

Rabbi Judah HaNasi was suffering from illness, and his students prayed for heavenly mercy for their teacher. His handmaiden however, prayed not for his continued life, but rather, for an end to his pain and suffering saying, "May it be the will of the Almighty that the immortals may overpower the mortals." His followers prayed at all hours of the day and night, until, the handmaiden took up an earthenware jar and threw it down from the roof to the ground. For a moment the students ceased praying, and the soul of Rabbi Judah departed to its eternal rest. Ketubot 104a

However old you are now, don't be afraid to face the inevitable, which I hope will be as distant from the present as possible. Because once you've taken care of the end of life, you'll be in a far better position to fully enjoy the time you have left. Jane Brody's Guide to the Great Beyond, 2009

April 23, 2009

Dear Member of the Rodeph Sholom Family,

Throughout our Jewish tradition we find stories of people who came to the aid of those who could not care for themselves. Indeed, one of the central themes of Judaism is preservation of the dignity and sanctity of life, even as death approaches.

And yet, when many of you see the topic of the letter—advance directives for health care—you will either toss it before reading it through...or set it aside to read another time. That is understandable. None of us wants to think about serious illness and death of ourselves or our loved ones. But we have all witnessed the heartache of the Terri Schiavo case and said to ourselves that we would not want to be in that position, as either the patient or the family member, torn by conflict and unwelcome legal, political and emotional intervention.

The facts are clear. Everyone 18 years of age or older needs a signed health care proxy document designating and empowering someone to make health care decisions on their behalf should they become unable to communicate for themselves. Absent such a document, no family member, friend or acquaintance can legally assume this role.

Thus, each of us needs to make our wishes known, through conversation and in writing, so that we may feel confident that any end of life decisions that must be made on our behalf will be consistent with our wishes. By doing so, we are also making it easier for our loved ones, and our physicians, to know and honor our preferences and for difficult decisions to be made during a potentially difficult time.

Rodeph Sholom is pleased to participate in National Health Care Decisions Day, which occurs this month, by calling your attention to two types of Advance Directives:

- The Health Care Proxy form. It is critical to name your proxy and complete this simple legal document which requires neither notarization nor legal assistance. It only goes into effect if you become temporarily or permanently incompetent and unable to make decisions or communicate your wishes, and it can be revised or rescinded at any time.

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- The Living Will. You may also choose to have a living will, a legal document which identifies treatments you do or do not wish to receive in specific situations, and describes circumstances under which you would not wish to have your life prolonged by artificial means. As a living will cannot anticipate every possible scenario, your Health Care Proxy will be able to interpret and clarify your statements. If you cannot select an individual you trust or if you do not want to appoint a Health Care Proxy, you can chose to have a Living Will only.

Why is Rodeph Sholom encouraging you to think about your health care choices when you may also receive information about advance directives from your lawyers or your medical providers? The synagogue provides a uniquely safe, supportive, and sacred place where issues of life and death may be considered; where we might draw upon Jewish tradition for guidance and support as we ponder our own values and beliefs; where these difficult decisions can be made without legal, financial or medical pressures.

We encourage you to think about your own health care choices and to take action today:

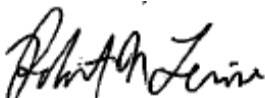
- 1. Talk with your family and others close to you, about what your wishes are for medical or continued treatment if you become ill and unable to communicate at the time.**
- 2. Officially designate someone you trust to speak for you should you become unable to speak for yourself.**
- 3. Complete the simple Health Care Proxy document, enclosed, which communicates those wishes.**
- 4. Make copies of your advance directives and give them to your decision maker, your doctors, and family members. Do not keep them in a safe deposit box.**

For your convenience, we are including a Health Care Proxy form. You may also download additional copies from the Rodeph Sholom website:

<http://www.rodephsholom.org/pdfs/HealthCareProxyForm.pdf>

If you would like a member of the clergy to assist you with any part of this process, it would be our honor to meet with you; please do not hesitate to call upon us.

