

Living Will and Health Care Power of Attorney

What you should know about ADVANCE HEALTH CARE DIRECTIVES

Dear Brothers and Sisters in Christ:

As Catholics, we believe that God is the author of all life. We also recognize the sacredness of human life from the moment of conception to natural death.

For many years the Bishops of Pennsylvania have provided information to the Faithful about medical treatment at the end of life and have encouraged the use of advance directives for health care. Such a document enables a person to give guidance to another who will make decisions about medical treatment or care.

Changes in Pennsylvania law have prompted us to develop questions and answers about authoritative Church teachings on end-of-life issues and to prepare an advance directive for health care for Catholics. By completing a document that is consistent with official Catholic teaching, you are led to consider circumstances that involve medical treatment and care, and to share your beliefs and wishes with others. This document will assist those who will need to make decisions for you when you cannot direct your own care. By taking this step, you can eliminate misunderstanding and confusion and appoint someone who will act for you.

These materials set forth the Catholic principles that apply to medical treatment decision-making, explain the combined living will and a health care power of attorney documents and include a form which is consistent with both Pennsylvania law and authoritative Catholic teaching including certain core principles:

We believe that we have a responsibility to preserve our life. Euthanasia, which is an act or omission which of itself or by intention causes death, and/or assisted suicide is morally wrong. (Declaration on Euthanasia: Congregation for the Doctrine of the Faith, 1980)

- We believe there are some limited qualifications to the obligation to attempt to preserve life such as the refusal of overzealous treatment, including medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome. (Catechism of the Catholic Church, 1995, #2278)
- Death is not to be feared as the end of our existence, rather it is the doorway to our eternal destiny.
- A decision to forego a medical treatment should not be made because a person's life is judged as not meaningful.
- "There should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to the patient." (The Ethical and Religious Directives for Catholic Health Care Services, 2001, #56.)

We pray that you find this booklet to be of help as you consider the important issues covered. We pray, too, that you make decisions relying on your Faith and knowing that life eternal awaits.

Yours in Christ,

The Catholic Bishops of Pennsylvania

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Pennsylvania law allows you to designate someone to make health care decisions if you cannot do it yourself. As Catholics, we hold a special regard for the dignity and sanctity of every human person, especially in times of illness or at the end of our earthly lives. It is therefore important to ensure that the person you designate to make health care decisions for you applies the authoritative teachings of the Catholic Church to these decision making processes.

The Catholic Bishops of Pennsylvania have prepared these responses to frequently asked questions so that you are informed about Catholic teaching on health care decision-making. The advance directive form included in this booklet reflects authoritative Church teaching and complies with Pennsylvania law.

What is an advance health care directive?

In Pennsylvania, a health care directive can be a living will, a health care power of attorney or a written combination of the two.

A living will is a written document which sets forth a person's wishes and gives instructions about health care when the person has an end-stage medical condition, or is permanently unconscious.

A health care power of attorney is a written document which designates someone to make health care decisions for you.

Why does the Catholic Church care about advance directives?

The Church supports Pennsylvania law which allows individuals to name an agent to make health care decisions for them if they lose the capacity to make or express their own choices. For Catholics, health care decisions should be made in the light of our Faith. Morally correct decisions are based on our respect for the sanctity and dignity of life and acknowledge our dependence upon God. Our decisions must be rooted in the recognition that each of us is the steward of the gift of our life. Advance directives give Catholics a way to profess our Faith and help to ensure that the decisions about the care we receive when we cannot speak for ourselves are made in accord with our religious beliefs.

Why would I want a health care directive?

By completing a health care directive, you can ensure that your wishes concerning decisions about medical care are followed if you are unable to understand, make, or communicate those decisions for yourself. Decisions which might be made under a directive include the selection or discharge of a health care provider; or the approval or disapproval of a diagnostic test, surgical procedure, program of medication, or other extraordinary means of medical treatment. An advance directive provides an opportunity for you to make it clear that you embrace Catholic values and would rely upon the authoritative teachings of the Church to guide your own decisions. Advance directives can also provide Catholics with an opportunity to provide directions regarding pastoral and sacramental care.

What happens if I don't have a health care directive?

