

# ~ Alberta ~

## Personal 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 Personal 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** To the extent that your Personal Directive gives your Agent the authority to make health care decisions for you, it 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. They are preferred because they generally allow a person more options in providing health care than the living will.

**MORE OPTIONS** Sometimes more options mean more confusion. The ability to customize the Personal 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.

**AREAS OF AUTHORITY** The Alberta Personal Directive covers more areas of authority than health care. It covers all personal matters, of a non-financial nature, that relate to you. The possible areas of authority are listed in Section 3 of your personal directive. However, your health care is of primary concern and is the focus of this explanatory statement. A detailed discussion of the different areas of authority is outside the scope of this explanatory supplement. For example, this supplement is not designed to explain what decisions could be made by an agent who is charged with making decisions regarding your *accommodation* or your *legal matters*. It is recommended that you discuss the breadth of the various areas of authority with an attorney who is familiar with personal directives prior to completing this document.

**PERSONAL DIRECTIVE – CHRISTIAN VERSION** In the 1980s, society became very interested in medical directive statements and legislation began to be formulating around what were called “living wills.” Living wills appear to have been primarily by the Society for the Right to Die (now called “Choice in Dying”). This pro–ethanasia organization 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. Living wills are also used in Alberta. A publication issued by the Government of Alberta entitled, “Understanding Personal Directives,” states a living will is a personal directive that only addresses end-of-life decisions.

As these pro–death documents began to be adopted by individual U.S. states and the provinces of Canada, Christians became frustrated. It became 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 was never legally challenged for its validity. In fact, it was greatly appreciated by legal and medical professionals alike.

The advent of the Personal Directives provided people with a generally more acceptable alternative to living wills. With this growing acceptance of Personal Directives 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 government laws. To assist Christians in using the customary Personal Directive, Christian Life Resources, Inc. developed the “Christian Version.”

## **VALIDITY**

You are not required to have a Personal Directive. However, if you don't have one and you lose the ability to make health care decisions, then your physicians may select a family member from a ranked list to make certain decisions for you. 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 personal directive statements typically offered.

Generally speaking, the medical community is obliged to comply with your wishes for medical care and cannot require you to have a personal directive. Ideally, it is desired that people 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, governments began to pass legislation to allow for personal 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 law does not fully protect it from legal challenges. In this litigious society there are no such guarantees. Conformity to legal requirements, however, certainly strengthens the document's integrity.

The Personal Directive – Christian Version document has been carefully designed to be in full compliance with the *Personal Directives Act* of the Province of Alberta. Christian Life Resources, Inc. has similar documents available for all 50 U.S. states and several other Canadian provinces. If you desire this document for a province or state other than Alberta, please contact Christian Life Resources, Inc. at 1-800-729-9535.



The next paragraph explains that your Personal Directive does not take effect on the date you sign the document. It only takes effect when you no longer have the capacity to make personal decisions on your own behalf.

## INITIALS

For the remainder of the document you are given several choices. You must initial next to the space marked “Initial by Maker” for each choice that you wish to make. If you do not wish to fill out a section, then you should not initial in the space provided for that section.

### 1. REVOCATION OF PREVIOUS DIRECTIVE

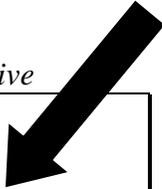
The first choice you are given is whether you wish to revoke a previous personal directive. If you previously filled out a Personal Directive, then it is generally recommended that you initial where indicated. The intent would be to avoid any confusion over which document should be followed in the event of your incapacity.

*Initial here if you previously made a Personal Directive*

PAGE **2**

I revoke all previous personal directives made by me.

Initial by Maker [ \_\_\_\_\_ ]



## PAGES 2 - 3

### 2. DESIGNATION OF AGENT

This is the section where you can designate someone to make personal decisions for you. First of all, understand that this designated person, called your “agent,” only makes decisions on your behalf when you cannot. If you are competent, you make the decisions. Even though you complete and sign this document, it only goes into effect when you can no longer make decisions for yourself.

The document allows you to select primary, first alternate, and second alternate agents. The first alternate agent acts only when the primary agent is unable or unwilling to do so, and the second alternate agent acts only when the first alternate agent is unable or unwilling to do so. You don’t have to name any agents if you don’t want to. You can simply use this document to list instructions that should be followed if you should ever become incapacitated. However, it is recommended that you name an agent to make decisions for you if you cannot, because it is impossible to detail what measures should be used in every possible situation.

Obviously, the selection of an agent is very important. An agent must be at least 18 years old and have the mental capacity to make decisions on your behalf.

