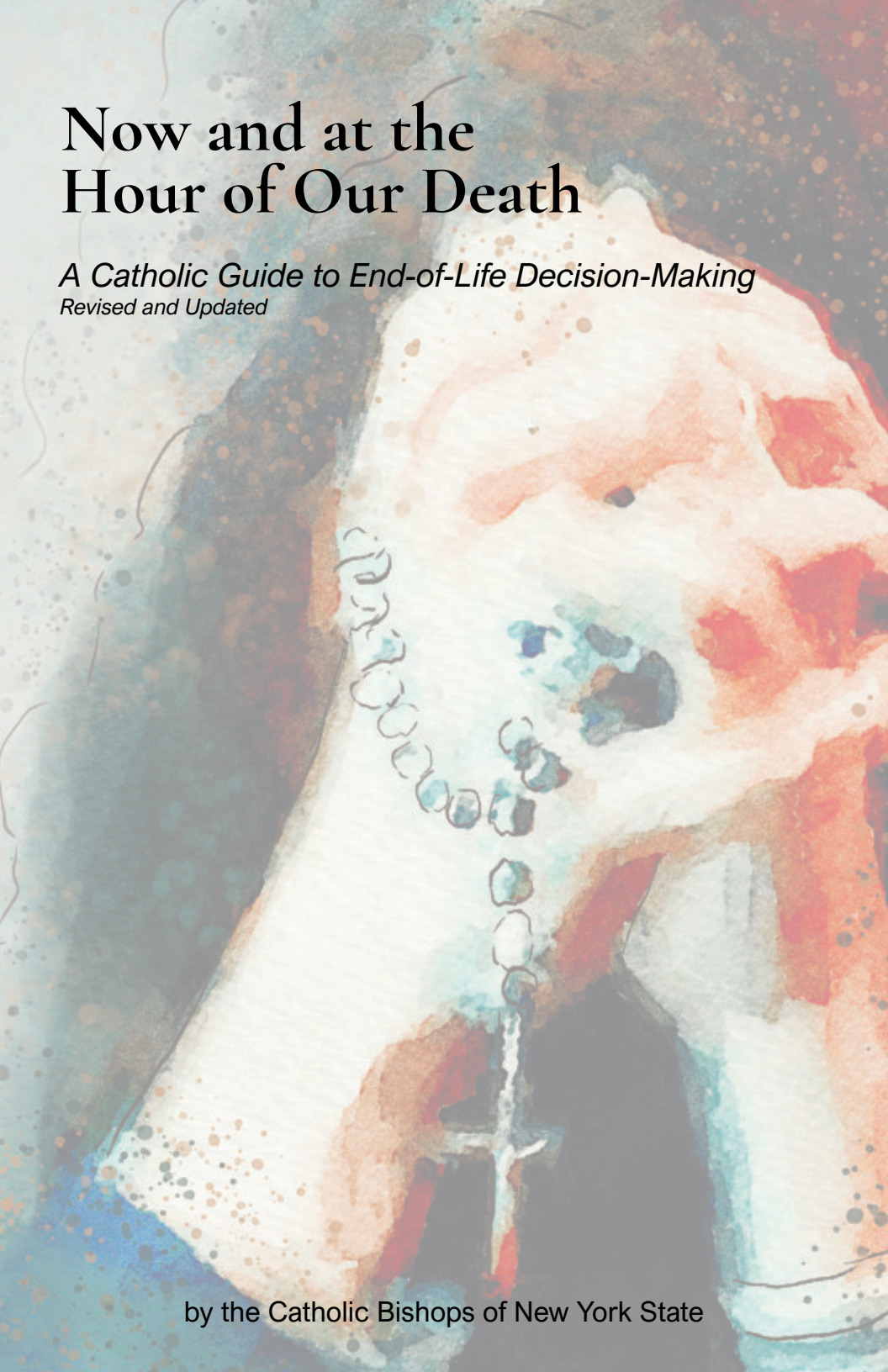
Now and at the Hour of Our Death

A Catholic Guide to End-of-Life Decision-Making

Revised and Updated



by the Catholic Bishops of New York State

Introduction

Advances in medical technologies bring with them new means of curing disease and living longer, healthier lives than ever before. But they can also be the source of heightened patient anxiety about a needlessly prolonged, painful, and financially draining dying process. Medical advances bring with them new and complex questions with regard to medical treatments and moral decision-making.

Fortunately, the Magisterium of our Church, informed by centuries of tradition and sacred Scripture, help guide us through these multifaceted issues.

