

APPROACHING DEATH

The Moral Choices

A STATEMENT
FROM THE
CATHOLIC BISHOPS OF LOUISIANA

AND

A RECOMMENDED
HEALTH CARE ADVANCE DIRECTIVE
FOR CATHOLICS

*FOR EVERYTHING THERE IS A SEASON,
AND A TIME FOR EVERY MATTER UNDER HEAVEN:
A TIME TO BE BORN AND A TIME TO DIE...*

ECCLESIASTES 3:1-2

APPROACHING DEATH

THE MORAL CHOICES

A STATEMENT FROM THE CATHOLIC BISHOPS OF LOUISIANA AND A RECOMMENDED HEALTH CARE ADVANCE DIRECTIVE FOR CATHOLICS

INTRODUCTION

Increasing medical knowledge and technology make possible today the prolonging of human life to a point beyond that envisioned just a decade or two ago.

Life and death issues are matters discussed daily not only in scientific and legal circles but also in the print and broadcast media.

We, the Catholic Bishops of Louisiana, desire now to address some of the moral and legal issues which have emerged about life, impending death, and advance medical directives. We do so from the standpoint of Catholic teaching, offering to the terminally ill—or to those who must make decisions for the terminally ill—principles to be applied to life-death situations.

The basis for our teaching is set forth clearly in a statement issued by the United States Bishops' Committee for Pro-Life Activities. The Bishops said:

"The Judeo-Christian moral tradition celebrates life as a gift of a loving God and respects the life of each human being because each is made in the image and likeness of God. As Christians we also believe we are redeemed by Christ and called to share eternal life with him. From these roots the Catholic tradition has developed a distinctive approach to fostering and sustaining human life. Our Church views life as a sacred trust, a gift over which we are given stewardship and not absolute dominion." (April 2, 1992)

The question of whether to initiate, withdraw or prolong medical treatment can be a painful one. Medicine can save lives which previously could not be saved and maintain heartbeats which would have failed just a relatively few years ago. Often the extension of life, however, requires the use of technological equipment which can tend to dehumanize or create great burdens for the dying individual or the family involved.

Prayer, faith and moral principles should guide the decision-making process. Patient, doctor and family clearly face a dilemma, particularly if no thought has been given ahead of time to issues we now discuss in this statement.

The Federal Patient Self Determination Act of 1990 requires health care facilities to provide all patients, upon admission, with information about the laws in their state related to Durable Power of Attorney for Health Care and advance directives for health care. In our state, the Louisiana Legislature enacted in 1984 a statute, "Declarations Concerning Life Sustaining Procedures." (R.S. 40:1299,58, et seq.) This law recognizes the fundamental right of all persons to control decisions relating to their medical care, including decisions to have life sustaining procedures withheld or withdrawn in instances where such persons are diagnosed as having a terminal and irreversible condition.

CATHOLIC TEACHING ON HUMAN LIFE

The Catholic Church teaches that human life is sacred, and that we have an obligation to sustain that God-given gift. However, the Church has never taught that this obligation persists in an unqualified way in every terminally ill situation.

We must defend life from the time of conception to natural death, and we oppose unequivocally the intentional termination of anyone's life.

We must, however, address the current debate about the so-called "right to die" for those who are terminally ill. Those who suggest that such persons have a "right to die" by causing or seeking their own deaths or aiding or permitting another individual to end his or her life, are in grave error and are acting contrary to the law of God. This is directly forbidden by the fifth commandment: "Thou shalt not kill."

But, if we interpret the "right to die" in the context of the right to accept the natural journey toward death and to refuse extraordinary means or useless medical treatment to maintain life, then we are free to yield to God's providential care and plan. The Church teaches that human life is sacred, but that no one is obliged to preserve life in all circumstances through extraordinary means.

This teaching has been consistent since the early medical debates on this subject in modern times. Pope Pius XII, in an address to the International Congress of Anesthesiologists on "The Prolongation of Life," published in *L'Osservatore Romano*, observed:

"...Normally one is held to use only ordinary means (to prolong life)--according to circumstances, of persons, places, times, and culture--that is to say, means that do not involve any grave burden for oneself or another. A more strict obligation would be too burdensome for most men 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. On the other hand, one is not forbidden to take more than the strictly necessary steps to preserve life and health, as long as he does not fail in some more serious duty." (November 25-26, 1957)

ORDINARY AND EXTRAORDINARY MEANS OF PRESERVING LIFE

The medical profession and the Church both speak of "ordinary" and "extraordinary" means of maintaining life, but the difference in the use of these terms is critical to those called upon to make life-death decisions.

Physicians generally refer to what is technically possible under "ordinary" or "extraordinary" circumstances to preserve or terminate life.

The Church, however, focuses on the word "ethical," and teaches that we should use "ethically ordinary means" in all circumstances to sustain human life, but are not required to use "ethically extraordinary means."

For example, if steps taken to preserve life are genuinely beneficial and do not involve severe pain, excessive costs, or severely disabling effects they are "ethically ordinary means" and must be taken.