If you do not appoint a health care agent and you are unable to understand, make or communicate for yourself, your wishes about health care may not be known to others. If this is the case, Pennsylvania law says decisions about your care can be made by a family member, or some other individual who may or may not know your specific preferences. The person the law chooses (who would be called a health care representative) may not be the one you prefer. For

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example, you might prefer someone other than a family member. You may have a close friend who really knows you better and would be better able to make decisions on your behalf. But, to appoint that person you must take steps to formally name him or her as your health care agent. Your health care agent or representative must make health care decisions in accordance with your instructions based upon authoritative Catholic moral teaching; but, if you do not leave instructions, the agent will have to assess the situation using whatever knowledge he or she has of your preferences and values, including your religious and moral beliefs. If your health care agent or representative does not know enough about what you would want, he or she will have to be guided by what he or she knows of your values and use his or her own judgment to deem what is in your best interest.

Can my agent authorize the discontinuation of nutrition and hydration?

Pennsylvania law presumes that an incapacitated person would not want assisted nutrition or hydration to be withheld or withdrawn unless the person indicated a preference to the contrary specifically in writing. This presumption created in Pennsylvania law can also be overcome if the designated health care agent knows of the person's previously clearly expressed wishes to the contrary about assisted nutrition or hydration.

What does the Church say about medically assisted nutrition and hydration?

It is important to note that as Catholics, we believe that God is the author of all life. We believe that we (and our health care agents) have a responsibility to preserve life. In their statement, *Nutrition and Hydration: Moral Considerations*, the Bishops of Pennsylvania said, "There are instances in which it is relatively easy to apply moral principles to the decision to withhold or withdraw nutrition. In the case of a terminal cancer patient whose death is imminent, for instance, the decision to begin intravenous feeding or feeding by nasogastric tube or gastrostomy, may also mean that the patient is going to endure greater suffering for a somewhat longer period of time - without hope of recovery or even appreciable lengthening of life. Weighing the balance of benefits versus burdens makes it relatively easy to decide that this could fall into the category of extraordinary means and that such feeding procedures need not be initiated or may be discontinued."

But these sorts of cases must be distinguished from those in which a patient is severely or chronically incapacitated but not dying. According to the authoritative teaching of the Catholic Church, a patient should not refuse or discontinue medically assisted nutrition and hydration that are capable of sustaining life simply because he or she has been diagnosed to be permanently unconscious or in a chronic, non-terminal condition.

Important guidance has been provided by the Congregation for the Doctrine of the Faith in its responses to questions posed by the United States Conference of Catholic Bishops concerning medically assisted nutrition and hydration for a patient in a vegetative state. The questions posed and the responses provided are directly quoted below.

First question: Is the administration of food and water (whether by natural or artificial means) to a patient in a "vegetative state" morally obligatory except when they cannot be assimilated by the patient's body or cannot be administered to the patient without causing significant physical discomfort?

Response: Yes. The administration of food and water even by artificial means is, in principle, an ordinary and proportionate means of preserving life. It is therefore obligatory to the extent

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to which, and for as long as, it is shown to accomplish its proper finality, which is the hydration and nourishment of the patient. In this way suffering and death by starvation and dehydration are prevented.

Second question: When nutrition and hydration are being supplied by artificial means to a patient in a “permanent vegetative state”, may they be discontinued when competent physicians judge with moral certainty that the patient will never recover consciousness?

Response: No. A patient in a “permanent vegetative state” is a person with fundamental human dignity and must, therefore, receive ordinary and proportionate care which includes, in principle, the administration of water and food even by artificial means. 1

At the same time, the Church recognizes that simply because one starts to give medically assisted nutrition and hydration does not mean that they can never be discontinued. A Commentary issued by the Congregation for the Doctrine of the Faith, advises that:

“[w]hen stating that the administration of food and water is morally obligatory in principle, [that] does not exclude the possibility that, in very remote places or in situations of extreme poverty, the artificial provision of food and water may be physically impossible... However, the obligation to offer the minimal treatments that are available remains in place, as well as that of obtaining, if possible, the means necessary for an adequate support of life. Nor is the possibility excluded that, due to emerging complications, a patient may be unable to assimilate food and liquids, so that their provision becomes altogether useless. Finally, the possibility is not absolutely excluded that, in some rare cases, artificial nourishment and hydration may be excessively burdensome for the patient or may cause significant physical discomfort, for example resulting from complications in the use of the means employed.

