

A CATHOLIC GUIDE TO END-OF-LIFE DECISIONS

AN EXPLANATION OF CHURCH TEACHING ON ADVANCE DIRECTIVES, EUTHANASIA, AND PHYSICIAN-ASSISTED SUICIDE

At Central Medical Hospital, a woman rests in bed with a serious illness. Her name is Anne. Anne is a Roman Catholic who wants to make decisions about her medical treatment in the light of her Catholic faith. As would anyone in her condition, Anne has questions about the teachings of the Church. What are the Church's views on end-of-life decisions, and how difficult will it be to follow them? Must she endure a great deal of pain? What if she is no longer able to make medical decisions for herself? Anne wants to make certain decisions ahead of time in order to relieve her family of the burdens of determining what care might be most appropriate for her.

A time of serious sickness is naturally distressing for the one who is ill and for the family and friends of the one who is stricken. Making sound moral decisions in the face of such circumstances may be especially difficult when we consider the emotional strains that are natural when someone we love undergoes great suffering. This pamphlet describes how someone might approach end-of-life decisions in light of the teachings of the Catholic Church. We consider the redemptive nature of suffering, the important difference between morally obligatory and optional means of conserving life, the moral status of Advance Medical Directives and Health Care Proxies (Durable Power of Attorney), and the advocacy of euthanasia in America today.



CHRIST THE HEALER

Suffering and death entered the world with the sin of our first parents, but Christ's obedience to the Will of his Father can now infuse these afflictions with great redemptive power. By virtue of our being made one with Christ in Baptism, we can join our suffering to that of Our Savior on the Cross at Calvary and so assist in his work of salvation for the entire world. The suffering of illness and dying brings the Catholic a grace-filled opportunity to offer prayer for oneself, for loved ones, and for the whole human race. Christ is with us during our illness and shares in our suffering as we share in his.

For those who have lost their faith in God, the suffering and helplessness of serious illness make little sense. Some may even come to contemplate suicide or euthanasia. Why should one endure the pain of illness when death is the end of all meaning and purpose? Others who accept the existence of God wrongly believe that He does not care whether we shorten our lives. The immorality of harming the great good of human life should be apparent even to those without faith. The testimony of Sacred Scripture and the constant teaching of the Catholic Tradition speak against ever directly intending one's own death. The Catholic, with a deep faith in Jesus Christ, may not be able to understand suffering, but he knows he can offer it up as a powerful prayer.

THE REDEMPTIVE NATURE OF SUFFERING

As a woman of religious conviction, Anne receives great consolation from her faith in God. She receives pastoral care from the hospital chaplains and Communion from the Eucharistic ministers. A priest has given her the Sacrament of Anointing, and should it become necessary, he is ready to administer Viaticum. In the past several weeks, however, Anne has begun to experience more pain. As her doctor performs new tests and prescribes additional medications, Anne experiences a greater degree of suffering.

Pain and suffering at times may be a profoundly distressing experience that raises deep and troubling questions about the meaning of life and even the nature of God. How can a merciful God allow us to experience the suffering of illness? It should be comforting to reflect on the fact that God Himself entered into human suffering through His Son who suffered and died so that we could overcome death.

OBLIGATORY AND OPTIONAL MORAL MEANS

Anne's doctor has informed her of a serious turn in her case. Anne has discussed the situation with her physician and considered the risks and benefits of the proposed treatment. She is aware that the suggested surgery is likely to enable her to live longer, but in her case the risk of developing serious complications is higher than normal and there is little likelihood of recovery. After talking it over with her family, Anne has decided to forgo the surgery. Had Anne been younger, or someone upon whom others depended, she may very well have decided to undergo the treatment—despite its difficulties and poor prognosis. But the Catholic is free to forgo burdensome means of preserving life, even if not imminently dying.

One of the most important moral distinctions for end-of-life decisions is that between what is morally obligatory and what is morally optional. What is morally obligatory we are bound to perform; what is morally optional we may include or

omit at our own discretion. Moral theologians use the terms “ordinary” and “extraordinary” to make this distinction, in keeping with the words of Pope Pius XII: “Normally one is held to use only ordinary means—according to the circumstances of persons, places, times, and culture—that is to say, means that do not involve any grave burden for oneself or another. A stricter obligation would be too burdensome for most people and would render the attainment of the higher, more important good too difficult. Life, health, all temporal activities are in fact subordinated to spiritual ends” (“The Prolongation of Life,” address to the International Congress of Anesthesiologists, November 24, 1957).