Difficult decisions may be made easier if we take the time to express our wishes before illness and the dying process occurs. This guide is designed to simply explain the moral principles of Catholic teaching with regard to end-of-life decision-making and to outline the options that exist in New York State for advance care planning.

While we hope this guide will aid in the practical decisions we all must one day face, it is by no means a substitute for prayer. While our faith assures us that we as faithful Catholics are destined for eternal life with our Father in heaven, the end of life – whether for yourself or a loved one – can be a cause of great distress, sorrow and fear. In these times, we can find comfort and strength by invoking our Blessed Mother and the Communion of Saints to pray for us "now and at the hour of our death."

'A Sacred Gift'

The United States Conference of Catholic Bishops' Ethical and Religious Directives for Catholic Healthcare remind us:

"*The truth that human life is a sacred gift from God has profound implications for how we exercise stewardship of this gift. We are not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute. We may reject potentially life-prolonging interventions that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia, however, are never morally acceptable options.*"[1]

It is incumbent on all of us to see that those in our care are treated with the dignity they deserve as recipients of this "sacred gift" of life. This means that, beyond any ordinary medical treatment, all who are sick should rightfully expect, accept, and be provided basic care: food, water, pain control, bed rest, suitable room temperature, personal hygiene measures and comfort care. Beyond these basic physical necessities, every person who is sick or dying is likewise entitled to compassion, acceptance, love, and emotional and spiritual care.

Our Church also teaches that the suffering of illness and dying is an opportunity for finding oneness with Christ. Suffering can be an instrument of redemption when we seek in faith to join our suffering to that of Jesus on the cross at Calvary. Death is a doorway to eternal life. In the face of illness, suffering, and death, our faith assures us that we are created to be with God in heaven forever.

These fundamental underpinnings of our faith should guide our decisions about end-of-life treatment.

On Euthanasia and Assisted Suicide

Pope St. John Paul II reminded us that "Human life is sacred and inviolable at every stage and in every situation; it is an indivisible good."[2] Therefore, we must cherish and preserve all human lives as gifts from God. We may never deliberately and directly cause the death of an innocent person. To do so both contradicts human reason (natural law) and violates the Fifth Commandment, "you shall not kill," and our duty to "love one another."[3]

Euthanasia is "an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated."[4] While some may view euthanasia as a way for a person with an incurable disease or disability to escape a difficult and painful life, such a view is a rejection of the precious gift of life and a rejection of God's plan.

Those whose lives are diminished or weakened should be given loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms.[5]

There may be a temptation to judge the quality of our own life and the lives of others and to use this "quality of life" standard to guide medical decisions. However, regardless of "quality" labels, the sacredness of all human life is always to be valued and protected.

Some who suffer severe illness or disability may be tempted to consider assisted suicide. **Assisted suicide** is the voluntary termination of one's own life using physician-prescribed chemicals or drugs that will cause death. It is considered active euthanasia. "Any formal or immediate material cooperation in such an act is a grave sin against human life."[6]

Like a number of other states before it, New York now has legalized physician-assisted suicide. Our Church warns us in no uncertain terms that this practice is objectively immoral and must be avoided, despite the false veil of compassion with which it is sold. Often proponents refer to the practice as "death with dignity."

"*However, in response to this, it must be strongly reiterated that suffering does not cause the sick to lose their dignity, which is intrinsically and inalienably their own. Instead, suffering can become an opportunity to strengthen the bonds of mutual belonging and gain greater awareness of the precious value of each person to the whole human family.*"[7]

Ordinary vs. Extraordinary Treatments

The immorality of directly intending and bringing about our own death or of assisting in the death of another by intentional action is self-evident. Decisions can become much more complex, however, when we contemplate the removal or withholding of medical treatment, such as a ventilator or dialysis.

Out of deep respect for the gift of life, we must always accept (and others must provide) **ordinary medical means** of preserving life. Ordinary means are those that offer us a reasonable hope of benefit and would not entail excessive burden on us, our family or the community.[8] Ordinary means of medical treatment are **morally obligatory**. Withholding ordinary care with the intention of causing death is considered **passive euthanasia** and is always gravely contrary to God's will.

But Catholics are not morally bound to prolong the dying process by using every medical treatment available. Allowing natural death to occur is not the same as killing. Some treatments may be considered

"**extraordinary**" (as opposed to ordinary) and are not morally obligatory because the burdens and consequences are out of proportion to the beneficial results anticipated for a particular patient. These are considered **morally optional** treatments.

For example, it would be permissible for a cancer patient to forego a particularly aggressive and expensive treatment if the patient judged the survival rate too low and the pain of the treatment too great a burden.