These exceptional cases, however, take nothing away from the general ethical criterion, according to which the provision of water and food, even by artificial means, always represents a natural means for preserving life, and is not a therapeutic treatment. Its use should therefore be considered ordinary and proportionate, even when the “vegetative state” is prolonged.”²

Pennsylvania’s Catholic Bishops also published a thorough discussion of nutrition and hydration entitled Nutrition and Hydration: Moral Considerations, (Revised Edition, 1999).

Can’t I just trust a family member or friend to make a good health care decision?

Most of us would naturally be inclined to trust our loved ones with these decisions. However, you provide a service to your family and friends by letting them know how you want to be treated. An advance directive shows that you have thought carefully about the issues and that you have specific preferences that should guide decisions with regard to the provision of medical care. If you use the form approved by the Bishops of Pennsylvania, you clearly indicate that your Faith and the authoritative teachings of the Church are to be considered of the utmost importance when decisions about your care are being made on your behalf.

Do I need to use a special form?

You do not need a special form in Pennsylvania. The advance directives statute provides an optional form, but many other forms meet Pennsylvania legal requirements. In fact, it is not

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necessary to use a pre-printed document at all; any written form that explains your wishes and complies with statutory signing requirements can be used.

Is there a Catholic form?

There may be a number of "Catholic" forms available. But, the Bishops of Pennsylvania developed a living will and health care power of attorney form to clearly reflect authoritative Catholic teaching about these issues. Their form meets Pennsylvania legal requirements. This document is written with a comprehensive understanding of the human person and reiterates church teaching that a human being never loses his or her dignity regardless of physical, psychological or relational circumstances. Catholics are advised to use this form to avoid any discrepancies with other forms that may not necessarily follow authoritative Catholic moral teaching.

Where can I obtain this approved form?

You can obtain the form from the Pennsylvania Catholic Conference website or by contacting your diocese .

Do I need an attorney? Does this document need to be notarized? Will this cost me anything?

No. It is not necessary to have an attorney to complete a form. However, you should contact an attorney if you have legal questions regarding advance health care planning. This form does not need to be notarized under Pennsylvania law, but notarizing this form may make it more likely to be accepted under laws in other states. Advance directive forms are available from a number of sources for no charge, including the Pennsylvania Catholic Conference. The form and this question and answer booklet are not intended to take the place of specific legal or medical advice.

Should I appoint a health care agent or just write down my wishes?

By appointing a health care agent, you can make sure that someone who cares about you will apply your wishes and personal beliefs to health care choices - just as you would. Even if you appoint a health care agent, you can still give written health care instructions to direct, guide, and even limit the actions of your agent and, in this way, you can express the importance of your Catholic faith and how it applies to your health care decisions. Having both a health care agent as well as a written document is preferable to a written document alone because the agent you designate will interpret and apply your directions to your particular health care situation. A written document alone may have to be subject to another individual's interpretation in your particular circumstance.

What should I do with my health care directive?

Give a copy of your health care directive to your agent, your doctor and any other health care providers such as your hospital, nursing facility, hospice, or home health agency. In addition, you may want to give copies to others, such as close family members, your priest, and your attorney, if you have one.

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

STATE IN YOUR HEALTH CARE DIRECTIVE YOUR DESIRE TO HAVE ALL HEALTH CARE DECISIONS MADE IN A MANNER CONSISTENT WITH AUTHORITATIVE CATHOLIC TEACHING. The living will and health care power of attorney from the Pennsylvania Catholic Conference does this in a clear, straightforward way.

APPOINT A HEALTH CARE AGENT WHO SHARES YOUR BELIEFS OR WHO YOU ARE CONFIDENT WILL RESPECT YOUR WISHES. If your health care agent is not familiar with authoritative Catholic teaching on these matters, tell your agent to seek guidance from a parish priest, a Catholic chaplain or the diocesan office in your diocese which deals with issues like this. The advance directive is an important communications tool which clearly explains what you believe, in your voice, even when you cannot speak for yourself.

Are Catholics morally obligated to have an advance directive?

No. However, an advance directive, especially one that appoints a health care agent, is one way to make sure that your care and treatment is consistent with the Catholic faith and your wishes. Therefore, it is recommended that you designate an agent.

How can I make sure my spiritual needs are met?

