

# The Rabbinical Council of America

# Halachic Health Care Proxy

## Proxy and Directive With Respect To Health Care and Post-Mortem Decisions

### Introduction

This Halachic Health Care Proxy, revised in August of 2009, is designed to help ensure that all medical and post-death decisions made by others on your behalf will be made in accordance with Jewish law and custom (*Halacha*). **This document is of great importance in light of in-roads made by medical service providers to insert themselves into the decision making process of patients and their families regarding end-of-life issues.** The text of this Halachic Health Care Proxy has been approved by attorneys. While we do not expect that any future change in federal or state laws would materially affect the validity of this document, you should show it to your own attorney to confirm its effectiveness in your state and for your specific needs.

### Acknowledgment

The Rabbinical Council of America wishes to acknowledge the pioneering work of Agudath Israel of America, whose Health Care Proxy was invaluable in the formulation of this document.

### Further Guidelines

The RCA has also prepared a separate document titled "**Halachic Guidelines to Assist Patients and their Families in Making "End-of-Life" Medical Decisions**" which should be reviewed prior to filling out this form. Like this document, it is available for download at [www.rabbis.org](http://www.rabbis.org) (and in printed form can be found at the back of this document.)

### Halachic Health Care Proxy Registration

The Union of Orthodox Jewish Congregations of America, through an agreement with the New York Legal Assistance Group (NYLAG), has arranged registration of your Halachic Health Care Proxy free of charge with the U.S. Living Will Registry. The Registry will maintain a copy on a secure website that can be accessed instantly by healthcare providers around the country 24 hours a day through its automated service. We encourage registration, because, in many instances, a patient has to be rushed to the hospital and the family may not be able to locate or access the health care proxy.

For more detailed information on the registry, see <http://www.uslivingwillregistry.com/store/pc/home.asp>

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# Instructions

(a) Print your name on the first line of the form.

(b) In Section 1, print the name, address, and telephone numbers of the person you wish to designate as your agent to make medical decisions on your behalf if you ever become incapable of making them on your own. Be sure to include all numbers (including cell phone and pager) where your agent can be reached in the event of an emergency. If the contact information for your agent changes, you should provide that updated information to everyone whom you have provided with a copy of your Health Care Proxy.

You should also insert the name, address, and telephone numbers of an alternate agent, to make such decisions if your main agent is unable, unwilling, or unavailable to make such decisions.

Before appointing anyone to serve as your agent, or alternate agent, ascertain that person's willingness to serve in such capacity. For your convenience, an addendum at the end of this document provides talking points to facilitate discussion between you and your proxy. In addition, if you have made arrangements with a burial society (*Chevra Kadisha*) for the handling and disposition of your body after death, you may wish to advise your agents of such arrangements.

Note: the law allows virtually any competent adult (an adult is a person 18 years of age or older, or anyone who has married) to serve as a health care agent. Thus, you may appoint as your agent (or alternate agent) your spouse, adult child, parent or other adult relative.

You may also appoint a non-relative to serve as your agent (or alternate agent), provided that individual has not already been appointed by 10 other persons to serve as a health care agent, or, is a non-physician employee of a health care facility in which you are a patient or resident.

(c) In Section 3, please print the name(s), addresses, and telephone numbers of the Orthodox rabbi and the alternate Orthodox rabbi whose guidance you want your agent to follow, should any questions arise as to the requirements of *halacha*.

You are free to insert the name of any Orthodox Rabbi(s) you choose. However, you are encouraged to discuss the matter with the rabbi to ascertain his specialization in end-of-life halachic issues and willingness to serve in such capacity.

(d) In Section 8, sign and print your name, address, phone numbers, and the date. If you are not physically able to sign and date the form, the law allows another person to do so on

your behalf, as long as he or she does so at your direction, in your presence, and in the presence of two adult witnesses.

(e) In the Declaration of Witnesses section, two witnesses should sign their names and insert their addresses beneath your signature. These two witnesses must be competent adults. Neither of them should be the person you have appointed as your health care agent (or alternate agent). They may, however, be your relatives.

If you reside in a mental health facility, at least one witness must be an individual who is not affiliated with the facility. In addition, if the mental health facility is also a hospital, at least one witness must be a qualified psychiatrist.

(f) It is recommended that you keep the original of this form among your valuable papers in a location that is readily accessible in the event of an emergency; and that you distribute copies to the health care agent (and alternate agent) you have designated in section 1, to the rabbi(s) you have designated in section 3, as well as to your doctors, your lawyer, and anyone else who is likely to be contacted in times of emergency.

(g) If, at any time, you wish to revoke this Proxy and Directive, you may do so by executing a new one; or by notifying your agent or health care provider, in writing, of your intent to revoke it. To avoid possible confusion, it would be wise to try to obtain all originals and copies of the old Proxy and Directive and destroy them.

