

~ Oregon ~ Advance Directive Christian Version

EXPLANATORY SUPPLEMENT

**Understanding the document
and why you answer the way you do.**

You don't have to read this . . .

. . . but we wish you would. You can take the Advance Directive – Christian Version document, fill in a few blanks, sign it and be on your way. We ask, however, that you take the time to read this supplement. This is certainly a very important issue and we have designed this material to help you understand not only what you have signed but why you have answered the questions the way you did.

MEDICAL DIRECTIVE STATEMENTS

The Advance Directive document is a medical directive statement. Medical directive statements are intended to guide others on how to provide for your care if you become unable to make decisions about your health care. Advance Directive documents have become increasingly popular because they generally allow a person more options for providing health care than the living will.

MORE OPTIONS

Sometimes more options mean more confusion. The ability to customize the Advance Directive brings the Christian two challenges: 1) crafting the document to properly reflect Christian convictions which are based on God’s Word; and, 2) understanding and making choices in the medical arena that can often be confusing and overwhelming.

ADVANCE DIRECTIVE – CHRISTIAN VERSION

In the 1980s, society became very interested in medical directive statements and individual states began formulating legislation around what were called “living wills.” Living wills appear to have been promoted primarily by the Society for the Right to Die (now called “Choice in Dying”), a pro–ethanasia organization. They provided samples of what were clearly “pro–death” documents designed to allow people the “right” to refuse potentially life–prolonging treatment or care in favor of life–shortening measures.

As states began to adopt these pro–death documents Christians became frustrated. It was clear society and the medical community were looking for written medical directive statements. Christians, however, found most living wills unacceptable with their convictions.

Responding to that concern, a Christian alternative document called *My Christian Declaration on Life* (DOL) was developed. More than 15,000 people made use of this document.

On countless occasions family members and medical professionals consulted that document to provide for the care of a loved one. The DOL has never been legally challenged for its validity. In fact, it has been greatly appreciated by legal and medical professionals alike.

The advent of the Advance Directive documents provided people with a generally more acceptable alternative to living wills. With this growing acceptance of Advance Directive documents came the desire for many people to give a Christian witness and provide God–pleasing direction for their medical care with a document recognized within their state statutes. To assist Christians in using the customary Advance Directive document, Christian Life Resources, Inc. developed the “Christian Version.”

VALIDITY

In 1989 the U.S. Congress passed legislation requiring every medical institution receiving federal funds to inform patients of their right to have a medical directive statement. This legislation did not mandate patients to have such a document; it only mandated that patients understand their right to have such a document. Unfortunately, most people do not encounter this issue until they have to be admitted to the hospital or nursing home. Many feel that they are pressured into having a document and then feel further pressured into selecting only what is offered. It is this perception of pressure that prompted us to provide this Christian alternative to the medical directive statements typically offered.

Generally speaking, the medical community is obliged to comply with your wishes for medical care. Ideally, it is desired that people can provide verbal direction. The validity of this type of direction is first dependent upon one's state of mind when giving the verbal instructions. If a person is not mentally competent then such instructions are not necessarily valid. Also, directives cannot involve the violation of any law, regulation, or generally accepted ethical standard.

Any written document that can be verified as authentic and executed while the person was competent to do so, is generally accepted as valid.

Because there is always the possibility that verbal or written instructions may be too vague or violate an unknown regulation, states have passed legislation to allow for Advance Directive documents. Such legislation prescribes the critical elements of such a document.

It is important to remember that even using a document in 100 percent conformity with state statutes does not fully protect it from legal challenges. In this litigious society there are no such guarantees. Conformity to state statutes, however, certainly strengthens the document's integrity.

States are able to change their advanced medical directive statutes at will. As the statutes change we modify our documents to properly reflect those changes. The document you received is the most current that is available. Once you fill out your document, it will be legal and will not need to be changed or updated even if the statutes change. If you postpone filling out this document for an extended period of time, please call our office to ensure you have the most recent copy.

The Advance Directive – Christian Version document has been carefully designed to be in full compliance with the statutes for the state of Oregon. Christian Life Resources, Inc. has similar documents available for all 50 states and some Canadian provinces. If you desire this document for a state other than Oregon, please contact Christian Life Resources, Inc. at 1-800-729-9535.

