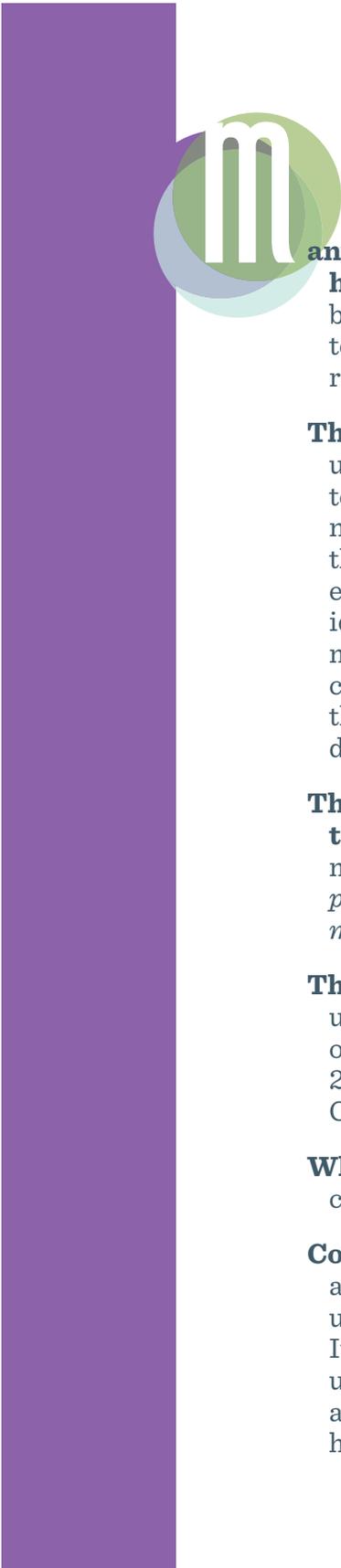




The final

JOURNEY

Information from the
Catholic Bishops of Louisiana
on End-of-Life Decisions



“Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.”

Matthew 25:40

Many great advances related to medical science and technology have been made that may prolong human life. This great blessing is accompanied with the reality of how to best use these new technologies and how to better understand the moral requirements related to their use.

The Church aims to develop a life of virtues and values which usually are found in the middle of two extremes. The use of modern technologies in medicine offers no exception. The Church does not require an obstinate adherence to all medical measures for the preservation of life, but it does condemn the practices of euthanasia and assisted suicide. This balance is based on several ideals such as the understanding of the sanctity of human life, the meaning of human suffering, the spiritual dimension that should be considered part of the journey that every human being experiences, the reality of death, and the distinction between proportionate vs. disproportionate care.

The Church reminds us that we are called to be people who take care of life. Blessed Pope John Paul II, in his 2000 Christmas message, said, *“The temptation is becoming ever stronger to take possession of death by anticipating its arrival, as though we were masters of our own lives or the lives of others.”*

The Church communicates to every human being that God loves us and never abandons us, and even though “we walk in the valley of darkness,” we should fear no evil for God is always at our side (Ps 23:4). The Church’s involvement in health care reflects this basic Christian teaching.

When it comes to end-of-life decisions, it is not only about health care or medicine, but also about spiritual support of the patient.

Confronting one’s own mortality may be the greatest test of faith a human being must face. Through prayer, patients can better understand how precious they are to God and to the Church. It is important that people suffering from any kind of sickness understand these principles and that the Church and its ministers are representative of a loving and caring God who is with them at the hour of suffering.

The Sacraments of the Church are the ultimate expression of this accompaniment. They offer support to the sick and dying, especially the Sacraments of healing such as Penance and Anointing of the Sick. The family also has a serious obligation to request the pastoral care of a priest to administer the Sacraments of the Sick, namely Penance, Anointing and Viaticum.

The Eucharist also becomes a great source of consolation and help in the final journey to God. Pastoral care should make these sacraments available to the sick and dying.

Facing death gives people the opportunity to reflect on the very purpose of life and the need to be reconciled with God.

The Church should provide patients with the knowledge necessary to make good and virtuous decisions at the end of life. Planning for future care is an appropriate approach, and being able to communicate personal wishes about end of life choices should be part of that plan.

The kind of treatment desired by patients, the place where they want to spend their final days, the use of cardiopulmonary resuscitation (CPR), and the desire of organ donation are among the topics that should be addressed, and are usually included in **advance directives, or living wills**. The Church approves of the use of advance directives since they can be very helpful when a person is incapacitated or at the end of life.

The best advance directive documents should include an agent/proxy with health care power of attorney who would be able to communicate the patient's desires in real time. The Church believes that the surrogate decision-maker or health care power of attorney for the patient "should be faithful to Catholic moral principles and to the person's intentions and values" (Ethical and Religious Directives for Catholic Health Care Services, n.25).

