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Advance healthcare directive
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POWER OF ATTORNEY FOR PERSONAL CARE & CONVERSATION GUIDE ONTARIO VERSION



RABBINICAL COUNCIL
OF AMERICA VERSION

Approved for use by the Rabbinical Council of America

NAVIGATE AGING AND END-OF-LIFE WITH JEWISH WISDOM & HALACHA

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RMB Medical Halacha Helpline:
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Introduction

The Netivot Power of Attorney for Personal Care was created by Ematai with the advice of many rabbis, healthcare professionals, social workers, & lawyers. This is a formal legal document that must be signed & witnessed. This document may be completed by anyone aged 16 or above. You are encouraged to consult with your own attorney for any questions about your specific needs or local requirements. Nothing in this document constitutes the offer of legal advice from Ematai. This version of Netivot is exclusively for use in Ontario. This document has been reviewed by Rabbi Mordechai Willig, Rabbi Hershel Schachter, and Rabbi Yehoram Ulman and endorsed by the Rabbinical Council of America.

What is an attorney for personal care?

Your attorney for personal care (“attorney” for short in this document) is someone you appoint as your agent to make healthcare decisions on your behalf if you are no longer able to speak for yourself. Even in medical situations that you had not anticipated, your attorney can make decisions and ensure you are treated according to your wishes, values, and beliefs. These are important decisions including:

- What types of treatments you might receive, such as surgeries or dialysis.
- Whether you receive life-support interventions, including resuscitation, intubation, and artificial nutrition.
- Where you receive care, including a hospital, living facility, or your home.

We recommend you designate substitute (alternate) attorneys on this form in case your primary attorney is unable or unavailable to assist when needed.

Do not appoint anyone who provides you with health care or residential, social, training, or support services for compensation (such as your doctor, landlord, social worker, or caregiver) unless that person is also your spouse, partner or relative. You should not name your rabbi as your attorney unless they have explicitly given you permission to do so.

Note: *Your attorney for personal care is only designated to serve as your agent regarding decisions of healthcare alone. This document does not appoint them as your “attorney for property.” Please speak to your lawyer regarding the appointment of an attorney for property.*

Who should I designate as my attorney for personal care?

Choose an attorney who is:

- 18 years or older
- Available (or will make themselves available) at any time when you’ll need them
- Willing to assert themselves to express your wishes and advocate for your needs
- Trustworthy to honor your values and act in accordance with your preferences to the best of their ability.

Think carefully about who those people are amongst your family and friends. Make sure that they are willing to serve in this role before you designate them as your attorney. Please provide on this document as many ways as possible to reach your attorney. Talk to them about your values and preferences regarding healthcare. The Netivot conversation guide will help you in starting those conversations.

Rabbinic Consultant

The Netivot power of attorney for personal care asserts that your attorney's decisions regarding your healthcare should be done in accordance with Jewish law and custom. What does that mean to you? What interpretation of Jewish law and custom do you want your attorney to apply in these circumstances? These are important questions that relate to your core values.

This option allows you to select a rabbi or institution that can help your attorney make those difficult decisions.

Families can have different religious perspectives. They might also have multiple rabbinic influences in their lives. A couple, for example, might have relationships with several rabbis while their children each have their own religious mentors or none at all.

This is your opportunity to clarify who should be consulted so that your attorney and loved ones do not have to determine (or debate) this in a moment of urgency. If you choose not to designate a rabbi, your attorney will decide what standard of Jewish law and custom you would prefer and/or whom to consult.

Before making your choice, talk to the designated rabbi or institution to express your wishes on these sensitive topics and to find out their own perspectives on Jewish medical ethics. Make sure that they are willing to fulfill this role for you and your attorney, as needed, in light of your own preferences and values.

Since rabbis are not available at every moment, or may not remain in their current role at the time they are needed, we encourage you to designate multiple consultants or local institutions, such as your synagogue, in the order of your preference. Ematai's consultation is always available for help.

