EDUCATION **Catholic Citizenship News** BULLETIN

care at the end of life

WHAT EVERY CATHOLIC SHOULD KNOW ABOUT CHURCH TEACHING ON CARE AT THE END OF LIFE

Constant new discoveries of ways to treat illness allow us to live longer, but they also bring complex questions. How much medical care is enough? Is it ever right to stop treatment if that means the patient will die? It is important not to let these difficult questions eclipse what should be grace-filled moments in the dying process, allowing time for patients to attend to their spiritual and emotional needs.

Three Beliefs

When we think about end-of-life decisions, there are three basic Catholic beliefs:

1. Each one of us has been created in the image and likeness of God. We are called to protect human life and be good stewards of this gift.

2. Stewardship of life should avoid the opposite extremes of the deliberate hastening of death and the overzealous use of medical treatment to extend life artificially and prolong the dying process.

3. The suffering that comes from illness and death is a way of being deeply united with the death and resurrection of Our Lord, Jesus Christ. Death is not the end; it is the doorway to eternal life.

How Much Medical Care is Enough?

Is it ever acceptable to withhold or stop medical treatment? The teaching of the Church on this question revolves around the difference between two ways of considering life-sustaining treatment: "ordinary medical means" and "extraordinary medical means." Determining whether a means is morally obligatory is based on the particular condition and circumstance of each patient.

Ordinary means are forms of treatment or care that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community. Out of deep respect for the gift of life, we must always accept, and others must provide, ordinary means of preserving life. Ordinary means of medical care are morally obligatory.

But Catholics are not bound to prolong the dying process by using every medical treatment available. Allowing natural death to occur is not the same as killing a patient. Some forms of medical treatment may be considered "extraordinary" – those that in the patient's judgment do not offer a reasonable hope of benefit or that entail an excessive burden or impose excessive expense on the family or the community. Catholics are not morally bound to use "extraordinary means" of medical care.

As an example, a person who is expected to make a good recovery from major surgery and is on a ventilator may need to continue to be on the ventilator for a few days to be restored to full health. In consideration of these and other circumstances of the patient's condition, the ventilator may be judged to be ordinary and therefore morally required. That same ventilator treatment may be seen in a different light, however, when it is being used for a patient in the final stages of lung cancer, where the treatment may have no reasonable hope of benefit or is excessively burdensome and where it will prolong the patient's process of dying. In such a circumstance, the ventilator may be judged to be extraordinary care, and the patient morally may decide to do without the treatment.

Expressing Your Wishes for Future Care

We can plan in advance to insure our religious beliefs and wishes about medical treatments are known and honored by those who will be responsible for our care. New Hampshire law allows these instructions to be put into a document called an advance directive. The best time to create an advance directive is now – while you are healthy and able to communicate your wishes. The durable power of attorney for health care (DPAHC) gives someone else the authority

frequently asked questions

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to act on your behalf when you are not capable of making your own decisions. The person you choose as your agent under a DPAHC will have the power to make all decisions you would be able to make if you were competent to do so, including decisions about withholding or withdrawing life-sustaining care. It is important that you choose as your agent a person who will advocate for the sort of health care that is consistent with your moral and religious beliefs.

Q: I heard a state law created a new advance directive form. I already have an advance directive. Do I need a new one?

A: If you have an advance directive, you do not need to complete a new form as long as your advance directive was valid when it was executed. For example, if you completed the 2007 version of Three Beliefs from the Diocese of Manchester and signed the document before two witnesses or a notary public or justice of the peace, you do not need to complete a new advance directive form.

Q: What happens if I become incapacitated and cannot make my own medical decisions and do not have an advance directive in place?

A: A physician or advance practice registered nurse (APRN) will try to determine if there is a relative or friend available to make health care decisions for you and serve as your health care surrogate. New Hampshire law sets out a priority of the relatives who may be chosen to act on your behalf, beginning with your spouse. If you do not have a spouse, your adult children may act on your behalf. If you do not have adult children or they are not available, the law moves to additional categories of relatives and other persons who may serve as your surrogate. There is no guarantee, however, that the person(s) available to serve as your surrogate will be the person you would have chosen to be your agent to make health care decisions on your behalf. You also may not have spoken with the chosen surrogate(s) about your wishes and religious beliefs. Preparing a durable power of attorney for health care in advance is the best way to insure that the health care decisions that are made for you are the same ones that would have been made by you.

Q: Are "do not resuscitate" orders acceptable for Catholics?

A: A "do not resuscitate" (DNR) order, signed by a physician or APRN, is a medical order that, in the event of an actual or imminent cardiac or respiratory arrest, chest compression and ventricular defibrillation will not be performed, the patient will not be intubated or manually ventilated, and there will be no administration of resuscitation drugs. Like all decisions about medical treatment or care, determining whether to execute a DNR order requires weighing whether CPR has a reasonable hope of benefit or will pose an excessive burden on the patient. For example, for a frail elderly or terminally-ill patient, signing a DNR order may be a morally-appropriate thing to do if it is carefully decided that resuscitation would be of no significant benefit to the patient. It may be that CPR only would prolong the dying process and cause significant harm. For other patients, CPR may have a reasonable hope of benefit and may not cause an excessive burden. In that case, CPR would be morally obligatory.

This education bulletin is a brief summary of Church teaching on care at the end of life. It is not intended to provide legal advice, and readers should consider seeking the advice of an attorney when making their own plans for end-of-life care. The Diocese of Manchester offers *Three Beliefs: A Guide to End-of-Life Decision Making for New Hampshire Catholics*, and this document should be consulted for a broader explanation of Church teaching. *Three Beliefs* also includes an Advance Directive form modified to make it consistent with both Catholic teaching and New Hampshire law.
To download or order a copy of *Three Beliefs*, visit **catholicnh.org/threebeliefs** or call (603) 669-3100.