UNDERSTANDING THE DOCUMENT

This portion of the Explanatory Supplement will help you understand the Advance Directive – Christian Version document. By following these simple directions, you will be able to understand your choices and select the options that best fit your needs and wishes.

Significance of This Document

It is very important that you understand the significance of executing this document. From a Christian perspective we are more inclined to say you have a responsibility to make decisions about your health care. God’s Word reminds us that life is God’s gift to us. (Acts 17:25 NIV – *And he is not served by human hands, as if he needed anything, because he himself gives all men life and breath and everything else.*)

As Christians, God further reminds us in his Word that our bodies are temples of his Holy Spirit. (1 Corinthians 6:19 NIV – *Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own.*)

Life, therefore, is a blessing entrusted to us. As with all blessings from God, it is given in various degrees but always with the responsibility to properly care for it. (Genesis 9:5 NIV – *And for your lifeblood I will surely demand an accounting. I will demand an accounting from every animal. And from each human being, too, I will demand an accounting for the life of another human being.*)

PAGES 1-2

Oregon statutes require a three-part Advance Directive document that includes: 1) important information about this document; 2) appointment of a health care representative; and, 3) your health care instructions.

Part A: Important Information About This Advance Directive

This section contains important information that you should read before completing this document. If you do not understand any portion of Part A, or any section of the Advance Directive, you should ask an attorney for assistance.

Print your name, birthdate, and address at the top of page 2.

You are then asked to initial one of the two options indicating whether you want your Advance Directive to expire or last throughout your life. **We recommend that you initial the line indicating your intent to continue the Advance Directive during “My entire life.”** NOTE: You can revoke your Oregon Advance Directive at any time and in any manner by which you are able to communicate your intent to revoke your document. Such revocation becomes effective once you notify your physician or health care provider or your health care representative. In addition, your Oregon Advance Directive will automatically be revoked if you execute a new Oregon Advance Directive.

Part B: Appointment of Health Care Representative

First of all, understand that this designated person, called your “health care representative,” only makes your medical decisions for you when you cannot. If you are competent, you make the decisions. This document, even though it is completely filled out and signed, only goes into effect when you can no longer make decisions.

The document allows for you to select a primary and alternate health care representative. The alternate representative acts only when the primary health care representative is unable or unwilling to do so.

Obviously, the selection of a health care representative is very important. You are not permitted to designate anyone who provides for your health care. This would eliminate your doctor and members of his or her staff. The document also does not permit you to select any staff member of the hospital or nursing home where you reside unless that he/she is related to you. Carefully read the restrictions stated in the document.

You are first asked to designate a health care representative. Place the name, address, and telephone number on the lines provided.

PAGE 2
PART B. APPOINTMENT OF HEALTH CARE REPRESENTATIVE
I appoint _____, as my health care representative. My representative's <small>(Name of health care representative)</small>
address is _____,
and telephone number is (____) _____. I appoint _____, <small>(Name of alternate health care representative)</small>
as my alternate health care representative. My alternate's address is _____
_____, and telephone number is (____) _____.

You are then asked to designate your alternate health care representative.

The intent is that you designate a health care representative who is primarily interested in your needs. That is why people are careful not to designate health care proxies who would be too busy for the task; too selfish to be genuinely concerned; or too greedy for an inheritance.

Obviously you want someone who shares your convictions about God, salvation, the value of human life, and the desire to make decisions pleasing to God. While the State may be primarily interested in someone who has your concerns in mind, you should seek out someone who first has God's concerns in mind.

Generally, this person shares your faith and has your complete trust. That is why many designate their spouse, children, dear friend, or relative. Some who have no such close friends or relatives often designate their pastor or ask for his counsel on the matter.

PAGE 3

Conditions and Decisions

On page 3 you will see three choices (“LIMITS”; “LIFE SUPPORT”; “TUBE FEEDING”) regarding what decisions you want to allow your health care representative to make on your behalf. These choices allow you to give special instructions which your representative should follow when making health care decisions for you.