When you enter a hospital, nursing home or other health care facility, state that you are a Catholic and want a priest or pastoral minister to care for your spiritual needs. Also, state if you want to see a particular priest. Unless you have done this, certain privacy rules may prevent the hospital, nursing home or other health care facility from informing your priest or pastoral minister about your situation or might not allow him or her to visit.

If you cannot communicate your wishes when being admitted, your health care directive and health care agent should be authorized to do this for you.

If I already have a signed living will, do I need to sign a new one?

No. Living will forms signed before 2006 are still valid. However, the new law passed in 2006 allows for a combined form with both a living will and a health care power of attorney. In addition, terms used in the new law differ from those used in many earlier versions of living wills. Therefore, it is recommended that you complete and sign the new form provided by the Catholic Bishops of Pennsylvania which includes both a living will and a health care power of attorney, and also uses the up-to-date terminology.



CHURCH RESOURCES ON END-OF-LIFE ISSUES

[Patients in a "Permanent" Vegetative State](#)

(Pope John Paul II, March 20, 2004)

[Declaration on Euthanasia](#)

(Congregation for the Doctrine of the Faith, 1980)

[Nutrition and Hydration: Moral Considerations](#)

(The Catholic Bishops of Pennsylvania, Revised Edition, 1999)

[Ethical and Religious Directives for Catholic Health Care Services](#)

(U.S. Conference of Catholic Bishops, 2001)

[Nutrition and Hydration: Moral and Pastoral Reflections](#)

(U.S. Conference of Catholic Bishops, 1992)

[Responses to Certain Questions Concerning Artificial Nutrition and Hydration \[Vegetative State\]](#)

(Congregation for the Doctrine of the Faith, 2007)

1 Congregation for the Doctrine of the Faith: [Responses to Certain Questions of the United States Conference of Catholic Bishops concerning Artificial Nutrition and Hydration](#), August 1, 2007.

2 Commentary. Congregation for the Doctrine of the Faith: [Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration](#), September 15, 2007.

This statement and many others are also available in booklet or pamphlet form at cost plus postage/shipping. To order, call 717-238-9613 or email name, shipping and billing address, document title, and quantity to info@pacatholic.org or download an order form and price list from www.pacatholic.org to print and fax your order.

Combined Living Will and Health Care Power of Attorney

INSTRUCTIONS

1. Before completing your LIVING WILL and HEALTH CARE POWER OF ATTORNEY, you should discuss your instructions with your health care agent (if any), family members, your doctor, priest, deacon, chaplain, or anyone else who may become responsible for your care. This form was developed by Pennsylvania's Catholic Bishops to offer ethical and religious guidance. Consult with an attorney if you have legal questions about your LIVING WILL and HEALTH CARE POWER OF ATTORNEY. **This form is not intended to take the place of specific legal advice.**
2. You should periodically review this LIVING WILL and HEALTH CARE POWER OF ATTORNEY with those same people to insure that this directive always reflects your wishes.
3. You can revoke this directive at any time in any manner. The revocation is effective as soon as you, or someone who witnesses your revocation, communicate it to your attending physician or other health care provider. If you decide to revoke this LIVING WILL and HEALTH CARE POWER OF ATTORNEY make sure that your doctor and any health care agent you appoint receive notice of the revocation.
4. Two witnesses who are at least 18 years of age are required by Pennsylvania law. If someone signs this form on your behalf, that person may not also be a witness. Someone who will inherit property from you; is a creditor of yours, or is an employee of your health care provider should not sign as a witness.

ADVANCE HEALTH CARE DIRECTIVE

I. PREAMBLE

Our Christian heritage holds that life is the gift of a loving God.

I understand and believe, as a Catholic, that I may never choose to directly cause or hasten my death. I believe that euthanasia is the deliberate act of taking the life of another, whether by active intervention or by omitting an action with the intention of causing death. I believe that euthanasia constitutes an unwarranted destruction of human life and is never morally permissible.

I also believe that suicide (and assisted suicide) are never morally permissible.

I understand that I have the right to make decisions about my health care. There may come a time when I am unable, due to physical or mental incapacity, to understand, make or communicate my own health care decisions. In such circumstances, those caring for me will need direction concerning my care and will turn to someone who knows my values and health care wishes. I am, therefore, signing the attached LIVING WILL and HEALTH CARE POWER OF ATTORNEY [which is my advance directive for health care] to provide the guidance and authority needed to implement decisions for me, and especially if I have an end-stage medical condition or am permanently unconscious (as those terms are defined in Pennsylvania law).