The Louisiana Physician Orders for Scope of Treatment (LaPOST) document is also available in the state of Louisiana for patients with life-limiting and irreversible conditions. It honors patients' wishes based on their individual medical conditions and goals of care. To become valid, the document is signed by the patient's physician after appropriate consultation and shared decision-making. This document, which can be found at www.la-post.org, is different from a living will in that it is a physician's order that can be implemented immediately and in any place. This document adheres to all the official teachings of the Catholic Church with regard to end-of-life decisions. There is a section on the LaPOST website dedicated to religious and cultural heritage that helps guide the expectations for Catholics as well as other faith groups.



Teaching ON LIFE

The Church looks at the importance of bioethics (*the ethics of life*) and medical ethics as they relate to the sanctity of life. Life is sacred because life comes from God and returns to God. Our origin and our destiny are deeply connected with the way we see life. The Church believes in a consistent ethics of life that defends human life from conception to the moment of death. This belief has its basis in the biblical teaching that we are created in God's image and likeness (*Gn. 1:26-27*).

The biblical teaching of the apostle Paul is very clear: "*We are the Body of Christ*" (*1 Cor. 12:27*). Each human being is created by God as unique, unrepeatable and therefore sacred. This means that our caring for the great gift of life is not meant to be only for the individual's life but also for the lives of those around us.



Determining DEATH

When it comes to determining death, it has become more difficult to clearly define it due to medical advances. In a 1985 report, the Pontifical Academy of Sciences stated that death can be determined when: one, the spontaneous cardiac and respiratory functions have definitely ceased, or two, an irreversible cessation of every brain function, including the brain stem, is verified. It is clear from that report that these two events, or ways of determining death, are related, since the first determination quickly leads to the second.

Even when biological brain functions are sustained artificially, once there is complete brain death, even artificially sustained life will eventually fail, and the human body will no longer be able to sustain on its own an integrative principle that prolongs life. At that point of complete brain death, it would be ethical to intervene by stopping all external support and declaring death while allowing for critical organs to be removed. The Church believes organ donation is a praiseworthy example of Christian charity and people are encouraged to donate their organs after death. It is always appropriate to seek medical advice related to organ donation.

Morality and living the moral life are not so much about rules and regulations but about values, enduring happiness, and being able to make the right decisions in life.

End-of-life decisions have become very complicated. Therefore the Church, as a good teacher, gives people clear principles to guide them in making such decisions.

The Church does not teach that we are obligated to use all available means to sustain human life. On Nov. 24, 1957, in a talk to anesthesiologists, Pope Pius XII evoked the principle in which he stated, “...*Normally one is held to use only ordinary means - according to circumstances of persons, places, times, and culture - that is to say, means that do not involve any grave burden for oneself or another.*”

The Congregation for the Doctrine of the Faith, in its Declaration on Euthanasia of May 5, 1980, proposed the terms ‘proportionate’ and ‘disproportionate means,’ and stated that people are obligated to use proportionate means of preserving life while not morally obligated to choose disproportionate means. When medical measures are useless or excessively burdensome on a patient who is suffering from a terminal and irreversible condition, there is no moral obligation to provide such measures to the patient. **The withholding or withdrawal** of disproportionate or extraordinary means of preserving life is not the same as either passive or active euthanasia, but simply the acceptance of the frailty of human life and of our destiny with God.

Proportionate/ordinary care typically includes nutrition, hydration, and other human comforts as well as medication or medical treatment considered more beneficial than burdensome to the patient.

The medical provision of nutrition and hydration is a particularly difficult issue. The purpose of food and water is to help the human body retain its ability to sustain life. When the body is no longer processing food and water, artificial nutrition and hydration become disproportionate means of preserving life and therefore optional.

In some cases, to persist in providing such nutrition and hydration may become unduly burdensome for the patient and not medically indicated.

Another difficult situation is the persistent vegetative state (PVS), a chronic neurological disorder of consciousness characterized by appearing awake at times without awareness.

In such cases, the Church has indicated that medically provided nutrition and hydration are to be considered proportionate means in so far as they provide the person with food and drink. The Ethical and Religious Directives for Catholic Health Care Services (ERD), which regulates the way ethical decisions should be made in Catholic health care institutions, reviewed in its fifth edition Directive 58 in order to address the case related to PVS.

This new teaching was meant to take into consideration a talk dated March 20, 2004, to a Congress in Rome on Persistent Vegetative State in which Blessed Pope John Paul II issued important pronouncements related to artificial nutrition and hydration.

