

# A Christian Advance Declaration for the management of serious illness

I consider life in this world a gift and a blessing from God, but not the supreme and absolute value. I know that death is inevitable and that it puts an end to earthly life, but I hope and pray that it opens my way to fullness of life with God.

The following paragraphs are intended to direct those who must make decisions for me should I become unable to do so.

I wish to receive medical treatment appropriate to my condition and which offers a reasonable hope of benefit. In no circumstances would I wish basic care, including (if appropriate to my condition) the assisted administration of food and fluids, to be withdrawn with the aim of ending my life. I ask that when faced with the irreversible approach of death, I be provided with ordinary nursing and medical care, including pain relief, appropriate to my condition.

Nothing should be done which will directly and intentionally cause my death, nor should anything be omitted when such omission would directly and intentionally cause my death. I forbid euthanasia (an action or omission which of itself or by intent causes death), whether by commission or omission.

I ask that if I am in danger of death, I be told of this so that I may prepare myself for it. If I am unable to make decisions for myself, I direct that my spiritual needs be taken care of and that, in particular, the attendance of a Roman Catholic priest/minister\* be immediately requested, who should be informed of the gravity of my condition.

Date and sign the form here in the presence of 2 witnesses:

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

Signature: \_\_\_\_\_

In the presence of:  
(The witness must see you sign above and then sign here, and print his/her name and address)

Signature of Witness \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

(The witness must see you sign above and then sign here, and print his/her name and address)

Signature of Witness: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

This document remains effective until I make it clear in writing, or at least in the presence of not fewer than three witnesses, that my wishes have changed.

\*I would prefer: (Name and address of priest or minister if available)