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# Health Care Directives

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A Catholic Perspective

FROM THE CATHOLIC BISHOPS OF MINNESOTA

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# Table of Contents

A Catholic Perspective.....	1
Health Care Directives in MN .....	3
Frequently Asked Questions .....	4
Points to Take Away.....	16
Issues in Care for the Seriously Ill and Dying.....	18
How to Use the Health Care Directive.....	19
Instructions for My Health Care.....	20
MN Catholic Health Care Directive....	23



# Health Care Directives: A Catholic Perspective

Death, the final experience each one of us will have on earth, is a reality. Jesus shows us that at death, life is changed, not ended. In his suffering, death, and resurrection, Jesus reveals that death no longer has the last word. In Christ, we have sure and certain hope of our own bodily resurrection. Still, questions and concerns about death may be unsettling, intimidating, and even avoided.

Who will speak for me if I cannot speak for myself? How can I make sure the decisions made about my health care are morally right? These are questions being asked with increasing frequency.

People often ignore or avoid questions like these until faced with a challenging decision. Many of us believe that only the sick or dying need to think about such matters. However, these are questions we all must ask and be able to answer—whether we are young or old, sick or healthy. There could come a time in any person's life when he or she may not be able to communicate his or her wishes.

For the past several decades, the increase of life-prolonging technologies, pharmaceuticals, early diagnoses of disease, detection of potential life-threatening conditions, and successful rehabilitation of traumatic injuries have contributed to the need to address end-of-life issues.

Various social trends have added motivation toward advance planning in medical decisions as the end of life approaches. These include the compassionate, caring, and supportive environment of hospice; advances in palliative care; greater emphasis on self-determination and an informed conscience in moral decision-making; discussions about reform in our health care system; media coverage of difficult cases; and growing cultural support for assisted suicide and euthanasia.

To assist Catholics of the state who wish to have an advance directive, the Minnesota Catholic Conference, composed of the Catholic Bishops of Minnesota, has prepared a Catholic health care directive—included at the end of this guide—that meets the state’s legal requirements and reflects the Church’s teaching as well as the recommendations of Church, health care, and community leaders.



# Health Care Directives in Minnesota

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Minnesota has created its own legal framework and guidelines for advance directives (Minn. Stat. Ch. 145C). There is no requirement that you use a specific form, and you may use an already developed form, or create your own document (preferably with the assistance of an experienced attorney).

We recommend the **Minnesota Catholic Health Care Directive**, which is published by the bishops and is included in this brochure. It has been designed to meet Minnesota law and to give you an opportunity to express your wishes in a form that reflects Church teaching regarding end-of-life decisions.

In addition to appointing a health care agent, a directive also may (but need not) contain a section listing your wishes to receive or not receive certain treatments and procedures. The law allows any statement of your wishes to be as general or specific as you desire. Both have strengths and weaknesses; overly general directives may not effectively guide actual care decisions, and overly specific ones may fail to account for the complexities of an actual circumstance. That is why it is preferable to appoint a health care agent who understands your values and goals of care and can speak reliably on your behalf. Again, because medical conditions and circumstances are impossible to know in advance and are always changing, it is recommended that you allow your health care agent as much leeway as possible.

# Frequently Asked Questions

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## Q: Why should I have a health care directive?

A health care directive is important if your physician determines you cannot communicate your health care choices (because of mental or physical incapacity). It is also important if you wish to have someone else make your health care decisions.

## Q: How do I make a health care directive?

There are forms for health care directives. You don't have to use a form, but your health care directive must meet the following requirements to be legal:

- Be in writing and dated.
- State your name.
- Be signed by you or someone you authorize to sign for you, at a time when you can understand and communicate your health care wishes.
- Have your signature verified by a notary public OR two witnesses. Do not sign until you are in the presence of a notary or two witnesses.
- Include the appointment of an agent to make health care decisions for you and/or give instructions about your health care wishes.