B'Shalom,



Rabbi Robert Levine
Senior Rabbi



Rabbi Leora Kaye
Program Director



Sally Kaplan
Co-Chair, Caring Community

New York State Health Care Proxy: Instructions

Appointing Your Health Care Agent in New York State

Item (1)

Write the name, home address and telephone number of the person you are selecting as your agent. You may not choose your attending doctor to serve as your health care proxy unless he/she is related to you by blood, marriage or adoption. You may also not choose an employee of a hospital if you are a patient or resident of such hospital.

Item (2)

If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

Item (3)

Your Health Care Proxy will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want your Health Care Proxy to expire.

Item (4)

If you have special instructions for your agent, write them here. Also, if you wish to limit your agent's authority in any way, you may say so here or discuss them with your health care agent. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

If you wish to give your agent authority over artificial nutrition and hydration, you must tell this to him/her, or preferably state it in writing on this health care proxy form.

Simply write:

I have discussed my wishes with my health care agent and alternate and they know my wishes including those about artificial nutrition and hydration.

If you wish to make more specific instructions, you could say:

If I become terminally ill, I do/don't want to receive the following types of treatments....

If I am in a coma or have little conscious understanding, with no hope of recovery, then I do/don't want the following types of treatments:....

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 do/don't want the following types of treatments:....

I have discussed with my agent my wishes about _____ and I want my agent to make all decisions about these measures.

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Examples of medical treatments about which you may wish to give your agent special instructions are listed below.

This is not a complete list:

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- surgical procedures
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization

An alternative to listing specific instructions as exemplified above would be to complete a Living Will, which would guide your health care agent in making decisions.

Item (5)

This paragraph authorizes your health care agent to act as your representative with respect to the Health Insurance Portability and Accountability Act (HIPAA), authorizing your agent to obtain all medical records and information about you.

Item (6)

You must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure your address is included.

Item (7)

Two witnesses 18 years of age or older must sign this Health Care Proxy form. The witnesses are only required to witness your signing of the document and do not have to read/review the document itself. Be sure both witnesses write the date, print and sign their names and include their addresses. The person appointed to be your health care agent or alternate agent cannot sign as a witness.



New York Health Care Proxy Form

(1) I, _____

hereby appoint _____

(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint _____

(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. *(Optional: If you want this proxy to expire, state the date or conditions here.)* This proxy shall expire *(specify date or conditions)*: _____

(4) I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. *(If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.)* I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions *(attach additional pages as necessary)*: _____

Please note that in order for your agent to make health care decisions for you about artificial nutrition and hydration *(nourishment and water provided by feeding tube and intravenous line)*, your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See Instruction Sheet (item #4) for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

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(5) I also grant authority and power to my agent(s) to serve as my personal representative for purposes of the Health Insurance Portability and Accountability Act (HIPAA). My agent is authorized to execute any and all releases and other documents necessary in order to obtain disclosure of my patient records and other medical information subject to and protected by HIPAA.

(6) Your Identification (please print)

Name _____
Signature _____ Date _____
Address _____

(7) Witnesses: Two witnesses must be 18 years of age or older and cannot be the health care agent or alternate.

I declare that the person who signed this document appeared to execute the Health Care Proxy willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1:	Witness 2:
Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Date: _____	Date: _____
Address: _____	Address: _____
Tel. No.: _____	Tel. No.: _____

Optional: Organ and/or Tissue Donation

You may state wishes or instructions about organ and/or tissue donation on this form. A health care agent cannot make a decision about organ and/or tissue donation because the agent's authority ends upon your death. The law does provide for certain individuals in order of priority to consent to an organ and/or tissue donation on your behalf: your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor's death, or any other legally authorized person.

I hereby make an anatomical gift, to be effective upon my death, of (*write your initials next to the statement of your choice*):

- Any organs and/or tissues
- The following organs and/or tissues: _____
- Limitations: _____

If you do not specifically identify your organ donation choices at the end of this form, one of the legally authorized people noted in the above paragraph may make those determinations upon your death.

Signed _____ Date: _____
Address: _____