End-of-Life Decisions

A Catholic Perspective

a Health Care Directive for Rhode Island

Roman Catholic *Diocese of Providence*

Bishop Tobin's statement:

Dear Friends in Christ,

Life is a precious gift from God. This is true not only in the prime of life, but perhaps especially when we are ill or frail and the end of life is upon us. For Catholics, however, death is not something ultimately to be feared because it is understood not as an end but a beginning, a means to our ultimate destiny: eternal union with God. Embracing life here on earth includes the call to be stewards of our own lives and the lives of others, guided always by God's natural law and His providential grace. This means that we care for every human life, including our own, up until the moment of natural death. That moment will come for us all, but our faith gives us the confidence to accept God's will for the time and manner in which he calls us home.

This booklet is meant to be a support to those seeking guidance on end-of-life decisions from a Catholic faith perspective. It is important to understand both how to plan in advance for a medical crisis when difficult decisions must be made, as well as the moral dimensions that such decisions present in light of Catholic teaching. The Catholic Church has a strong tradition in promoting compassionate care for the sick and suffering. This care affirms the sanctity of human life from the moment of conception to natural death, as well as a commitment to bring Christ's healing mission to those most in need. The following guidelines are meant to assist you in both the consideration and planning of your end-of-life decisions, so that you may have a holy death.

Yours in Christ,

+Thomas J. Tobin

Most Rev. Bishop Thomas J. Tobin

Advanced Care Planning for a Holy Death

In the State of Rhode Island, citizens have the right to prepare an advance directive, a document that informs medical providers of a patient's wishes should it be impossible to communicate them with informed consent. The two most common types of advance directives that people use in Rhode Island are the Living Will and the Durable Power of Attorney for Health Care.

A Living Will, sometimes called an advance medical directive, attempts to communicate a patient's wishes to his or her health care providers. Its use is limited because it cannot possibly include or anticipate every illness or medical condition that a patient could experience in the future, and the best treatment or intervention called for at that time. Problematically, the statements contained in the Living Will become legally binding in such a way that they could limit the actions of a patient's health care providers as they seek to promote his or her best interests.

In contrast, a Durable Power of Attorney for Health Care is a document that designates and enpowers a patient's agent who would then make medical decisions on that patient's behalf should he or she become unable to do so. This agent can be told of the patient's faith commitments, values, and wishes ahead of time so that the patient receives the best medical treatment that is in accordance with his or her desires. The Diocese of Providence recommends this latter course of action. An agent who understands and shares your values can serve as your voice should you become ill or incapacitated and not have the ability to speak for yourself.

The document **A Catholic Health Care Directive for Rhode Island** provided in this booklet combines both the Living Will and the Durable Power of Attorney for Health Care in a single directive to avoid limitations that each has separately. It can be used to appoint an agent of your choosing to promote your interests should you be unable to do so. By preparing a document such as **A Catholic Health Care Directive for Rhode Island**, you can be assured that your wishes will be known and honored in times of uncertainty when

difficult decisions may arise at the end of life. A lawyer is not needed to validate any aspect of the document. It stands on its own as legally binding. The directive simply needs to be signed by the principal (the person for whom the document is created), the agent and two witnesses. A wallet card is provided so that the agent can be contacted immediately, and all interested parties, including one's primary physician, should have a copy of the document should a need arise to present it.

The Christian Meaning of Suffering and Pain Control

Patients often fear a painful death. The Christian meaning of suffering calls us to embrace the pain and hardships that we cannot avoid with trust that in the spirit of beatitude, we can experience its redemptive power and receive the graces that accompany our afflictions. However, God does not will that we undergo unnecessary suffering. Pain control, even if it could result in the shortening of a person's life, is morally acceptable. Here the relief of pain is being sought, not the end of life for the sake of ending suffering. On the other hand, care should be taken, whenever possible, to help the patient remain conscious. Unnecessarily overmedicating a patient can deprive persons of the ability to fully exercise their capacities and to make the most of the opportunities afforded them during their short remaining time on earth. Prayerful consideration should accompany the use of drugs and medications.

Judging the Benefits and Burdens of Medical Treatment

Patients often fear that their deaths will be prolonged by unnecessary or burdensome treatment. The Catholic Church teaches that we have a moral obligation to seek and to continue medical treatment that constitutes ordinary means. Ordinary means refers to treatments where the benefits of that treatment outweighs its burdens for the patient. These benefits include the preservation of the patient's life, health, and comfort. In contrast, the burdens associated with a treatment include any discomfort, pain, and suffering that could be experienced by the patient. A treatment's financial impact on the patient and his or her family could also be burdensome. It is the patient's responsibility to determine if the benefits of a particular treatment outweigh its burdens in a reasonable manner. If it does, then the treatment constitutes ordinary means and is morally obligatory. It must always be provided. Foregoing ordinary means of care can cause life to end, an act of euthanasia, sometimes referred to as mercy killing. The Church teaches that euthanasia is never morally acceptable because it constitutes ending a life that God has not yet called to Himself.

