

Jewish Medical Directives for Health Care

Edited by RABBI AARON L. MACKLER

This document was created by a subcommittee of the CJLS chaired by Rabbi Aaron Mackler based on the responsa written by Rabbi Elliot Dorff and Rabbi Avram Reisner. It was validated by the CJLS on October 27, 1993 with twenty votes in favor, none opposed and none abstaining. It is included in this volume because it is essentially an addendum to the 1990 responsa printed above.

INTRODUCTION

Modern advances in medicine have raised many new questions. Normally we make decisions about our own health care as the situation arises, but in some circumstances we lose the ability to make such decisions. It is therefore important for us to indicate our wishes in advance so that those who care for us can know what we want. In doing this, we should be guided by our commitment to Judaism, to its law (halakhah), and to its moral values.

This is a two-part document that will affect health care decisions made on your behalf should you lose the capacity to decide for yourself. A proxy directive, or durable power of attorney for health care, allows you to designate a health care agent to make decisions on your behalf. An instruction directive, or living will, asks you to state your preferences regarding types of treatment decisions that may arise. Together, these directives can help to make sure that treatment choices reflect your wishes and interests. Furthermore, the directives have been constructed in accordance with Jewish law and values, as interpreted within Conservative Judaism.

The guidance you offer in these directives can help to provide clarity for your physicians and family members, and avoid conflict or confusion. The directives would help assure that appropriate decisions are made on your behalf if you temporarily lose consciousness or the ability to communicate as the result of an accident, a surgical procedure, or illness. They also would supply guidance should you become unable

The Committee on Jewish Law and Standards of the Rabbinical Assembly provides guidance in matters of halakhah for the Conservative movement. The individual rabbi, however, is the authority for the interpretation and application of all matters of halakhah.

to express your choices during the last stages of life. You can use these forms to request the medical treatments that you would want to receive, and to express preferences among different types of treatment. You also may indicate those treatments that you would judge inappropriate should you become terminally ill or permanently unconscious.

These directives would only be used to guide medical treatment if you lose the ability to make decisions and communicate your wishes. If you regain this ability, you would resume making your own decisions directly. Even if you never lose decision making capacity, filling out these directives could help you to gain a sense of Jewish teachings concerning medical decisions, and give you the opportunity to think about some of the choices people must make about their health care. If you need to make decisions in a stressful situation in the future, your experience in completing this document will serve as a resource to inform your decisions. You may revoke or amend these directives at any time.

Jewish Teachings about Health Care

Jewish tradition as understood by Conservative Judaism teaches that life is a blessing and a gift from God. Each human being is valued as created **בצלם אלוהים**, in God's image. Whatever the level of our physical and mental abilities, whatever the extent of our dependence on others, each person has intrinsic dignity and value in God's eyes. Judaism values life and respects our bodies as the creation of God. We have the responsibility to care for ourselves and seek medical treatment needed for our recovery – we owe that to ourselves, to our loved ones, and to God.

In accordance with our tradition's respect for the life God has given us and its consequent bans on murder and suicide, Judaism rejects any form of active euthanasia ("mercy killing") or assisted suicide. Within these broad guidelines, decisions may be required about which treatment would best promote recovery and would offer the greatest benefit. Accordingly, each patient may face important choices concerning what mode of treatment he or she feels would be both beneficial and tolerable.

The breadth of the Conservative movement and its intellectual vitality have produced two differing positions put forward by Rabbis Avram Israel Reisner and Elliot N. Dorff, both approved by the Conservative movement's Committee on Jewish Law and Standards. Both positions agree on the value of life and the individual's responsibility to protect his or her life and seek healing. Both agree on a large area of autonomy in which a patient can make decisions about treatment when risk or uncertainty are involved. Both would allow terminally ill patients to rule out certain treatment options (such as those with significant side effects), to forgo mechanical life support, and to choose hospice care as a treatment option.