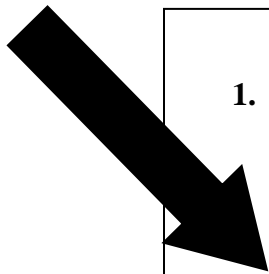
Limits

You are first asked to insert any special conditions or instructions which you want your representative to follow when making health care decisions for you. We suggest that you complete this section by instructing your representative to use the guidelines set out in the Addendum when making decisions for you. You might use the following language for this purpose:

PAGE 3
<p>1. LIMITS. SPECIAL CONDITIONS OR INSTRUCTIONS: <i>In making health care decisions for me, my representative shall follow the additional provisions stated in the Addendum to this Advance Directive which I have signed on this date.</i></p>

You are also asked to initial if you have a Health Care Instruction (Part C) or a Directive to Physicians. As explained below, we suggest that you do **NOT** complete Part C, but instead allow your health care representative to make those decisions for you. **If you do not have a Health Care Instruction (Part C) or a Directive to Physicians, you would NOT initial the line under Item 1 – Limits.**

DO NOT INITIAL



PAGE 3
<p>1. LIMITS. SPECIAL CONDITIONS OR INSTRUCTIONS: _____ _____ _____</p> <p>INITIAL IF THIS APPLIES: [] I have executed a Health Care Instruction (Part C – Page 4) or Directive to Physicians. My representative is to honor it.</p>

Life Support

You are next asked to decide if your health care representative should be able to make decisions about life support for you. We would suggest that you **ALLOW** your representative to make decisions for you related to the issues of life-prolonging care.

DO INITIAL

PAGE 3

2. LIFE SUPPORT.

“Life support” refers to any medical means for maintaining life, including procedures, devices, and medications. If you refuse life support, you will still get routine measures to keep you clean and comfortable.

INITIAL IF THIS APPLIES:

[] My representative MAY decide about life support for me. (If you don't initial this space then your representative MAY NOT decide about life support.)

[We suggest that you initial on the line above.]

Feeding Tube

The last decision is whether to allow your health care representative to decide about tube-feeding for you.

A feeding tube generally comes in two varieties: a gastrostomy tube installed directly into the abdomen and a nasogastric tube which is installed through the nasal cavity and into the stomach. There are other types of tube-feeding, but these are the most common.

A number of conditions may raise the issue of whether to start tube-feeding. Some medical conditions may significantly reduce or eliminate the ability to swallow. This would make tube-feeding necessary. Residents in extended care facilities who require spoon-feeding by staff personnel are sometimes placed on tube-feeding to reduce the demand on staff time.

The debate over the provision of tube-feeding is often expressed in clichés and exaggeration intended to mask the fundamental issue. Common arguments against tube-feeding include the notion that it is unnatural and is considered modern technology. For those reasons some feel it intrudes on what would be termed a “natural” death.

Tube-feeding is not exactly modern technology. It has been used for over 100 years. Tube-feeding is also no more “unnatural” than insulin for the diabetic, nitroglycerin for the heart patient, and dialysis for those with kidney failure. All of these represent advancements in medicine that help us care for and prolong human life.

The underlying arguments usually center around quality-of-life issues and the economy of time and resources. Tube-fed patients often have a decreased quality of life, and are greater drains on financial resources and the schedules of loved ones. Society in general is finding these problems to be sufficient justification to discourage tube-feeding or discontinue it. A Christian, however, must first look to what God's Word has to say.

The Biblical Principles That Apply Here Are As Follows:

- † 1. Human life has varying degrees of quality as a result of sin in the world.
(Matthew 15:30 NIV) *Great crowds came to him, bringing the lame, the blind, the crippled, the mute and many others, and laid them at his feet; and he healed them.*

- † 2. It is the natural tendency of sinful human beings to look differently at people based on their quality of life.
(Luke 14:12-14 NIV) *Then Jesus said to his host, “When you give a luncheon or dinner, do not invite your friends, your brothers or sisters, your relatives, or your rich neighbors; if you do, they may invite you back and so you will be repaid. But when you give a banquet, invite the poor, the crippled, the lame, the blind, and you will be blessed. Although they cannot repay you, you will be repaid at the resurrection of the righteous.”*

- † 3. God shows equal love to all people regardless of their quality of life.
(John 3:16 NIV) *For God so loved the world that he gave his one and only Son, that whoever believes in Him shall not perish but have eternal life.*

- † 4. God wants us to reflect his impartiality in dealing with all people.
(James 2:1 NIV) *My brothers and sisters, as believers in our glorious Lord Jesus Christ, don’t show favoritism.*

- † 5. God is the author of life and death.
(1 Samuel 2:6) *The LORD brings death and makes alive; he brings down to the grave and raises up.*

In applying these principles, God’s Word illustrates that taking action with the “specific intent” to end human life, such as stopping administration of food and water in any form, is wrong.

