Archdiocese of San Francisco

End of Life Questions

Questions to Consider Now and at the Hour of our Death

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"There is no human life more sacred than another, just as there is no human life qualitatively more significant than another. The credibility of a health care system is not measured solely by efficiency, but also by the attention and love given to the person, whose life is always sacred and inviolable".

- *Pope Francis, September 20, 2013*

"You matter because you are you, You matter to the end of your life. We will do all we can not only to help You die peacefully, but also to live until you die".

- *Dame Cicely Saunders –*

Questions to Consider Now and at the Hour of Our Death

Illness and death, whether our own or that of a loved one, are issues many of us avoid thinking and talking about until they are immediately confronting us. And yet, they touch every life. Too often we are unprepared for questions that arise, and find ourselves making difficult decisions in the midst of a crisis, without the benefit of time and reflection. The purpose of this brochure is to encourage Catholics to take that time now, before facing a crisis, so that when illness and death inevitably come, we can face them with comfort and peace of understanding our faith, and knowing our Church is there to embrace us in our of need.

Continual advances in medical technology brings many blessings, but they also pose complex ethical questions. When is it appropriate to take measures to prolong life? When is it appropriate to allow death to take it natural course? Every circumstance – and every individual – is unique, and we cannot know in advance what the right course of action will be in all cases. But the Church can help us prepare by offering moral principles to guide our decisions, or the decisions of those who may need to act on our behalf.

Church teaching is clear that no one should suffer needlessly during a prolonged illness or at the end of life. All patients deserve proper pain management and palliative care. But there are certain choices that can never be morally acceptable, most notably practices such as euthanasia or physician assisted suicide, that involve deliberately administering or providing the means necessary to end a patient's life. Such actions, even when motivated by a desire to end suffering, are a direct affront to one of the most basic tenets of our faith – the gift of life comes from God, and that no one can, in any circumstance, claim the right to destroy directly and innocent human being. **(*Evangelium vitae 5.3)***

Reflection on Our Wishes

The first step in the preparing to address end-of-life decisions is to take the time to think through, in light of our Catholic faith, the sorts of choices we may face in times of serious illness. The following questions should help us begin to think through these issues with our loved ones, and to take the steps necessary to ensure our wishes as faithful Catholics are clear when the time comes to make end-of-life decisions.

Q. When should I accept or continue treatment?

God's gift of human life is the foundation for all His other gifts. The most basic right of each person includes the right to preserve his or her life. When professional medical care is needed, we should consent to a reasonable use of appropriate medical care and treatment out of respect for our God given dignity and the sanctity of life so that we can meet our duties to God, our loved ones, and all who depend on us. When patients consent to medical intervention, they expect a cure, improvement, comfort, or life-sustaining help, but this does not mean that all such beneficial treatments are morally obligatory.

Q. When is appropriate to deny or withdraw treatment?

No patient is obligated to accept or demand medical care or treatments that have no beneficial effect. In addition, no one is morally obligated to use every possible beneficial means. While the most basic principles of Christian morality oblige us to preserve human life, these same principles clarify that there is no obligation to accept interventions that impose serious risks, excessive pain, prohibitive costs, or some other extreme burden out of proportion to its anticipated benefit. Furthermore, when death is imminent and inevitable despite the means used, it is permitted in good conscience to refuse forms of treatment that would only secure a dangerous and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted. Determining whether a particular treatment is excessively burdensome is not simply a matter of preference or merely a medical decision, but a reasoned judgement by the patient that often requires the advice of a priest or someone else well trained in sound moral theology.

Q. What if I don't want to burden my family by prolonged treatment?

A patient may make a morally correct decision to forgo a potentially beneficial medical treatment proposed by his or her doctor because the treatment itself is too burdensome or because it is useless.

However, no one, including the patient, family members, medical professionals, or members of the clergy, ever has the right to decide the patient's life is useless. We should not stop medically useful intervention because we are tired of living, feel we no longer have a contribution to make, see ourselves as helpless or believe our dependency on others is too great a burden to them, and, thus, would like to hasten the end of life.