Nevertheless, important differences between the two positions may be found regarding both theoretical commitments and practical applications. Rabbi Reisner affirms the supreme value of protecting all life. Even the most difficult life and that of the shortest duration is yet God given, purposeful, and ours to nurture and protect. All nutrition, hydration, and medication should be provided whenever these are understood to be effective measures for sustaining life. Some medical interventions, however, do not sustain life so much as they prolong the dying process. These interventions are not required. The distinction may best be judged by our intent. We may choose to avoid treatments causing us fear or entailing risk or pain, in the interest of the remaining moments of life. We may not avoid treatment in an attempt to speed an escape into death.

Rabbi Dorff finds basis in Jewish law to grant greater latitude to the patient who wishes to reject life-sustaining measures. He sees a life under the siege of a terminal illness as an impaired life. In such a circumstance, a patient might be justified in deciding that a treatment that extends life without hope for cure would not benefit him or her, and may be forgone.

Understanding the Advance Directives

Before completing this document you must determine which stance best fits your understanding of Jewish law and ethics. Any of the choices listed in this document would be acceptable following Rabbi Dorff's understanding of Jewish law and ethics. *However, the options that appear as italicized would not be consistent with Rabbi Reisner's position. Thus, if you choose to follow Rabbi Reisner's position, you should not mark any of the options that appear in italic print.*

Both Rabbis Dorff and Reisner agree that advance directives should only be used to indicate preferences within the range allowed by Jewish law. Space has been provided in this directive for you to add your personal comments. This allows you to explain how you understand the choices that you indicate. Before making any substantive change in the document, you should consult with your rabbi and carefully ascertain that your statement is consistent with Jewish law and ethics.

In completing these directives, you should consult with your rabbi to discuss the values and norms of Jewish ethics and halakhah. You also may wish to talk with your physician to learn about the medical significance of these choices, in particular any decisions your physician feels are likely to be faced in light of your medical circumstances. You may find it helpful to discuss these concerns with family members. Finally, you may wish to speak with an attorney or another person familiar with your state's laws to determine the legal requirements

needed to realize your health care choices. Some states provide a simple standard proxy directive form for appointing a health care agent. You may wish to use that form in conjunction with the instruction directive provided in this booklet.

Filling out both a proxy directive and an instruction directive can help to assure that treatment choices are made in accord with your wishes and interests. The instruction directive can offer important evidence of your wishes regarding some types of treatment, and give a general sense of your values and goals. At the same time, it is impossible fully to anticipate what your medical condition will be, what future developments will occur in medical practice, and what particular health care decisions will need to be made on your behalf. Without a health care proxy, an instruction directive may be misleading, may be open to alternative interpretations, and may not cover all contingencies.

A proxy agent can talk with your physicians about the details of your medical condition and the treatment options that are available at the time. Your agent can interpret your wishes as medical circumstances change, and can make decisions you could not have known would have to be made. At the same time, the more your agent knows about your wishes and values, the better he or she will be able to make decisions that reflect your wishes and values. Even if your agent knows you well, it would be helpful for your agent to have a written expression of your desires regarding some treatments. You should go over this document with your agent so that he or she can ask questions and get a sense from your demeanor as to how you want to approach these issues.

Experts in Jewish law and in medical ethics agree that you can best guide treatment decisions by completing both a proxy directive and an instruction directive. Nevertheless, conflicts could arise in the future between what your agent judges that your wishes would be and the way in which someone else interprets the instruction directive. In most cases, discussion among those involved would help to clarify your wishes. Some experts, including Rabbi Reisner, suggest that if a conflict persists, the instruction directive should be decisive. Other experts, including Rabbi Dorff, feel that the agent should have ultimate authority in interpreting your wishes. Both directives allow you to specify which should be decisive in case of ongoing conflict. (Please be sure that you are consistent in specifying the priority.)

