

*As an  
observant Jew,  
you wonder:*

*How can I be sure that halacha  
will be followed  
if other people must decide the  
course of my medical treatment?*

*How can I ensure that my body  
is treated according  
to halacha after death?*

**YOU NEED...**

# THE Halachic LIVING WILL



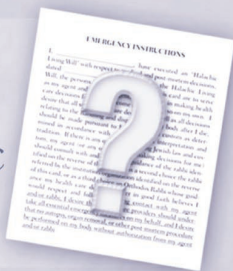
No one likes to think about it.

But one day, G-d forbid, it can happen to you. You are in a terrible accident - or are stricken with an illness - and you no longer are capable of making decisions regarding your own health care. In an era of rapid advances in medical technology, complex questions may arise regarding your medical treatment. As an observant Jew, you would want such medical decisions to be made in accordance with Jewish law and custom (halacha) - but your doctors know nothing about that.

What will happen?

Who will decide?

# What is the “Halachic Living Will”?



The Halachic Living Will enables you to appoint another competent adult to serve as your “health care agent” to make medical decisions on your behalf if, G-d forbid, you ever become incapable of making such decisions on your own. It further directs that all such decisions, as well as post-mortem decisions, are to be made in accordance with halacha. And, should any question ever arise as to the requirements of halacha, the form directs the agent to consult with any Orthodox rabbinical authority you wish to designate.

# Why is the Halachic Living Will necessary?



Other standardized health care proxy or living will forms that you may be encouraged to sign may not include these protections and could well include provisions that are contrary to halacha. Without your having signed a Halachic Living Will, there is a significant risk that if you cannot make medical decisions for yourself, decisions may be made on your behalf that will be contrary to basic halachic principles. Or, perhaps you are not

confident that your family will consult with competent rabbinic authorities in making decisions on your behalf. In cases like these, the Halachic Living Will is an indispensable means of ensuring that these critical decisions will be made in accordance with your wishes.

# Who Can I Appoint as My Health Care Agent?



As a general rule, you may appoint virtually any competent adult as your agent – a family member, a friend, anyone you trust to carry out your wishes. Obviously, before appointing anyone to serve as your health care agent, you would be well advised to ascertain that person’s willingness to serve in that capacity.

You may also appoint any Orthodox Rabbi you would like to advise your agent. You should ascertain beforehand that the rabbi you would like to appoint as a halachic advisor to your agent is competent to deal with the types of complex questions of halacha that may arise, and that he would be willing to serve in that capacity. The Halachic Living Will further provides you an opportunity to designate an Orthodox Jewish organization or institution to refer a different rabbi to guide your agent if the rabbi you have designated is not able to provide such guidance.

# Is the Halachic Living Will Legally Binding?



Yes. It was developed and prepared by the legal department of Agudath Israel of America together with other knowledgeable attorneys to conform with the provisions of applicable state statutes. Because there are certain variations among the states with respect to the formal requirements of a “living will” or “health care proxy,” as well as with respect to such questions as to whom may serve as your agent, Agudath Israel of America has prepared separate Halachic Living Will forms for use in various states across the country. Most have been approved by an in-state attorney for use in that state.

# Why Do I Also Need the Wallet-Size Card?



One never knows when an emergency may arise. It is therefore wise to carry in your wallet or purse a card that informs any emergency health care provider that you have prepared a Halachic Living Will. The card summarizes the key provisions of the Halachic Living Will form, and provides all relevant names and phone numbers.

# How do I Obtain the Halachic Living Will?



Contact Agudath Israel of America to obtain the Halachic Living Will for your state.

## THE Halachic LIVING WILL

### EMERGENCY INSTRUCTIONS CARD

The attached “Emergency Instructions” card is designed to be placed in your wallet or handbag. In emergency situations, it will serve to alert medical and other emergency personnel that you have executed an “Halachic Living Will” form that they are to follow if you are incapable of making decisions for yourself.

The Emergency Instructions card should be filled out *only after* you have completed the Halachic Living Will form.

