Recognizing that human life is a precious gift from God that never becomes something without dignity, I direct that treatment never be withheld or withdrawn from me solely because of a judgement that my life is not worth living.
- If I fall terminally ill, I ask that I be told of this so that I might prepare myself for death, and I ask that efforts be made that I be attended by a Catholic priest and receive the Sacraments of Reconciliation, Anointing, and Eucharist as viaticum.

Believing none of the following directive conflicts with the teachings of my Catholic faith or the directives listed above, I add the following directives: *(You do not need to complete this section. If you do, you can add an extra sheet, if needed.)*

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## Signatures

By Signing this form, I cancel and revoke the most recent Health Care Power of Attorney I signed in the past.

Date signed: \_\_\_\_\_

\_\_\_\_\_  
Signature (Declarant or Representative)

\_\_\_\_\_  
Printed name of adult (if any)  
who signs for Declarant if physically  
unable to sign

\_\_\_\_\_  
Printed name (Declarant)

\_\_\_\_\_ I have initialed the space at left if I signed this Advance Directive after talking with and  
Initial listening to two (2) witnesses by *telephone only*.

**Complete this section by using either the left or the right block below.**

### Signatures of 2 Adult Witnesses

Each of the undersigned Witnesses confirms that he or she has received satisfactory proof of the identity of the Declarant and is satisfied that the Declarant is of sound mind and has the capacity to sign the above Advance Directive. At least one of the undersigned Witnesses is not a spouse or other relative of the Declarant.

\_\_\_\_\_  
Signature of Adult Witness 1

\_\_\_\_\_  
Printed Name of Adult Witness 1

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

\_\_\_\_\_  
Signature of Adult Witness 2

\_\_\_\_\_  
Printed Name of Adult Witness 2

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

### Notarization

STATE OF INDIANA )  
 ) SS:

COUNTY OF \_\_\_\_\_ )

Before me, a Notary Public, personally appeared \_\_\_\_\_ [name of signing Declarant], who acknowledged the execution of the foregoing Advance Directive as his or her voluntary act, and who, having been duly sworn, stated that any representations therein are true.

Witness my hand and Notarial Seal on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Notary's Printed Name (if not on seal)

\_\_\_\_\_  
Commission Number (if not on seal)

\_\_\_\_\_  
Commission Expires (if not on seal)

\_\_\_\_\_  
Notary's County of Residence

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Believing none of the following directive conflicts with the teachings of my Catholic faith or the directives listed above, I add the following directives: *(You do not need to complete this section. If you do, you can add an extra sheet, if needed.)*

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\_\_\_\_\_  
Signature of Adult Witness 1

\_\_\_\_\_  
Printed Name of Adult Witness 1

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

\_\_\_\_\_  
Signature of Adult Witness 2

\_\_\_\_\_  
Printed Name of Adult Witness 2

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

### Notarization

STATE OF INDIANA )  
 ) SS:

COUNTY OF \_\_\_\_\_ )

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\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Notary's Printed Name (if not on seal)

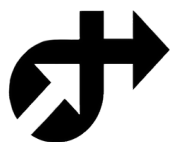
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\_\_\_\_\_  
Commission Expires (if not on seal)

\_\_\_\_\_  
Notary's County of Residence



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