Completing the Forms

Both directives should be signed by two witnesses over age 18, neither of whom is your agent or alternate agent. In some states additional requirements may apply. For example, your state may require that one

or both witnesses would not inherit any of your property. In some states a directive may need to be notarized. The proxy directive allows for the appointment of alternate agents in case the agent you choose is unable or unwilling to serve. You should talk with the people you want to appoint as agent or alternate agent, to make sure that they are willing to serve in that capacity, and to give them a sense of your wishes.

You should keep a copy of both directives and give copies to the agent and alternate agents. You should give a copy of the proxy directive to your physician and to family members. You may want to give a copy of the instruction directive to your physician as well, especially if you want that document rather than your agent to be the primary guide in decision making. Because medical technology and your own desires may change over time, it is a good idea to review your advance directive from time to time. Finally, you may want to carry a card in your wallet or purse that indicates that you have completed an advanced directive, the name of your proxy agent, and how he or she can be reached.

PROXY DIRECTIVE

1. Durable Power of Attorney for Health Care

I, _____, hereby appoint:

name _____

address _____

phone number(s) _____ as

my health care agent to make health care decisions for me. This proxy shall take effect when and if I become unable to make or communicate my own health care decisions, due to physical or mental incapacity, and shall remain effective during the period of incapacity.

Please check one of the following two statements.

___ My agent should make decisions in accord with my wishes. If my wishes are not known and cannot with reasonable diligence be ascertained, my agent should decide in accord with my best interests. In either case, decisions should to the extent reasonably possible reflect my beliefs and values, including my commitment to Jewish teachings as understood within Conservative Judaism.

___ My agent should consult with one or more health care professionals before making health care decisions for me. I want my agent to be able to receive all medical information and records necessary to make informed decisions regarding my health care.

2. Instructions for agent: *(Please mark one of the following three statements):*

___ In an associated instruction directive I have expressed some of my preferences concerning health care decisions that may arise. I want my agent strictly to follow that document, and only to rely on other sources of knowledge about my wishes and values in situations not covered therein.

___ In an associated instruction directive I have expressed some of my preferences concerning health care decisions that may arise. I realize, however, that I cannot fully anticipate what will happen to me in years to come, future developments in medical practice, or the particular health care decisions which will have to be made on my behalf. I want my agent to draw on all sources of knowledge about my wishes and values, and to have ultimate authority to make decisions for me if I cannot do so for myself.

___ I have not completed any document expressing preferences with regard to health care decisions. My agent should consider all sources of knowledge about my wishes and values.

Other instructions: _____

3. Recommended but not required:

First Alternate Agent:

Should the person appointed above as my agent be unavailable, unable, or unwilling for any reason to serve in that capacity, I would have
name _____
address _____
phone number(s) _____ serve instead.

Recommended but not required:

Second Alternate Agent:

Should both the person appointed above as my agent and the person appointed as my first alternative agent be unavailable, unable, or unwilling for any reason to serve in that capacity, I would have
name _____
address _____
phone number(s) _____ serve instead.

4. I make these instructions, being of sound mind and age eighteen or older, and understanding fully the consequences of these appointments.

Signature: _____

Name: _____

Date: _____

Address: _____

City: _____

5. I declare that the person who signed this document, or asked another to sign this document on his or her behalf, did so in my presence, that I know him or her to be the person named as the subject of this document, and that he or she appears to be of sound mind and acting of his or her free will, free of duress or undue influence. I am 18 years of age or older, and I am not designated by this or any other document as the person's health care agent or alternate health care agent.

Witness 1:

Witness 2:

Signature _____

Signature _____

Name _____

Name _____

Date _____

Date _____

Address _____

Address _____

City _____

City _____

Notarization is not necessary unless required by your state law.

INSTRUCTION DIRECTIVE TO GUIDE HEALTH CARE DECISIONS

NAME

I am a Jew. I express that affiliation in a variety of ways in my life, and I want Jewish teachings and values to guide and inform the way in which I live through all times in my life, including times when I may be temporarily unable to communicate, seriously ill, or in the final stages of my life. I know that at some point I may not be able to make decisions about my health care, and so I have completed this form to help make my wishes known.