You are first asked to designate a primary agent. Place the name, address, and telephone number on the lines provided, and initial where indicated.

*Insert name, address and phone number here*

**PAGE 2**

**Primary Agent(s)** \_\_\_\_\_  
 Name(s) of Primary Agent(s) Phone

\_\_\_\_\_  
 Address

Initial by Maker [ \_\_\_\_\_ ]  
 Initial by Witness [ \_\_\_\_\_ ]

*Initial next to "Initial by Maker" here*

You are then asked to designate your first alternate agent and your second alternate agent. Although not required, it is advisable to at least name a first alternate agent to cover the possibility that your primary agent may become incapacitated or pass away. You should complete and initial this section in the same manner as indicated above.

**PAGE 2**

If he/she or they are ever unable or unwilling to serve as my Primary Agent(s), I hereby designate:

**First Alternate** \_\_\_\_\_  
 Name(s) of First Alternate Agent(s) Phone

\_\_\_\_\_  
 Address

Initial by Maker [ \_\_\_\_\_ ]  
 Initial by Witness [ \_\_\_\_\_ ]

**PAGE 3**

to be my First Alternate Agent(s). If he/she or they are ever unable or unwilling to serve as my First Alternate Agent(s), I hereby designate:

**Second Alternate** \_\_\_\_\_  
 Name(s) of Second Alternate Agent(s) Phone

\_\_\_\_\_  
 Address

Initial by Maker [ \_\_\_\_\_ ]  
 Initial by Witness [ \_\_\_\_\_ ]

to be my Second Alternate Agent(s).

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

You want someone who shares your convictions about God, salvation, the value of human life, and the desire to make decisions pleasing to God. You should also consider and designate someone who can handle the responsibilities of making medical treatment

decisions for you when you can no longer make them for yourself. While the government 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 clergy or ask for his counsel on the matter.

## PAGES 3 - 4

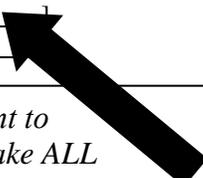
### 3. AREAS OF AUTHORITY

On pages 3-4, you are given choices regarding what kind of personal decisions you want to allow your agent to make on your behalf. You can also choose different agents for different personal matters. For example, you can choose one person to make your health care decisions and a different person to make decisions relating to your participation in social activities.

A detailed discussion of the different areas of authority is outside the scope of this explanatory supplement. For example, this supplement is not designed to explain what decisions could be made by an agent who is charged with making decisions regarding your *accommodation* or your *legal matters*. It is recommended that you discuss the breadth of the various areas of authority and what other kinds of personal matters you might want to list in this section with an attorney who is familiar with personal directives prior to completing this document.

If you want the agents designated under Section 2 to have the authority to make *all* personal decisions, of a non-financial nature, for you, then you would initial under the first paragraph of Section 3:

<b>PAGE 3</b>	
I give my Agent(s) designated in Section 2 above the authority to make personal decisions on my behalf for all the personal matters, of a non-financial nature, that relate to me.	
Initial by Maker	[ <input type="checkbox"/> ]
Initial by Witness	[ <input type="checkbox"/> ]



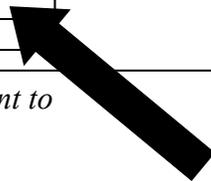
*Initial next to "Maker" IF you want to give your agent the authority to make ALL personal decisions for you.*

**OR**

You can select different agents to make decisions for different personal matters. If this is your preference, then you would initial under the paragraph.

I give the following Agent(s) the authority to make personal decisions on my behalf for the personal matters, of a non-financial nature, that relate to me that are listed below. If I have not specified one or more Agent(s) for a personal matter listed below, then the Agent(s) listed in Section 2 shall have the authority to make decisions on my behalf for that personal matter.

Initial by Maker [ \_\_\_\_\_ ]  
Initial by Witness [ \_\_\_\_\_ ]



*Initial next to "Maker" IF you want to name different agents for different areas of authority.*

Then, you would insert the name of the agent next to the area of authority you wish to give to that agent, and initial where indicated.

## PAGES 4 - 5

### 4. DESIGNATION OF AGENT FOR TEMPORARY CARE AND EDUCATION OF MINOR CHILD(REN)

As explained above, a detailed discussion of the decisions that do not relate to health care is outside the scope of this explanatory supplement. If you wish to complete Section 4, it is recommended that you discuss this decision with an attorney who is familiar with this issue.

