

## Advance Directives

The Texas Catholic Conference *supports* recognizing **nutrition and hydration as ordinary care**, as well as efforts to **reform the current Advance Directives** statute to expand the family notification period while maintaining the ethical standards of care and protecting providers' consciences.

The Church teaches that intentional euthanasia, whatever its forms or motives, is murder. It is gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. [However] discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous" treatment. Here one does not will to cause death; one's inability to impede it is merely accepted. (*Catechism of the Catholic Church, 2324, 2278*)

### *A Texas Bishop Speaks:*

"The patient and his or her family should be the first, but not only concern of legislation impacting end-of-life care. Issues related to the death experience are profoundly important not only to patients, families and communities, but also to the health care professionals who are involved, and who want to provide the most compassionate care possible. Natural death with dignity is the primary goal of every individual and institution engaged in this process. "



*-Bishop Mark Seitz, Diocese of Dallas*

## Church Teaching

- ★ Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable. (*Catechism of the Catholic Church, 2279*)
- ★ When inevitable death is imminent in spite of the means used, it is permitted in conscience to take the decision 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 in similar cases is not interrupted. In such circumstances the doctor has no reason to reproach himself with failing to help the person in danger. (*Congregation for the Doctrine of the Faith, Declaration on Euthanasia*)
- ★ 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. In such situations, when death is clearly imminent and inevitable, one can 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. (*Pope John Paul II, Evangelium Vitae*)

## Resources

- ★ **End of Life Issues** - US Conference of Catholic Bishops ([www.usccb.org/prolife/issues/euthanasia](http://www.usccb.org/prolife/issues/euthanasia))
- ★ **National Catholic Bioethics Center** The NCBC conducts research, consultation, publishing and education to promote human dignity in health care and the life sciences, and derives its message directly from the teachings of the Catholic Church ([www.NCBCenter.org](http://www.NCBCenter.org))

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The Texas Catholic Conference (TCC) is the association of the 15 Roman Catholic dioceses of the State of Texas, and is the Official Public Policy Voice of the Catholic Bishops of Texas.

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# Advance Directives

An advance directive allows an adult to choose whether to continue or discontinue life sustaining treatments; an advance directive takes effect only if the patient is diagnosed and certified in writing to be suffering from a terminal or irreversible condition. **An advance directive may be revoked at any time by its author, even in the final states of a terminal illness and without regard for mental state or competency.**

The law protects an adult's right to request or reject life-sustaining treatment if terminally or irreversibly ill. It also protects the moral integrity of physicians who may be asked to do things to patients they find ethically wrong. When disagreements about appropriate treatment arise, the law creates a process to help resolve them. Sometimes, the family demands cessation of life-sustaining treatment, but the physician believes such an action is wrong and refuses to do so. In other cases, the doctor believes further life-sustaining treatment is inappropriate, of no medical benefit and even harmful, but the family demands that the doctor continue the treatment. In either situation, the dispute resolution process is initiated.

## Medical Ethics Consultations/Reviews

When a physician makes the difficult decision to recommend discontinuation of life support, the patient/family is given notice that a review of this decision will take place. Texas law requires that a medical ethics committee – made up of physicians, nurses, social workers, chaplains and community representatives not involved in the patient's care - review the patient's specific diagnosis and medical records, and determine if continuation of life-sustaining treatment is appropriate. The patient or decision-maker may attend this medical ethic review.

If the medical ethics panel concurs that further treatment is of no benefit to the patient, the family members/decision-maker(s) who disagree have 10 days to transfer the patient to another facility that will continue treatment. During this time period, life support is continued. Most transfers are accomplished within a few days; however, there are few long-term care facilities in the nation that treat patients with multiple organ system failure, which occurs naturally as part of the dying process. If transfer cannot be secured, the family has the right to pursue legal action against the hospital and treating physician to prevent the withdrawal of life support.

Some believe that hospitals and doctors should be required to continue life support indefinitely until transfer is accomplished. As several cases have shown, transfer may never be accomplished. A "treat-until-transfer" provision essentially nullifies the dispute resolution process. Such a provision takes the decision-making power away from patients, families and health care professionals and injects a government decision into what is one of the most difficult times in life.

We don't always know what a particular situation will really be like beforehand, or how we will approach urgent life and death decisions when they arise. There is a better choice available to Christians than a living will. We can choose a surrogate, a living person, who will make health care decisions in real time on our behalf if we are rendered unable to do so. The proposed surrogate (also called a "health care proxy") is someone who cares deeply about us, who loves us, and is reasonably able to make decisions in accord with our known wishes and with our best medical and spiritual interests in mind. Preparing such a document can also prompt us to begin discussing these important topics more effectively with our families and loved ones. Forms to assist with this process are available to at the *Catholic Health Association of Texas* at [www.ChaTexas.org](http://www.ChaTexas.org).

## Advance Directives Legislation

The Texas Catholic Conference supports:

- Including nutrition and hydration as ordinary care, unless they cannot reasonably be expected to prolong life or when they would be excessively burdensome for the patient.
- Providing better and more compassionate communication to the family when there is a disagreement between the physician and family over treatment.
- Extending the period of time of transfer to a minimum of 21 days, but with a firm deadline rather than requiring treatment pending transfer when an ethics committee determines that treatment should be discontinued.
- Reinforce and continue the rights of licensed providers not to provide medically inappropriate treatment.

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