ADVANCE DIRECTIVES: CRITICAL DECISIONS TO END-OF-LIFE
A CATHOLIC GUIDE
We look for the resurrection of the dead,
and the life of the world to come
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PART ONE

Completing Your Directives

CRITICAL DECISIONS:
END-OF-LIFE
A CATHOLIC GUIDE TO

ADRENAL DIRECTIVES

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The Nicene Creed

We believe:

• God created me for eternal life.
• My life is a precious gift from God.
• I am created in God's image and likeness.
• Acts that intentionally and directly cause my death, God's glory.
• I have a duty to preserve my life and to use it for God's glory.

Death has been redeemed by Christ and is a transition to eternal life.
Death is an ineradicable part of life and is a transition to eternal life.
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Medical treatments may be forgone or withdrawn if they offer no reasonable hope of benefit, are excessively burdensome, and only prolong my dying.

I believe:

• God created me for eternal life.
• My life is a precious gift from God.
• I am created in God's image and likeness.
• There is truth in God's image and likeness.
• My life is a precious gift from God.
PART TWO

Invoke the help of Christus medicus, Jesus, the Physician and entrust your work to the protection of Mary, Consoler of the sick and Comforter of the dying

[John Paul II]

GUIDING VALUES

PART TWO

Some key values in the Catholic tradition are especially helpful in addressing issues of health care:

• Sanctity of Human Life
  o We are stewards of what has been given to us.
  o We are called to use God's gifts responsibly and never en{ly unrestrained autonomy.
  o Respect for human life from conception until death is a fundamental commitment of the Catholic Church.
  o Human life is sacred. We need to do what is reasonable and what is beneficial to protect it.

• Human Dignity
  o Inherent human dignity is central to all moral issues with God.
  o Every person has an inherent and inalienable dignity or worth by the very fact that all persons are created in the image and likeness of God, redeemed by Christ and destined for eternal life.

• Stewardship and Justice
  o An individual is never an isolated person. He or she exists in a variety of relationships. Persons live “in community.” We do not enjoy unrestricted autonomy.
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• Proceed with care.
  o We are called to use God’s gifts responsibly and never en{ly unrestrained autonomy.

There should be a presumption in favor of artificial nutrition and hydration (ANH) unless it is of no benefit to me.
PART THREE

Christ’s redemption and saving grace embraces the whole person, especially in his or her illness, suffering, and death

[John Paul II] Advance Directives

• The Ethical and Religious Directives for Catholic Health Care Services (2001) from the United States Conference of Catholic Bishops, speak about the “rights, under the laws of their state, to make an advance directive for end-of-life care” that will be honored by a Catholic health care institution “whether or not the directive is contrary to Catholic teaching.” (no. 24; also no. 25)

• An advance directive provides a person the opportunity to give direction on end-of-life care. An advance directive is a “Living Will” that states your intentions about your end-of-life care; or a Durable Power of Attorney for Health Care (sometimes called a Proxy Directive), which allows someone of your choice to make decisions for you when you are no longer able to do so yourself. An advance directive is a “Living Will” that states your intentions about your end-of-life care.

• When choosing a person as your agent for medical decisions, discuss the specifics of your advance directive. You should also choose an alternate agent should your primary agent be unable to act on your behalf.

• Allow your agent and physician latitude to offer you appropriate care based on your actual end-of-life condition. You mistrust this person to make the most prudential decisions.

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Catholic teaching (no. 24; also no. 25) honors an advance directive that is contrary to Catholic teaching. However, a Catholic health care institution “will not have the right to make a decision that is contrary to Catholic teaching.” (no. 24)

The Ethical and Religious Directives for Catholic Health Care Services (2001) from the United States Conference of Catholic Bishops speak about the rights, under the laws of their state, to make an advance directive. You should also choose an alternate agent should your primary agent be unable to act on your behalf.

• Care for the Poor and Vulnerable

The Scriptures reveal a God who is always on the side of the disadvantaged and marginalized. The Scriptures reveal a God who is always on the side of the disadvantaged and marginalized.

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We must treat all persons as a unity of body and spirit. Human beings are physical, spiritual, and social and should not be reduced to only one dimension.

We must have a special concern for those who are poor: vulnerable and on the margins of society. Suicide is always an immoral attack on human life, especially in the case of the disabled, the aged, and the vulnerable.