### 5. SPECIFIC INSTRUCTIONS

The first part of Section 5 allows you to give special instructions which your agent must follow when making decisions for you. The first three additions are provided for you. The first is a request that adds the Addendum to the Personal Directive document. This means that your agent 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 agent to contact your clergy for input and advice as needed when health care decisions are made. The last addition limits the authority of your agent with respect to mental health treatment for you.

You are permitted to include 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 agent 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.

The second part of Section 5 gives instructions to your service provider (someone who provides personal services to you, such as your doctor) if you don't designate an agent or if

your agent is unable or unwilling to make a decision. The two additions here mirror what was inserted above, and request that your service provider consider your beliefs as set out in the Addendum and also consult with your clergy before providing health care services to you.

## **6. OTHER INFORMATION**

Section 6 allows you to provide other information to your agent to help your agent better understand your values and beliefs. The intent is to give your agent as much information as possible so that your agent can make the decisions in the manner you would have if you were able to make them yourself. Section 5 already instructed your agent to consult the Addendum, and to make decisions in accordance with your philosophy and beliefs as set out in the Addendum. We've also included an additional statement in Section 6, which confirms that you expect to be fully informed about and allowed to participate in all personal decisions to the extent possible. In particular, you expect to be included in your health care decisions to the extent that you are able.

## **7. WHO DETERMINES MY INCAPACITY [OPTIONAL]**

As explained elsewhere in this Explanatory Supplement, this document is not designed to explain all the choices you are given in your personal directive. It is recommended that you consult an attorney who is familiar with personal directives so that the ramifications of completing Section 7 can be explained to you.

# **PAGES 6 - 7**

## **8. NOTIFICATION [OPTIONAL]**

Section 8 allows you to insert the names of people whom you want to be notified in the event that you are determined to lack capacity to make decisions for yourself. In this section you might want to list your loved ones, such as your spouse and/or adult children, or possibly a close friend. You might also want your clergy to be notified of this eventuality so that he is aware that he may be called upon to explain your beliefs relating to your health care.

## **9. SIGNATURES**

After filling in the selections on the previous pages, you need to sign and date on the bottom of page 6 in order for it to be effective. You should also insert the name of the city where you sign the Personal Directive in the space marked "Location." You must completely understand all of the provisions of your Personal Directive before you sign it. If you do not understand all 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 a qualified adult. You must sign both page 6 of the Personal Directive – Christian Version document *and* the attached Addendum in the presence of that witness, who will also sign page 6 and the Addendum. You should ask your witness to print his/her name and insert his/her address in the space provided so that the

witness can be contacted if there is any question about whether you were competent when you signed the document.

*Insert the name of the city and province where you sign the document, and the date here:*

**PAGE 6**

Signed by me in the presence of my witness at \_\_\_\_\_  
(Location)

in the Province of Alberta, this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
(Day) (Month) (Year)

\_\_\_\_\_  
(Signature of Maker) (Signature of Witness in the presence of Maker)

*Sign as "Maker" here*

According to Alberta law, the following persons are **not** allowed to be a witness on your personal directive:

- Someone that you name in your document as your agent
- The spouse or adult interdependent partner of a person designated in your document as your agent
- Your spouse or adult interdependent partner
- A person who signs the personal directive on your behalf
- The spouse or adult interdependent partner of a person who signs the personal directive on your behalf

## 10. ACKNOWLEDGEMENT

Although not required, it is generally recommended that you give your agent and alternate agents a copy of your Personal Directive and ask them to sign page 7. This serves to verify that they understand your specific desires as stated in this document and are willing to make health care decisions for you in agreement with your stated desires. It also reassures your service providers that your agents are aware of their designation under your Personal Directive and are willing to serve in this capacity.

# UNDERSTANDING THE ADDENDUM

The Addendum makes up the rest of the Personal Directive document. It gives specific directions regarding your health care to your agent 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 10 at the same time you sign page 6. Since this Addendum has information that describes your wishes, it should be witnessed at the same time and in the same manner as the Personal Directive.

