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netivot

Advance healthcare directive
& conversation guide

Option 18: Jewish Organ Donation

Educational Programming

Hospital & Bedside Prayers

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Legacy Letters



US RESIDENTS ADVANCE HEALTHCARE DIRECTIVE



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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Introduction

The Netivot healthcare proxy and advance healthcare directive 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. 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 multi-state version of the Netivot healthcare proxy & directive is for use in all of the United States. Residents of Texas, Wisconsin, Ohio, & New Hampshire must add their state's mandatory disclosure statement available on Ematai's website.* 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 a healthcare proxy?

Your healthcare proxy 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 proxy 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 to designate alternate (backup) proxies on this form in case your primary proxy is unable or unavailable to assist when needed. Only one person should be designated in each of the proxy slots (e.g., do not name a couple or a group as joint proxies.)

Your proxy or alternate proxy should not be an employee at your healthcare institution (unless they are a close blood relative like a spouse), nor someone who professionally evaluates your capacity to make decisions.

Note: *Your health care proxy is only designated to serve as your agent regarding decisions of healthcare alone. This document does not appoint them as your “financial power of attorney.” Please speak to your attorney regarding the appointment of a financial power of attorney, who may be the same person as your healthcare proxy, but does not have to be. Your financial agent should be directed to pay for the healthcare decisions made by your healthcare proxy.*

Who should I designate as my proxy?

Choose a proxy 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 proxy. Please provide on this document as many ways as possible to reach your proxy. Talk to them about your values and preferences regarding healthcare. The Netivot conversation guide will help you in having those conversations.

Rabbinic Consultant

The Netivot healthcare directive asserts that your proxy'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 proxy 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 proxy make those difficult decisions.

Many people and their 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 you want to be consulted so that your proxy 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 proxy 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 proxy, 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 designated healthcare proxy 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.*

I Declare

This section directs that your proxy 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 proxy access to healthcare information and exclusively empowers them to make critical decisions on your behalf to the fullest extent allowed by the governing law.

Note: *In some areas, autopsies are mandated by law in certain circumstances 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 proxy 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 healthcare proxy and record it on your conversation guide.*

Signature

You must sign the document in front of two witnesses. In four states (MO, WV, NC, SC), a notary is also required. Elsewhere, a notary is optional.

Note: *If you are not physically able to sign and date the form, the law in your state 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 proxy or alternate proxy, but he or she may be your relative.*

Witnesses

The form provides instructions regarding who can serve as a witness.

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

DNI, DNR, POLST/MOLST

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 health care proxy (and alternate proxy) as well as to your doctors, your lawyer, rabbi, and anyone else who is likely to be contacted in times of emergency.
- If you do not revoke the proxy and directive, 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 proxy and directive, you may do so by executing a new one; or by notifying your proxy 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 proxy and directive.
- If any of the people whose names you have inserted in the proxy become unwilling or incapable of serving in the role you have assigned, you should execute a new directive. Please then provide your new proxies with a copy of your conversation primer.



PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____

Telephone: _____

HEALTHCARE PROXY

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: _____

HEALTHCARE PROXY (ALTERNATES)

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

ALTERNATE 1

Name: _____

Relationship to You: _____

Cellphone Number: _____

Other Number: _____

Email Address: _____

ALTERNATE 2

Name: _____

Relationship to You: _____

Cellphone Number: _____

Other Number: _____

Email Address: _____

I DECLARE

My proxy 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 proxy, that all decision-making about my healthcare should be done in accordance with Jewish law and custom.

I grant to my proxy all the powers and rights given to a health care agent under law. My proxy 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 Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC 132d and 45 CFR 160-164. My proxy is authorized to initiate or defend any legal proceedings related to matters of my healthcare.

My proxy 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 state or country, and to assure that all my essential needs are provided for at such a facility.

My proxy knows my healthcare goals and wishes based on our conversations and on any other general guidance I may have provided. My proxy'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 proxy has the exclusive ability and authority to make all decisions including those regarding life-sustaining treatment in accordance with my wishes and my proxy's actions shall be deemed in my best interests. This proxy 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 conservator or guardian, I request the court to appoint my proxy 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 proxy. 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 proxy. 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 proxy to be honored. I trust my proxy'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

As to the requirements of Jewish law and custom, I advise my proxy to consult with the following rabbi or religious institution.