You may designate our hotline (646-599-3895) as an alternate backup, or as a primary consultant if you do not have a rabbi.

Note: *Your attorney for personal care remains the sole authorized decision maker. The rabbi or institution serving as consultants do not have the responsibility or authority to make final decisions or sign any critical documents.*

"Letter of Wishes": Your Healthcare Directive

This section directs that your attorney has full authority to make healthcare decisions and that

their decision making is to be done in accordance with Jewish law and custom. It grants your attorney access to healthcare information and exclusively empowers them to make critical decisions on your behalf to the fullest extent allowed by law.

Note: *In some circumstances, autopsies are mandated by law and may be performed without consent. These include cases where foul play is suspect ("forensic autopsies") or when the death may represent a public health concern (as in cases of a threatening infectious disease or virus). The directive requests for any legally mandated autopsies to be done in the least invasive manner possible (e.g. bloodwork, MRI or CT scans, or CT-guided biopsy).*

Organ Donation for Transplantation

A person may elect to donate their organs if they have been declared dead under local legal criteria and the criteria

of Jewish law. This section allows you to authorize your attorney to approve transplantation of organs and tissues permissible under Jewish law and custom. You may also express your opposition to organ donation or specify which organs you'd be willing to donate.



This section only authorizes transplantation. It does not authorize donating one's body for scientific research, medical study, or any other purpose.

Note: *Different rabbis have varying criteria for determining death under Jewish law. Please consult with the Ematai website and your rabbi for more information. The formulation on the Ematai form allows you to designate yourself as an organ donor without specifying your preferred criteria for death under Jewish law. If you personally have views on that particular question, please express it to your attorney and record it on your conversation guide.*

Signature | You must sign the document in front of two witnesses.

Note: *If you are not physically able to sign and date the form, the law may allow 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 competent adult witnesses. The person signing for you should not be the person you have appointed as your attorney or substitute attorney, but he or she may be your relative.*

Witnesses | The form provides instructions regarding who can serve as a witness. Both witnesses must be present with you at the same time.

Note: *If you are living in a nursing home, mental health facility, or some other care facility, the law might require special requirements for a witness (such as a patient ombudsman). Please consult with your facility or lawyer to clarify any specific requirements.*

DNI & DNR | In cases of terminal illness, your attorney or healthcare provider may suggest to sign a different directive relating to resuscitation, intubation, nutrition, and other critical medical interventions.

Please consult our website for more information about these sensitive decisions.

Once this document is completed & signed

Keep the original of this form among your valuable papers in a location that is readily accessible in the event of an emergency.

- Ematai has partnered with USACPR to offer 24/7/365 emergency digital access by your family or a hospital. Visit our website for more information.
- Distribute copies to the designated attorney (and substitute attorney) as well as to your doctors and lawyer.
- If you do not revoke the power of attorney, the law usually provides that it remains in effect indefinitely. It is advisable to review your choices every five years.
- If, at any time, you wish to revoke this power attorney for personal care, you may do so by executing a new one; or by notifying your attorney or health care provider, in writing, of your intent to revoke it.
- To avoid possible confusion, we advise gathering and destroying all originals and copies of the old power of attorney for personal care.
- If any of the people whose names you have inserted in this form become unwilling or incapable of serving in the role you have assigned, you should execute a new power of attorney. Please then provide your new attorneys with a copy of your conversation guide.



PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____

Telephone: _____

ATTORNEY FOR PERSONAL CARE

I designate the following person to act on my behalf if at any time I am not able to make or communicate healthcare decisions for myself:

Name: _____

Relationship to You: _____

Cellphone Number: _____

Other Number: _____

Primary Email: _____

Other Email: _____

ATTORNEY FOR PERSONAL CARE (SUBSTITUTES)

If the person named above is unable, unwilling or unavailable to act as my agent, I hereby designate:

SUBSTITUTE 1

Name: _____

Relationship to You: _____

Cellphone Number: _____

Other Number: _____

Email Address: _____

SUBSTITUTE 2

Name: _____

Relationship to You: _____

Cellphone Number: _____

Other Number: _____

Email Address: _____

LETTER OF WISHES

My attorney has full authority to make decisions for me about my health care, including end-of-life care, if I am not able to make or communicate healthcare decisions for myself. This includes my desire, which I hereby direct my attorney, that all decision-making about my healthcare should be done in accordance with Jewish law and custom.