Q. What does the Church teach about nutrition and hydration?

Feeding tubes and other medically-assisted nutrition and hydration measures are available when patients can no longer take any or sufficient food and fluid orally. Such measures are rarely unduly burdensome. While there is clear presumption in favor of supplying food and fluids to patients, one can determine what is morally required in light of the specific circumstances. The tube is useful when it delivers nutrients to the patient who, in turn, absorbs them; it is useless if the patient becomes incapable of absorbing the nutrients the tube delivers. It is both morally and medically inappropriate to make universal statement that medically-assisted nutrition and hydration must be given to all who cannot feed themselves. Likewise, it is misleading to make universal statement that all gravely ill persons should not be provided with medically-assisted nutrition and hydration. The moral decision is case specific. The prudent course of whether a patient need for nourishment and fluid can be met effectively through a medical intervention which use does not impose excessive burdens on the patient.

Q. What does the Church teach about pain and suffering?

With the help of medical science, we can and should offer the suffering as much comfort and relief as possible, and we make available pain-relieving medication in dosages sufficient to manage a patient's pain. If the person is dying and requires increasingly greater dosages of pain medication, the dosages may be increased in increments sufficient to manage the pain, even if the patient is made less alert or responsive, or in if this increase should, as a side effect, hasten death. However, pain medication must never be given for the purpose of hastening death.

Q. If further medical treatment is determined to be useless or excessively burdensome, what other options are available?

In addition to endorsing programs or pain management, the Church endorses palliative care and hospice care in accord with Catholic ethical principles. Palliative

care is not necessarily determined by a patient's life expectancy, and may include a wide continuum of services and support designed to help a patient manage the symptoms of a long-term or terminal illness. Hospice care includes medical, emotional and spiritual support provided to patients at home or in a specifically-designated facility when is nearing death.

Q. When death is near, what consideration can help me and my loved ones accept the moment with peace and grace?

As a Christian family, it is our privilege and duty to care for the dying by offering them love, comfort, and the spiritual support available through prayer, the sacraments and our faith in eternal life. Pastoral care should include the sacraments, caring for and comforting those near death and their families. Prayer and spiritual support to help all share a time to express hope, love, gratitude forgiveness and farewell. As we participate together in these spiritual preparations, the opportunity to keep company with the dying truly becomes a grace filled moment.

Documenting our Wishes

Once we have taken time to think through our wishes, it is important to make sure our wishes are known to our family and health care providers, and to consider completing appropriate legal forms to document them.

Q. What is an advance directive?

Advanced directives are legal documents through which we can guide the course of our own medical treatment even after we can no longer make decisions or inform others of our wishes and desires. They include a document identifying a health care agent, sometimes called a "durable power of attorney for health care", whom we can appoint to make health care decisions if we are no longer able to make such decisions personally. Another advance directive is called a living will. It documents our decisions about life-sustaining procedures in three situations: (1) if death from a terminal condition is imminent, or (2) if one is permanently unconscious in a persistent vegetative state, or (3) if one is in an "end-stage condition", defined by California law as "Terminal disease' means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgement, result in death within six months." However, in most cases, the written appointment of a health care agent is preferred to a living will because it names the agent, one we specifically choose, and empowers the agent to make decisions about life-sustaining procedures based on our actual condition, which may evolve over time. Appointing a health care agent and completing a living will such as the **Advance Health Care Directive – Catholic Teaching Concerning End of Life Decisions which provide an optimal way to direct our future health care decisions**

https://sfarchdiocese.org/documents/2020/10/CWPI%20AHCD%202020_FinalRevised%2007.23.2020.pdf

Q. What happens if I don't have an advance directive?

If we do not have an advance directive and are unable to make decisions for ourselves, California law identifies a prioritized list of family members and others who are authorized by law to make health care decisions for us, called "surrogates". These decision need to be based on the wishes of the patient, if known, or if unknown or unclear, on what is judged to be in the patient's "best interest".