Before you prepare or revise your directive, you should discuss your health care wishes with your doctor or other health care provider and the health care agent who you appoint (Minn. Stat. § 145C.03 Subd. 1).



## Q: Who should be named as an agent?

As a Catholic, you should name someone who can be counted on to carry out your wishes in a way that is consistent with Church teaching. You want someone who will not be swayed by emotion, and who will take the time to consult with doctors and other advisors, as well as with your priest and family members, if the need arises to make a decision.

Minnesota law prohibits you from designating as your agent either a health care provider or an employee of a health care provider who currently is caring for you, unless the person is related to you.

If a spouse is able to serve, that is most often the first choice, though it need not be. Often, a child is named. People sometimes ask whether all their children



should be named together as the health care agent. It is imprudent to name multiple people as agents. There should be one final decision maker—the health care agent. Family members can be consulted and offer their opinions, but it is not a good idea to name multiple people simultaneously as health care agents.

It is helpful but not essential that your agent live near you. You may want to consider whether your agent is able to be present during your care, or whether you're comfortable with your agent dealing with health care providers by phone, as necessary. While it is possible for an agent to act from a distance, it is an advantage to have someone physically on the scene.



People may also designate one or two alternate agents, in case the primary agent dies, becomes incapacitated, or is otherwise unavailable (Minn. Stat. § 145C.03, Subd. 2).

You may, if you wish, insert wording in the directive requesting, or even requiring, that your agent act only in accordance with the teachings of the Church.

## Q: How do I decide what should go into my health care directive?

What kind of medical decisions would you want to be made for you if you are unable to communicate or decide for yourself? This is not an easy question. It takes thought, discussion, and prayer. Doctors say that many people sit around a dining room table and jump to the conclusion that they would not want life-sustaining treatment if they were terminally ill or permanently unconscious. But when those same people actually go to an emergency room with a life-threatening health problem, they turn out wanting to ensure that they receive medical treatment.

Take the time to think through what you *really* would want to happen. Talk with your family and perhaps a close friend. Consult a priest or other advisor. Pray. There are few decisions that are more important.



## Q: What if a decision needs to be made for me, and I have no advance directive?

You will still receive medical treatment if you don't have a written directive. Health care providers will listen to what people close to you say about your treatment preferences, but the best way to be sure your wishes are followed is to have a health care directive.

Again, it is better for you to designate the agent you want, one whom you can speak with in advance about your faith, one you are confident will act on your behalf and in accordance with your Catholic beliefs.

## Q: If I make an advance directive, how can I revoke it?

You can revoke it by:

- saying so in writing (which does not need to be witnessed or notarized), or
- destroying it or marking it as revoked, or
- stating orally in the presence of two witnesses that you wish to revoke it, or
- executing a new advance directive.

Note, however, that if you revoke an advance directive, you should recall and destroy all copies of that document, so that no confusion is created in the minds of health care providers (Minn. Stat. § 145C.09). The directive that is dated most recently will be considered the valid version if several exist.

## Q: Are there any limits to what I can put in my health care directive?

There are some limits about what you can put in your health care directive. For instance:

- Your agent must be at least 18 years of age.
- Your agent cannot be your health care provider, unless the health care provider is a family member or you give reasons for the naming of the agent in your directive.
- You cannot request health care treatment that is outside reasonable medical practice, illegal, or unethical.
- You cannot request assisted suicide or euthanasia.

## Q: When does my advance directive become effective?

It is “effective” immediately when you have signed it with the required formalities (signing and verifying in the presence of two witnesses OR a notary). However, at this point, the person chosen as your agent has only been designated. The agent has no authority to act on your behalf unless you are unable to make or communicate decisions about your health care.

Generally, this determination of incapacity is made by two doctors—your attending physician and a second doctor who has recently examined you—but if you are unconscious or unable to communicate, the certification of a single doctor is sufficient.

