

INSTRUCTIONS FOR MISSOURI RIGHT TO LIFE
ADVANCE DIRECTIVE FOR A NATURAL END OF LIFE

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The Missouri Right to Life (MRL) form for a Durable Power of Attorney for Health Care is different from most of the advance directive forms that readers may find on the Internet. Most forms use a "check-off" system that allows persons to make their own choices to forgo or not to forgo certain categories of end-of-life care, such as "mechanical ventilator (respirator)" or "heart-lung resuscitation (CPR)". I have criticized the serious inadequacies of such forms in my article, "Advance Directives for a Natural End to Life." MRL's web site should indicate where to find it. Rather, the MRL form is based on, and instructs one's Health Care Agent to use, pro-life principles and not a check list when the time comes to make health-care decisions for the patient.

For a summary of the pro-life principles that underlie MRL's form, see the two-page summary, ""Advance Directives for a Natural End to Life: a Summary," that may be downloaded from the MRL web site.

In order to use the MRL form of the Durable Power of Attorney for Health Care (DPAHC Form), you will want to read it carefully, make any changes as outlined below, and recruit a good person to serve as your Health Care Agent. In fact, the most important part of the entire process is finding a Health Care Agent on whom you may depend to carry out your wishes about end-of-life treatments, not necessarily the wishes that the Agent would choose for himself or herself. The person should be someone who both respects your pro-life principles and the reasons you hold them and also is willing to discuss your directives with you ahead of time to ensure that he or she understands them.

The DPAHC Form requires you to fill in blanks for the names and relationships of your primary Health Care Agent and one or two successors if your primary Agent cannot serve for some reason when the time comes. (See page 1.) It also provides a place where you can choose whether to require one or two physicians to certify your incapacity (also page 1). Such certification triggers the authority of your Health Care Agent to begin making your health care decisions for you.

Certain language in the DPAHC Form may be amended without sacrificing your pro-life principles, including (1) allowing your Health Care Agent to authorize an "out of hospital do-not-resuscitate order" on your behalf, subject to the principles described in the Form (see section 5(a)); (2) adding a provision to allow your Agent to direct how your remains are buried or cremated ("right of supulcher") (add to section 5(a)); and (3) adding a provision to allow your Agent to make anatomical gifts of your body or organs (also add to section 5(a)). Language that amends the Form will need to be carefully composed.

While anything in the Form may be amended if you want, some amendments could render the Form less pro-life than the changes described above. You should obtain both independent legal advice and also sound pro-life advice from a member of the clergy or another trusted ethical adviser in deciding whether to use this Form and, if so, whether any changes

should be made to express your wishes on your end-of-life treatment.

Please allow me to add that nothing in the DPAHC Form, these Instructions, or my article on end-of-life issues is provided or should be taken as legal advice. You need to consult an attorney of your own choosing for legal advice regarding this topic in order to ensure that any document serves your individual interests.

When the DPAHC Form contains the provisions and wording that suit you, then you will need to sign it at the end in front of a notary public, who will then notarize the signature. It is a good idea, but it is not absolutely necessary, to obtain the written consent of your Health Care Agent on the last page and have his or her signature notarized, also. Keep the original in a safe place. Make several copies, one for your Agent and others for health care facilities in the future.

Be sure to discuss your principles with your Health Care Agent so that he or she is prepared to follow them when the time comes.

When you need health care and an admitting nurse or clerk asks if you have a "living will," perhaps the best way you can answer is, "No, but I have a durable power of attorney that contains my directions on how my health care should be handled. Here is a copy, in fact; please put it in my medical record." Then hand the admitting nurse or clerk a copy. Your agent can do that in your stead if you are already incapacitated.

The MRL DPAHC has been drafted not to be explicitly religious. I can draft religious versions for Christians, but since I am unfamiliar with non-Christian beliefs and principles, I should not attempt to do so for non-Christians. Anyone who would like an explicitly Christian version of this DPAHC Form may contact me, care of the MRL office, for suitable versions of the DPAHC Form.

Finally, additional resources on the issues and principles that are involved in a pro-life approach to the end of a person's life may be found on the MRL web site.