On the other hand, "ethically extraordinary means" or "useless means" are those which become useless during the course of treatment or are overly burdensome in the benefit they provide.

Persons are not obliged to use "ethically extraordinary" or overly burdensome means, but may, at their option, request them. The refusal to do so is not the same as suicide. The Congregation of the Faith said in its 1980 "Declaration on Euthanasia":

"The refusal (to use 'ethically extraordinary means') should be considered as an acceptance of the human condition or a wish to avoid the application of a medical procedure disproportionate to the result that can be expected, or a desire not to impose excessive expense on the family or the community." (*Vatican Declaration on Euthanasia*, Section IV, Par. 10)

The same declaration recognized the difficulty, at times, of determining what is ethically ordinary or extraordinary. The document guides us as follows:

"It is possible to make a correct judgment as to the means by studying the type of treatment to be used, its degree of complexity or risk, its costs and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources." (Section VI, Par. 6)

This calls for prudence--the first of the cardinal virtues and the virtue which enables us to make practical judgments in a spirit of faith in the concrete circumstances of human life.

MEDICALLY ASSISTED NUTRITION AND HYDRATION

There is another specific issue which we need to address in relation to what the law considers ordinary and extraordinary means of sustaining life. This is the question of medically assisted nutrition or hydration given to patients nearing the end of their life or those suffering from a severe form of Alzheimer's disease or some other disease which impairs oral ingestion or who are in a "permanent vegetative state."

Under Louisiana law, medically assisted nutrition and hydration are defined as constituting medical treatment. Thus, by law, nutrition and hydration can be withdrawn from a patient under the same circumstances and considerations which are involved in deciding whether other medical means of supporting life can be terminated. As Catholic Bishops, however, we want to make some important distinctions. As Catholics, we must determine what is ethically acceptable, not just medically permissible under the law of the State of Louisiana.

First, nutrition and hydration administered orally or through a peripheral vein should normally be considered as care rather than treatment. When, however, this brings no comfort to a person who is imminently dying or when it cannot be assimilated by the patient's body, even this need not be continued.

Secondly, nutrition and hydration via a nasogastric tube or a stomach tube are usually considered medical treatment since they necessitate a physician's involvement or surgery. When the benefits outweigh the burdens, these should ordinarily be used. When the burdens outweigh the benefits, these need not be initiated or continued.

We also wish to distinguish the comatose state from the "persistent vegetative state." The comatose state is temporary and will eventually resolve itself by the patient regaining consciousness or reaching the plateau of the "persistent vegetative state" or dying. Decisions regarding the comatose state should be made in accordance with the above stated principles.

The "persistent vegetative state" involves continued activity of the stem of the brain. Hence, the person is not "brain-dead." Nor is the person a vegetable!

In this case, we make our own the following directive:

"We reject any omission of nutrition and hydration intended to cause a patient's death. We hold for a presumption in favor of providing medically assisted nutrition and hydration to patients who need it, which presumption would yield in cases where such procedures have no medically reasonable hope of sustaining life or pose excessive risks or burdens." (National Conference of Catholic Bishops' Pro-Life Committee)

WHO DECIDES?

Catholics have the responsibility to become familiar with the Church's teaching, and then are free to make responsible decisions in accordance with the principles set forth in this document. We encourage Catholics to formulate advance medical directives which embody those principles and express their desires.

In cases where individuals are in full control of their faculties, they can express their convictions and discuss them directly with members of their family and physicians.

If it is impossible because of the individual's medical or mental condition, a proxy should make the decision, again in conformity with the principles contained in this statement, and after discussions with family members, the attending physician and one other physician.

The individual making the decision, or his or her proxy, should be mindful at all times of protecting, at the time of death, the dignity of the human person and the sacredness of life.

The conscience of the terminally ill person making his or her decision, or of the proxy making such determination, should be formed by prayer, guidance of Catholic moral teaching and the acceptance of God's promise of life hereafter with Him for all who die in His grace.

The Church through her ministers wants to stand with the sick and dying and assist them in the awesome responsibility of making these challenging decisions.

The Sacraments of Penance and Reconciliation, the Anointing of the Sick and Viaticum are both powerful and consoling, not only for the sick and dying, but also for the loved ones who grieve for them. The celebration of these Sacraments should be integral to Catholic care for the severely sick and the dying.

The sick make a powerful contribution to the world when they offer a living example of fidelity, perseverance, courage and hope even in the face of illness or death. In Baptism they had already died with Christ, the Christ crucified. In their sickness they can be living witnesses to us that even pain can be redemptive. They can truly understand the words of St. Paul and, with him, pledge "to fill up in their own flesh for what is lacking in the suffering of Christ for the sake of His body," the Church. (Col. 1:24)

A Recommended Health Care Advance Directive for Catholics follows.