However, even before such physician certification, the directive may grant your agent access to your medical information, notwithstanding the provisions of federal privacy law (sometimes known as “HIPAA”). This could be important in case your doctor needs to consult with your agent about whether you are capable of making health care decisions. But you should consider carefully how much access to your medical information you want to give your agent prior to the time you are incapacitated (Minn. Stat. §§ 145C.06; 145C.08).

## Q: What should I do with my advance directive once I have signed it?

First, remember that a copy is as good as an original. You should make multiple copies and send one to your primary care physician. You should send another copy to your health care agent (and perhaps your back-up agent, if you have one). You should discuss the document, the treatment you want, and your Catholic beliefs about medical decisions with your agent (and possibly with your back-up agent, if you have one).



Finally, it is a good idea to keep a copy of the document somewhere easily accessible in your residence (for example, in your kitchen). The reason: if you have to go to the emergency room, you might have time to pick up this document on your way out. And if you do, you can be sure that it will be included

in your hospital records at the time you check in. Federal law requires hospitals to ask you at the time you register whether you have such a document. Of course, in the event of an emergency, you might not have time to locate and take with you your advance directive. But in many cases, you will have the opportunity to do so, and providing one increases the likelihood that your wishes will be carried out.

It is also strongly advised that you review your directive, perhaps every year or two, especially if you have a change in health status like a new diagnosis, a move to a different level of care, or another circumstance that may refine your wishes for medical decisions.

## **Q: Are advance directives only about “pulling the plug?”**

No, even though people often speak of advance directives only in terms of “pulling the plug,” they are in fact applicable—and can be useful—in many other situations. For example, if you were temporarily unconscious in an automobile accident, your agent



could authorize surgery on your behalf. Your agent under an advance directive also can direct that you be given certain treatments; these documents are not aimed only at withdrawing treatment, as may commonly be supposed. And your agent can advocate for you when you are unable to do so for yourself.

## Q: What is POLST?

Some providers offer “POLST” forms (Provider\* Orders for Life-Sustaining Treatment). POLST is intended to translate the treatment preferences in your health care directive into standing medical orders for those who will care for you in serious illness. **The bishops of Minnesota strongly discourage the use of POLST forms.**

Recently, the Minnesota Medical Association (MMA) released a new version of its POLST form, which raised the question of whether it addressed our objections to its use as outlined in the Minnesota Catholic Conference statement “Stewards of the Gift of Life.”

In short, the changes to the form do not address our core concerns with the POLST paradigm. There are better ways to implement advance care planning consistent with Catholic medical ethics that avoid the limitations of POLST. Such limitations include presenting different care options as ethically neutral, when the morality of those decisions can differ significantly depending on the circumstances.

\*Some sources will substitute the term physician for provider. For purposes of the POLST form, these terms are interchangeable.

We understand why providers may be inclined to utilize POLST forms. The structure of health care delivery has changed dramatically in recent years, and POLST forms attempt to ensure a measure of continuity in a system in which multiple health care professionals may be responsible for a patient's care. Similarly, advances in medical technology have greatly enhanced our ability to extend life, even in advanced illness.

Catholic moral teaching requires the provision of ordinary care to preserve the gift of life. It also supports allowing natural death to occur rather than using interventions that offer no reasonable benefit or cause excessive burdens. But these decisions must be made in actual circumstances, and the anticipated decisions that are the very nature of POLST can too easily preclude the necessary assessment of the patient's concrete situation.



We believe that informed consent is essential, which results from conversations between the provider and the patient (or with the patient's designated health care agent for those who cannot speak for themselves) regarding the actual, current situation.

We recommend the Minnesota Catholic Health Care Directive as a meaningful alternative to POLST forms. It prioritizes the appointment of a health care agent who can speak for a patient in the moment. It also permits some general guidance for decision-makers,

rooted in Catholic teaching regarding the use of ordinary and extraordinary means to extend life, without compromising necessary medical judgments in possible future circumstances.