Judaism values life and demands that we seek medical care. I share Judaism's respect for my body, the creation and possession of God, and I consequently wish that all prudent medical treatment be extended to me with the aim of effecting my recovery. Nothing in this directive should be construed as a wish to die, but rather as a wish to live in accordance with the traditions of Judaism and God's desires. In accordance with the Jewish tradition's respect for the life God has given

us and its consequent bans on murder and suicide, I unequivocally reject any form of active euthanasia (“mercy killing”) or assisted suicide.

I ask that my health care agent, and anyone else participating in the making of medical decisions on my behalf, consider carefully my wishes as reflected in this document or otherwise ascertainable. This document should not be understood as a rejection of care, but as an indication of my preferences about medical care, including desires to have specific types of treatments administered. I understand that my wishes as expressed in this document, or as articulated by my health care agent or another surrogate deciding on my behalf, will not have greater power to compel treatment than would be the case if I could contemporaneously state my views.

I intend this document to help guide my medical care in a variety of situations, including the last period of my life. Let me say in advance that I fully appreciate the loving care given to me by my family and friends and by members of the health care professions. If I cannot thank you personally at that time, I wish to do so now from the depths of my heart. You are performing a true act of “*hesed*,” an act of devotion and love. If the pain I suffer at that time makes me cranky and hard to tolerate, please forgive me. Please understand that I may not be in control of my reactions at that time and that, no matter what I say or do, I deeply appreciate the many kindnesses you have bestowed upon me throughout life and especially at that critical stage.

A. GENERAL VIEWS

1. Goals of treatment: *(Please mark one statement)*

Approved by All:

___ It is my wish that all prudent medical treatment should be extended to me with the aim of effecting my recovery. Should that be deemed impossible, *all nutrition, hydration, medication and necessary surgical procedures should be continued where these are understood to be effective measures for extending my life.* Medical knowledge, however, may find itself at a loss as to which form of treatment is best for me, or whether a given treatment will be helpful or harmful. In such circumstances I would want a course of action that protects me from unnecessary pain and degradation while pursuing the goal of life.*

Inconsistent with Rabbi Reisner’s opinion:

___ *It is my wish that all prudent medical treatment should be extended to me with the aim of effecting my recovery. Should that be deemed impossible, I want those caring for me to act for my benefit, interpreting that value in light of the choices I have made below and any other*

*knowledge you have of me. In some cases in which I am terminally ill or permanently unconscious choices to withhold or stop life-sustaining treatment may be consistent with my wishes and my understanding of Jewish teachings.**

Comments: _____

2. Knowledge of my condition: *(Please mark one statement)*

___ I wish to know all relevant facts of my condition. I can cope better with a known threat than with the unknown.

___ I do not wish to know all the details of my condition, especially if the news is bad. I fear that such knowledge will diminish my will to live and will cast a shadow over the time left to me.

Comments: _____

3. Health care agent: *(Please mark one statement)*

___ In an associated proxy directive I have appointed _____ as my health care agent to make decisions on my behalf. I want my agent strictly to follow this document, and only to rely on other sources of knowledge about my wishes and values in situations not covered by this document.

___ In an associated proxy directive I have appointed _____ as my health care agent to make decisions on my behalf. I cannot fully anticipate what will happen to me in years to come, future developments in medical practice, or the particular health care decisions which will have to be made on my behalf. While I am filling out this document to educate myself and give my agent some idea of my attitudes in these matters, my agent should draw on all sources of knowledge about my wishes and values. It is not this document, but my agent, who has ultimate authority to make decisions for me if I cannot do so for myself.

___ I have not appointed a health care agent. I would want those making decisions on my behalf to rely on this document in determining my wishes and values.

Comments: _____

*See introduction for explanation.