First Issued in January 1995

Most Rev. Francis B. Schulte
Archbishop of New Orleans

Most Rev. William B. Friend
Bishop of Shreveport
Most Rev. Jude Speyrer
Bishop of Lake Charles
Most Rev. Sam Jacobs
Bishop of Alexandria
Most Rev. Michael Jarrell
Bishop of Houma-Thibodaux

Most Rev. Alfred C. Hughes
Bishop of Baton Rouge
Most Rev. Edward J. O'Donnell
Bishop of Lafayette
Most Rev. Robert W. Muench
Auxiliary Bishop of New Orleans
Most Rev. Dominic Carmon
Auxiliary Bishop of New Orleans

Revised February 7, 2006

Most Rev. Alfred C. Hughes
Archbishop of New Orleans

Most Rev. William B. Friend
Bishop of Shreveport
Most Rev. Sam G. Jacobs
Bishop of Houma-Thibodaux
Most Rev. Michael Jarrell
Bishop of Lafayette
Most Rev. Robert W. Muench
Bishop of Baton Rouge

Most Rev. Ronald P. Herzog
Bishop of Alexandria
Rev. Msgr. Harry D. Greig
Diocesan Administrator of Lake Charles
Most Rev. Dominic Carmon
Auxiliary Bishop of New Orleans
Most Rev. Roger P. Morin
Auxiliary Bishop of New Orleans

Reprinted 2008

Louisiana Conference of Catholic Bishops
3423 Hundred Oaks Avenue • Baton Rouge, Louisiana 70808
www.laccb.org

**A RECOMMENDED
HEALTH CARE ADVANCE DIRECTIVE
FOR CATHOLICS**

DECLARATION MADE THIS _____ DAY OF _____ (MONTH), _____ (YEAR).

I, _____, BEING OF SOUND MIND, WILLFULLY AND VOLUNTARILY MAKE KNOWN MY DESIRE THAT MY DYING SHALL NOT BE ARTIFICIALLY PROLONGED UNDER THE CIRCUMSTANCES SET FORTH BELOW AND DO HEREBY DECLARE MY BELIEF THAT LIFE IS A SACRED GIFT FROM GOD. I FURTHER BELIEVE THAT ACCEPTING DEATH IS A SIGN OF RECOGNITION OF THE HUMAN CONDITION. I ASK THAT THE SACRAMENTS OF THE CHURCH BE MADE AVAILABLE TO ME IN KEEPING WITH MY CONDITION.

IF AT ANY TIME I SHOULD HAVE AN INCURABLE INJURY, DISEASE OR ILLNESS, OR BE IN A CONTINUAL PROFOUND COMATOSE STATE WITH NO REASONABLE CHANCE OF RECOVERY, CERTIFIED TO BE A TERMINAL AND IRREVERSIBLE CONDITION BY TWO PHYSICIANS WHO HAVE PERSONALLY EXAMINED ME, ONE OF WHOM SHALL BE MY ATTENDING PHYSICIAN, AND THE PHYSICIANS HAVE DETERMINED THAT MY DEATH WILL OCCUR WHETHER OR NOT LIFE-SUSTAINING PROCEDURES ARE UTILIZED, AND WHERE THE APPLICATION OF LIFE-SUSTAINING PROCEDURE WOULD SERVE ONLY TO PROLONG ARTIFICIALLY THE DYING PROCESS, I DIRECT THAT SUCH PROCEDURES BE WITHHELD OR WITHDRAWN, AND THAT I BE PERMITTED TO DIE NATURALLY WITH ONLY THE ADMINISTRATION OF MEDICATION OR THE PERFORMANCE OF ANY MEDICAL OR NURSING PROCEDURE DEEMED NECESSARY TO PROVIDE ME WITH COMFORT CARE. THE SUPPLYING OF NUTRITION AND HYDRATION IS ORDINARILY NOT TO BE CONSIDERED AS A LIFE-SUSTAINING PROCEDURE WHICH SHOULD BE WITHDRAWN. IT MAY BE WITHDRAWN IF THE CONDITION IS TERMINAL OR THE PROCEDURE HAS BECOME IN ITSELF EXTREMELY BURDENSOME TO ME OR MY FAMILY OR THE CONTINUED SUPPLYING OF NUTRITION AND HYDRATION WOULD MAKE NO APPRECIABLE DIFFERENCE IN THE PROLONGATION OF LIFE.

IN THE ABSENCE OF MY ABILITY TO GIVE DIRECTIONS REGARDING THE USE OF SUCH LIFE-SUSTAINING PROCEDURES, IT IS MY INTENTION THAT THIS DECLARATION SHALL BE HONORED BY MY FAMILY AND PHYSICIAN(S) AS THE FINAL EXPRESSION OF MY LEGAL RIGHT TO REFUSE MEDICAL OR SURGICAL TREATMENT AND ACCEPT THE CONSEQUENCES FROM SUCH REFUSAL.

I UNDERSTAND THE FULL IMPORT OF THIS DECLARATION AND I AM EMOTIONALLY AND MENTALLY COMPETENT TO MAKE THIS DECLARATION.

SIGNED _____

CITY, PARISH AND STATE OF RESIDENCE _____

THE DECLARANT HAS BEEN PERSONALLY KNOWN TO ME AND I BELIEVE HIM OR HER TO BE OF SOUND MIND.

WITNESS _____

WITNESS _____