Many health care providers and assisted living centers have adopted POLST forms, and some use POLST forms as part of the intake process. We stress that a patient is not required to complete a POLST form, and we discourage the use of such forms.

Patients retain the right to change their advance care plans at any time. In the ongoing work of improving the care we provide to those approaching death, each patient and family deserves our real-time presence and consideration. While we cannot, ultimately, prevent death, we can make the process of dying as sacred and dignified as possible.

If you choose to complete a POLST form with your provider, it should be based on your informed consent and consistent with your health care directive. A POLST form can be changed or revoked at any time by you or by your agent if you cannot speak for yourself. For guidance on completing a POLST form, visit: [www.mncatholic.org/healthcaredirective](http://www.mncatholic.org/healthcaredirective).



# Health Care Directives: A Catholic Perspective

## POINTS TO TAKE AWAY

- Think carefully about what you would want if you were unable to decide for yourself.
- Talk with others about your wishes—your family, physician, parish priest, or another informed advisor.
- Designate a health care agent, being careful to choose someone who will reliably carry out what you want—in accordance with the teaching of the Church. Don't be swayed by emotion or a concern about hurting the feelings of family members.
- Identify your agent in written form utilizing the MCHCD form at the end of this brochure.
- If you choose to create your own advance directive describing your health care wishes, consider consulting with an attorney to help you draft a document ensuring that your wishes are carried out.
- Sign the document with the proper formalities (when in the presence of two witnesses OR notary). Make sure the witnesses or notary are qualified.
- Make sure that a copy of the document reaches your doctor, your agent, and anyone who might need it.

# Health Care Directives: A Catholic Perspective

## POINTS TO TAKE AWAY

- Tell your doctor to put your advance directive in your medical file.
- Do not hesitate to review your directive regularly and change the document if circumstances change.
- Many health care providers and assisted living centers have adopted POLST forms, and some use POLST forms as part of the intake process. We stress that a patient is not required to complete a POLST form, and that patients retain the right to change their advance care plans at any time.



# Health Care Directives: Issues in Care for the Seriously Ill and Dying

“The truth that life is a precious gift from God has profound implications for the question of stewardship over human life. We are not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options.

“The task of medicine is to care even when it cannot cure. Physicians and their patients must evaluate the use of the technology at their disposal. Reflection on



the innate dignity of human life in all its dimensions and on the purpose of medical care is indispensable for formulating a true moral judgment about the use of technology to maintain life. The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death. In this way two extremes are avoided: on the one hand, an insistence on useless or burdensome technology even when a patient may legitimately wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death.” USCCB - *Ethical and Religious Directives for Catholic Health Care Services*, 5th Edition

# Minnesota Catholic Health Care Directive

The following is the *Minnesota Catholic Health Care Directive*. **Part I** is an advance directive through which you can express your wishes for spiritual support, medical care and treatment, pain-relieving medication, and, should you be unable to take food or drink orally, medically-assisted nutrition and hydration. **Part II** allows you the opportunity to designate a health care agent as a proxy decision-maker if you become incapacitated.

- Read the Directive carefully.
- Discuss your wishes with a person you would like to appoint as a health care agent and with others whom you would consider appointing as alternate health care agents.
- Fill out the Directive, but do not sign it yet.
- Ask two people to be your witnesses when you will sign the Directive OR have a notary verify your signature. If you are planning to travel to other states, it is recommended that you have the Directive notarized.
- After you have completed the Directive, you should make a number of copies for your health care providers and the facilities to which they might refer you for treatment. Remember, you may need to present the Directive to several hospitals, health care, or living facilities.

# Minnesota Catholic Health Care Directive: Instructions for My Health Care

## *Part I: Instructions for My Health Care*

The Catholic faith teaches that human life is a precious gift from God. We are not its owners but its stewards. No one must ever presume to adopt a course of action or inaction that is intended to hasten my death, even if the motive is to alleviate my suffering. Having thought seriously about my beliefs and the principles that the Catholic Church teaches about end-of-life decision-making, I have set down the following instructions for my care for those who must make decisions for me should I become incompetent—that is, unable to make these decisions for myself. I have executed this document and intend to revoke any earlier health care directive or living will that I may have executed. I retain the right to revoke this document.