4. Rabbinic consultation: *(Please mark one statement)*

___ If I can make my own decisions about my health care when critical decisions must be made, I intend to consult my rabbi for further advice about the specific issues which arise in the medical situation in which I actually find myself. If I cannot make my own decisions regarding my care, I would ask that those making decisions for me likewise review them with my rabbi:

name _____

address _____

phone number(s) _____

Should he or she be unavailable, it is my wish that some other Conservative rabbi be consulted. If no Conservative rabbi is readily available, The Rabbinical Assembly (3080 Broadway, New York, NY 10027; 212-280-6000) should be contacted for an appropriate referral.

___ I would leave the decision about rabbinic consultation to the discretion of those deciding on my behalf.

Comments: _____

B. IRREVERSIBLE, TERMINAL ILLNESS:

If I am diagnosed with an irreversible terminal illness, such that death is expected within six months no matter what treatment is provided, and if that diagnosis is confirmed by more than one physician, the following statements should assist my agent or other decision maker in deciding on my behalf.

1. Diagnostic tests if I am terminally ill:

(Please mark one statement)

___ I wish to have available all possible information concerning my condition. Should I be unable to understand such information at the time, I wish my agent, family members, and physicians to have such information available. Even if my condition is medically hopeless, further analysis of my disease may someday help doctors help someone else, including members of my own family who may be prone to the same disease.

___ I do not wish to have diagnostic tests performed on me unless they are clearly related to the effort to make me well.

Comments: _____

2. Surgery if I am terminally ill: *(Please mark one statement)*

Approved by All:

___ I would consent to reasonable surgery as proposed by my physicians.

___ All surgery carries an implicit risk through anesthesia, the increased possibility of infection, and trauma to the body. I do not consent to such risk except if it is required to extend my life, to restore me to health, or to free me from unbearable pain.

Inconsistent with Rabbi Reisner's opinion:

___ *All surgery carries an implicit risk through anesthesia, the increased possibility of infection, and trauma to the body. I do not consent to such risk except if it is required to restore me to health or to free me from unbearable pain. I would not accept such risk if it would merely prolong my life.*

Comments: _____

3. Amputation if I am terminally ill:

(Please mark one statement)

___ I desire above all to live. I am prepared to lose a limb if, in the best medical judgment of my physicians, this is necessary in order to prolong my life.

___ There may come a time when my physicians feel that my life is threatened by infection, and that the most effective defense lies in amputation of the affected limb. I find the notion of amputation unbearable, and the risk of such an operation intolerable. I prefer all other treatments to fight the infection, even if they are significantly less likely to prolong my life.

Comments: _____

4. Modes of feeding if I am terminally ill: If I am not able to feed myself or to eat and drink through the mouth even with the help of others, the following would represent my wishes: *(Please mark one statement)*

Approved by All:

___ I would want to receive artificial nutrition and hydration (food and water delivered through a tube) when this would help to strengthen my body, improve my well-being or prolong my life. I understand that this

procedure may at some point require restraint so that I do not dislodge the tubes (in the case of naso-gastric tubes), or require surgery to place a tube in my stomach or intestine.

___ I would want not to be fed through feeding tubes at all. I fear the risks that such procedures entail. Whatever nourishment can be provided intravenously should be provided.

Inconsistent with Rabbi Reisner's opinion:

___ *I would want to receive artificial nutrition and hydration on a trial basis. A decision about continuing treatment should depend on its effectiveness in helping to strengthen my body, improve my well-being or prolong my life; and on the degree of pain or severe discomfort that the treatment appears to impose.*

___ *I would want not to be fed by artificial means at all. I fear the risks that such procedures entail. I prefer to eat normally for as long as I can, and when I can no longer do that, to let nature take its course.*

Comments: _____

5. Aggressive medical or surgical procedures if I am terminally ill: *(Please mark one statement)*

___ I wish above all to live. To that end I would undertake any regimen, however difficult, which stands a reasonable chance of helping me.