II. HEALTH CARE POWER OF ATTORNEY

I _____ (name)

of _____ County, Pennsylvania, am a Catholic from the Diocese

of _____ and believe that life is a precious gift from God. I believe that God intended for my life to be lived for His glory and my salvation. I know too that my earthly goal is to be united with God for eternal life. Therefore, I do not need to resist death if medical treatment is futile or disproportionately burdensome. My duly appointed health care agent may refuse medical treatments, as long as doing so is consistent with the authoritative teaching of the Catholic Church such as that set forth in documents such as *The Gospel of Life* (Pope John Paul II, March 25, 1995); *Declaration on Euthanasia* (Congregation for the Doctrine of the Faith, 1980); *Patients in a "Permanent" Vegetative State* (Pope John Paul II, March 20, 2004); *Nutrition and Hydration: Moral Considerations* (The Catholic Bishops of Pennsylvania, Revised Edition, 1999); *Ethical and Religious Directives for Catholic Health Care Services* (U.S. Conference of Catholic Bishops, 2001); and *Responses to Certain Questions Concerning Artificial Nutrition and Hydration* (Congregation for the Doctrine of the Faith, 2007).

Medical treatments may be foregone, or withdrawn, if they do not offer me reasonable hope of benefit or are disproportionately burdensome, meaning the treatments will impose serious risks, excessive pain, excessive expense on the family or the community, or other extreme burden. My health care agent (or health care representative as designated by the law) is to presume in favor of providing me with nutrition and hydration, including medically assisted nutrition and hydration if they are capable of sustaining my life.¹

This health care power of attorney will take effect when, and only when, I lack the ability to understand, make or communicate a choice regarding a health or personal care decision and that inability is verified by my attending physician.

My health care agent may not delegate the authority to make decisions to anyone else, unless I specifically authorize that by additional written instructions which I set forth below.

I recognize that the civil law gives my health care agent certain powers. These powers are to be exercised according to my wishes and religious beliefs as expressed above.

POWERS OF HEALTH CARE AGENT UNDER PENNSYLVANIA LAW

1. To authorize or direct withholding or withdrawal of medical care and surgical procedures.
2. To authorize my admission to or discharge from a medical, nursing, residential or similar facility, and to make arrangements for my care, including hospice and/or palliative care.
3. To hire and discharge medical, social service and other support personnel responsible for my care.
4. To authorize, withhold or withdraw nutrition (food) or hydration (water) medically supplied by tube through my nose, stomach, intestines, arteries or veins.
5. To request that a physician responsible for my care issue a do-not-resuscitate (DNR) order, including an out-of-hospital DNR order as authorized in law, and sign any required documents and consents.

¹ Effective immediately and continuously until my death, or revocation by a writing signed by me or someone authorized by law to revoke this document, I authorize all health care providers or other covered entities to disclose to my health care agent, upon the agent's request, any information, oral or written, regarding my physical or mental health. The information includes, but is not limited to, medical and hospital records and what is otherwise private, privileged, protected or personal health information (such as that described or defined in the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-91, 100 Stat. 1936) and the regulations promulgated thereunder and any other State or local laws and rules).

III. DECLARATION OF LIVING WILL

I direct that those responsible for my care to make health care decisions according to the principles and authoritative teachings of my Catholic faith and what they know about my stated wishes. I hereby declare and make known my instructions and wishes for my future health care.

This LIVING WILL shall take effect when my attending physician determines that I am incompetent which means that I lack sufficient capacity to understand the potential material benefits, risks and alternatives involved in a specific proposed health care decision; I am unable to make the health care decision on my behalf; or I am unable to communicate a decision about my health care.

For the LIVING WILL to be effective, my attending physician must also verify that:

1. I have an end-stage medical condition, that is, I have an incurable and irreversible medical condition in an advanced state which will result in death despite the introduction or continuation of medical treatment; or
2. I am permanently unconscious, which is a total and irreversible loss of consciousness and capacity for interaction with the environment.

To inform those responsible for my care of my specific wishes, I direct that the following health care decisions be implemented. I affirm that the statements and principles listed in the Preamble and in my HEALTH CARE POWER OF ATTORNEY which are part of this form apply, as well, to this LIVING WILL.