However, the Catholic Church also teaches that one is not morally bound to begin or to continue medical treatments that are often referred to as extraordinary means. Extraordinary means are treatments where the burdens of that treatment are judged to be greater than its benefits to the patient. For example, a cancer patient whose disease has spread throughout his body could judge that chemotherapy, which would only prolong his life for an additional two weeks, is not justifiable because of the additional discomfort that he would experience and the added cost to his family. This chemotherapy would then be considered extraordinary means and would be morally optional. The cancer patient could then refuse that treatment in a virtuous manner. Medical treatments or procedures which the patient determines, with a free and informed conscience, will not provide a reasonable hope of benefit or would impose excessive risks or burdens on himself or his family may be foregone.

Note that the ordinary versus extraordinary care distinction involves not a medical but a moral judgment. A medical treatment could constitute ordinary means for one patient but extraordinary means for another patient.

Thus, all decisions to begin, to continue, or to refuse a medical procedure must be made in the light of the specific case. Moreover, it is important to emphasize that in appealing to the ordinary versus extraordinary distinction, a patient is asked to judge the quality or virtue of a particular medical treatment or intervention. He is not judging the quality or the value of his life, which is always incalculable, because he is made in the image and likeness of God.

Finally, the medical care of a patient who is known to be in a state of mortal sin is always considered ordinary means until a priest is called. It is morally obligatory because of the eternal consequences that could follow if the patient is allowed to die without the opportunity of reconciling himself to God, his Heavenly Father.

Judging the Benefits and Burdens of Cardiopulmonary Resuscitation

Cardiopulmonary resusciation (CPR) can be beneficial when a patient's heart stops. However, when a person is in the late stages of a terminal illness or advanced in age, it may be appropriate to obtain and sign a DNR ("Do Not Resuscitate") form, when the benefits of CPR are minimal. In these and other cases, one must always assume a stance of preserving and caring for life until it is clear that natural death is near.

Judging the Benefits and Burdens of Medically Assisted Respiration

Patients are often unsure if they should accept or refuse artifical respiration, also called assisted ventilation, to help them to breathe. Often artificial respiration is beneficial when it helps a patient to breath for a time to allow his or her body to heal. However, when a person is in the late stages of a terminal illness or advanced in age, he or she may judge that the burdens of artificial respiration – most often, the

discomfort associated with having a tube placed down one's throat and the inability to speak to one's loved ones – outweigh the benefits of prolonging one's life. Then he or she may decide that assisted ventilation constitutes extraordinary means. If so, the patient could ask that a DNI "Do Not Intubate" order be placed into his or her medical records. If the patient is already intubated, then he or she could ask that it be removed so that they may be allowed to die.

Judging the Benefits and Burdens of Medically Assisted Food and Water

Patients are often unsure if they should accept or refuse medical interventions that provide them with food and water when they are unable to eat or to drink. The United States Conference of Catholic Bishops, in their Ethical and Religious Directives for Catholic Health Care Services, 5th edn., has taught the following regarding nutrition and hydration:

"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. This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the "persistent vegetative state") who can reasonably be expected to live indefinitely if given such care. Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be 'excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed.' For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort."

Note that this statement of our nation's bishops is an application of the ordinary versus extraordinary distinction to the question of medically assisted nutrition and hydration. A patient is morally obligated to receive artificially assisted water and food until the burdens of this medical intervention outweigh its benefits. This occurs when the medically provided water and the food cannot be absorbed by the body. This often happens at the end of life when the patient's body begins to shut down in preparation for death.

Organ and Body Donation

A Catholic Health Care Directive for Rhode Island has an option that can be chosen to indicate that you would like to donate your tissues and organs at the time of your death, and only at the moment of your death. No one is obliged to donate their organs after their death. However, those who do so often choose to because they are motivated by a desire to give of themselves for the good of the many others whose lives could be saved and for the common good. Notably, a Catholic may also choose to donate his or her body to science if they wish. Bodies donated to science play an essential role in the training of physicians and other health care professionals.

Medical Orders for Life Sustaining Treatment (MOLST)

In 2013 the State of Rhode Island passed legislation favoring a means of facilitating medical care for patients with a terminal illness through the use of a medical form called a "Medical Order for Life Sustaining Treatment" or MOLST. MOLST was fully implemented and made ready for use in hospitals and health care facilities across the state as of January 1, 2014.

What is MOLST?

- A MOLST or "Medical Order for Life Sustaining Treatment" is a medical document used only for a patient in a terminal condition, indicating the patient's wishes for resuscitation and life-sustaining measures (such as CPR, mechanical ventilation, nutrition and hydration, etc.).

- The MOLST document is what physicians refer to as a "medically actionable" document, which means that the form is in fact a medical order immediately upon its completion (unlike an advance directive such as a "Durable Power of Attorney for Healthcare" or "Living Will", which simply indicates a patient's wishes for a possible treatment that a doctor may order at some future moment).