Generally, a medical procedure that carries with it little hope of benefit and is burdensome is deemed “extraordinary” and is not obligatory. For example, a person may judge in good conscience that the pain and difficulty of an aggressive treatment for cancer is too much to bear, and thus decide to forgo that treatment. Whether a particular treatment is excessively burdensome to an individual patient is a moral question that often requires the advice of a priest or someone well-trained in moral theology. Individual patients and their families should seek the guidance of the Church whenever there is any doubt about the morality of a particular course of action.

Most medical treatment received during the course of one’s lifetime is routine and does not raise serious moral questions. Sometimes, however, medical circumstances require considerable reflection about what procedures are appropriate for a given medical condition and time of life. When aggressive and experimental methods are recommended by a physician, the Church teaches that we are free to pursue such treatment whenever there is a reasonable hope of benefit to the patient. We are also free, however, to refuse treatment when it is of dubious benefit or when its burdens are clearly greater than its benefits. For example, I might want extraordinary medical means used to extend my life in order to receive the sacraments of the Church, or to see friends or relatives one last time, or to be reconciled with someone from whom I have been estranged. The use of extraordinary means always remains optional, and the moral obligation to conserve life obliges us simply to act in the most reasonable manner.

SPECIFIC MORAL TEACHINGS OF THE CHURCH

By refusing aggressive treatment for her condition, Anne realizes that she faces the possibility of death in the near term. She will continue to receive morally obligatory care for her illness even though recovery for her is unlikely. Anne knows that she may not refuse any morally obligatory means of preserving her life. She knows, for example, that she may not refuse food and water as long as they provide her a benefit.

To make sound moral decisions patients must receive all relevant information about their condition, including the proposed treatment and its benefits, possible risks, side-effects, and costs (*Ethical and Religious Directives for Catholic Health Care Services [ERD]*, U.S. Conference of Catholic Bishops, July 2001, n. 27.) The patient may also consider the expense the treatment may impose on the family and the community at large (*ERD*, n. 57). It is important to know of all the morally legitimate options that are available. Normally, the patient’s judgment concerning treatment should guide others in their decisions, unless the treatment is medically unwarranted or contrary to moral norms. Ideally, the patient, in consultation with others, decides the course of medical treatment.

There should be a presumption in favor of providing food and water to all patients, even to those in a comatose state, but there are exceptions. Obviously, when the body can no longer assimilate food and water, they provide no benefit and may be withdrawn. Sometimes placement of a tube may cause repeated infections. Some patients may display agitation at the sight of a tube and may pull it out repeatedly. Certain patients experience burdensome complications, such as repeated aspiration and the constant need for suctioning of the throat. All of these are factors that may cause one to reevaluate the placement of a feeding tube.

When there are no exceptional circumstances, tube feeding should be considered a part of ordinary care. Normal care always remains morally obligatory, but refusal of additional treatment is not equivalent to suicide. It should be seen instead as an expression of profound Christian hope in the life that is to come. An instruction not to provide such treatment, when communicated ahead of time to family and friends, may give great comfort to loved ones during emotionally stressful times.

GIVING INSTRUCTIONS FOR FUTURE CARE

Anne is blessed to have family and friends who love and care for her and who visit often. Not all the patients at Central Medical are so fortunate. Should it happen that Anne is no longer able to make decisions on her own, there are family members and friends who are capable of making decisions on her behalf. Anne must decide whether to designate a particular member of her family to serve as her “proxy” or “agent.” There is also the question of whether she should specify which medical procedures she feels will be most appropriate for her in the future should she be unable to make her wishes known.

An Advance Medical Directive and a Health Care Proxy (sometimes called a “Durable Power of Attorney for Health Care”) are legal documents that take effect if the patient becomes incompetent. These documents can be written without the

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POPE PIUS XII

assistance of an attorney, but some states give them considerable legal weight. An Advance Medical Directive specifies what medical procedures the patient wishes to receive or to avoid. (An Advance Medical Directive is sometimes called a "Living Will," but because of its association with the advocacy of euthanasia, we have chosen to avoid this phrase.) A Health Care Proxy specifies a particular individual (variously called a "proxy," "agent," or "surrogate") to make medical decisions on behalf of the patient (or the "principal") when the patient is no longer able to do so. When neither of these instruments is drawn up, the task of making important medical decisions usually falls to the family. Most states have laws governing the use and implementation of the Advance Medical Directive and Health Care Proxy.

