



**Testimony on HB 3474
House Committee on Public Health
April 24, 2007**

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My name is Bishop Gregory Aymond. I am the Catholic Bishop here in the Diocese of Austin, but in this particular testimony I represent the 24 Roman Catholic Bishops of the state of Texas.

Last week we had a regular meeting and we discussed the House Bill 3474 in some detail, as well as some cases related to it. We voted very much in favor, unanimously in favor, and I would like to speak to that.

I am particularly grateful to Chair Delisi and the committee because it is my understanding that some people have misrepresented the Catholic position. They have done so by trying to speak to legislators in our name and we believe that this has caused some serious confusion. I hope that in some way I can bring a sense of the unity of the position of the Catholic Bishops of the state of Texas.

First of all, we as Bishops have studied these issues. End-of-life care has been part of our tradition for a long time. We believe that nutrition and hydration are ordinary care and the bill certainly speaks to that. We also very much support clarifying the definition of irreversible condition. Also, we believe that the disabled should always receive the care that they need and that they deserve not to be discriminated against in any way.

Thirdly, we support providing better and more compassionate communication by a patient liaison trained in hospice care. This would be a wonderful gift to this whole process. And lastly we support, wholeheartedly, extending the notification period of the family about the process, to seven days and transfer to 21 days. We are very much in support of that.

Beyond the bill, I would like to speak just for a few moments about what we believe and have taught as a Catholic Church for a very, very long time. This is not a new teaching, although it certainly takes on new light as technology develops. As long as 50 years ago this has been articulated by the popes of the Church that, as a Catholic Church, we do not believe that a terminally ill person should be kept alive by machines or technology. That is not truly human life and perhaps even stands in the way of God calling that person home to his kingdom.

We believe, and the tradition of our Church has always taught, that a person should be allowed to die with dignity and have a peaceful death. We believe that that is in conformity to God's will and that God is the one who chooses life and death. It is the teaching of the Church that we should not interfere with that. We also realize that sometimes families, through no fault of their own, are really not able to make those decisions because of their involvement, because of the emotions.

In summary, ordinary means, ordinary medical means, should provide healing and hope for recovery. If there is no possibility of healing or hope for recovery, we would call that extraordinary means and extraordinary means over an extended period of time for a terminally ill patient. Extraordinary means over an extended period of time for terminally ill patient is not charity to the patient or to the family. That person has the right to live his last days peacefully and with dignity. Some people have compared this to the Terri Schiavo case, but it is very different. In the Terri Schiavo case, her death was caused by the withdrawal of nutrition and hydration. That is not what we are talking about here, we are talking about a terminally ill person.

All of this is not just academic theology for me. Just seven months ago I lovingly worked with my sister and brother-in-law when they had to make a decision to withdraw extraordinary means for my 24-year-old nephew who was in a motorcycle accident. They came to me with the question, what do we do? What is the most merciful thing that we can do for Kirt? I was involved in that decision certainly as a brother and brother-in-law, but also as a bishop and as a person giving consultation.

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I would like to conclude not with my words, but with the words of Pope John Paul II. I don't know of anybody who has been more pro-life in his whole life as John Paul II. In 1995 he wrote the encyclical, *The Gospel of Life*, and he addresses a number of life issues. He specifically addresses the issue that we are talking about tonight and I would like to quote from that document.

He says, "Euthanasia must be distinguished from the decision to forego so called 'aggressive medical treatment,' in other words, medical procedures which no longer correspond to the real situation of the patient, either because they are by now disproportionate to any expected results or because they impose an excessive burden on the patient and his family." He says, "In such situations when death is clearly imminent and inevitable, one can certainly in conscience '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 in similar cases is not interrupted.'"

In, conclusion, to forego extraordinary or disproportionate means is not the equivalent of suicide or euthanasia. It expresses the acceptance of the human condition in the face of death. In my mind he is very clear, and that was not really a new teaching of the church. He reiterated a teaching of the church that had very much been enforced for over 50 years. So I present this to you for two reasons, one in clarification because I do think that our position as the Bishops of the state of Texas has been misinterpreted. Secondly, I believe that the bill that is before us is filled with charity and compassion and is in the best interests of a dying person. A person has a right to live his final days with dignity and in peace. And God is the one who calls a person to himself. If we keep a person alive beyond that, I think we have to ask the question, Are we trying to play God?

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