HEALTH CARE DECISION MAKING FOR MARYLAND CATHOLICS

MARYLAND CATHOLIC CONFERENCE

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Continual advances in medical technology bring many blessings but also pose complex ethical questions.

While many of us avoid thinking about illness and death, they touch every life.

The purpose of this document is to encourage Catholics to take time to reflect now before facing a crisis. When illness and death inevitably come, we can face them with the comfort and peace of understanding our faith, and knowing our Church is there to embrace us in our hour of need.

This resource covers three areas:

- Principles of Catholic teaching on end-of-life care
- Frequently asked questions
- Maryland Catholic Declaration for Health Care Decision Making
  (consistent with our Catholic faith and reviewed for compliance with Maryland law, this document also can be downloaded at mdcatholic.org/healthdirective)

"We are guardians, not owners, of the gift of human life."

EIGHT PRINCIPLES OF CATHOLIC TEACHING ON END OF LIFE CARE

1 We do not have the right to take our own lives nor to directly bring about the death of any innocent person.

Church teaching is clear that no one should suffer needlessly during a prolonged illness or at the end of life. All patients deserve proper pain management and palliative care. But there are certain choices that can never be morally acceptable, most notably practices such as euthanasia or physician-assisted suicide, that involve deliberately administering or providing the means to end a patient's life.

Such actions, even when motivated by a desire to end suffering, are a direct affront to one of the most basic tenets of our faith – that the gift of life comes from God, and that no one can, in any circumstance, claim the right to destroy directly an innocent human being.

2 Each of us is obliged to care for the gift of life and health that God has given us.

What medical treatments should I choose? When professional medical care is needed, we should consent to the reasonable use of appropriate medical care and treatment out of respect for our God-given dignity, the sanctity of life and so we can meet our duties to God, our loved ones, and all who depend on us. God's gift of human life is the foundation for all His other gifts. The most basic right of each person includes the right to preserve his or her life. When patients consent to medical interventions, they expect a cure, improvement, comfort, or life-sustaining help, but this does not mean that all such beneficial treatments are morally obligatory.

3 No patient is obliged to accept or demand useless or excessively burdensome medical interventions.

Do I have to do everything possible? While the most basic principles of Christian morality oblige us to preserve human life, these same principles clarify that **there is no obligation to accept interventions that impose serious risks, excessive pain, prohibitive cost, or some other extreme burden out of proportion to its anticipated benefit**. Furthermore, when death is imminent and inevitable despite the means used, it is permitted to refuse forms of treatment that would only secure a *precarious and burdensome* prolongation of life, so long as the *normal* care due to the sick person is continued.

4 The human person always has dignity, even in suffering.

What if I feel like a burden? A *treatment* may be burdensome. But **no one** – including the patient, family members, medical professionals, or members of the clergy – **ever has the right to decide that a patient's life is useless or a burden**.

We should not stop medically useful interventions because we are tired of living, feel we no longer have a contribution to make, see ourselves as helpless or believe our dependency on others is too great a burden to them and, thus, would like to hasten the end of life.

Our faith enables us to see the suffering that serious illness entails as an opportunity to share in Christ's redemptive suffering - to pray and offer our fear and pain to God on behalf of others. As believers, we reach out in love to suffering persons because we see Christ in them. We are obliged to make them as comfortable as possible, to express our love and concern, and to pray with them and for them.

5 Even when we cannot cure, we can always care.

The Church endorses programs of pain management, palliative care and hospice care in accord with Catholic ethical principles. Palliative care focuses on providing relief from pain, symptoms and distress due to a long-term or terminal illness. Hospice care includes medical, emotional and spiritual support provided to patients at home or in a home-like setting when a patient is nearing death. Palliative and hospice care support patients and their families on the journey together.

6 There is a presumption of providing food and fluid unless it is futile or death is imminent.

What does the Church teach about nutrition and hydration? Feeding tubes and other medically-assisted nutrition and hydration (MANH) measures are available when patients can no longer take food and fluid orally. There is a clear presumption in favor of supplying food and fluids to patients as such measures are rarely unduly burdensome. However, one can only determine what is morally required in light of the specific circumstances. When death is imminent, continuing MANH may be futile or burdensome; there is no moral obligation to continue to provide nutrition or hydration that cannot be absorbed. This choice should neither cause nor intend the death of the patient.