All hospitals and health care facilities are required by law to provide written information to the patient about the right to accept or refuse medical treatment and the right to formulate an Advance Directive and designate a Health Care Proxy (*Patient Self-Determination Act of 1990*). The health care facility must also provide written policies stating how the patient's Advance Directive or Durable Power of Attorney will be implemented. Make certain that your Advance Directive forbids any action that the Catholic faith considers to be immoral, such as euthanasia or physician-assisted suicide. Some Advance Directives in common use today permit food and water to be ended simply because one is in a comatose state. A Catholic hospital will not follow a directive that conflicts with Church teaching (*ERD*, n. 24). Once a directive is made, copies should be distributed to the agent and anyone else the patient deems appropriate. One should periodically review the provisions of an Advance Directive and, if it has been revised, destroy all previous copies.

The usefulness of an Advance Directive, which gives specific instructions for care, is limited because of its inflexibility. If circumstances change significantly between the writing of the Advance Directive and its implementation, the instructions may be of little value to those acting on a patient's behalf, and may even hinder their freedom to make good decisions. There may also be a problem of interpreting the document when it is not clearly written. An Advance Directive often does not allow for adequate informed consent, because one must make a decision about a future medical condition which cannot be known in advance. When drawing up an Advance Directive, therefore, one should focus on general goals rather than on specific medical procedures.

Assigning a Health Care Proxy is preferable to drawing up an Advance Directive, because it leaves decisions in the hands of

someone whom the patient has personally chosen. A proxy agent also can be more sensitive and responsive to the decision making that is necessary for a given case. When assigning a Health Care Proxy one should choose an agent of good moral character—someone who is known to be capable of making sound decisions under stressful circumstances. The agent should know the teachings of the Church and possess the practical wisdom to apply them to changing circumstances. An agent, of course, must also survive the patient. One may designate alternative agents in case one's first choice, for some reason, is unable to act.

A good agent makes decisions for the patient in light of what the patient would choose if able to do so. The proxy,

therefore, should be very familiar with the moral convictions and wishes of the principal. When there is an Advance Directive from the patient, this should be the guide. When there is not, the agent must act on the oral instruction that has been given. Sometimes, however, acting in the best interests of the patient means ignoring instructions that are obviously unwarranted or clearly immoral. No agent is bound to carry out actions that conflict with morality or the faith.

THE SPECTER OF EUTHANASIA

Anne shares her hospital room with a woman whose condition is similar to her own. Recently, a stranger visited her roommate and the two of them had a long discussion together. After he left, Anne was surprised to learn that the man was an advocate of euthanasia.

Apparently he knows of a doctor who has already helped some sick people to kill themselves. He is trying to convince Anne's roommate to do the same.

Human life is an inviolable gift from God. Our love of God and His creation should cause us to shun any thought of violating this great gift through suicide or euthanasia. We read in Wisdom: "God did not make death, nor does He rejoice in the destruction of the living. For He fashioned all things that they may have being" (1:13). St. Paul teaches us: "If we live, we live to the Lord, and if we die, we die to the Lord" (Romans 14:8).

When formulating an Advance Directive or discussing end-of-life issues, we should avoid using the expression "quality of life," because it is used by advocates of euthanasia to suggest that some lives are not worth living. While illness and other circumstances can make life very difficult, they cannot diminish the inestimable worth of each human life created by God. Life itself is always a good, and this is a quality that can never be lost. Still, we need not cling to this life at all costs, since the life to which we have been called in Christ is incomparably better.



Euthanasia was defined by Pope John Paul II, in *The Gospel of Life*, as “an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering” (n. 64). Supporters of euthanasia often justify it, and physician-assisted suicide, on the grounds that the pain of terminal illness is too great for the average person to bear. They hold that it is more merciful to kill the suffering patient. The Catholic Church holds that “*euthanasia is a grave violation of the law of God*, since it is the deliberate and morally unacceptable killing of a human person” (n. 65, original emphasis). Fundamentally, it is an unreasonable act.

