CATHOLIC PERSPECTIVE ON END-OF-LIFE DOCUMENTS AND FUNERAL ARRANGEMENTS

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FOUNDATIONAL QUESTION:

Is the sick or dying person placed at the center of attention?

OR

Is the sick or dying person abandoned, isolated, ignored?

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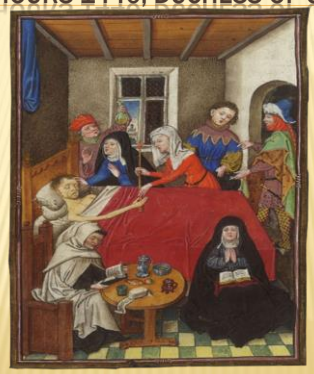
BOOK OF HOURS 1440; DUCHESS OF GUELDERS



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DEFINITION OF EUTHANASIA/PAS:

An **action** or **omission** which of itself or by intention causes death in order that suffering may be eliminated. (DE, 1980)

Is it morally acceptable to refrain from or cease medical intervention?

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EXTRAORDINARY TREATMENT IS OPTIONAL

Catechism of the Catholic Church 2278:
Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate…

It is the refusal of "overzealous" treatment….

Here one does not will to cause death, one's inability to impede it is merely accepted…

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WHY MAY WE FOREGO DISPROPORTIONATE TREATMENT?

- It is the humble acceptance of the approach of death (this is *not* an act of killing)
- Death is unavoidable/there is eternal life
- Ordinary care is continued; lovingly!
- The patient dies a natural death of his or her illness
- To die is a human act, a very important one, that can be performed well or not (*Ars moriendi*)

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EXTRAORDINARY TREATMENT IS OPTIONAL

Catechism of the Catholic Church 2278:
The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected.

Note: This does not introduce *moral relativism*

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ORDINARY CARE IS MORALLY OBLIGATORY

Catechism of the Catholic Church 2279:
Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted.

- Such treatments are those that offer a reasonable hope of benefit without excessive burdens.
- If a particular treatment entails significant burdens that are out of proportion to the expected benefits, it can be termed "extraordinary" and it is optional.

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ADVANCED DIRECTIVES

- "Advanced directive" (AD)
  - A general term to cover all end of life documents
  - It **IS** important to have an advanced directive
  - We must distinguish different types
    - Catholics can accept some
    - Catholics should avoid others

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ORIGINAL GOOD OF LIVING WILLS

- Doctors to avoid malpractice suits err on the side of overtreatment
- The original **good** goal of LWs:
  - *Avoid* providing extraordinary/disproportionate treatment that the patient would have rejected
  - *Avoid* paternalistic treatment (No patient input)
  - *Avoid* overly aggressive, inappropriate treatment (Vitalism)

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DANGERS OF LWS

- They do not distinguish *intent*:
  - For the sake of being free from extraordinary/disproportionate treatment?
  - For the sake of euthanasia?
- LWs remain silent on that distinction.

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DANGERS OF LWS

- "Check boxes"
  - "Do not intubate"
    - But what if assisted breathing is needed for 3 days to regain health, but the patient is unconscious and cannot be asked if they want it?
  - "remove or withhold all life-sustaining treatments"
    - Does that include antibiotics for a secondary infection?
- Confusing for families and doctors to interpret those statements in the real situation.

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A CATHOLIC ADVANCED DIRECTIVE

- How can we have an Advanced Directive that avoids the dangers of LWs and retains the benefits of Living Will?
- How can we have an AD that coheres with Catholic principles?

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HEALTHCARE DURABLE POWER OF ATTORNEY

- No/few specifics directives
  - Any directives would be clearly rooted in Catholic principles
- Appoint and authorize someone to make medical decisions for you: “Proxy” “Agent” “surrogate”
- Someone you trust; honors your Catholic beliefs; knows you well
- Makes decision when you are temporarily or permanently incapacitated.

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CATHOLIC HEALTH CARE DIRECTIVE FOR RI

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 my agent request and consent to care, treatment, services, and procedures, including palliative care, which are appropriate to my condition and are beneficial for me…The meanings of the words "appropriate" and "beneficial," for the purpose of this direction, are those which I have discussed with my agent.

I direct that my life is not to be ended by assisted suicide or by euthanasia, which the Catholic Church defines as "an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering." For the purpose of this direction, “euthanasia” means any action which would directly and intentionally cause my death.

