

MAKING MORAL DECISIONS ABOUT END-OF-LIFE DILEMMAS

**A GUIDE BASED
ON CATHOLIC TEACHING**



DI OCESE OF MEMPHI S I N TENNESSEE



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Peace in the Lord!

Making decisions within the sanctuary of our conscience is a wondrous responsibility that God has given us as disciples of Christ Jesus. At times, however, making choices about appropriate medical care for ourselves and our loved ones can be very demanding. A few years ago, my family and I faced agonizing ethical questions at the time of our mother's final illness. Many families also face perplexing choices at such times.

Our Catholic moral teachings address many of these medical dilemmas. They offer signposts and guidance as we choose which direction to take regarding medical care. Our faith stresses two great truths: (1) the reverence due all human life; and (2) the hope of resurrection after our earthly death.

I hope this brochure will be of help to you and your loved ones in the decisions you make about medical care. May the Spirit of the Risen Christ ever lead us in these difficult decisions!

Take care!

In the Divine Word,

Most Reverend J. Terry Steib, S.V.D.
Bishop of Memphis in Tennessee

Making Moral Decisions about End-of-Life Dilemmas: A Guide Based on Catholic Teaching

Diocese of Memphis in Tennessee

INTRODUCTION

We live in a society with complex medical technology that makes decision-making at times agonizingly difficult when it comes to certain medical procedures, treatment and care.

This brochure, given as a help to Catholics and their families as they reflect on end-of-life issues, has three parts:

- Questions related to serious illness and answers in light of Catholic teaching
- An explanation of terms
- A suggested format for “Catholic Advance Care Plan” and “Health Care Power of Attorney,” appropriate for the State of Tennessee and based on Catholic teaching.

At the same time, we recognize that there are many others — locally, within our nation, and around the world — who lack basic medical care. It has been a long-standing teaching within our Catholic social tradition that *all* persons have a right to proper medical care.

Such a teaching flows from our Catholic mandate to reverence all human life. Consequently, in making decisions we must balance our use of available resources — both personally and as a society — with the need to take into account the medical needs of all people.



Questions and Answers

1. What is the purpose of human suffering and pain? How can a compassionate God allow our loved ones — and ourselves — to experience suffering in illness?

When we experience deep anguish in the midst of pain and suffering from illness — our own or, at times more distressing, that of a loved one — the question often pierces our soul: *Why?* Ultimately no answer can calm our anguish. In the Book of Job, as he faced excruciating loss and suffering, Job questioned God to give an explanation of the meaning of suffering. The climax of this Old Testament book comes when God, who is so beyond our imagining, spoke to Job in the midst of a storm: “Where were you when I formed the earth? Tell me, if you have understanding. Who determined its size: do you know? Who stretched out the measuring line for it?” (38:2) It was then that Job experienced the unfathomable transcendence of God, and he knew that he could never understand the full mystery of life. “Behold, I am of little account; what can I answer you? I put my hand over my mouth” (40:2).

As Christians, however, we can cherish that God’s Son immersed himself fully within the mystery of suffering. In fact, we can let the words of Jesus accompany us in our anguish — his last mortal words in St. Mark’s Gospel as he hung upon the cross for us: “My God, my God: why have you abandoned me?” (15:34) Furthermore, the New Testament Letter to the Colossians has the Apostle Paul join his sufferings to those of Christ: “In my flesh I am completing what is lacking in Christ’s afflictions for the sake of his body, that is, the Church” (1:24). In some way, then, our sufferings can be joined with that of Christ’s in the service of his Body, the Church.

2. Must I “do everything possible” as far as treatment of illness?

Our Catholic tradition does not demand that we make use of all possible remedies or treatment. You may rightly refuse even those procedures that may prolong life, if you believe that these procedures would be excessively burdensome. “One cannot impose on anyone the obligation to have recourse to a technique which is already in use but which carries a risk or is burdensome. Such a refusal is not the equivalent of suicide; on the contrary, it should be considered as an acceptance of the human condition, or a wish to avoid the application of a medical procedure disproportionate to the results that can be expected, or a desire not to impose excessive expense on the family or the community” (from the 1980 *Declaration on Euthanasia* by the Congregation for the Doctrine of the Faith).