If we have not made our wishes known, it can be difficult for our loved ones and health care providers to determine what sort of treatment best respects our wishes, beliefs and values. Surrogates should consider such judgements carefully, and not

act out of emotional distress, self-interest, or in the hope of material gain. However, it remains morally wrong for a guardian to honor a patient's wishes that disregard the God-given value of human life itself. If what is being requested clearly violates Church teaching, the conscientious surrogate or agent ought not to authorize it, and may have no choice but to resign.

Q. Why is appointing a health care agent important?

Appointing a health care agent leaves decision-making in the hands of a person of our own choosing with whom we have discussed our wishes. Since it is often difficult to predict what our medical condition will be when decisions will have to be made about medical treatments, it is preferred to appoint a prudent health care agent who will follow Church teaching, wise counsel, and the guidance of the Holy Spirit in making decisions on our behalf. In the event we are no longer able to communicate our wishes, a reliable person whom we have empowered to be our agent can discuss our present medical situation and available treatment with our doctor. Our agent can then reach an informed decision, based on convictions about our health care, our faith, current medical facts and sound moral principles.

Q. What qualities should I consider in my health care agent?

We should consider appointing someone who has the practical wisdom to make good judgements in challenging circumstances based on Church teaching and who is likely to be available in the foreseeable future. We also should consider naming an alternative agent(s) with these same qualities in the event our first choice in unable or unwilling to act for us when the need arises.

Q. What kind of information should I include in an advance care directive to assist my health care agent in making decisions on my behalf?

An advance directive should state clearly that medical decisions made on our behalf must be in keeping with our Catholic faith and the sanctity and dignity of life and never be made with the intention of causing or deliberately hastening our death. Statements rejecting certain treatments under all circumstances or restricting medical remedies without qualification in the event we become permanently unconscious or terminally ill are best avoided, since we cannot predict circumstances ahead of time. Rather, consider giving our agent and providers latitude to offer us proper care based on our actual condition. However, we may wish to state that we do not want certain treatment if our death is near, the burdens of a particular treatment are disproportionate to its benefits, or if our medical

condition at some future time makes such treatments futile. Please note that the Church allows a person to forgo treatment that would result only in a burdensome prolongation of life. Authorizing the agent to observe this norm will bring much comfort and reassurance to our loved ones in a time of emotional stress, it is also an expression of our profound Christian hope in the life to come. We should be sure to include a provision asking that spiritual care, including the sacraments, be provided for us as we face serious illness or prepare for death.

Q. How do the forms discussed above differ from a "Do Not Resuscitate" (DNR) order or POLST form?

A DNR is a medical order completed by a physician or other authorized medical professional reflecting the wishes of a patient not to receive advance life support to restore heart and lung function. The Physician Order for Life Sustaining Treatment (POLST) form is a legal form for medical orders regarding cardiopulmonary resuscitation and other life-sustaining treatment options for a specific patient. https://capolst.org/wp-content/uploads/2020/10/POLST_2017_wCover.pdf. Usually guides treatment intensity of care orders outside of a hospital setting. A copy should be provided to your doctor or hospital.

FURTHER READINGS

Evangelium Vitae (The Gospel of Life): On the Value and inviolability of Human Life. St. John Paul II, 1995.
http://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae.html

Ethical and Religious Directive for Catholic Health Care Services, 6th Edition. United States Conference of Catholic Bishops, June 2018; available at
https://www.usccb.org/about/doctrine/ethical-and-religious-directives/upload/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf

"To Live Each Day with Dignity" – a statement on Physician-assisted Suicide, United States Conference of Catholic Bishops, June 16, 2011 available at
https://www.stbarbaracatholic.org/media/1/to-live-each-day-with-dignity.pdf

"Vatican Declaration on Euthanasia" Congregation for the Doctrine of the Faith, May 5, 1980,
http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html

"Even the weakest and most vulnerable,
the sick, the old, the unborn and the poor,
are masterpieces of God's own image,
destined to live forever,
and deserving of the
utmost reverence and respect"

- *Pope Francis, July 7, 2013*