___ Aggressive medical or surgical procedures, such as aggressive radiation and chemotherapy, can be most debilitating and destructive. While I desire to fight my disease with all effective tools at my command, I do not wish to undertake treatments which have not been shown to offer meaningful, measurable results. If my physician determines that a given mode of therapy will probably not produce remission or recovery, I prefer to engage in hospice care, accepting the inevitability of my impending death, curbing pain as much as possible, and living out the remainder of my life to the fullest.

Comments: _____

6. Mechanical life support if I am terminally ill: *(Please mark one statement)*

___ I consider that as long as my brain is still active, even if I must breathe with the aid of life support equipment, my God-given life has not yet been called back. These technologies should therefore be maintained.

I recognize, however, that if the total absence of brain activity can be verified, I will be considered dead despite mechanically induced respiration and heartbeat.

___ If mechanical means of life support cannot contribute to my recovery, I consider them to be impediments to my death at God's behest, even though they may prolong biological function. Therefore, I wish that they be forgone or withdrawn when my agent or designated representative, in conjunction with my physicians, conclude that they offer me no reasonable chance of return to unaided functioning.

Comments: _____

7. Cardiopulmonary resuscitation if I am terminally ill:

(Please mark one statement)

___ Should my cardiopulmonary system fail for any reason, in every case I would like the utmost done in my behalf.

___ If my heart has stopped beating and my condition is such that there is no reasonable expectation of my recovery, I would consider cardiopulmonary resuscitation, by whatever means, to be contrary to God's will, and therefore ask that my body not be subjected to such handling. In such a case I would consider a Do Not Resuscitate order to be appropriate.

Comments: _____

8. Pain relief and risk if I am terminally ill:

(Please mark one statement)

Approved by All:

___ If I am in pain or significant discomfort, I desire that I be given appropriate medication and other care to relieve my pain and make me as comfortable as possible. However, I do not want any treatment which would impose a risk of greater than 50% of hastening my death.

Inconsistent with Rabbi Reisner's opinion:

___ *If I am in pain or significant discomfort, I desire that I be given appropriate medication and other care to relieve my pain and make me as comfortable as possible. In the unlikely event that no alternative measures could adequately reduce my symptoms, I would want sufficiently large dosages of medication to avoid pain even if such dosages may entail great risk of the side effect of indirectly shortening my life.*

Comments: _____

9. Pain relief and sedation if I am terminally ill:

(Please mark one statement)

___ I will accept considerable periods of sedation to avoid pain.

___ If I remain alert, I am prepared to accept a reasonable amount of pain in order to maintain my awareness.

Comments: _____

10. Hospital or home care if I am terminally ill:

(Please mark one statement)

___ I prefer to be supported by the best medical technology. To that end, if my death is not sudden, I wish that it occur in the confines of a hospital.

___ To the extent that it is practicable and not an undue hardship upon my family, I would prefer to die at home or in a congenial supportive care facility such as a hospice rather than in a hospital. When hospital care is no longer able with confidence to effect my recovery, I would prefer such comfort-oriented care, with the clear understanding that all essential medical care that would accord with my wishes will be continued.

Comments: _____

C. PERMANENT LOSS OF CONSCIOUSNESS:

If I am diagnosed to be permanently unconscious, a diagnosis tested over a reasonable period of time and confirmed by more than one physician with appropriate training and expertise, but I am not terminally ill, the following statements should assist my agent or other decision maker in deciding on my behalf.

1. Cardiopulmonary resuscitation if I am permanently unconscious: *(Please mark one statement)*

___ Should my cardiopulmonary system fail for any reason, and there is a reasonable likelihood that cardiopulmonary resuscitation would be effective in extending my life, I would like the utmost done in my behalf.

___ If my heart has stopped beating and my condition is such that there is no reasonable expectation of my recovery of consciousness, I would consider cardiopulmonary resuscitation, by whatever means, to be contrary to God's will, and therefore ask that my body not be subjected to such handling. In such a case I would consider a Do Not Resuscitate order to be appropriate.

