

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)
- ★ **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)

Advance Directives

Factsⁱ

Every patient has the right to be told about his medical condition, the proposed treatment, the risks of not having the treatment, and other treatments available. This information enables a patient to make informed decisions about accepting or choosing not to have the treatment that our doctors suggest.

A question arises when an adult patient needs medical treatment but is unable to give informed consent (permission) or to tell the doctor what medical care he does and does not want. When patients are unable to decide or to communicate their wishes about their medical care, their rights may be at risk. Others will be making their healthcare decisions for them, perhaps without knowing what the patients would have wanted. For this reason, a growing number of people are using advance directives to state their medical care wishes in writing.

Advance directives protect our right to specify the treatment we want, or to refuse medical treatment we do not want, in the event we lose the ability to make decisions. Advance directives are not only for older Americans or those who have a serious and/or progressive illness, but also for healthy younger adults — anyone may lose the ability to speak for his or herself because of an accident, a trauma or a sudden unexpected illness.

Assigning a Health Care Proxy or Medical Power of Attorneyⁱⁱ

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.

Filling out a form to designate our health care proxy is something that each of us should do as a sensible way to prepare for difficult end-of-life situations that may arise. Preparing such a document can also prompt us to begin discussing these important topics more effectively with our families and loved ones. Forms are available to assist with selecting a health care proxy.

Visit the Catholic Health Association of Texas at www.ChaTexas.org to download a Medical Power of Attorney form and designate a health care proxy.

Advance Directives Legislation

The Texas Catholic Conference supports:

- Including nutrition and hydration as ordinary care
- Revising the process to provide better and more compassionate communication to the family
- Extending the period of time of transfer to a minimum of 21 days
- Assuring conscience protections for providers

(Last updated July 26, 2010, 82nd Legislative Session)

ⁱ "Advance Directives." Catholic Health Association of Texas. <http://www.chatexas.org/advance_directives/index.php>.

ⁱⁱ Should I Have a Living Will or Designate a 'Health Care Proxy'. Rev. Tadeusz Pacholczyk, Ph.D. National Catholic Bioethics Center