The prospect of intractable pain may be frightening, but such extreme distress rarely occurs. The physician almost always can minimize or eliminate the pain that may accompany terminal illness. Most people, in fact, die peaceful deaths. Although it is certainly preferable to die in a conscious state of prayer, no one should feel obliged to forgo medications and pain relief even though they may bring about disorientation or

produce unconsciousness. The Church does not oblige the Catholic to forgo medical treatment for pain, even when such treatment may deprive the patient of full consciousness or indirectly shorten life. This is an application of the principle of double-effect. The Church asks only that appropriate conditions exist before such medication be taken.

HOPE OF THE RESURRECTION

We hope that these explanations of the moral teachings of the Catholic Church have been helpful to you. Christians should approach death with the joyful anticipation of seeing face to face their Blessed Lord whom they have loved and diligently served in this lifetime. In order to prepare themselves to see God face to face, Catholics should try to confess their sins to a priest before death. Remember as well that the living have an obligation in charity and justice to pray for the repose of the souls of the faithful departed—especially for family members, friends, and those most in need of prayer.

GLOSSARY OF TERMS

Advance Medical Directive (sometimes known as a “Living Will”): a legal instrument that specifies which medical procedures a patient wishes to receive or avoid, should the patient become incompetent.

Anointing of the Sick: a sacrament, which customarily includes confession of sins, that is administered to one in a seriously weakened state of health because of grave illness or the infirmity of old age (not confined to the “deathbed” visit, and repeatable if one’s condition worsens). The sacrament can bring the consolation of interior healing and a sense of God’s loving presence.

Double-effect, principle of: a moral principle that provides guidance when an act or omission will have two consequences, one of which is moral and intended, the other evil but not intended, even though foreseen; in palliative care, treatment that seeks to alleviate pain but which also has the foreseen but unintended consequence of shortening life would be morally permissible.

Euthanasia (also “mercy killing”): “an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering. . . . *Euthanasia is a grave violation of the law of God*, since it is the deliberate and morally unacceptable killing of a human person” (John Paul II, *The Gospel of Life*, n. 64, 65, original emphasis).

Health Care Proxy (also “Durable Power of Attorney”): a legal instrument that specifies an “agent” (or “proxy” or “surrogate”) who will make medical decisions on behalf of the patient (or “principal”) if the patient becomes incompetent.

Informed consent: a decision freely made in the full possession of one’s mental faculties and with adequate knowledge of all relevant moral and medical consequences.

Morally obligatory and morally optional means of prolonging life (also “ethically ordinary and extraordinary means”): the moral difference between what one must do (or omit) to preserve life and what one may do (or omit) to preserve life; not to be confused with ordinary and extraordinary *medical* procedures (defined immediately below).

Ordinary and extraordinary medical procedures: medical means that are scientifically established, statistically successful, and reasonably available; not to be confused with *morally* obligatory and optional means of prolonging life.

Patient Self-Determination Act: a 1990 federal law that requires health care facilities to inform patients of their right to accept or refuse medical treatment and to formulate advance directives. (It does *not* require that a patient have a directive.)

Physician-assisted suicide: a form of euthanasia in which a physician provides the lethal substance or otherwise assists a patient in self-destruction.

Viaticum: final reception of the Sacrament of the Eucharist (within Mass, if possible) in the face of death, as a pledge of our Resurrection in Christ.

Documents Available

Declaration on Euthanasia, Congregation for the Doctrine of the Faith, Rome, 1980.
Ethical and Religious Directives for Catholic Health Care Services, United States Conference of Catholic Bishops, July 2001.
On Life-Sustaining Treatments and the Vegetative State, Allocution of Pope John Paul II, March 20, 2004.
Nutrition and Hydration: Moral and Pastoral Reflections, Committee for Pro-Life Activities, National Conference of Catholic Bishops, May 2001.

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HEALTH CARE PROXY

I, (Name) _____, residing at (Address) _____

_____ (Date) _____, hereby
create a Health Care Proxy and designate

Name

Address

Telephone

to be my health care agent for making any and all health care decisions on my behalf should I ever become incompetent. If my agent is ever unable or unwilling to act as my agent, I hereby designate

Name

Address

Telephone

to be my alternative health care agent.

Signature

Date

My health care agent has the authority to make any and all medical decisions on my behalf should I ever be unable to do so for myself. I have discussed my wishes with my agent (and with my alternate agent) who shall base all decisions on my previous instructions. If I have not expressed a wish with respect to some future medical decision, my agent shall act in a manner that he/she deems to be in my best interests in accord with what he/she knows of my beliefs.