God’s Word also shows us that failing to help someone care for his body and life is equally wrong.

It is these principles and applications that resulted in the Addendum directive which reads:

I do *not* give consent for the withholding or withdrawal of nutrition or hydration, even if I am diagnosed to have a terminal illness or injury, if doing so would cause my death by starvation or dehydration rather than from the terminal condition or injury.
(Addendum, Health Care Directives, p.8, #4)

There are, however, medical conditions in which tube–feeding is either not possible or futile.

For example, a patient with an inoperable intestinal tumor may not be able to process food and fluids. To force any type of feeding would most likely antagonize and accelerate the dying process.

There are also situations in which, in the course of tube–feeding, the patient develops a medical condition in which death is imminent. In other words, no matter what is done,

death is expected to occur within the next few hours or days. In this circumstance the withholding of food and fluids does not contribute to the dying process. It is for these types of circumstances that the Addendum prescribes:

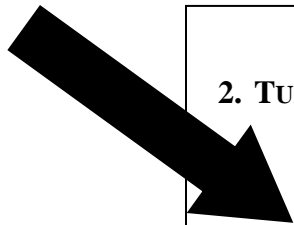
Should it become clear that God wishes to take my life, namely that I am diagnosed to have a terminal illness or injury where death is imminent, I direct that life–sustaining procedures be withheld or withdrawn, and that I be permitted to die in God’s time.
(Addendum, Health Care Directives, p.8, #4)

In summary, when food and fluids sustain life, they are to be done so regardless of the patient’s quality of life. If such feeding, however, is not possible or futile, one is not obliged to pursue it.

Remember, the purpose of designating a health care representative in a medical directive statement is to allow that representative to make decisions for you when you are unable to do so. In this section, it authorizes your representative to remove tube–feeding when it is *contraindicated* (meaning, tube–feeding is no longer sustaining your life, or it is harming your life [such as when an intestinal blockage prevents the body from processing ingested food]). In other words, your health care representative can authorize its withholding or withdrawal.

In light of this explanation and the provisions in the Addendum we suggest that you DO initial the space allowing your representative to decide about tube feeding for you.

DO INITIAL



PAGE 3

2. TUBE FEEDING.

One sort of life support is food and water supplied artificially by medical device, known as tube feeding.

INITIAL IF THIS APPLIES:

[] My representative MAY decide about tube feeding for me. (If you don’t initial this space then your representative MAY NOT decide about tube feeding.)

[We suggest that you initial on the line above.]

Date and Signature

After filling in the sections on the previous pages, you need to sign and date the bottom of page 3 in order for the appointment of your health care representative to be effective. You must completely understand all of the provisions of Part B before you sign the document. If you do not understand any of the provisions, it is important that you have them explained to you by your attorney before you sign.


Your signature must be witnessed by two adult witnesses on page 6. You should sign both page 3 *and* the attached Addendum in the presence of those two witnesses, who will then sign Part D.

Date: _____

PAGE 3

SIGN HERE TO APPOINT A HEALTH CARE REPRESENTATIVE

(Signature of person making appointment)



PAGES 4-5

Part C: Health Care Instructions

Part C asks you to make selections regarding the care you desire in accordance with the definitions specified at the top of this section. **We suggest that you do NOT initial any of the statements in Items 1 through 5 and allow your health care representative to make those decisions when they are needed.**

The reasoning is that health care is complicated. It is not practical to assume you can guess all of the details presented in each option. By **NOT** signing Part C, you are permitting your health care representative to make the decisions based on all available and currently known conditions.

Item 7 applies to any previously executed powers of attorney for health care. When you complete and sign Part B you are appointing a health care representative. You are also revoking any health care advance directive that you may have signed in the past. Therefore, if you fill out Part B you can leave this Item blank.