## PAGE 8

### Exceptions to Health Care Directives

Point #3 reads as follows:

*“If I have an incurable terminal illness or injury, and it is medically certain that my death will occur within six (6) months, my health care representative may consent to the withholding or withdrawal of life–sustaining health care. However, I still desire health care for easily treatable acute and chronic conditions, and health care that is intended to relieve pain or make me comfortable.”*

(Addendum, Exceptions to Health Care Directives, p.8, #3)

The condition noted as “an incurable terminal illness or injury” is caused by substantial damage to vital organs; meaning, the condition is irreversible, and death is “medically certain” to occur within six months. Experience shows that in those circumstances even the administration of “life-sustaining health care” may, in fact, prolong and antagonize the dying process. Most often the issue arises as the body seems progressively unable to process oxygen (requiring ventilator support), endure dialysis, and even process food. To continue these otherwise life-sustaining efforts when they are now causing suffering would both be cruel and appear to challenge God’s prerogative to bring life to an end. This is explained in the Addendum as such:

*“... Similarly, I reject any attempt to lengthen my life when it is clear God intends to take it.”*

(Addendum, My Health Care Statement of Beliefs, p.8, paragraph #2)

Point #3 (as noted in italics above) acknowledges these circumstances and permits the health care representative to decide to stop such life-sustaining treatment that would appear to prolong and antagonize the dying process.

Can this judgment be abused? Certainly. Individual paragraphs can be lifted from this document to serve nefarious purposes. The document, however, venerates the inherent value of human life and God’s authority over it. As such, no paragraph in the entire document permits any effort specifically taken with the motive to shorten life. To state it practically, if a life-sustaining measure is effective and it is not prolonging and antagonizing the dying process, then it should not be removed if the motive is to intentionally shorten life. The document states that point well in the section of the Addendum entitled “Nutrition and Hydration.”

The value of this advance directive is to relay one’s values regarding life as God’s gift. Because medical options abound at every turn, it is impossible to anticipate each

scenario. Our experience has been that there have been situations in which death appeared medically certain to come within six months and that what otherwise would be routine life-sustaining treatment actually prolonged and agonized the dying process because of the body's inability to benefit from the treatment(s). CLR's approach clearly rejects withdrawing food and fluids with the intent to shorten life, recognizing that in some instances even life-sustaining treatment can become the hardship.

It is also important to note is that we carefully worded the withdrawal of life-sustaining care to be a decision made by the health care agent who is well-indoctrinated in the Christian values of the patient and has an abiding respect for God's authority over life. In other words, this right is not entrusted to just anyone, but to someone designated by the patient who is looking out for God's interest, and the interest of God's child (the patient).

## **PAGES 8-9**

### **Statement of Beliefs - Health Care Directives – Exceptions to Health Care Directives**

Page 8 to the top of page 9 contain general statements about Biblical principles on the value of life and gives specific directions regarding life-sustaining measures in light of those principles.

### **Nutrition and Hydration (Feeding Tube)**

This section describes the Biblical principles that apply to the artificial provision of food and fluids. 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) 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) 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) 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) My brothers and sisters, believers in our glorious Lord Jesus Christ must not 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.

These principles and applications 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 the course of tube–feeding, the patient develops a medical condition and 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 provided regardless of the patient’s quality of life. If such feeding, however, is not possible or futile, one is not obliged to pursue it.

## **Inspection and Disclosure**

This section specifies that your agent has the right to receive or share any of your personal health information that is needed to make appropriate decisions regarding your medical treatment.

## **Pregnant Women**

God’s Word clearly teaches that life begins at conception (Psalm 51:5 – *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**

## **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.

## **Signature of the Maker**

You are the Maker because you are the person filling out the form. After signing the Personal Directive document on page 6, you should now sign page 10 of 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.

## **Signature of Witness**

As with the Personal Directive, your signature must be witnessed by a qualified adult. Be sure to sign the document while the witness is present.

# **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 agent 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:

- Primary agent;
- Your primary physician;
- Alternate agents;
- 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 Personal Directive document and Addendum if those copies are to be used for informational purposes only.

NOTE: You can register your personal directive with the Government of Alberta so physicians can find out if you have a personal directive and how to contact your agents. More information about the personal directive registry, including how to register your personal directive, can be found at [www.alberta.ca/personal-directive.aspx](http://www.alberta.ca/personal-directive.aspx).

## **UPDATING YOUR COMPLETED DOCUMENT**

It is very important that your Personal Directive remains current. We suggest that you review it once a year or when events in your life change. Think about the “5 Ds” to decide when you should change or update your Personal 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 directive. You should also address and contact information for your agent and alternate agent if these change.

## IN SUMMARY

Many health care institutions may offer you a medical directive statement of their own choosing. It is important to keep in mind that 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:

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Box 56  
Richfield, WI 53076-0056

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Phone: 800-729-9535  
E-mail: [info@christianliferesources.com](mailto:info@christianliferesources.com)  
Website: [www.ChristianLifeResources.com](http://www.ChristianLifeResources.com)

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