### **Spiritual Support**

I request that my family, parish community, and friends support me through prayer and sacrifice, and that the sacraments of the Church be made available to me as I prepare for death or face serious illness. I wish to see a Roman Catholic priest and receive the Sacrament of the Sick (formerly called the “last rites”), as well as Confession and Communion.

# Minnesota Catholic Health Care Directive: Instructions for My Health Care

## Medical Care and Treatment

I wish to receive ordinary and proportionate care as a means of preserving my life. Proportionate means are those that offer a reasonable hope of benefit and do not entail an excessive burden to me—that is, they do not impose serious risk, excessive pain, prohibitive cost, or some other extreme burden. I oppose any act or omission which, of itself or by intention, will cause my death, even for the purpose of eliminating suffering. I direct that all decisions about my medical treatment and care be made in accord with Catholic moral teachings as contained in such documents as:

- *Care for Patients in a “Permanent” Vegetative State* (Saint John Paul II, March 20, 2004)
- *Declaration on Euthanasia* (Congregation for the Doctrine of the Faith, 1980)
- *Ethical and Religious Directives for Catholic Health Care Services* (U.S. Conference of Catholic Bishops, edition current at the time decisions are being made)

## Imminent Death from Terminal Illness

If my death from a terminal illness is near at hand, I wish to refuse treatment that would only secure a precarious and burdensome prolongation of my life, so long as the ordinary care due to me is continued.

# Minnesota Catholic Health Care Directive: Instructions for My Health Care

## **Food and Fluids (nutrition & hydration)**

If I am unable (even with assistance) to take food and drink orally, I desire that medically-assisted nutrition and hydration (MANH) be provided to me unless they cannot reasonably be expected to prolong life or when they would be excessively burdensome. Even if I am in a persistent vegetative state, MANH should be continued. MANH should be discontinued if it imposes excessive burdens to me (serious risk, excessive pain, or some other extreme burden), or if death is both inevitable and so imminent that continuing MANH is judged to be disproportionate care.

## **Pain-Relieving Medication**

If my condition includes physical pain, I wish to receive pain-relieving medication in appropriate dosages sufficient to manage the pain, even if such dosages make me less alert or responsive. No pain medication should be given to me for the purpose of hastening my death.

## **Pregnancy**

If I am pregnant, I wish that steps be taken to preserve and nurture the life of my unborn child, including the continuation of life-sustaining procedures for the child.

# Minnesota Catholic Health Care Directive

## Part I: Instructions for My Health Care (Validation)

*Validation is required. There are two validation options: 1) two witnesses or 2) notarization. Only sign in the presence of the two witnesses or the notary.*

### Signature

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(Principal)

Printed Name

Date

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### *Validation Option 1: Two Witnesses*

### Signature

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(Witness #1)

Printed Name

Date

---

### Signature

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(Witness #2)

Printed Name

Date

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*Note: Your appointed health care agent(s) may not serve as a witness to your directive. One witness must not be someone who will benefit financially from your death.*

### *Validation Option 2: Notarization*

*Notarization is not required by Minnesota, but is recommended for those who travel to other states. Again, if it is notarized, it does not need to be witnessed.*

Sworn and subscribed to me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_

My term expires:

(Notary)

# Minnesota Catholic Health Care Directive

## *Part II: Appointment of My Health Care Agent*

I (principal),

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hereby designate and appoint

**Name (agent):**

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**Relationship:**

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**Address:**

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**City/State/Zip:**

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**Home Phone:**

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**Work Phone:**

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**Cell:**

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**Email:**

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as my health care agent to make health care decisions for me should I be diagnosed as comatose, incompetent, or otherwise mentally or physically incapable of communication. My agent must not be an owner, operator, or employee of a health care facility from which I am receiving health care, or an immediate relative of such facility's owner, operator, or employee.