We do not have the right to take our own lives.
PART FOUR

The Resurrection was like an explosion of light, of love, that ushered in a new and transformed dimension of being, of life. [Benedict XVI]

Specific Concerns

• Artificial Nutrition and Hydration (ANH)
  - When a patient is unable to eat or drink on his or her own, or with the help of others, artificial nutrition and hydration (commonly called “tubefeeding”) is a substitute. It is delivered through tubes that may be inserted through the nose, throat, esophagus, chest, stomach, or intestine. Some of these procedures require surgical insertion.

Persons in a Vegetative State

- When a patient is not able to eat or drink, and there is no substitute, artificial nutrition and hydration (ANH) may be a substitute. However, the patient is not always able to eat or drink.

Artificial Nutrition and Hydration (ANH)

- When a patient is able to eat or drink, artificial nutrition and hydration (ANH) is not always necessary.

Attorney for Health Care

- Although not absolutely necessary, it is helpful to have both a Living Will and a Durable Power of Attorney for Health Care.

Distribute your signed and witnessed advance directive to your agent(s), physician, any hospital or care-giving institution where you might be treated, and anyone else you think appropriate.

[Endnote XVII]

Dimension of Being, of Life

of love, that ushered in a new and transformed The Resurrection was like an explosion of light.
Your indication “do not resuscitate” (DNR) is frequently called a “no code order.” The omission of CPR after cardiopulmonary resuscitation is called cardiopulmonary arrest. If a person’s heart stops, a person will die unless intervention occurs.

Resuscitation

Critical decisions in one’s life:

- Life-saving and life-prolonging procedures
- Ventilators
- Dialysis
- Chemotherapy
- Radiation therapy
- Invasive surgery
- Heart-lung resuscitation
- Antibiotics

These types of procedures may be judged morally extraordinary or disproportionate if they offer no perceived outcome. Instead, a particular patient becomes extraordinary or disproportionate if he or she offers no good conscience to withhold medically assisted nutrition and hydration from persistently unconscious patients because their lives are deemed too burdensome or of too low a quality to be maintained. (No. 5)

In September 2007, the Congregation for the Doctrine of the Faith upheld the teaching of John Paul II. In a September 2007 statement approved by the Pope Benedict XVI, the Congregation for the Doctrine of the Faith upheld the teaching of John Paul II: ANH is basic care and morally obligatory for PVS patients except when it is no longer possible to maintain the patient’s life. The use of such procedures as dialysis, chemotherapy, radiation therapy, invasive surgery, heart-lung resuscitation, and antibiotics call for critical decisions in one’s life. The use of such procedures as dialysis, chemotherapy, radiation therapy, invasive surgery, heart-lung resuscitation, and antibiotics call for critical decisions in one’s life.

Life-saving and life-prolonging procedures

- CPR
- Ventilators
- Dialysis
- Chemotherapy
- Radiation therapy
- Invasive surgery
- Rescue procedures
- Cardiopulmonary resuscitation
- Heart-lung resuscitation

In good conscience to withhold medically assisted nutrition and hydration from persistently unconscious patients because their lives are deemed too burdensome or of too low a quality to be maintained. (No. 5)

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The Catechism of the Catholic Church:

- “Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is refusal of treatment that is not to be confused with not instituting treatment. The decision about whether to proceed with treatment or cease it is the patient’s or the authorized person’s responsibility. If the patient is not competent, treatment decisions must be made by the patient’s relatives or the authorized person. If the patient is competent and is able to make his or her own decision, that decision must always be respected.” (no. 2278)

PART FIVE

Lord, for your faithful people
life is changed, not ended.
When the body of our earthly dwelling
lies in death we gain
an everlasting dwelling place in heaven
When the body of our earthly dwelling
life is changed, not ended.
Lord, for your faithful people

The Ethical and Religious Directives for Catholic Health Care Services:

- “A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient or the authorized person offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.” (no. 56)

- “A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient’s judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.” (no. 57)

- “There should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration.” (no. 58)

The Catechism of the Catholic Church:

- “Treating burdensome, dangerous, extraordinary, or disproportionate procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is refusal of treatment that is not to be confused with not instituting treatment. The decision about whether to proceed with treatment or cease it is the patient’s or the authorized person’s responsibility. If the patient is not competent, treatment decisions must be made by the patient’s relatives or the authorized person. If the patient is competent and is able to make his or her own decision, that decision must always be respected.” (no. 2278)
or of those qualified to speak in the sick person's name, or of the doctors, to decide, in light of the moral obligations and the various aspects of the case. (IV)