If you do not revoke the Proxy and Directive, the Law provides that it remains in effect indefinitely. Obviously, if any of the persons whose names you have inserted in the Proxy and Directive dies or becomes otherwise incapable of serving in the role you have assigned, you should execute a new Proxy and Directive.

(h) It is recommended that you also complete the Emergency Instructions Card contained at the end of this form, and carry it with you in your wallet or purse.

(i) If, upon consultation with your rabbi, you would like to add to this standardized Proxy and Directive any additional expression of your wishes with respect to medical and/or post-mortem decisions, you may do so by attaching a "rider" to the standardized form. If you choose to do so, or if you have any other questions concerning this form, please consult an attorney.

These instructions are not part of the Halachic Health Care Proxy and need not be kept attached to the executed document.

# Proxy and Directive With Respect To Health Care Decisions and Post-Mortem Decisions

I, \_\_\_\_\_, hereby declare as follows:

**1. Appointment of Agent:** In recognition of the fact that there may come a time when I will become unable to make

my own health care decisions because of illness, injury or other circumstances, I hereby appoint

**Agent**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone/Email:**

**Office** \_\_\_\_\_

**Home** \_\_\_\_\_

**Cell** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

as my health care agent to make any and all health care decisions for me, consistent with my wishes as set forth in this directive. If the person named above is unable, unwilling or unavailable to act as my agent, I hereby appoint

**Alternate Agent**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone/Email:**

**Office** \_\_\_\_\_

**Home** \_\_\_\_\_

**Cell** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

to serve in such capacity.

This appointment shall take effect in the event I become unable, because of illness, injury or other circumstances, to make my own health care decisions.

**2. Jewish Law to Govern Health Care Decisions:** I am Jewish. It is my desire, and I hereby direct, that all health care decisions made for me (whether made by my agent, a guardian appointed for me, or any other person) be made pursuant to Jewish law and custom as determined in accordance with Orthodox interpretation and tradition. Without limiting in any way the generality of the foregoing, it is my wish that Jewish Law and custom should dictate the course of my health care with respect to such matters as the performance of cardio-pulmonary resuscitation if I suffer

cardiac or respiratory arrest; the performance of life-sustaining surgical procedures and the initiation or maintenance of any particular course of life-sustaining medical treatment or other form of life-support maintenance, including the provision of nutrition and hydration; and the criteria by which death shall be determined, including the method by which such criteria shall be medically ascertained or confirmed.

**3. Ascertaining the Requirements of Jewish Law:** In determining the requirements of Jewish law and custom in connection with this declaration, I direct my agent to consult with the following Orthodox Rabbi and I ask my agent to comply with his halachic decisions:

**Rabbi**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone/Email:**  
**Office** \_\_\_\_\_  
**Cell** \_\_\_\_\_

**Home** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

If such Orthodox Rabbi is unable, unwilling or unavailable to provide such consultation and guidance, I direct my agent

to consult with the following Orthodox Rabbi and I ask my agent to comply with his halachic decisions:

**Alternate Rabbi**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone/Email:**  
**Office** \_\_\_\_\_

**Home** \_\_\_\_\_

**Cell** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**4. Direction to Health Care Providers:** Any health care provider shall rely upon and carry out the decisions of my agent, and may assume that such decisions reflect my wishes and were arrived at in accordance with the procedures set forth in this directive, unless such health care provider shall have good cause to believe that my agent has not acted in good faith in accordance with my wishes as expressed in this directive.

Orthodox interpretation and tradition. For example, Jewish law generally requires expeditious burial and imposes special requirements with regard to the preparation of the body for burial. It is my wish that Jewish law and custom be followed with respect to these matters.

If the persons designated in section 1 above as my agent and alternate agent are unable, unwilling or unavailable to serve in such capacity, it is my desire, and I hereby direct, that any health care provider or other person who will be making health care decisions on my behalf follow the procedures outlined in section 3 above in determining the requirements of Jewish law and custom.

Further, subject to certain limited exceptions, Jewish law generally prohibits the performance of any autopsy or dissection. It is my wish that Jewish law and custom be followed with respect to such procedures, and with respect to all other post-mortem matters including the removal and usage of any of my body organs or tissue for transplantation or any other purposes. I direct that any health care provider in attendance at my death notify the agent and/or Orthodox Rabbi described above immediately upon my death, in addition to any other person whose consent by law must be solicited and obtained, prior to the use of any part of my body as an anatomical gift, so that appropriate decisions and arrangements can be made in accordance with my wishes. Pending such notification, and unless there is specific authorization by the Orthodox Rabbi consulted in accordance with the procedures outlined in section 3 above, it is my desire, and I hereby direct, that no post-mortem procedure be performed on my body.

Pending contact with the agent and/or Orthodox Rabbi described above, it is my desire, and I hereby direct, that all health care providers undertake all essential emergency and/or life sustaining measures on my behalf.