Date and Signature

Again, we advise that you do **NOT** complete Part C but leave these decisions to your health care representative. If you complete Part C it is important that you completely understand the statements in this section before you sign the document. If you do not understand any of these statements, it is important that you have them explained to you by your attorney before you sign. You would then date and sign on the bottom of page 5. As with Part B, your signature must be witnessed by two adult witnesses, who will sign Part D.

DO NOT SIGN

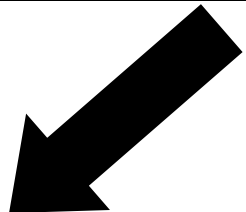
Date: _____

PAGE 5

SIGN HERE TO GIVE INSTRUCTIONS

(Signature)

[You would sign above ONLY if you complete Part C]



PAGE 6

Part D: Declaration of Witnesses

It is best if you sign and date this document in the presence of two witnesses. The witnesses must sign at the same time and must either witness your signature or witness your acknowledgement of your signature. At least one of your witnesses cannot be related to you (by blood, marriage or adoption), cannot be entitled to any portion of your estate, and cannot be an owner, operator or employee of a health care facility where you are a patient or resident.

It is also recommended that you sign the attached Addendum on page 12 at the same time.

Part E: Acceptance by Health Care Representative

The people you choose as your health care representative and alternate health care representative must sign this Advance Directive. This verifies they understand your specific desires as stated in this document and are willing to make health care decisions for you in agreement with these statements.

UNDERSTANDING THE ADDENDUM

The Addendum makes up the rest of the Advance Directive document. It gives specific directions to your health care representative to help that person make decisions consistent with your desires. Due to the detail found in this portion of the document, you should sign the Addendum on page 12 at the same time you sign page 3 (and page 5 if you completed Part C). Since this Addendum has information that describes your wishes, it should be witnessed at the same time as the Advance Directive.

PAGE 7

My Health Care Statement of Beliefs

Pages 7 and 8 contain general statements about Biblical principles on the value of life and give specific directions regarding life-sustaining measures in light of those principles.

PAGE 9

Pregnant Women

God's Word clearly teaches that life begins at conception. (*Psalm 51:5 NIV*) *Surely I was sinful at birth, sinful from the time my mother conceived me.* That being the case, the same directives that prescribe care and sustenance for an adult would also apply for the unborn.

The Addendum spells out your conviction on the value of human life from the moment of conception. It instructs others to essentially proceed with treatment with the understanding that a pregnant woman represents two patients of equal value and concern.

PAGE 10

HIPAA Release Statement

The Health Insurance Portability and Accountability Act is a federal law that is designed to protect your personal health information and to prohibit the sharing of that information with any unauthorized personnel. Although not legally required, this statement is a critical component of your medical directive. This section specifies that your health care representative has the right to receive or share any of your personal health information that is needed to make appropriate decisions regarding your medical treatment.

Admission to Nursing Homes

We would advise that you discuss with your health care agents whether you wish to grant them authority to admit you on a long-term or permanent basis to a nursing home. There are some who feel they do not want to make others care for them at home and so insist on going to an institution. On the other hand, there are those who never want to be in an institution. You need to thoroughly discuss all of the options. While Christians should be willing to care for others, they also must balance all of their commitments to assure adequate care of all responsibilities.

In an attempt to be noble do not deprive loved ones of the blessing there is in caring for others. At the same time be considerate of all responsibilities your loved ones have. Carefully and completely discuss this issue.

We would suggest you check the “Yes” blank to allow flexibility for your health care agent. You may verbally express desires on this matter.

Statement of Desires, Special Provisions, or Limitations

The first two additions are provided for you. The first is a request that adds the Addendum to the Advance Directive document. This means that your health care representative will follow the directives in the Addendum just like the directives in the main document. The second request is not a requirement. It provides for your representative to contact your clergy for input and advice as needed when health care decisions are made.

You are permitted to add additional restrictions particularly related to the issues of life-prolonging care, treatment, services, and procedures. This is where you may add specific instructions regarding resuscitation orders. We advise extreme caution in getting too specific. Sometimes these matters are best handled by the health care representative when they arise. Courses of action may vary depending on the circumstances and your overall health. As a general rule we advise that you leave these lines blank.

