**Durable Power of Attorney in Health Care, Catholic version**
I,                                   (name) , of                                                     ,
hereby make, constitute and appoint                                                                   hereinafter “Agent”),

of                                                   , as my true and lawful attorney-in-fact to make health care decisions for me.

I also appoint                                           ,  as “my alternate Agent”, without authority to exercise any of the powers set forth below, except that if my Agent shall be unable or unwilling to serve or to continue to serve as such Agent, then my alternate Agent shall be fully authorized to serve hereunder and shall have all of the powers granted originally to my Agent. My alternate Agent may execute and attach hereto an affidavit to the effect that my Agent is unwilling or unable to serve or to continue to serve. Such affidavit shall be conclusive evidence, insofar as third parties are concerned, of the facts set forth.

My Agent is authorized to exercise authority in matters involving my health and medical care. In exercising the authority granted herein, my Agent is instructed to try to discuss with me the specifics of any proposed decision regarding my medical care and treatment, if I am able to communicate in any manner.

Specifically, in the event that I should be in a terminal condition, a coma or a vegetative state that my doctors feel is likely to be incurable or irreversible, I would want to receive medically appropriate comfort care but would not want to receive cardiopulmonary resuscitation.**I desire always to receive oral or even artificially administered food and fluids, provided my body can assimilate them.**

In such circumstances, I would prefer not to be transported to a hospital if avoidable, would hope to be permitted to die in my home. In any event, I would request the administration of sufficient medication to alleviate pain or the performance of other medical procedures necessary to provide me with comfort care,**with great vigilance that narcotics never be used to induce any state of respiratory arrest, cardiac arrest or even an unconscious-state.**

My Agent is authorized to give or withhold consent to medical treatment for me based upon any treatment choices that I have expressed while competent, whether under this instrument or otherwise.

If my Agent cannot determine the treatment choice I would make under the circumstances, then my **alternative Agent** should make such choice for me based upon what my Agent believes to be in my best interest.  Accordingly, **my Agent and alternative Agent are** authorized as follows:

1. To give or withhold consent for surgery, medication or other treatment, approve or withhold approval for hospitalization or other placement, and consult with doctors and other persons to determine the best and most appropriate course of treatment or the most reasonable and comfortable-limitations on treatment.

2. To authorize the removal or withholding of medical treatment, including artificially or technologically supplied respiration, **never withholding**nutrition or hydration. It is my intention to provide a mechanism for such withholding or removal of life-sustaining treatment or procedures if after consultation with my treating physician my Agents, in his or her sole discretion, determines that I am unlikely to return to a cognitive sapient state and the treatment is unlikely to effect a cure.

3. To review my medical records, reports and charts and to consult with and secure information from treating physicians and employ other persons on my behalf, as my Agent may deem necessary, to assist in making medical treatment decisions.

4. I choose no organ donation.