Comments: _____

___ I would want to receive all treatments that would be effective in extending my life, including mechanical interventions such as respirators, even if there is no reasonable hope of my regaining consciousness.

___ All nutrition, hydration, medication, and necessary surgical procedures should be continued where these are understood to be effective measures for extending my life, even if there is no reasonable hope of my regaining consciousness. I would consider mechanical means of life support to be an impediment to my death, and would want them withheld or withdrawn.

___ *All means of nutrition and hydration should be continued where these are understood to be effective measures for extending my life, even if there is no reasonable hope of my regaining consciousness. I would want any machines or medications (including antibiotics) used to keep me alive to be withheld or withdrawn.*

___ *If there is no reasonable hope of my regaining consciousness, I would want to forgo all treatments and interventions extending my life, including artificial provision of nutrition and hydration, which I consider to be medications. If artificial means of providing nutrition and hydration were used during the period in which my diagnosis was being formed and tested, I hereby ask that the feeding tubes (wherever they are attached to my body) be removed once the diagnosis is confirmed, just as other medications and machines which have proven to be ineffective in effecting my cure may be removed.*

Comments: _____

D. WISHES IN CASE OF DEATH:

1. Organ donation: *(Please mark one statement)*

___ I am aware that Jewish law permits and commends the donation of organs and other body parts for transplantation. Accordingly, I desire that when I die any or all of my vital organs and other body parts be

donated for the purpose of transplantation. The rest of my remains should then be buried in a Jewish cemetery in accordance with Jewish law and custom.

___ I would want my organs and other body parts to be donated for transplantation only if there is someone who needs them at, or shortly after, the time of my death. The rest of my remains should then be buried in a Jewish cemetery in accord with Jewish law and custom.

___ I would want the following body parts to be donated for purposes of transplantation:

___ Kidneys ___ Heart ___ Skin ___ Corneas
___ Liver ___ Pancreas ___ Other _____

The rest of my remains should then be buried in a Jewish cemetery in accord with Jewish law and custom.

___ I do not wish that any part of my body be used for purpose of transplantation.

Comments: _____

2. Autopsy: *(Please mark one statement)*

Approved by All:

___ I do not want an autopsy performed unless it is absolutely required by government authorities. If such an autopsy is performed, I ask that it be conducted with all possible respect and that all of my body parts subsequently be buried in a Jewish cemetery in accordance with Jewish law and custom.

___ I would allow an autopsy to be performed if necessary to provide information that would help save the life of a family member or other identifiable patient. If any autopsy is performed, I ask that it be conducted with all possible respect and that all of my body parts subsequently be buried in a Jewish cemetery in accordance with Jewish law and custom.

Inconsistent with Rabbi Reisner's opinion:

___ *I would allow an autopsy to be performed either to help save the life of a patient or if it would enable physicians to learn more about my disease because my case is not routine. If any autopsy is performed, I ask that it be conducted with all possible respect and that all of my body parts subsequently be buried in a Jewish cemetery in accordance with Jewish law and custom.*

Jewish Medical Directives for Health Care

Comments: _____

As God is my rock and my fortress and my deliverer, so may God be my refuge, my shield and my salvation, forever.

Signature: _____
Name: _____
Date: _____
Address: _____
City: _____

I declare that the person who signed this document, or asked another to sign this document on his or her behalf, did so in my presence, that I know him or her to be the person named as the subject of this document, and that he or she appears to be of sound mind and acting of his or her free will, free of duress or undue influence. I am eighteen years of age or older, and I am not designated by this or any other document as the person's health care agent or alternative health care agent.

Witness 1:	Witness 2:
Signature _____	Signature _____
Name _____	Name _____
Date _____	Date _____
Address _____	Address _____
City _____	City _____

Notarization is not necessary unless required by your state law.