



CATHOLIC END-TO-LIFE GUIDE

Why End-of-Life Planning Matters

As Catholics, we believe every human life is sacred from conception to natural death. End-of-life decisions should reflect this truth, honoring the dignity of the person and entrusting one's life to God.

Catholic Principles for Medical Decisions

- **Sacredness of Life:** All human life is a gift from God, regardless of age, illness, or disability.
- **Ordinary vs. Extraordinary Means:**
 - **Ordinary (Proportionate) Means:** Treatments that offer reasonable hope of benefit without excessive burden are morally required.
 - **Extraordinary (Disproportionate) Means:** Treatments that are excessively burdensome, risky, or unlikely to help are not morally required.
- **Refusing Overly Burdensome Care:** The Church permits forgoing medical treatments that only prolong the dying process without reasonable benefit.
- **Palliative Care:** Comfort care, including pain relief, is encouraged even if it may indirectly shorten life, provided the intent is not to cause death.
- **No Euthanasia or Assisted Suicide:** These are morally wrong, as they deliberately cause death.

Practical Steps for Catholic End-of-Life Planning

Complete an Advance Directive or Living Will

- Ensure it reflects Catholic teaching.
- Avoid vague language that could allow euthanasia or assisted suicide.

Appoint a Health Care Proxy (Durable Power of Attorney)

- Choose someone who understands and will uphold your Catholic values.

Discuss Your Wishes with Family

- Reduce confusion by sharing your decisions in advance.

Consult Your Parish Priest or Catholic Bioethics Resources

- Seek guidance on specific situations.

Include Spiritual Care in Your Plan

- Request the Sacrament of the Anointing of the Sick, Confession, and Holy Communion near the end of life.

National Catholic Bioethics Center is a great resource for specific questions you may have

Catholic Cemeteries Office

901-373-1200

cdom.org/catholic-cemeteries-office/

Frequently Asked Questions

1. What's the difference between stopping treatment and euthanasia?

Stopping treatment that is overly burdensome allows the person to die naturally; euthanasia directly causes death.

2. Can I refuse a feeding tube?

A feeding tube may be refused or discontinued if the person is no longer capable of receiving nutrition and/or hydration.

3. 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.

4. Is it ever ethically justified to "unplug" or disconnect the respirator?

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.

5. Is hospice care acceptable?

Yes. Hospice is encouraged when it focuses on comfort and respect for life, not hastening death.

4. What about Do Not Resuscitate (DNR) orders?

These can be morally acceptable when CPR would offer no reasonable benefit or would cause serious harm.

5. Is medically assisted suicide acceptable?

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.



Diocese of Memphis
RESOURCE GUIDE
CATHOLIC END-TO-LIFE

Catholic Bioethics & Healthcare Guidance

National Catholic Bioethics Center - www.ncbcenter.org

Provides faithful Catholic guidance on medical ethics and end-of-life questions.

Helpful resources include:

- Advance directive forms
- Ethical guidance
- Educational articles
- Consultation services

United States Conference of Catholic Bishops (USCCB) - www.usccb.org

Search for:

- Ethical and Religious Directives for Catholic Health Care Services
- End-of-life teaching resources
- Catholic healthcare guidance

Catholic Diocese of Memphis - cdom.org

- Resources under the Office of Catholic Cemeteries


MyCatholicWill - www.mycatholicwill.com/cdom

Free Catholic will-writing resource that includes healthcare and legacy planning tools.

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VOCABULARY GUIDE
CATHOLIC END-TO-LIFE

Advance Directive

A legal document that communicates your healthcare wishes if you are unable to speak for yourself. This may include appointing someone to make medical decisions on your behalf.

Healthcare Power of Attorney

A legal document naming a trusted person to make healthcare decisions if you become incapacitated.

Durable Power of Attorney

A legal document allowing someone to handle financial or legal matters on your behalf if you are unable to do so.