When speaking about ordinary or proportionate means of preserving life, the Ethical and Religious Directives for Catholic Health Care Services likewise point out that it is the judgment of the patient that must be considered of first importance. (no. 56)

What might not seem burdensome at one particular time may become burdensome over a period of time. The burden of medical care might be economic, physiological, psychological, social, or spiritual. They might be extreme or excessive pain, the risk of losing one's life, or a great subjective repugnance to a medical treatment. The possible decision either not to start or to halt a treatment will be deemed ethically correct if the treatment is ineffective or obviously disproportionate to the aims of sustaining life or recovering health. (John Paul II, 2004)

The Declaration on Euthanasia from the Congregation for the Doctrine of the Faith (1980) states: “Today it is very important to protect, at the moment of death, both the dignity of the human person and the Christian concept of life. Aggressive, unjustified, and arbitrary technological attitudes towards the dying person violate the human dignity of every person. Everyone has the right to die peacefully with human and Christian dignity. From this point of view, the use of therapeutic means can sometimes pose problems. In numerous cases, the complexity of the situation can lead to doubts about the way ethical principles should be applied. In the final analysis, it is the patient or the doctors, to decide, in light of the moral obligations and the various aspects of the case, (V, P)
PART SEVEN

None of us lives as our own master and none of us dies as our own master. While we live we are responsible to the Lord, and when we die we die as Christ’s servants. Both in life and in death we are the Lord’s servants. (Romans 14:7-8)

Concluding Reflections

• Health is not merely the absence of disease. In their Pastoral Letter on Health and Health Care (1981), the United States Conference of Catholic Bishops reminds us that health is wholeness and well-being, the very fullness of life. The Ethical and Religious Directives for Catholic Health Care Services also teach that health care “is not limited to the treatment of a disease or bodily ailment but embraces the physical, psychological, social, and spiritual dimensions of the human person.”

• Illness, suffering, and death are a part of life. There is no place where God will not go to be with us. There is no place where illness, suffering, and death present in the midst of illness, suffering, and death mean no. In our death, faith tells us that God is present. Even in the midst of suffering, faith tells us that Jesus and our own unrelenting death. We believe that the Easter mystery of resurrection victory over death. We believe that illness, suffering, and death are a part of life. There is no place where God will not go to be with us.

• Pain management is an important guide. Patients should normally not have to accept aggressive sedation or coma in order to be comfortable. Pain medication is capable of alleviating or suppressing pain, but it must be kept as free of pain as possible. That is why the Church’s teaching is an important guide. Patients are entitled to prepare for their death while they may die comfortably and with dignity. It is their right to prepare for his or her death while they may die comfortably and with dignity.

• None of us lives as our own master and none of us dies as our own master. While we live we are responsible to the Lord, and when we die we die as Christ’s servants. Both in life and in death we are the Lord’s servants. (Romans 14:7-8)

• For to me to live is Christ, and to die is gain. (Philippians 1:21)

PART SIX

For to me to live is Christ, and to die is gain. (Philippians 1:21)
REFERENCES

John Paul II


American Catholic Bishops, 1981.


Catholic theology allows for the donation of organs for ethically legitimate purposes, e.g., as a gift to another person, or for research and development purposes. Palliative care is given to a patient when it is decided that further medical treatment is inappropriate, and the patient is in pain, suffering, or dying. Hospice care is also available to patients who wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death, only in this way are two extremes avoided: on the one hand, an insistence on useless and burdensome technology even when it is not needed, and on the other hand, the withdrawal of technology with the intention of causing death. (Part IV)

To comfort them during the dying process, hospice should always seek out hospice care integral part of hospice care. The dying patient and their families are given to a patient when it is decided that further medical treatment is inappropriate, and the patient is in pain, suffering, or dying. Hospice care is also available to patients who wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death. (Part IV)
The Daughters of Charity Health System extends the healing ministry of Jesus Christ through the sponsorship of the following Catholic Hospitals:

- Seton Medical Center, Daly City
- Seton Medical Center Coastside, Moss Beach
- Saint Louise Regional Hospital, Gilroy
- Saint Francis Medical Center, Los Angeles
- Saint Francis Medical Center, Lynwood
- O’Connor Hospital, San Jose

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