Questions and Answers

3. If the physician says that a procedure or treatment is necessary to keep me alive, must I proceed with it?

Whenever “in the judgment of the patient,” medical procedures or treatment “offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community,” then one must proceed with such procedures or treatment. (See *Ethical and Religious Directives for Catholic Health Care Services*, U.S. Conference of Catholic Bishops, published in 2001 [fourth edition], #56). We are likewise free to refuse treatment or medical procedures when they are of dubious benefit to the patient or when the burdens clearly outweigh the benefits.

4. Must a respirator be used if a person can no longer breathe on his/her own?

If a procedure, including life support, is useless or disproportionately burdensome, or later becomes so, it may be considered morally optional and, therefore, not required.

5. Is it ever ethically justified to “unplug” or disconnect the respirator? Is this killing?

Any life-prolonging procedure, including use of a respirator, may be withdrawn if it does not provide a reasonable hope of benefit, or if it only prolongs the dying process. When life-prolonging procedures are withdrawn, the person dies because of the underlying illness. A person is not killed when the inevitable dying process is allowed to take place naturally.

6. Am I committing suicide by placing a “Do Not Resuscitate” (DNR) order?

You may instruct the physician on those treatments, including cardiopulmonary resuscitation (CPR), which may or may not be administered. Where there is no reasonable hope of benefit, the withholding of CPR does not kill the patient. Instead, the person dies as a consequence of the underlying illness.

7. If our family places a “Do Not Resuscitate” (DNR) order, does that mean that our loved one will not be cared for?

No. The withholding of treatments, such as cardiopulmonary resuscitation (CPR), does not mean that the patient is neglected. Basic care such as personal cleanliness and proper pain medication must always be provided. No one can deny such care, and a “Do Not Resuscitate” (DNR) order does not include such neglect.

Questions and Answers

8. If a loved one is suffering greatly, how much pain medication can be morally used?

It has been a long-standing teaching of the Church that pain medication ought to be given to relieve the patient of suffering. In fact, the Church allows a Catholic to receive pain medications or treatment, even if such a medication might indirectly shorten life. In such cases the purpose is not to shorten life; it is to relieve pain.

9. Is refusing, withholding or withdrawing medical treatment ethically permitted? Is that euthanasia or suicide?

We are allowed to refuse, withhold or withdraw specific medical treatment if there is no reasonable hope of benefit for the patient, or when the burdens to the patient clearly outweigh the benefits. This is not euthanasia or suicide.

10. If a loved one cannot feed himself or herself, is the family required to provide some type of artificial nutrition and/or hydration?

There should be a presumption in favor of providing food and water to all patients, including those who require medically assisted nutrition and hydration. However, when the burdens on the patient outweigh the benefits, then artificial nutrition and hydration may be withheld or withdrawn. This may happen when placement of a tube may result in repeated infections or if the patient experiences burdensome complications (as, for example, repeated aspiration or the frequent need for suctioning of the throat). In other words, “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 community” (*Ethical and Religious Directives for Catholic Health Care Services*, U.S. Conference of Catholic Bishops, published in 2001[fourth edition], #57).

This same teaching is given for our diocese in the *Policy on Medically Assisted Nutrition and Hydration for Catholic Health Care Facilities in the Diocese of Memphis in Tennessee* (1997): “While no treatment that has the direct intention of shortening human life is permitted in Catholic health care facilities, the Roman Catholic Diocese of Memphis in Tennessee allows the withholding or withdrawal of medically assisted nutrition and hydration when there is no proportionate benefit for the patient.”

Questions and Answers

In the event of the rare case of a permanently dependent patient, that is, a patient in a “persistent vegetative state,” the diocesan bishop or his delegate shall be consulted for the Catholic teaching on artificial hydration and nutrition in this specific condition.

11. What about medically assisted suicide? Is it ethically permissible to help someone commit suicide if the person asks you to?

We cannot direct a physician to provide a medication, or some other course of action, which is given purposely and directly to end that person’s life. This is direct killing, or euthanasia, and is wrong.

Of course, we are in no way permitted to “help” someone commit suicide, even if that person asks that we do so. None of us is the *owner* of our life; instead, we are *stewards* of the life that God has entrusted to us. It is not our right to end our life, nor can we assist someone to end his or her life. Clearly that would go contrary to the commandment, “Thou shall not kill.”

12. How do I make known my wishes regarding medical care? What if I become unable to make choices regarding medical treatment or procedures?