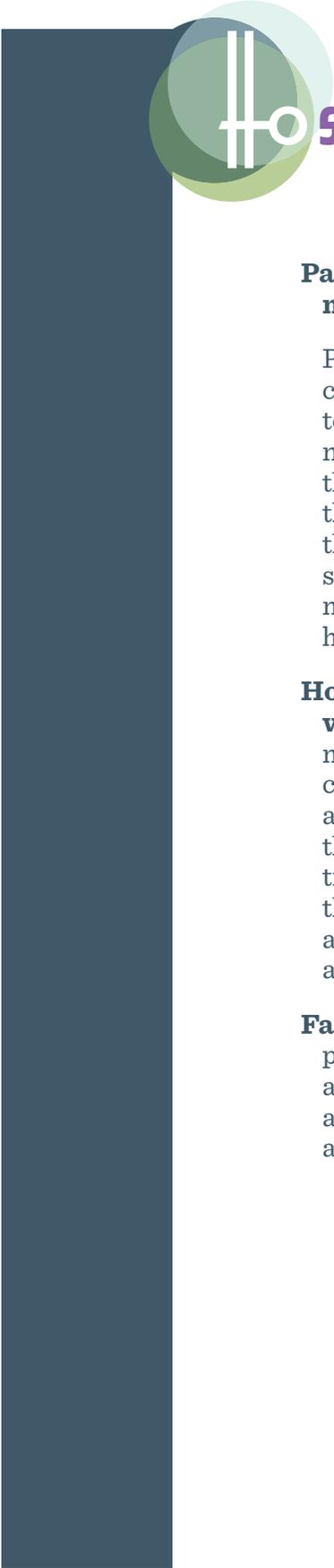


Directive 58

“In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally.

This obligation extends to patients in chronic and presumably irreversible conditions (*e.g., the persistent vegetative state*) who can reasonably be expected to live indefinitely if given such care. Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be ‘excessively burdensome for the patient or (would) cause significant physical discomfort, for example resulting from complications in the use of the means employed.’

For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.”



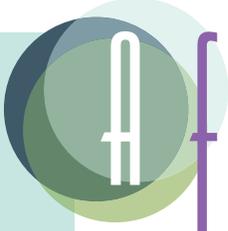
Hospice / PALLIATIVE CARE

Palliative care, or pain and symptom management, is one of the most discussed topics in health care today.

Palliative comes from the word “palliare,” which in Latin means “to cover or cloak,” or in other words, to embrace. Part of the Church’s teaching is that human suffering and pain should be embraced and not ignored. Directive 61 of the ERD states two very important things: first, patients “should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die,” and secondly, “medicines capable of relieving or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person’s life so long as the intent is not to hasten death.”

Hospice care is palliative care that is provided at the end of life when curative treatments are not available - it is specialized medical care for people with serious illnesses. The goal of hospice care is to improve a patient’s quality of life and relieve symptoms as the patient nears the end of his/her natural life. The purpose of this type of care is to match the patient’s goals of care to the type of treatment that they receive. Patients receive the kind of care that they want, or that is possible in the setting that suits them best, from a team of doctors, nurses, and other specialists who work to provide an extra layer of support.

Families that choose hospice care, in which typically only proportionate care is provided, should understand that Directives 60 and 61 make clear that allowing natural death to occur is not the same as killing. Hospice and palliative care do not advocate or support active euthanasia or physician-assisted suicide.



Final word FROM THE CHURCH

- ☪ **The Church acknowledges and thanks health care professionals** for their dedication to the care of those most vulnerable and in need. They have received the privilege of caring for those members in society who may find themselves at the lowest point in their lives, and carry out their responsibilities with proficiency and the highest ethical standards.
- ☪ **The Church is grateful for the dedicated service of brother priests** to God's people. They diligently fulfill the Gospel by giving God's people a shepherd's care (1 Pt 5:2), and the Church reaffirms them in their competence related to giving solid moral guidance when it comes to difficult situations related to the sick and the dying.
- ☪ **The Church affirms the work of those involved in ministries to the sick.** They serve the people of God diligently and generously in their ministries in religious communities, hospitals, health care institutions, and parishes. The Church commends their attempts to work with the Church and neighboring institutions and parishes to foster holistic care of the sick and needy.
- ☪ **The Church thanks those in government and involved in pro-life policy-making** for their conscientious efforts to develop policies that serve the common good. Any kind of illness, disability or disease cannot be weighted above the very value of life itself. The intentional taking of any innocent human life should never be legalized.
- ☪ **To the families and friends of those who are sick and dying,** the Church offers support and hope. There is no substitute for the integrity and moral strength that can only be experienced by doing what is right before God. The Church with all humility only tries to fulfill her role as teacher and interpreter of God's will, and all its teachings are meant to bring about the peace that only God can give.

WEBSITES FOR ADDITIONAL INFORMATION

- Louisiana Physician Orders for Scope of Treatment (LaPOST)
www.la-post.org
 - National Catholic Bioethics Center
www.ncbcenter.org/eol-guide.html
 - United States Conference of Catholic Bishops,
Secretariat for Pro-Life Activities
www.usccb.org/prolife
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