

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

My religion or faith tradition is: \_\_\_\_\_

(Optional)

I have read and understood the following Advance Statement (General Instructions), and I wish to include it as part of my Advance Statement because I agree with its values.

Yes      No

## Advance Statement (General Instructions)

### In the light of the Catholic faith

- 1 I have read and understood the following Advance Statement (General Instructions), and I wish to include it as part of my Advance Statement because I agree with its values.
- 2 I acknowledge that I do not need to preserve life at all costs, and that treatment that is excessively burdensome may be legitimately withdrawn or refused, even if that treatment is life-sustaining.
- 3 I ask that all decisions about my treatment be made solely in relation to the benefits and burdens of the treatments in question, without considering my actual or anticipated quality of life as a burden of the treatment.
- 4 I consider eating and drinking to be ordinary and basic care, and I ask that such care be given for as long as is possible. I also consider the medically assisted administration of food and fluids ordinary and basic care in principle. If I require food and fluids administered in this way because of my condition, I ask that my nutrition and hydration levels are monitored and kept adequate. I do not wish for the clinically assisted administration of food and fluids to be discontinued unless it becomes significantly burdensome, or can no longer nourish me.
- 5 I ask that I be given adequate palliative treatments to manage uncomfortable or distressing symptoms, while maintaining as much function as possible, especially lucidity, during the dying process. If the only way to manage my distress is with treatments that have the side effect of reducing lucidity or even shortening life, then I am prepared to accept these consequences.
- 6 In no situation whatsoever must my life be ended by an act or omission that is either intended to cause or hasten my death, or is motivated by a desire to bring about my death.
- 7 As a Catholic, or as someone who respects the Catholic faith, I wish my treatment and care decisions to be informed by the teachings of the Catholic Church, and for appropriate expertise on these teachings to be consulted where necessary.
- 8 If I am in danger of death, please inform a Roman Catholic priest/minister of my religion who is able to take care of my spiritual needs.