My agent has the further authority to request and receive all information regarding my medical condition and, when necessary, to execute any documents necessary for release of such information. My agent may execute any document of consent or refusal to permit treatment in accord with my intentions. My agent may also admit me to a nursing home or other long-term care facility as he/she deems appropriate and to sign on my behalf any waiver or release from liability required by a physician or a hospital.

As a member of the Catholic Church, I believe in a God who is merciful and in Jesus Christ Who is the Savior of the World. As the Giver of Life, God has sent us his only-begotten Son as Redeemer so that in union with Him we might have eternal life. Through His death and Resurrection, Jesus has conquered sin so that death has lost its sting (I Cor. 15:55). I wish to follow the moral teachings of the Catholic Church and to receive all the obligatory care that my faith teaches we have a duty to accept. However, I also know that death need not be resisted by any and every means and that I have the right to refuse medical treatment that is excessively burdensome or would only prolong my death and delay my being taken to God. I also know that I may morally receive medication to relieve pain even if it is foreseen that its use may have the unintended result of shortening my life.

Witness _____ Date _____

I affirm that the principal is at least eighteen years of age, of sound mind, and under no undue influence.

Witness _____ Date _____

I affirm that the principal is at least eighteen years of age, of sound mind, and under no undue influence.

Note: In many states you must obtain the signature of at least two witnesses. This document is designed to be legally valid in many states, but check with your local Catholic Conference for particular legal requirements.

When initialed here _____ the Advance Medical Directive on the reverse shall be considered an extension of this document.

ADVANCE MEDICAL DIRECTIVE

For the benefit of those who will make decisions on my behalf should I become incompetent, I hereby express my desires about some issues that others may face in providing my care. Most of what I state here is general in nature since I cannot anticipate all the possible circumstances of a future illness. I direct that those caring for me avoid doing anything that is contrary to the moral teaching of the Catholic Church. If I fall terminally ill, I ask that I be told of this so that I might prepare myself for death, and I ask that efforts be made that I be attended by a Catholic priest and receive the Sacraments of Reconciliation and Anointing as well as Viaticum.

Those making decisions on my behalf should be guided by the moral teachings of the Catholic Church contained in, but not limited to, the following documents: *Declaration on Euthanasia*, Congregation for the Doctrine of the Faith, Rome, 1980; *Ethical and Religious Directives for Catholic Health Care Services*, United States Conference of Catholic Bishops, July 2001; *Nutrition and Hydration: Moral and Pastoral Reflections*, Committee for Pro-Life Activities, National Conference of Catholic Bishops, May 2001; and *On Life-Sustaining Treatments and the Vegetative State*, Allocution of Pope John Paul II, March 20, 2004.

I want those making decisions on my behalf to avoid doing anything that intends and directly causes my death by deed or omission. Medical treatments may be forgone or withdrawn if they do not offer a reasonable hope of benefit to me or if they entail excessive burdens, or impose excessive expense on my family or the community. There should be a presumption in favor of providing me with nutrition and hydration, assuming of course they are of benefit to me. In accord with the teachings of my Church, I have no moral objection to the use of medication or procedures necessary for my comfort even if they may indirectly and unintentionally shorten my life.

If, in the medical judgment of my attending physician, death is imminent, even in spite of the means which may be used to conserve my life, and if I have received the Sacraments of the Church, I direct that there be forgone or withdrawn treatment that will only maintain a precarious and burdensome prolongation of my life, unless those responsible for my care judge at that time that there are special and significant reasons why I should continue to receive such care (such as those listed below).

Believing none of the following directives conflicts with the teachings of my Catholic Faith, I hereby add the following special provisions and/or limitations to my future health care (for example, "I would like my tissue and organs to be used for research or transplants after I am dead." "I would like all reasonable steps to be taken to allow me to see my family—or be reconciled with someone from whom I may have become estranged." "If at all possible, I would like to die at home, or at least in a hospice that has the appearance of a home setting."): _____

Signature _____ Date _____

Witness _____ Date _____ Witness _____ Date _____

I affirm that the principal is at least eighteen years of age, of sound mind, and under no undue influence.

I affirm that the principal is at least eighteen years of age, of sound mind, and under no undue influence.

Note: This Advance Medical Directive may be completed independently or as an extension of the Health Care Proxy.