You are permitted to request resuscitation or no resuscitation in the medical directive document. Be aware that emergency medical personnel are generally required to perform resuscitation unless they see specific and immediate evidence that you have rejected resuscitation. We suggest you speak with your doctor on providing options for that immediate evidence which may be a smaller document, card, or bracelet.

PAGE 11

Anatomical Gifts

The state of Oregon allows you to designate any, or all, parts of your body or tissue for purposes of transplantation, therapy or research. You may check any of the spaces to designate those selections you would like to make. If you do not choose to donate any parts of your body, then check the last statement (“I refuse to make an anatomical gift.”). Sign and date this form at the bottom of the document.

PAGE 12

Signature of Principal

The person filling out the form must sign again. After signing the Advance Directive document on page 3 (and page 5 if you completed Part C), you should now sign this Addendum. This verifies you are in agreement with the statements made in this Addendum and also communicates your choices in the areas you have checked.

Declaration of Witnesses

As with the Advance Directive, the principal’s signature must be witnessed by two persons. Be sure to sign the document while the witnesses are present.

Acceptance by Appointment of Power of Attorney

The people you choose as your health care representative and alternate health care representative should sign this Addendum. It is desired to have the signatures on this Addendum as well as on the Advance Directive document. This verifies they understand your specific desires as stated in this Addendum, and are willing to make health care decisions for you in agreement with these statements.

PAGE 13

Clergy

This portion of the Addendum allows you to have your clergy sign the document. This is an option which you have. You are not required to have the clergy’s signature.

WHAT TO DO WITH THE COMPLETED DOCUMENT

Be sure to make a number of copies first. Keep one copy in a location known by your trusted relatives and friends. Generally this would be in an unlocked file cabinet or dresser drawer. You want to be sure your designated health care representative and/or other trusted individual(s) can easily get to it, if needed.

Make copies* of this entire document after it has been fully completed and give one to each of the following:

- Health care representative;
- Your primary physician;
- Alternate health care representative;
- Your congregation for safe-keeping on file.

You may also wish to provide copies to other close friends or relatives.

*Copyright permission is granted to duplicate the Advance Directive document and Addendum if those copies are to be used for informational purposes only.

UPDATING YOUR COMPLETED DOCUMENT

It is very important that your Advance Directive remains current. We suggest that you review it once a year or when events in your life change. Think about the “5 D’s” to decide when you should change or update your Advance Directive: 1) Decade birthday; 2) Diagnosis of a life-threatening condition; 3) Deterioration of health status; 4) Divorce; and, 5) Death of someone close to you or that may affect your medical directive. You should also address and contact information for your representative and alternate representative if these change.

IN SUMMARY

By federal law most health care institutions are required to inform you of your “right” to have a medical directive statement. They may even have offered you this document or one of their own choosing. At any rate, while you have the “right” to have such a document, you are not “required” to have one. Various institutions often have an “in-house” protocol for medical care to those without statements. You will be subject to that protocol if you have no statement.

While Christian Life Resources, Inc. has spent considerable resources in drafting this document we readily acknowledge that your best protection is to have a well-informed family and a doctor who clearly understands your wishes. We suggest that when you complete the document you meet with your loved ones and go through it line by line. Then schedule an appointment with your doctor and do the same with him or her.

This document is designed not only to provide direction for your medical care but is to be a tool for the Christian witness. When you discuss it with loved ones and your doctor, be sure to use this explanatory document to help you illustrate for them your convictions about God as the Author, Terminator, and Savior of life.

It is our prayer that as you walk through this process of drawing up your health care document your faith will be strengthened by the reminder of God’s authority over all things. May you also find peace and satisfaction that you have taken this step towards assuring that your life is lived in conformity to God’s will to the very end.

May the power and glory be His forever!

For more information, contact:

Christian Life Resources, Inc.
Box 56
Richfield, WI 53076-0056

Phone: 800-729-9535
E-mail: info@christianliferesources.com
Website: www.ChristianLifeResources.com

Scripture quotations marked (NIV) are taken from the Holy Bible, New International Version®, NIV® Copyright © 1973, 1978, 1984, 2011 by Biblica, Inc.™ Used by permission of Zondervan. All rights reserved worldwide. www.zondervan.com. The “NIV” and “New International Version” are trademarks registered in the United States Patent and Trademark Office by Biblica, Inc.™