I ask that if I fall terminally ill, I be told so I might prepare myself for death. If I am unable to understand, communicate or make decisions for myself, I direct that a Catholic priest be contacted to attend to my spiritual needs so I may receive the Sacraments of Reconciliation and the Anointing of the Sick, Viaticum, and be supported by prayer.

If my doctor determines that I have an end-stage medical condition and my death is imminent, I direct that treatment that will only maintain a precarious and burdensome prolonging of my life be foregone or withdrawn. However, treatment should not be withdrawn if my health care agent (or in the absence of a health care agent, my health care representative) judges there are special and significant reasons why it should continue.

I believe that I do not have to use ethically extraordinary or disproportionate medical treatments for sustaining life if they are excessively burdensome or do not offer any reasonable hope of benefit. I understand that this belief is consistent with authoritative Catholic teaching.

I direct that, regardless of my physical or mental condition, all ordinary medical care necessary to relieve pain and make me comfortable (including medically assisted nutrition and hydration) be provided if it offers a reasonable hope of benefit and is not excessively burdensome.

If I am unable (even with assistance) to take food and drink orally, I desire that medically assisted nutrition and hydration be provided to me so long as it is capable of sustaining my life. Even if I am permanently unconscious, medically assisted nutrition and hydration should be continued. It should be discontinued if it is futile (no longer able to sustain my life). It should be discontinued if it imposes disproportionate burdens to me (serious risk, excessive pain, excessive expense on the family or the community, or some other extreme burden) or if death is both inevitable and so imminent that continuing medically assisted nutrition and hydration is judged futile.

I direct that I receive appropriate medication to alleviate my pain, even though the administration of such medications may indirectly hasten my death. Pain medication should never be administered with the purpose of hastening my death.

I also direct that I not receive ethically extraordinary treatments, unless my health care agent (or representative) judges that there are special and significant reasons why I should receive them. Rather than listing for my agent all specific forms of medical treatment, which I would or would not want, I direct that the directions and principles I have adopted by using this form guide him or her.

Additional Provisions for a Woman: I direct that if I am pregnant all medically indicated measures and medically assisted nutrition and hydration be provided to sustain my life, regardless of my physical or mental condition, if these measures could sustain the life of my unborn child until birth.

IV. FURTHER COMMENTS

I also note the following:

APPOINTMENT OF HEALTH CARE AGENT

I appoint the following named individual as my health care agent:

NAME / RELATIONSHIP _____

ADDRESS _____

TELEPHONE NUMBER: Home _____

 Work _____

 Cell _____

E-MAIL _____

IF I DO NOT NAME A HEALTH CARE AGENT, I UNDERSTAND THAT HEALTH CARE PROVIDERS WILL ASK MY FAMILY OR SOME ADULT WHO KNOWS MY PREFERENCES AND VALUES TO DETERMINE MY WISHES FOR TREATMENT.

If the person I named above as health care agent is not readily available, I appoint the person or persons named below to serve in the order listed.

FIRST ALTERNATE HEALTH CARE AGENT

NAME / RELATIONSHIP _____

ADDRESS _____

TELEPHONE NUMBER: Home _____

 Work _____

 Cell _____

E-MAIL _____

SECOND ALTERNATE HEALTH CARE AGENT

NAME / RELATIONSHIP _____

ADDRESS _____

TELEPHONE NUMBER: Home _____
Work _____
Cell _____

E-MAIL _____

Having carefully read this document, I sign it this _____ day of _____, 20____, revoking all previous health care powers of attorney and health care treatment instructions.

Sign full name here

WITNESS: _____

WITNESS: _____

Two witnesses at least 18 years of age are required by Pennsylvania law. If someone signs this document at your direction and on your behalf, that person may not be a witness too. To limit questions which might arise, the witnesses should not be anyone who will inherit property from you, be creditors or be employed by any of your health care providers.

NOTARIZATION (OPTIONAL)

This form does not need to be notarized under Pennsylvania law, but if it is witnessed and notarized, it is more likely to be accepted under the laws of some other states.

On this _____ day of _____, 20____, before me personally appeared the aforesaid declarant and principal to me known to be the person described in and who executed the foregoing document and acknowledged that he/she signed the document as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in _____ County, State of _____, the day and year first above written.

NOTARY PUBLIC

My Commission expires _____