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CATHOLIC HEALTH CARE DIRECTIVE FOR RI

- There should be a presumption in favor of providing me with nutrition and hydration, including medically assisted nutrition and hydration, unless death is inevitable and truly imminent so that the effort to sustain my life is futile or unless I am unable to assimilate food and fluids. The meanings of the words “imminent” and “futile” for the purpose of this direction are those which I have discussed with my agent.

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LIVING WILL (AD) - NOT FAITH-BASED

- **Favors witholding of life-sustaining treatment**

I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying, if I should be in an **incurable or irreversible mental or physical condition with no reasonable expectation of recovery,** including but not limited to: (a) **a terminal condition**; (b) **a permanently unconscious condition**; or (c) **a minimally conscious condition in which I am permanently unable to make decisions or express my wishes.**

CROSS OUT ANY STATEMENTS THAT DO NOT REFLECT YOUR WISHES

While I understand that I am not legally required to be specific about future treatments **if I am in the condition(s) described above I feel especially strongly about the following forms of treatment**:

I do not want cardiac resuscitation.
I do not want mechanical respiration.
I do not want artificial nutrition and hydration.
I do not want antibiotics.

However, I **do want** maximum pain relief, even if it may hasten my death.

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MOLST/POLST FORM

- **Resuscitation: CPR or DNR**

SECTION A Resuscitation Instructions When the Patient Has No Pulse and/or Is Not Breathing

Check one:

☐ **CPR Order: Attempt Cardio-Pulmonary Resuscitation**
CPR involves artificial breathing and forceful pressure on the chest to try to restart the heart. It usually involves electric shock (defibrillation) and a plastic tube down the throat into the windpipe to assist breathing (intubation). It means that all medical treatments will be done to prolong life when the heart stops or breathing stops, including being placed on a breathing machine and being transferred to the hospital.

☐ **DNR Order: Do Not Attempt Resuscitation (Allow Natural Death)**
This means do not begin CPR, as defined above, to make the heart or breathing start again if either stops.

- **Witholding or provision of treatment and care**

Treatment Guidelines No matter what else is chosen, the patient will be treated with dignity and respect, and health care providers will offer comfort measures. *Check one:*

☐ **Comfort measures only** Comfort measures are medical care and treatment provided with the primary goal of relieving pain and other symptoms and reducing suffering. Reasonable measures will be made to offer food and fluids by mouth. Medication, turning in bed, wound care and other measures will be used to relieve pain and suffering. Oxygen, suctioning and manual treatment of airway obstruction will be used as needed for comfort.

☐ **Limited medical interventions** The patient will receive medication by mouth or through a vein, heart monitoring and all other necessary treatment, based on MOLST orders.

☐ **No limitations on medical interventions** The patient will receive all needed treatments.

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MOLST/POLST FORM

- **Intubation and Mechanical Ventilation**

Instructions for Intubation and Mechanical Ventilation *Check one:*

☐ **Do not intubate (DNI)** Do not place a tube down the patient's throat or connect to a breathing machine that pumps air into and out of lungs. Treatments are available for symptoms of shortness of breath, such as oxygen and morphine. (This box should ***not*** be checked if full CPR is checked in Section A.)

☐ **A trial period** *Check one or both:*
- ☐ **Intubation and mechanical ventilation**
- ☐ **Noninvasive ventilation (e.g. BIPAP), if the health care professional agrees that it is appropriate**

☐ **Intubation and long-term mechanical ventilation, if needed** Place a tube down the patient's throat and connect to a breathing machine as long as it is medically needed.

- **Assisted Nutrition and Hydration; Antibiotics**

Artificially Administered Fluids and Nutrition When a patient can no longer eat or drink, liquid food or fluids can be given by a tube inserted in the stomach or fluids can be given by a small plastic tube (catheter) inserted directly into the vein. If a patient chooses not to have either a feeding tube or IV fluids, food and fluids are offered as tolerated using comfort hand feeding. **Additional procedures may be needed as indicated on page 4.**

Check one each for feeding tube and IV fluids:

☐ **No feeding tube** ☐ **No IV fluids**
☐ **A trial period of feeding tube** ☐ **A trial period of IV fluids**
☐ **Long-term feeding tube, if needed**

Antibiotics *Check one:*

☐ **Do not use antibiotics.** Use other comfort measures to relieve symptoms.
☐ **Determine use or limitation of antibiotics when infection occurs.**
☐ **Use antibiotics** to treat infections, if medically indicated.

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