You may make known your wishes about medical care in writing by filling out a Catholic Advance Care Plan. An example of such a directive (combined with a Health Care Power of Attorney) is provided with this brochure, and it is faithful to Catholic teaching and appropriate for the State of Tennessee. Moreover, you may appoint a specific person to be your Agent/Attorney in Fact by granting him or her your Health Care Power of Attorney so that if you are unable to make choices regarding your medical care, that person can carry out your wishes. Of course, it would be wise to share your specific wishes about medical care with the person you appoint as your Agent/Attorney in Fact.

Few of us want to talk about our future medical care or “end-of-life” dilemmas, especially if we are not sick. However, when we do so, we may well prevent conflicts arising within our family if and when illness occurs. We are truly helping our loved ones if we have clearly executed a Health Care Power of Attorney and specified our wishes in a Catholic Advance Care Plan.

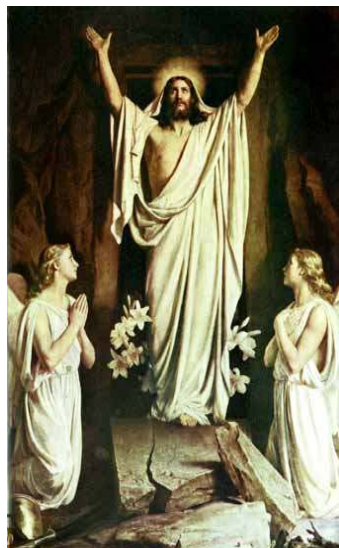


Concluding Reflections

In the case of your own hospitalization or that of a loved one, keep in mind that federal law forbids a hospital to notify clergy. Make sure that, in the case of serious illness, your parish is contacted and that a priest celebrates with the sick person the Sacrament of Penance (confession) and the Sacrament of the Anointing of the Sick. Moreover, a lay minister of the sick or a priest/deacon should be asked to bring the sick person the Eucharist.

Clearly, we pray for and give focus to healing and recovery from illness. At the same time, however, we believe in the Crucified Christ, now Risen! He is, as the Scriptures proclaim, the “firstborn from the dead” (Colossians 1:18). Consequently we are called, as church, to live in joyful hope of the resurrection of the dead. It is our faith as Catholics that, at death, we are entrusted to the embrace of God in eternity. Our soul, our spirit, lives on in the care of God following our earthly life. With great reverence, our body or cremated remains are commended to the earth in the sure and certain hope that, on the last day when the Risen Christ will return in glory, he will raise up the bodies of all who have fallen asleep in faith, to share fully in his Easter victory. It is this hope that sustains us: our entire self — body and spirit united — is to share with the communion of saints in eternity the vision of God and a blessed communion with this God. And so, we make the words of St. Cyprian, the 3rd century martyr of the church, our own:

When the day of our homecoming puts an end to our exile, frees us from the bonds of the world, and restores us to paradise...we should welcome it. [W]e look upon paradise as our country, and a great crowd of our loved ones awaits us there, a countless throng of parents, brothers and children longs for us to join them...Let all our longing be to join them as soon as we may. May God see our desire, may Christ see this resolve that springs from faith, for he will give the rewards of his love more abundantly to those who have longed for him more fervently.



Explanation of Terms

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Advance Care Plan is a legal document that spells out which medical procedures a patient wants to receive or avoid. It is of special assistance if the patient becomes unable to make decisions because of an illness or trauma.

Anointing of the Sick, one of the seven sacraments, is a holy anointing “especially intended to strengthen those who are being tried by illness” (*Catechism of the Catholic Church*, #1511). It is mainly based on the teaching from the New Testament Letter of James: “Is anyone among you sick? He should summon the presbyters of the church, and they should pray over him and anoint (him) with oil in the name of the Lord, and the prayer of faith will save the sick person, and the Lord will raise him up. If he has committed any sins, he will be forgiven” (5:14-15).

Proportionate means refers to any treatment that offers a reasonable hope of benefit without being a burden to the patient.

Disproportionate means refers to any treatment that offers no reasonable hope of benefit or is too burdensome for the patient.

Morally optional refers to any procedure or treatment that a patient is free to make use of or to refuse.

Euthanasia is the deliberate taking of another person’s life, usually carried out at the request of the person who wishes to die due to a terminal illness.

Acknowledgments

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Medical Dilemmas and Moral Decision Making: Questions about Serious Illness (Catholic Diocese of Richmond, 2001).

A Catholic Guide to End-of-Life Decisions: An Explanation of Church Teaching on Advance Directives, Euthanasia, and Physician-Assisted Suicide (The National Catholic Bioethics Center, 2005)