I grant to my attorney all the powers and rights given under law to an attorney for personal care. My attorney is authorized to have access to medical records and information to the same extent that I am entitled. This authority applies to any information governed by any law including the Substitute Decisions Act, 1992 and Health Care Consent Act, 1996. My attorney is authorized to initiate or defend any legal proceedings related to matters of my healthcare.

My attorney is authorized to make all necessary arrangements for me at any hospital, hospice, nursing home, convalescent home or similar establishment, or home care, including my transfer and removal from any facility, including moving me to another province or country, and to assure that all my essential needs are provided for at such a facility.

My attorney knows my healthcare goals and wishes based on our conversations and on any other general guidance I may have provided. My attorney's authority to interpret my wishes regarding personal care is intended to be as broad as possible. It includes matters of nutrition, hydration, shelter, clothing, hygiene, safety, and health care, such as (but not limited to) the ability to agree to, refuse, or withdraw consent to any type of medical care, treatment, surgical procedures, tests, or medications.

My attorney has the exclusive ability and authority to make all decisions including those regarding life-sustaining treatment in accordance with my wishes and my attorney's actions shall be deemed in my best interests. This attorney shall remain in full force and effect at all times, notwithstanding my continued incapacity or disability. I specify that I do not want those decisions to be made on my behalf by any healthcare provider or medical board and that I do not want them to determine what is in my best interests. Should it be deemed necessary to appoint a medical guardian, I request the court to appoint my attorney to this role.

Handling of My Body After Death: All decisions concerning the handling and disposition of my body and preparation for burial, including removal of tubes, catheters, IV lines, cardiac devices and cleaning of the body, are to be made pursuant to Jewish law and custom as authorized by my attorney. It is my desire, and I hereby direct, that to the extent permitted by law, no post-mortem procedure be performed on my body unless authorized by my attorney. If the law requires, I request the least invasive procedures possible be used to comply with the minimum legal requirements in respect of my religious wishes, and that burial take place as soon as possible.

It is my express wish for the decisions of my attorney to be honored. I trust my attorney's ability to understand what my wishes and best interests would be in every instance, including my desire that all decision-making about my healthcare should be done in accordance with Jewish law and custom.

RABBINIC CONSULTANT

My attorney(s) for personal care and I have discussed my values, preferences, and choices regarding end-of-life care. If an unforeseen situation arises, it is my wish that all decision-making about my healthcare should be done in accordance with Jewish law and custom. As such, I greatly value the general imperative to preserve life as well as the importance of pain management to reduce suffering.

I recommend that my attorney consult with the following rabbi or religious institution to help him or her apply these values in different circumstances. I recommend this rabbi or institution because I respect their religious perspectives on healthcare matters, including end-of-life care. Were I capable, I would consult with this rabbi or institution before making my decision. Nothing in this section should be interpreted as fettering the discretion of my attorney for personal care, who remains the sole authorized decision maker.

Name: _____

Cell Number: _____

Other Number: _____

Email Address: _____

RABBINIC CONSULTANT (ALTERNATES)

If such rabbi or institution is unable, unwilling or unavailable to provide such consultation, I advise my attorney to consult with the following rabbi or religious institution:

ALTERNATE 1

Name: _____

Phone Number: _____

Email Address: _____

ALTERNATE 2

Name: _____

Phone Number: _____

Email Address: _____

ORGAN DONATION FOR TRANSPLANTATION

This section is applicable only if death as defined by Jewish law and custom has been determined by my attorney in consultation with my named rabbinic consultant. Please select from the options below:

I authorize my attorney to approve transplantation of any organs and tissues permissible under Jewish law and custom.