But what constitutes an "excessive burden?" The Church suggests that when making a decision to accept or refuse a treatment, we should take into consideration the type of treatment recommended, how risky or complicated it is, its cost, side effects, how painful it will be, its availability, the likelihood of that treatment maintaining or enhancing the life of the patient, and the need to share limited medical resources.[9] We should also consider the spiritual and emotional burdens on ourselves and our family.

One of the most important moral distinctions for end-of-life decision-making is between what is morally obligatory and what is morally optional. Even if death is thought imminent, ordinary care owed to a sick person cannot be legitimately interrupted.[10] On the other hand, discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate.[11]

Sometimes the very same medical intervention can be morally obligatory (ordinary) in one case, but morally optional (extraordinary) in another. For example, a relatively healthy person recovering from a bout with pneumonia may need to be on a ventilator for a few days to restore him to his optimal condition. But for a patient in the final stages of lung cancer, being placed on the same ventilator may be painful, burdensome and only prolong the patient's dying process without any reasonable benefit. The particular burdens of any treatment will vary with each individual.

Weighing the burdens and benefits of particular medical treatments for each individual requires us to apply the virtue of prudence, using practical reason to discern the true good and choose the right path. Because such decisions are often sensitive and complex, Catholics may wish to seek guidance from a priest, chaplain or ethicist whose counsel is informed by Church teaching.

The Special Case of Assisted Nutrition and Hydration

The important distinction between what is morally obligatory and morally optional extends even to food and water when it is medically assisted. In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally.[12] This obligation extends to those with presumably

irreversible conditions (such as “persistent vegetative state” or PVS) who are not imminently dying. This is so because even the most severely debilitated and helpless patient retains the full dignity of the human person and must receive ordinary and proportionate care such as food and water.

But as is the case at times with life-sustaining treatments, medically assisted nutrition and hydration, although constituting a form of ordinary care, may, under very specific circumstances, be deemed excessively burdensome and of little or no benefit to the patient. The most common case of this is when the patient enters into the dying process and the body can no longer properly assimilate food and water, even through a tube. When death is imminent (within days) or in rare instances when a gastric feeding tube may cause intractable side effects such as severe agitation, physical discomfort, aspiration into the lungs, or severe infection, any foreseeable benefits of maintaining the tube are likely outweighed in light of the attending burdens. In this case, other means of providing nutrition or (if not feasible) at least minimal hydration should be carefully considered and employed if possible.

When medically assisted nutrition and hydration is withheld or withdrawn for licit reasons, death occurs as a result of the underlying disease, not through starvation or dehydration.

It is never permissible to remove a feeding tube, or any other form of life-sustaining treatment, based on a belief that the patient’s life no longer holds value or with the intention to terminate the patient’s life.

A Final Word on Church Teaching

In summary, medical interventions may be deemed ordinary (morally required) or extraordinary (morally optional) based on the weighing of benefits and burdens expected for each individual. This is not just a pragmatic decision of costs and benefits, but a moral decision that affects our spiritual health.

When we make decisions about these treatments either for ourselves or our loved ones, and we wish to make them in accord with our faith, we must take into account all factors – risks, benefits, alternatives, condition, prognosis, cost – and consider all possible burdens on the patient, the family and the community. Determining if and when a particular treatment can morally be withheld or withdrawn should be done collaboratively with the patient or surrogate, family members, healthcare providers, and spiritual advisor.

The provision of food, water, cleanliness and warmth are elements of ordinary care that are morally required for each patient. Treatment decisions are moral decisions and must be made with informed consent.

Planning in Advance – Legal Options in New York State

There may come a time when health challenges compromise our ability to reason or communicate, and we will not be able to make our own medical decisions. For this reason, it is important to plan in advance to ensure that our wishes about medical treatments and our religious beliefs are known and honored at that time. Advance directives are legal documents that take effect when a patient becomes incapacitated and incapable of making medical decisions.

Federal law requires all healthcare facilities to advise patients, upon admission, of their right to accept or refuse medical treatment and their right to issue advance directives.[13] In New York State there are various forms such a directive can take. When considering an advance directive, it is important to study thoughtfully and prayerfully the principles of the Catholic faith and prepare the document in accord with Church teaching.

It is impossible to cover all possible medical situations in an advance care directive. Therefore, it is important to ensure that there is room for interpretation when a particular medical situation occurs. For this reason, the Church recommends the healthcare proxy as the most morally appropriate advance care planning tool in New York State.

