

~ Wisconsin ~  
Power of Attorney  
for Health Care  
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 Power of Attorney for Health Care – 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

your health care. POAHC documents have become increasingly popular because they generally allow a person more options for providing health care than the living will.

The Power of Attorney for Health Care (POAHC) 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

## MORE OPTIONS

and, 2) understanding and making choices in the medical arena that can often be confusing and overwhelming.

Sometimes more options mean more confusion. The ability to customize the POAHC brings the Christian two challenges: 1) crafting the document to properly reflect Christian convictions which are based on God's Word;

## THE POWER OF ATTORNEY FOR HEALTH CARE – CHRISTIAN VERSION

Society for the Right to Die (now called "Concerned in Dying"), a pro-euthanasia 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.

In the 1980's 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

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 Power of Attorney for Health Care documents provide people with a generally more acceptable alternative to living wills. With this growing acceptance of POAHC documents has come 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 POAHC document, Christian Life Resources, Inc. has 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 has 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.

There is always the possibility, however, that verbal or written instructions may be too vague or violate an unknown regulation, therefore jeopardizing its validity. It is for that reason that more and more states are passing legislation to allow for Power of Attorney for Health Care documents. Such legislation prescribes the critical elements of such a document.

It is important to remember that even using a document in 100% conformity with state statutes does not protect it 100% from being challenged. 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 on an annual basis. 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 Power of Attorney for Health Care – Christian Version document has been carefully designed to be in full compliance with the statutes for the state of Wisconsin. Christian Life Resources, Inc. has similar documents available for all 50 states. If you desire this document for a state other than Wisconsin 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 Power of Attorney for Health Care – 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.

## ☞ PAGE 1 ☞

### Notice to Person Making 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 – 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 – Do you not know that your body is a temple 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 – And for your lifeblood I will surely demand an accounting. I will demand an accounting from every animal. And from each man, too, I will demand an accounting for the life of his fellow man.)

## ☞ PAGE 2 ☞

### Designation of Health Care Agent

First of all, understand that this designated person, called your "health care agent" or "attorney-in-fact," only makes your medical decisions for you when you cannot. If you are competent, you make the decisions. This document, even though it be 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 agents. The alternate agent(s) acts only when the primary health care agent is unable or unwilling to do so.

Obviously, the selection of a health care agent 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 State wants to ensure that such institutions or professionals which might stand to gain financially from your health care decisions not be the primary decision-maker of your health care needs. 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 agent. Place the name, address and phone number on the lines provided.

DESIGNATION OF HEALTH CARE AGENT

PAGE **2**

If I am no longer able to make health care decisions for myself, due to my incapacity, I hereby designate \_\_\_\_\_,  
Health care agent, \_\_\_\_\_, Address

(\_\_\_\_\_) \_\_\_\_\_, to be my health care agent for the purpose of making health care decisions on my behalf.  
Phone

If he or she is ever unable or unwilling to do so, I hereby designate \_\_\_\_\_,  
Alternate health care agent

\_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_, to be my alternate health care agent for the purpose of making health care decisions on my behalf.  
Address Phone

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

After you have filled out the entire document and Addendum, make some copies for your agents and anyone else you believe should have a copy. Record the names of at least two people who have received copies on the back of your document.

The intent is that the health care agent be someone whose primary interest is in your needs. That is why people are careful not to designate health care agents 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 ❧

### Admission to Nursing Homes or Community-Based Residential Facilities

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 or community-based residential facility. 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 for items 1 & 2 to allow flexibility for your health care agent. You may verbally express desires on this matter.

## Provision of Feeding Tube

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 upon 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 for sinful human beings to look differently upon 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 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, as believers in our glorious Lord Jesus Christ, don’t show favoritism.
- † 5. God is 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.7, #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 where, 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.7, #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.

In light of this explanation and the provisions in the Addendum we suggest you check the "Yes" blank.

<b>PROVISION OF FEEDING TUBE</b>	<b>PAGE</b>
My health care agent may not have requested nutrition or hydration withheld or withdrawn from me unless provision of the nutrition or hydration is medically contraindicated.	<b>3</b>
Withhold or withdraw a feeding tube <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> (SEE ADDENDUM – pages 6-10)	
If I have not checked either "Yes" or "No" immediately above, my health care agent may not have a feeding tube withheld or withdrawn from me.	

### Health Care Decisions for Pregnant Women

While you are given the choice of whether or not to grant your health care agent the right to make health care decisions for you if you are pregnant, we suggest you select “Yes.” If this section neither presently, nor ever will, have application for you, draw a single line through the “Yes” and “No” selections and write “N/A” which means it is “Not Applicable.”

### 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 Power of Attorney for Health Care 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 pastor 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 agent when they come up. 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.

### 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 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.

### Signature of Principal

After filling in the selections on page 2, you need to sign on page 5. This signature must be witnessed by two adult witnesses. You must sign both the Power of Attorney for Health Care – Christian Version document and the attached Addendum in the presence of those two witnesses, who will then sign below.

The principal and the witnesses all must sign the document at the same time.		<b>PAGE</b>
 <p style="margin: 0;">SIGNATURE OF PRINCIPAL (Person creating this Power of Attorney for Health Care)</p>		<b>5</b>
Signature 		Date: _____
(The signing of this document by the principal revokes all previous power of attorney for health care documents.)		

### Anatomical Gifts

Wisconsin statutes allow you to designate an anatomical gift within your POAHC. This is an option that is available to you, but it is not a requirement. If you choose to make an anatomical gift, you should check one of the first three lines. If you check the first line, you need to indicate which organs or parts you are willing to donate. If you check the second line, you do

not need to indicate any particular organs or parts because the doctors will take any organ or part that is usable and needed. If you check the third line, you are saying that your entire body will be available for study and research after you die.

If you choose not to make an anatomical gift, you should check the fourth line. If you have previously promised to make an anatomical gift to a particular person, and have now changed your mind, you should attempt to contact the potential donee so he or she knows that you are no longer willing to make this anatomical gift.

Even though this section is optional, we recommend that you check one of the lines. By checking a line, you make your desires clearly known for your health care agent and your loved ones. After checking one of the lines, you should sign your name and write the date on the lines provided.



## UNDERSTANDING THE ADDENDUM

The Addendum makes up the rest of the POAHC document. It gives specific directions to your attorney in fact 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 8 at the same time you sign page 5. Since this Addendum has information that describes your wishes, it should be witnessed at the same time as the POAHC.

### Pregnant Women

God's Word clearly teaches that life begins at conception. (Psalms 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 9 ✿

### Signature of Principal

The person filling out the form must sign again. After signing the Power of Attorney for Health Care document on page 5, 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.

### Statement of Witnesses

As with the Power of Attorney for Health Care on page 5, the principal's signature must be witnessed by two adult witnesses. Be sure to sign the document while the witnesses are present.

### Statement of Health Care Agent and Alternate Health Care Agent

The people you choose as your health care agent and alternate health care agent should sign this Addendum. It is desired to have the signatures on this Addendum as well as on the POAHC 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. Your health care agent and alternate health care agent do not need to sign at the same time you do.

## ✿ PAGE 10 ✿

### Signature of Pastor

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

## WHAT TO DO WITH THE COMPLETED DOCUMENT

Wisconsin statutes direct you to give this original document to your physician. 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 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:

- Health care agent;
- Alternate health care agent;
- 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 Power of Attorney for Health Care document and Addendum if those copies are to be used for informational purposes only.

## 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 

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The complete Power of Attorney for Health Care – Christian Version  
packet is available from Christian Life Resources, Inc.  
Call 1-800-729-9535 for further information.