**5. Access to Medical Records and Information; HIPAA:** My agent(s) and Rabbi(s) are hereby authorized under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") access to any and all protected information, and accordingly all of my protected health information (as such term is defined under HIPAA) and other medical records shall be made available to my agent and rabbi upon request in the same manner as such information and records would be released and disclosed to me, and my agent and rabbi shall have and may exercise all of the rights I would have regarding the use and disclosure of such information and records, as required under HIPAA.

**7. Incontrovertible Evidence of My Wishes:** If, for any reason, this document is deemed not legally effective as a health care proxy, or if the persons designated in section 1 above as my agent and alternate agent are unable, unwilling or unavailable to serve in such capacity, I declare to my family, my doctor and anyone else whom it may concern that the wishes I have expressed herein with regard to compliance with Jewish law and custom should be treated as incontrovertible evidence of my intent and desire with respect to all health care measures and post-mortem procedures; and that it is my wish that the procedure outlined in section 3 above should be followed in determining the requirements of Jewish law and custom.

**6. Post-Mortem Decisions:** It is also my desire, and I hereby direct, that after my death, all decisions concerning the handling and disposition of my body be made pursuant to Jewish law and custom as determined in accordance with

**8. Duration and Revocation:** It is my understanding and intention that unless I revoke this proxy and directive, it will remain in effect indefinitely. My signature on this document

shall be deemed to constitute a revocation of any prior health care proxy, directive or other similar document I may have executed prior to today's date.

**My Signature** \_\_\_\_\_

(If you are not physically able to sign, please ask another person to sign your name on your behalf.)

**My Name (printed)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone/Email:**

**Office** \_\_\_\_\_

**Home** \_\_\_\_\_

**Cell** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

### Declaration of Witnesses

I, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, declare that the person who signed (or asked another to sign) this document is personally known to me and appears to be of sound mind and acting willingly and free from duress.

He/She signed (or asked another to sign for him/her) this document in my presence (and that person signed in my presence). I am not the person appointed as agent by this document

**Signature of Witness 1** \_\_\_\_\_

**Name (printed)** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone/Email:**

**Office** \_\_\_\_\_

**Home** \_\_\_\_\_

**Cell** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Signature of Witness 2** \_\_\_\_\_

**Name (printed)** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone/Email:**

**Office** \_\_\_\_\_

**Home** \_\_\_\_\_

**Cell** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

# Appendices

## Expression of Intent See Instructions paragraph (i)

The issues surrounding end-of-life medical decisions are critical and most complex. We, therefore, strongly recommend that you discuss your wishes and concerns openly with your Health Care proxy (as well as the alternate) and your designated Rabbi. In order to give them guidance, in the event that you are unable to make your own decisions, we ask you to review the following scenarios and discuss with them whether you wish to be treated aggressively with all appropriate life-support interventions, or palliative/comfort care, which may include pain medications, symptom relief, antibiotics and feeding tubes.

- *If I become terminally ill, I want to be treated.....*

- *If I am in a coma or have little conscious understanding, with no hope of recovery, then I want to be treated.....*
- *If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I wish to be treated.....*

Medical technology is constantly advancing, so that new treatment options may become available in the future. Additionally, your advance directives at this time of your life may not necessarily apply if or when conditions change. We, therefore, urge you to periodically update this HCP, Health Care Proxy form, along with your DBA, Durable Power-of-Attorney, and Will.

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## Emergency Instructions Card See Instructions paragraph (h)

<b>Health Care Proxy Emergency Instructions</b>	
<p>I _____ have executed a "Halachic Health Care Proxy" (HCP) with respect to medical and post-mortem decisions, dated _____. Pursuant to the Halachic HCP, the persons listed on the reverse of this card are to serve as my agent and alternate agent, respectively, in making health care decisions for me if I become unable to do so.</p> <p>I desire that all such health care decisions, as well as all decisions relating to the handling and disposition of my body after I die, should be made pursuant to Jewish law and custom as determined in accordance with Orthodox interpretation and tradition. If there is any question regarding Jewish law and custom, my agent (or any other person making decisions for me) should consult with and follow the guidance of the rabbi or alternate rabbi identified on the reverse of this card. Pending contact with my agent I desire that health care providers should undertake all essential emergency measures on my behalf; and I desire that no autopsy, organ removal, or other post-mortem procedure be performed on my body without authorization from my agent.</p>	<p><b>Agent:</b> _____</p> <p>Phone: Office: _____ Home: _____</p> <p>Cell: _____ E-Mail: _____</p> <p><b>Alternate Agent:</b> _____</p> <p>Phone: Office: _____ Home: _____</p> <p>Cell: _____ Email: _____</p> <p><b>Rabbi:</b> _____</p> <p>Phone: Office: _____ Home: _____</p> <p>Cell: _____ E-mail: _____</p> <p><b>Alternate Rabbi</b> _____</p> <p>Phone: Office: _____ Home: _____</p> <p>Cell _____ E-Mail _____</p>