- A MOLST is a portable document that is immediately available to hospital and nursing staff, as well as emergency medical personnel, allowing for the patient's wishes to be communicated directly when transferred from one medical or nursing facility to another.

While there are certainly advantages and positive dimensions to MOLST, many Catholic physicians and Catholic medical organizations have expressed concerns about its potential ethical complexities. Some of the specific ethical concerns that have been voiced concerning MOLST include the following:

- That MOLST makes use of a "check-box" style for treatment options that could suggest all choices as equal, when in fact these kinds of choices are not morally neutral and have significant medical and ethical consequences.

- That MOLST is limited because "actionable" (effective immediately) medical decisions are made, possibly weeks or even months before the circumstances arrive which determine the context of a specific treatment.

- That the wording on forms for a MOLST seems to favor non-treatment over treatment, when in fact there may be clear clinical and/or moral reasons for choosing a treatment given the patient's particular circumstances.

This is only a summary of some of the ethical concerns that may be associated with a MOLST. It is important therefore that every patient considering a MOLST should familiarize himself or herself with the teachings of the Catholic Church regarding the moral issues raised at the end-of-life. A helpful resource for this is the Ethical and Religious Directives for Catholic Health Care Services prepared by the USCCB's Committee on Doctrine. You can find this document here:
http://www.usccb.org/about/doctrine/ethical-and-religious-directives/index.cfm

Advanced Care Planning: Spiritual Preparation

At this point, you should have a fairly clear idea of how to prepare yourself and your family for the medical care associated with a holy death. However, it is equally, if not more important, to prepare spiritually for your death. Our Catholic faith teaches us that we should always live each day as if it were our last. Therefore, we should always consider our lives in light of our deaths so that we can strengthen our commitment to making the most of the time we have been given here on earth. We should also regularly examine our consciences and make it a point to always seek pardon from God and from our neighbors for our sins and transgressions. Catholics approaching the end of their lives are called to avail themselves of the Sacraments of Reconciliation, Anointing of the Sick and the Holy Eucharist. These sacraments prepare us for our final journey to eternal life.

Though a time of illness is a time of trial and suffering, and death brings with it loss over the goods we have experienced on earth, our gracious Lord consoles us: "Do not let your hearts be troubled. You have faith in God; have faith also in me. In my father's house there are many dwelling places. If there were not, would I have told you that I am going to prepare a place for you? And if I go and prepare a place for you, I will come back again and take you to myself, so that where I am you may also be." (John 14:1-3) As Catholics we know that death does not have the final word. Christ has won for us victory over death. As you proceed in preparing for entrance into your eternal home, may Christ remain with you everywhere and always.

Prayer for a Holy Death

O glorious St. Joseph, behold I choose thee today for my special patron in life and at the hour of my death. Preserve and increase in me the spirit of prayer and fervor in the service of God. Remove far from me every kind of sin; obtain for me that my death may not come upon me unawares, but that I may have time to confess my sins sacramentally and to bewail them with a most perfect understanding and a most sincere and perfect contrition, in order that I may breathe forth my soul into the hands of Jesus and Mary. Amen.

Instructions for completing

A Catholic Healthcare Directive for Rhode Island

1. Prayerfully choose your agent, and any alternate agents, who will make medical health care decisions for you in the case that you are unable to do so. The agent(s) must meet the requirements stated in the text box on page 1.

2. Take time to discuss with your agent(s), in detail, the various aspects of this document, especially the section entitled ***"My Directions."*** You should continue to discuss these important healthcare decisions periodically with your agent(s).

3. Print your name, as well as the name(s) and contact information of your agent(s) under the section entitled ***"My Health Care Agent"*** and in the text box to the right of that section on page 1.

4. Make sure your agent(s), and two qualified witnesses (or one Notary Public) are present. Now go to page 2 and fill in the date, city and state where you are, and then sign the document and print your name and address below your signature. Have your agent(s) also sign and date the document in the text box on the right. Finally, the witnesses will sign, as well.

5. In order to be legal, the document MUST be signed in the presence of two qualified witnesses or Notary, who must also sign the document AT THE SAME TIME that you and your agent(s) do so. At least one of these witnesses MUST sign the additional declaration at the bottom of page 2.

6. As is stated on page 1, under ***"My Directions,"*** you should provide a separate document with all original signatures for yourself, and your agent(s). To do this, complete steps 1-5 for each of these persons (yourself, and your agent or agents).

7. Finally, fill out the Wallet ID Card below, which provides important information about yourself and your agent(s) in the case that you are in need of medical assistance and do not have ***A Catholic Health Care Directive for Rhode Island*** present with you.

Medical Information Wallet ID Card

Name:_____

Address:_____City:_____State:____

Phone:_____Cell:_____Blood Type:____

My Physician:_____Phone:_____

Healthcare Agent:_____Phone:_____

Alt. Healthcare Agent:_____Phone_____

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