The Healthcare Proxy – The Best Option

New York State law[14] allows you to specify a particular individual, such as a family member or close friend, as your healthcare "agent," empowered to make medical decisions on your behalf when you are no longer able to do so. Unless stated otherwise, a healthcare agent can make all decisions that you could make while competent, including life-sustaining treatments. Because you can choose an agent who will advocate for treatment that is in accord with your religious beliefs, signing a healthcare proxy is a morally appropriate and desirable action to take.

In selecting a healthcare agent, it is important to choose someone known to be of good moral character, who knows you well, is familiar with your religious beliefs, has the ability to understand medical information, operates well under stressful conditions, and will be sure that end-of-life decisions on your behalf are made in accord with the Church's teachings. While you are healthy and competent, have regular conversations about your preferences with your agent.

The healthcare proxy does not expire and does not have to be notarized, although it must be co-signed by two witnesses. You can create a new one at any time, which would supersede an older document.

In addition to naming the person you choose as your surrogate decision-maker, your healthcare proxy can also include specific written instructions that your agent must follow. You may wish to specifically forbid any form of euthanasia. You may wish to state generally:

"*Medical treatments may be withheld or withdrawn if they do not offer me a reasonable hope of benefit or if they are excessively burdensome to me, my family, or the community.*"

Importantly, a healthcare agent does not have authority to make decisions about medically assisted nutrition and hydration unless you have given clear instructions about those particular measures. Therefore, if you want your healthcare agent to be empowered to make decisions for you, you should state as follows:

"*My healthcare agent has full authority to make decisions about beginning, withholding and withdrawing medically assisted nutrition and hydration in accord with the teachings of the Catholic Church.*"

New York State's Department of Health offers a healthcare proxy template, including space for special instructions that can be downloaded at *www.nyscatholic.org/healthcare-proxy-form*.

The Living Will

Also recognized in New York State is the living will, wherein medical decision-making power is vested in a written legal document, rather than in an individual. A living will is limited and inflexible because it requires that you put in writing today, while you are healthy and capable, your wishes and preferences about medical conditions and treatments that are unforeseen or unknown in the future. Medical technology advances so quickly that it is practically impossible to know what will be available when illness or injury strikes.

Although the living will is legally recognized in New York State, from the Catholic perspective, the healthcare proxy is the much-preferred advance directive. A healthcare proxy does not require that you attempt to deal in advance with all the decisions that may have to be made.

Other Factors Governing Healthcare Decision-Making in New York

Surrogate Decision-Makers

In New York State, if you become incapacitated and you have not prepared an advance directive or appointed a healthcare agent,

a surrogate decision-maker will be appointed for you. Without appointing an agent or leaving written instructions from you, your values and beliefs may not be honored.

Eligible surrogate decision makers, ranked in priority order by the law, are: Legal guardian (for people with mental illness), spouse or domestic partner, adult child, parent, adult sibling, close friend.

Under the law, a surrogate must make decisions in accord with your known wishes, including your moral and religious beliefs. If your wishes are not known, the surrogate can use their own "substituted judgment."

Do Not Resuscitate (DNR) Orders

A Do Not Resuscitate (DNR) order, signed by a physician, instructs medical personnel not to attempt cardiopulmonary resuscitation (CPR) if a patient's heartbeat or breathing stops. In New York State, DNR orders are recognized both inside and outside of the hospital setting.[15] Any adult or their healthcare agent can consent to one.

For Catholics, deciding about a DNR order requires weighing burdens and benefits. For a frail elderly sick individual or a terminally ill patient near death, a DNR order may be morally appropriate. On the other hand, for other patients, successful CPR can constitute a form of ordinary care.

Medical Orders for Life-Sustaining Treatment (MOLST)

A MOLST form converts a person's end-of-life treatment preferences into immediately actionable medical orders, signed by a physician.[16] This means that the form mandates compliance by all healthcare workers, including emergency responders. MOLST supersedes any conflicting or pre-existing advance directives. Importantly, it is not conditioned on losing capacity to make decisions; it applies immediately upon signing.

MOLST is intended for persons near the end of life. For them, the form can be a useful and morally appropriate tool. However, extreme caution is urged. It is always morally unacceptable to refuse ordinary treatments with the intention of hastening death. Even for those who are terminally ill, MOLST can implicitly allow patients to mandate non-treatment in a way that constitutes euthanasia.

Conclusion

The best time to create an advance directive such as a healthcare proxy is now – before you enter a hospital or nursing home or become seriously ill, so you can consider all your options carefully and competently through the lens of your faith. Don't delay.

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