Please complete the attached card in accordance with the following instructions, tear it off along the perforated line, and carry it with you at all times (except in a public domain on the Sabbath, when Jewish law prohibits carrying).

▼ DETACH HERE ▼

### EMERGENCY INSTRUCTIONS

I, \_\_\_\_\_, have executed an “Halachic Living Will” with respect to medical and post-mortem decisions, dated \_\_\_\_\_. Pursuant to the Halachic Living Will, the persons listed on the reverse of this card are to serve as my agent and alternate agent, respectively, in making health care decisions for me if I become unable to do so on my own. I desire that all such health care decisions, as well as all decisions relating to the handling and disposition of my body after I die, should be made pursuant to Jewish law and custom as determined in accordance with strict Orthodox interpretation and tradition. If there is any question regarding Jewish law and custom, my agent (or any other person making decisions for me) should consult with and follow the guidance of the rabbi identified on the reverse of this card, or as a second choice the rabbi referred by the institution/organization identified on the reverse of this card, or as a third choice an Orthodox Rabbi whose guidance my health care decision maker in good faith believes I would respect and follow. Pending contact with my agent and/or rabbi, I desire that health care providers should undertake all essential emergency measures on my behalf; and I desire that no autopsy, organ removal, or other post-mortem procedure be performed on my body without authorization from my agent and/or rabbi

(Continued from opposite side)

- On the front of the card, print your name on the first line, and the date you have completed the Halachic Living Will form on the second line.
- On the back of the card, print the names and telephone numbers of the health care agent (and alternate agent) and of the Orthodox Rabbi and the Orthodox Jewish organization you have designated in your Halachic Living Will.
- Keep the card in a conspicuous place in your wallet or billfold.
- If you ever change your Halachic Living Will form, or if the contact information for your agent or designated rabbinic authority changes, please remember to update the information on your card or to complete a new card.

*“Every Jew in America should fill out and sign a Halachic Living Will. We are living in an era in which many doctors and hospitals are no longer committed to the concept of the sanctity of human life. Having a Halachic Living Will helps ensure that halacha will be upheld in life and death health care decisions.”*

— Rabbi Yaakov Perlow,  
Novominsker Rebbe and  
Rosh Agudath Israel

*“I advise my religious Jewish patients to have a Halachic Living Will. It literally can and has saved lives.”*

—Dr. Binyomin Sokol, Staff  
Physician and Member of  
Ethics Committee, Mount  
Sinai Hospital, Chicago

*“The Agudath Israel of America Halachic Living Will fills a vital need. It is intended to be a legally binding document that doctors and hospitals must respect. No Orthodox Jew should be without one.”*

—Jonathan J. Rikoon, Esq.,  
Trusts and Estates Partner,  
Debevoise & Plimpton,  
New York

▼ DETACH HERE ▼

EMERGENCY INSTRUCTIONS

Agent: \_\_\_\_\_

Phone: Day: \_\_\_\_\_

Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate Agent: \_\_\_\_\_

Phone: Day: \_\_\_\_\_

Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Rabbi: \_\_\_\_\_

Phone: Day: \_\_\_\_\_

Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

To protect yourself,  
you should fill out  
and sign

# THE Halachic LIVING WILL



## The Halachic Living Will

PROXY AND DIRECTIVE WITH RESPECT TO HEALTH CARE  
DECISIONS AND POST-MORTEM DECISIONS

I, \_\_\_\_\_, hereby declare as follows:  
1. Appointment of Agent: In recognition of the fact that there may come a  
time when I will become unable to make my own health care decisions  
because of illness, injury or other circumstances, I hereby appoint

Name of Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

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

Name of Alternative Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Name of Rabbi: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

If such Orthodox Rabbi is unable, unwilling or unavailable to provide such  
consultation and guidance, then I direct my agent to consult with and fol-  
low the guidance of an Orthodox Rabbi referred by the following  
Orthodox Jewish institution or organization:

Name of Institution/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Signature: \_\_\_\_\_  
(If you are not physically capable of signing, please ask another person  
to sign your name on your behalf.)

Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_

Agudath Israel of America  
is grateful to



## Maimonides

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