Name: _____

Cellphone 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 proxy 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 relevant only if death as defined by Jewish law and custom has been determined by my proxy in consultation with my named rabbinic consultant. Please select from the options below.

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

SIGNATURE Sign this healthcare proxy and advance healthcare directive in front of two witnesses.

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



STATEMENT OF WITNESS

I DECLARE:

1. that the individual who signed or acknowledged this proxy and advance healthcare directive 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 Advance Healthcare Directive in my presence;
3. that the individual appears to be of sound mind and under no duress, fraud or undue influence.

I AM AN ADULT AND I AM NOT CONNECTED TO THE SIGNEE IN ANY OF THE FOLLOWING WAYS:

- the person appointed as proxy or alternate proxy or their rabbinic consultant
- financially responsible for their health care
- a creditor of the signee or entitled to any part of their estate under a will or codicil, trust, insurance policy, or by operation of intestate succession laws
- entitled to benefit financially in any other way after they die.
- their healthcare provider, including the owner, operator, or employee of a health, long-term care, or other residential or community care facility serving him or her
- related by blood, marriage, domestic partnership, or adoption, nor a spouse of any such person

WITNESS #1

Printed Name: _____

Signature: _____

Date: _____

Phone Number: _____

Address: _____

WITNESS #2

Printed Name: _____

Signature: _____

Date: _____

Phone Number: _____

Address: _____

NOTARY In most states, this form can be signed before two witnesses alone. Residents of Missouri, North Carolina, South Carolina, & West Virginia must sign this form before two witnesses and a notary. Notarization is optional for everyone else.

State of _____ County of _____

On this _____ day of _____, 20_____, the said Principal _____

and Witnesses _____ and _____, known to me (or satisfactorily proven) to be the person named in the foregoing instrument and witnesses, respectively, personally appeared before me, a Notary Public, within and for the State and County aforesaid, and acknowledged that they freely and voluntarily executed the same for the purposes stated therein.

Signature _____ My commission expires: _____





Now that you have completed and signed your Healthcare Proxy and Advance Directive, make sure to:

- Store the original copy of your healthcare proxy and advance directive in a safe and accessible place.
- Residents of Texas, Wisconsin, New Hampshire, & Ohio must add their state's mandatory disclosure statement available on Ematai's website.
- Sign up for Ematai cloud storage and emergency card at ematai.org/Netivot.
- Deposit additional copies with your proxy, family members, rabbinic consultant, healthcare providers, & lawyer.
- Save Ematai's realtime consult number in your phone and Whatsapp (+1-646-599-3895).
- Review your Netivot healthcare proxy and advance directive at least once every five years to ensure that your selected proxy and rabbinic consultant remain your preferred choices and that their contact information is up-to-date.
- After you file your Netivot healthcare proxy and advance directive or update it, you should gather and destroy all copies of any old healthcare proxies and directives.



What is the purpose of the conversation guide?

The job of your proxy 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. Proxies 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 proxy 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 proxy, family members, 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 proxy, 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 Physician/Medical Order for Life-Sustaining Treatment (POLST or MOLST) or 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):