I do not wish to donate any of my organs or tissues.

I authorize my attorney to approve transplantation for **only** the following organs or tissues:

SIGNATURE Sign this power of attorney for personal care in front of two witnesses.

Your Name: _____ Address: _____
 Signature: _____
 Date: _____

STATEMENT OF WITNESS

I DECLARE:

1. that the individual who signed or acknowledged this power of attorney for personal care is personally known to me, or that the individual's identity was proven to me by convincing evidence;
2. that the individual signed or acknowledged this power of attorney for personal care in my presence;
3. that the individual appears to be of sound mind and under no duress, fraud or undue influence.

I AM AGED 18 OR ABOVE AND I AM NOT:

- the attorney or their spouse or partner
- the spouse, partner, or child of the person making the document, or someone that the person treats as their child
- the rabbinic consultant
- a person whose property is under guardianship or who has a guardian of the person

WITNESS #1

Printed Name: _____
 Signature: _____
 Date: _____
 Phone Number: _____
 Address: _____

WITNESS #2

Printed Name: _____
 Signature: _____
 Date: _____
 Phone Number: _____
 Address: _____

Now that you have completed and signed your Power of Attorney for Personal Care, make sure to:

- Store the original copy of this form in a safe and accessible place.
- Sign up for Ematai cloud storage and emergency card.
- Deposit additional copies with your attorney, family members, rabbinic consultant, healthcare providers, & lawyer.
- Save Ematai's realtime consult number in your phone and Whatsapp (+1-646-599-3895).
- Review this form at least once every five years to ensure that your selected attorney and rabbinic consultant remain your preferred choices and that their contact information is up-to-date.
- After you file this form, you should gather and destroy all copies of any old power of attorney for personal care.



What is the purpose of the conversation guide?

The job of your attorney for personal care is to make decisions on your behalf in accordance with your wishes and beliefs. For them to fulfill that role to the best of their ability, they need to know your values and preferences regarding your healthcare. The conversation guide will help you speak with them about these critical matters. **This is not a formal legal directive and does not need to be signed or witnessed.** The ultimate goal is to generate healthy communication and ongoing conversations about these sensitive topics in an open and loving manner.

My Healthcare Goals, Values, & Preferences

No one knows the path that their healthcare journey will take them on. Some people live healthily until old age and pass away quietly in their sleep or after a brief illness. For others, the aging process can be more extended and complex. Modern medicine can sometimes offer wonderful solutions. At other times, treatments can extend one's life with significant burdens and without providing a cure.

Judaism places a premium on preserving life. It is also concerned with preserving quality of life and alleviating suffering. Attorneys for personal care will frequently need to choose a plan of care in the face of medical uncertainties. Given the individualized nature of each case, end-of-life decision making requires a thoughtful and personalized approach.

By completing this guide, you will help your attorney and rabbi better understand your goals and preferences so they can better apply them to each unique situation. It is also a gift to your loved ones as it helps avoid family tensions and guilt caused by speculating about your values and preferences when decisions need to be made. Meaningful conversations about life and death can bring families together.

Confronting the questions in this document may be challenging. They make you think about what makes your life worth living, what you value most about your mental, spiritual and physical health, what you fear, and what you would not want to live without. Precisely because it's difficult, it offers an opportunity to formulate what matters most to you.

While you may fill this out on your own, it's best to utilize it as a part of discussions with your attorney, family members, healthcare provider, and rabbi. Take the opportunity to express what you believe is necessary to maintain a dignified life and what you think you are willing to endure. Share the completed document with your attorney, loved ones, and rabbi, and keep it in a safe but accessible place. Review this guide periodically to ensure that your preferences remain up-to-date and to facilitate ongoing conversation about these questions.

In case of terminal illness, a healthcare provider may ask you to sign a detailed advance health care directive regarding life-sustaining interventions like resuscitation (DNR) and intubation (DNI). Please consult our website for more information about these documents.