# Minnesota Catholic Health Care Directive

My agent is to make decisions for me only for the duration of my incompetency. I have carefully discussed my preferences for medical treatment with the above-named agent and I direct my agent to choose on my behalf the appropriate course of treatment or non-treatment that is consistent with the preceding "Instructions for My Health Care." I charge my agent and all those attending me neither to approve nor commit any action or omission which, of itself or by intention, will cause my death. In all decisions regarding my health care, I instruct my agent to act in accordance with Catholic teaching. Notwithstanding the foregoing or any other provision in this document, I do not intend for any person other than my agent to have the right to intervene in decisions about my health care, including initiating or joining in any court proceeding.

If the person named as my agent is not available or is unable to act as my health care agent, I appoint the following person(s) to act on my behalf:

## Alternate Agent (optional)

**Name (agent):** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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

**City/State/Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

# Minnesota Catholic Health Care Directive

## Part II: Appointment of My Health Care Agent (Validation)

*Validation is required. There are two validation options: 1) two witnesses or 2) notarization. Only sign in the presence of the two witnesses or the notary.*

**Signature**

(Principal)

**Printed Name**

**Date**

### *Validation Option 1: Two Witnesses*

**Signature**

(Witness #1)

**Printed Name**

**Date**

**Signature**

(Witness #2)

**Printed Name**

**Date**

*Note: Your appointed health care agent(s) may not serve as a witness to your directive. One witness must not be someone who will benefit financially from your death.*

### *Validation Option 2: Notarization*

*Notarization is not required by Minnesota, but is recommended for those who travel to other states. Again, if it is notarized, it does not need to be witnessed.*

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My term expires: \_\_\_\_\_ (Notary)

# Minnesota Catholic Health Care Directive

## **Authorization and Consent Under HIPAA**

This advance directive is my direct authorization and consent under the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, and its regulations. I waive all rights to privacy under all federal and state laws and designate my agent as my personal representative under HIPAA, for the purpose of requesting, receiving, using, disclosing, amending, or otherwise having access to my personal, individually identifiable health information. I authorize any health care provider to release to my agent or to any person designated by my agent, all medical records of whatever nature, mental health records, billing statements, radiological films, pathology material, photographs, videos, and other information about me. This advance directive also authorizes any health care provider to speak to and disclose orally, to my agent and any person designated by my agent, any information about my diagnosis, care, treatment, prognosis, and opinions about me. It is my express intention that, to the greatest extent permitted by law, the authorization and consent provided herein will be effective for as long as this advance directive is effective. My personal health information may be used by my agent only for the purposes of making health care decisions on my behalf.

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**“Even the weakest and most vulnerable,  
the sick, the old, the unborn and the poor,  
are masterpieces of God’s creation,  
made in his own image,  
destined to live forever,  
and deserving of the  
utmost reverence and respect.”**

Pope Francis, July 7, 2013

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This brochure is published by the bishops of Minnesota to provide guidance and support to Catholics as they consider important issues related to end-of-life decision-making for themselves and loved ones.

*The information in this brochure should not be considered legal advice.*

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## MINNESOTA CATHOLIC CONFERENCE

[MNCatholic.org](http://MNCatholic.org)  [@MNCatholicConf](https://twitter.com/MNCatholicConf)  [@MNCatholic](https://www.facebook.com/MNCatholic)

525 Park St.  
Ste. 450  
Saint Paul, MN 55103

651-227-8777  
[Info@MNCatholic.org](mailto:Info@MNCatholic.org)

[www.MNCatholic.org](http://www.MNCatholic.org)  
[www.Facebook.com/MNCatholic](https://www.Facebook.com/MNCatholic)  
[www.Twitter.com/MNCatholicConf](https://www.Twitter.com/MNCatholicConf)