7 Patients in end-stage conditions or a persistent vegetative state possess dignity and deserve good care.

What does the Church teach about patients in end-stage conditions or a persistent vegetative state? Maryland law uses the phrase "end-stage condition" to describe progressive illnesses that will eventually result in death but where death may not be imminent. These vulnerable patients and patients in a persistent vegetative state have the right to basic health care (medication, nutrition, hydration, cleanliness, warmth, etc.), and to the prevention of complications related to their confinement to bed. Respect for their human dignity forbids any act or omission intended to end their lives.

8 Preparation for death can be a beautiful time to reconcile with family, friends and God.

What does pastoral care look like at the end of life? As a Christian family, it is our privilege and duty to care for the dying. Pastoral care should include the sacraments, caring for and comforting those near death and their families, prayer and spiritual support. It is a time to express hope, love, gratitude, forgiveness and farewell. We must never be indifferent to human suffering but offer comfort, reassurance, and express our profound Christian hope in the life to come. As we participate together in these spiritual preparations, the opportunity to keep company with the dying truly becomes a grace-filled moment.

"Faith in Christ eases the pain of human separation and anxiety over our mortality."

FREQUENTLY ASKED QUESTIONS

1 What is an advance directive?

An advance health care directive is a legal document where you identify your health care agent ("durable power of attorney for health care") who can make prudent health care decisions on your behalf if you become incapacitated. It also may include written directions, sometimes called a "living will," describing wishes for end of life treatment.

It is important to appoint a health care agent in writing because such an advance directive names an agent we specifically choose and empowers the agent to make decisions about life-sustaining procedures based on our actual condition, which may evolve over time. The Maryland bishops created the **Maryland Catholic Declaration for Health Care Decision Making** (enclosed) for you to appoint a health care agent and express your wishes for spiritual support, medical care and treatment, pain-relieving medication and, should you be unable to take food or drink orally, medically-assisted nutrition and hydration.

2 Whom should I choose as my health care agent?

You want to choose a family member or friend whom you trust and with whom you have spoken about your wishes for your health care. You may also want to identify a back-up agent in case the primary agent dies, becomes incapacitated, or is otherwise unavailable. Choose an adult who:

- Knows you well and will make decisions based on your wishes
- Will follow Church teaching, wise counsel, and the guidance of the Holy Spirit
- Will use prudent, reasoned judgment in stressful circumstances
- Will not be swayed by their own emotions or pressure from others
- Will take the time to consult with doctors, family members, and your parish priest

Note: Your agent cannot be an owner or employee of a healthcare facility caring for you or a relative of such a person due to the conflict of interest.

3 What happens if I don't have an advance directive?

Maryland law includes a prioritized list of family members and others who can act as surrogates, making health care decisions based on the patient's wishes and what is in the patient's "best interest." However, the surrogate may not be the person you would have chosen and there is no guarantee that a surrogate will make such decisions in accord with Church teaching. If you have not made your wishes known, loved ones and health care providers may be burdened by making decisions without your guidance or by court intervention if your family members cannot agree.

4 What is the difference between an advance directive and a "Do Not Resuscitate" (DNR) order or MOLST form?

The Medical Orders for Life Sustaining Treatment (MOLST) form is a legal form that includes a checklist to accept or reject various life-sustaining treatment options for a specific patient. This includes a Do Not Resuscitate (DNR) order regarding CPR.

When a patient enters a Maryland healthcare facility, doctors are required by the State to fill out a MOLST form. This portable document will remain in the patient's file and follow the patient. Patients do not sign MOLST forms. Care should therefore be taken to ensure that decisions it contains accurately embody the moral principles in this document and the wishes in the patient's advance health care directive. The patient's health care agent should proactively advocate on the patient's behalf so that the MOLST form matches the patient's wishes.

"The value and dignity of human life rests not on our awareness, independence, productivity, or achievement but on a spiritual reality. This is the true quality of our life, the only creature on earth that God has willed for its own sake."

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