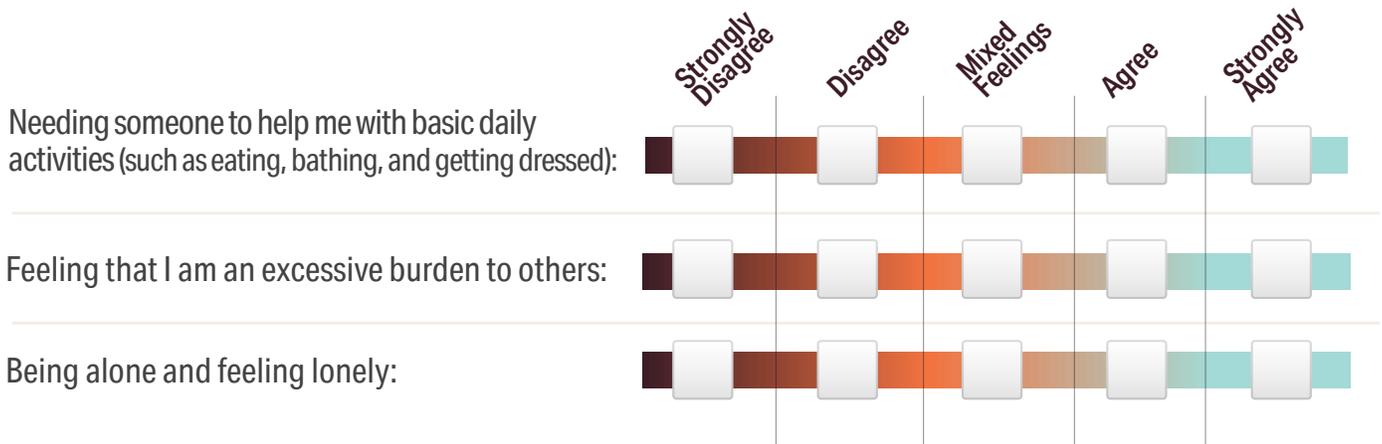
- Treatments focused only on comfort and managing my symptoms (such as pain management)
- Treatments focused on comfort and managing my symptoms, while also being open to potentially painful treatments or procedures that might extend my life
- Treatments focused on extending my life without prioritizing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

Additional Comments: _____

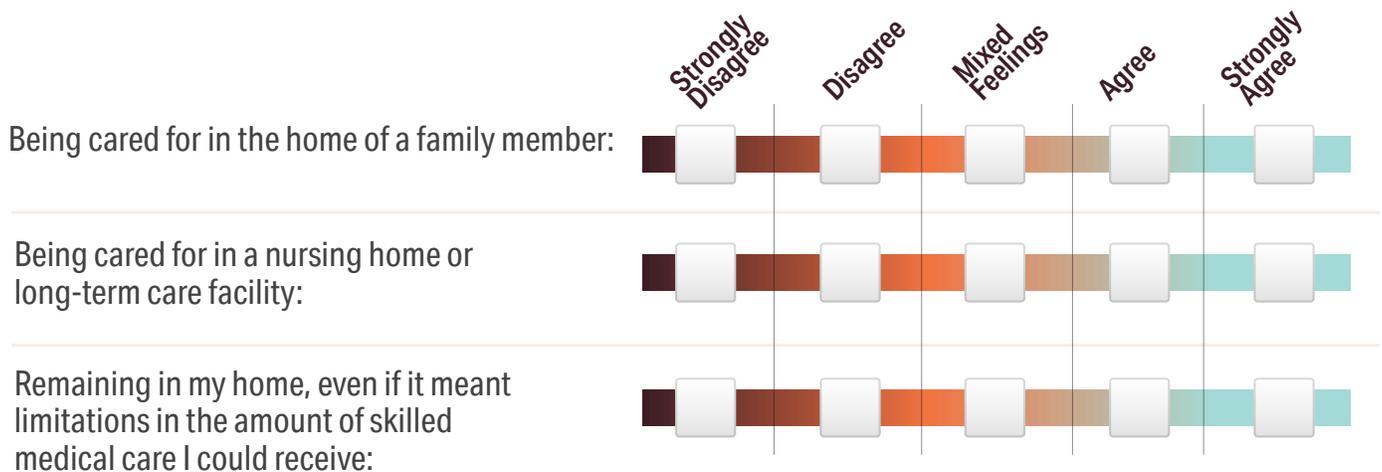
Physical and Social Independence

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



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



Additional Comments: _____

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option 18

Jewish Organ
Donation Initiative



The Tefilot Project
Hospital & Bedside Prayers



Robert M. Beren Medical
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Educational Programming
& Online Resources



Jewish Medical Ethics
& Public Policy

Ematai provides these resources as a free service to the community. Your generous donation helps us expand our impact!

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