To help you ponder and articulate different types of possible decisions, one can imagine several scenarios of declining health—here are a few examples:

- A terminal illness, as with an aggressive form of cancer, in which life expectancy is less than 6 months.
- Progressive dementia, in which one's mental faculties are gradually deteriorating.
- A degenerative chronic disease, such as Multiple Sclerosis or ALS, where one's physical independence is deteriorating.
- Aging with frailty, in which nagging ailments hamper one's physical and social abilities and increase the chance of greater impairment or death.
- Drastic changes in one's health condition such as a serious infection, heart attack, stroke, or car accident.

PAIN AND RISK TOLERANCE

I value undergoing potentially painful treatments if they have the potential of prolonging my life—even if they will not cure my underlying illness and may lead to significant discomfort:



I value undergoing potentially painful treatments to try prolonging my life toward the goal of participating in a specific occasion (like a family wedding, bar/bat mitzvah, or birth), even if they will not cure my underlying illness and may lead to significant discomfort:



It is my medical team’s responsibility to try to balance pain relief with maintaining my alertness. When it is difficult to maintain both, I would prefer for them to prioritize: (mark one)

Pain relief
 (even if it means I am not as alert or awake);

Alertness
 (even if it means I may suffer pain and/or other symptoms):

I value undergoing a high-risk procedure that might shorten or jeopardize my life if it could
Possibly cure my underlying illness:

Yes

No

I value undergoing a high-risk procedure that might shorten or jeopardize my life if it could
Possibly stabilize my condition but not cure my underlying illness:

Yes

No

I value undergoing a high-risk procedure that might shorten or jeopardize my life if it could
Possibly extend my life by any amount of time (a few days or weeks) but not cure my underlying illness:

Yes

No

Additional Comments: _____



DECISION-MAKING PREFERENCES

As a patient, I generally prefer knowing (mark one):

- As little as possible about my condition and my treatment
- Only general summary information about my condition and my treatment
- All the details about my condition and treatment

If I have a terminal illness, I prefer (mark one):

- Not knowing how quickly it is progressing
- Only having a very general sense of my prognosis
- Knowing the best detailed estimation for how long I have to live

If I am deemed terminally ill, I would prefer (mark one):

- Treatments focused only on comfort and managing my symptoms (such as pain management)
- Treatments focused on comfort and managing my symptoms, while also being open to potentially painful treatments or procedures that might extend my life
- Treatments focused on extending my life without prioritizing my comfort

If I have an irreversible lack of cognition - as in cases of advanced dementia or severe brain injury - I would prefer (mark one):

- Treatments focused only on comfort and managing my symptoms (such as pain management)
- Treatments focused on comfort and managing my symptoms, while also being open to potentially painful treatments or procedures that might extend my life
- Treatments focused on extending my life without prioritizing my comfort

Additional Comments: _____

Physical and Social Independence

When thinking about aging, it is normal to feel angst about losing physical and social independence. It is important to share your concerns about losing your independence, its impact on your self-dignity, and your preferences on maintaining continuity with your living environment. In cases of increasing frailty, dementia, or after hospital discharges, decisions relating to these concerns may need to be made on your behalf.

I WORRY ABOUT

	Strongly Disagree	Disagree	Mixed Feelings	Agree	Strongly Agree
Needing someone to help me with basic daily activities (such as eating, bathing, and getting dressed):	<input type="checkbox"/>				
Feeling that I am an excessive burden to others:	<input type="checkbox"/>				
Being alone and feeling lonely:	<input type="checkbox"/>				

IF IT BECAME DIFFICULT FOR ME TO LIVE IN MY HOME, I WOULD VALUE:

	Strongly Disagree	Disagree	Mixed Feelings	Agree	Strongly Agree
Being cared for in the home of a family member:	<input type="checkbox"/>				
Being cared for in a nursing home or long-term care facility:	<input type="checkbox"/>				
Remaining in my home, even if it meant limitations in the amount of skilled medical care I could receive:	<input type="checkbox"/>				

Additional Comments: _____

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option 18

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Hospital & Bedside Prayers



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