Hospice Care

Care focused on comfort, dignity, pain management, and spiritual support for those nearing the end of life. Hospice does not seek to hasten death but to care compassionately for the person.

The Catholic Church generally supports hospice care when it respects the dignity of the human person and provides ordinary care.

Palliative Care

Medical care focused on relieving pain, symptoms, and emotional suffering during serious illness. Palliative care may be provided alongside curative treatment.

Euthanasia

An action or omission intended to directly cause death in order to eliminate suffering. The Catholic Church teaches that euthanasia is morally wrong because it intentionally ends innocent human life.

Physician-Assisted Suicide

When a doctor provides the means for a person to intentionally end their own life. The Catholic Church opposes assisted suicide because human life is sacred from conception until natural death.

Do Not Resuscitate (DNR)

A medical order directing healthcare providers not to perform CPR if breathing or heartbeat stops.

A DNR can be morally acceptable in certain circumstances when CPR would be ineffective or excessively burdensome.

Ordinary (Proportionate) Care

Medical treatments that offer reasonable hope of benefit without excessive burden, pain, or expense.

Catholics are generally morally obligated to accept ordinary care.

Examples may include:

Food and water

Basic medications

Hygiene and comfort care

Treatments offering reasonable benefit

Extraordinary (Disproportionate) Care

Medical treatments that may be excessively burdensome, painful, expensive, or unlikely to provide meaningful benefit.

Catholics may morally decline extraordinary treatment.

Examples may include:

Aggressive treatments with little hope of recovery

Excessively burdensome interventions

Experimental procedures with limited benefit

Artificial Nutrition & Hydration

Food and water provided medically, such as through feeding tubes or IV fluids.

Catholic teaching generally views nutrition and hydration as ordinary care when they provide reasonable benefit and do not excessively burden the patient.

Intubation / Ventilator

Machines used to assist or replace breathing.

These may be accepted or declined depending on the expected benefit and burden to the patient.

Comfort Care

Care focused on pain relief, dignity, emotional support, and spiritual care rather than curing illness.

Persistent Vegetative State

A condition in which a person has severe brain damage with little or no awareness of surroundings.

Catholic teaching still recognizes the full dignity of the person regardless of cognitive ability.

Capacity / Competency

A person's ability to understand and make informed healthcare decisions.

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SACRAMENTS AND SPIRITUAL CARE CHECKLIST

When Serious Illness Occurs

- Notify family members and loved ones.
- Contact your parish or priest early—do not wait for a medical emergency.
- Discuss spiritual needs and wishes with family members and healthcare decision-makers.
- Ensure healthcare providers know your religious affiliation and desire for Catholic spiritual care.

Sacrament of Anointing of the Sick

- Request the Sacrament of Anointing of the Sick when facing a serious illness, major surgery, advanced age, or declining health.
- Do not wait until death is imminent.
- Inform family members when the sacrament is being celebrated so they may participate if possible.

Sacrament of Reconciliation (Confession)

- Request the Sacrament of Reconciliation if able.
- Seek God's mercy and forgiveness.
- Encourage family members to support opportunities for prayer and spiritual preparation.

Holy Communion

- Request Holy Communion if unable to attend Mass.
- Arrange for a priest, deacon, or extraordinary minister to bring Communion when possible.
- Continue receiving the Eucharist as long as medically feasible.

Viaticum or Last Rights

- Request Viaticum when death may be approaching.

It includes the sacrament of Penance, the profession of faith, and the reception of Holy communion.

End-of-Life Spiritual Care

- Ensure family members know how to contact a priest.
- Request pastoral visits when needed.
- Discuss funeral and burial wishes with loved ones.

For Family Members

- Know the name and phone number of the parish and priest.
- Do not wait until the final hours of life to request the sacraments.
- Remember that accompanying a loved one spiritually is one of the greatest acts of charity.

Important Parish Information

Parish: _____ Pastor/Priest: _____

Phone: _____