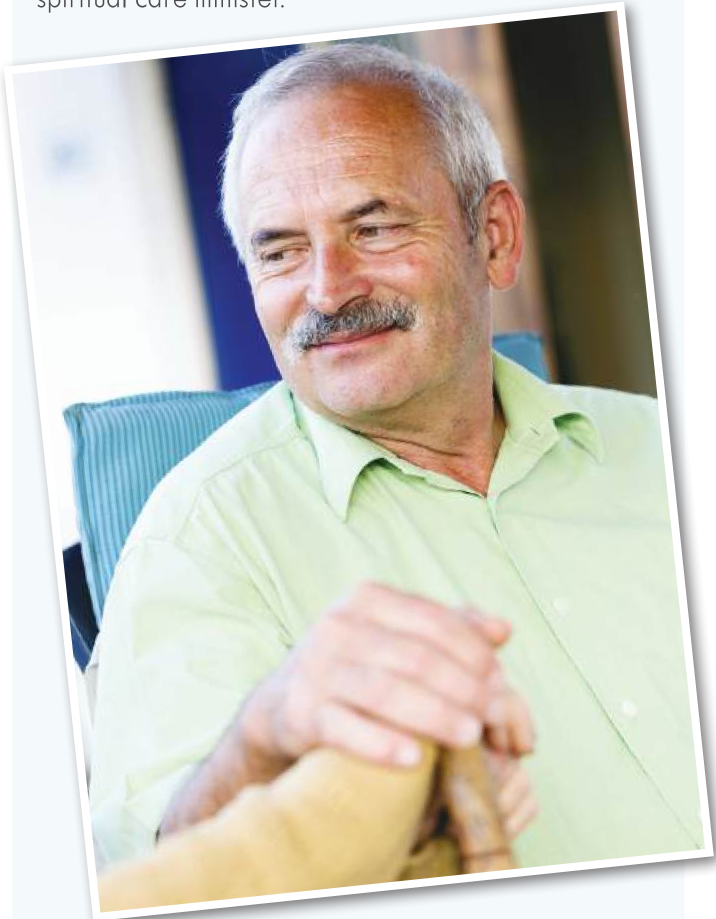
facing *difficult* decisions at the end of life

General Information

The Catholic Church provides moral teachings associated with end-of-life issues and the appropriate medical treatment for us and our loved ones.

The information presented in this brochure has been selected by HSHS Eastern Wisconsin Division – St. Vincent Hospital, St. Mary's Hospital Medical Center, St. Nicholas Hospital and St. Clare Memorial Hospital – to provide a clear understanding about end-of-life issues and to assist patients, their families and/or caregivers with guidance in helping to make ethically and morally sound choices.

For further clarification of these terms and choices, please discuss them with your priest, physician or spiritual care minister.



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Definitions

Terminal Condition

Defined by the State of Wisconsin, terminal condition means an incurable condition caused by injury or illness that reasonable medical judgment concludes would cause death imminently. The application of life sustaining procedures would serve only to postpone death.

Coma

Medically defined as *an abnormal deep stupor occurring as a result of illness or injury*. Although alive, the patient cannot be aroused by external stimuli. There are variations in the degrees of coma. In deep coma, the patient shows no reactions. In lighter stages, sometimes called "semi-comatose," the patient may stir or moan to vigorous stimulations. Coma ends with the patient waking up or dying, or lapsing into a post-coma unresponsive state whereupon he/she can reasonably be expected to live indefinitely if provided with medically assisted nutrition and hydration.

Chronic and Presumably Irreversible Conditions:

Post-Coma Unresponsive State

Formerly referred to as *Persistent Vegetative State*, a Post-Coma Unresponsive State is one in which a patient has completely lost the ability to think and reason, but retains basic bodily functions and vitals, such as heartbeat, respiration and blood pressure. The patient has lost self-awareness and awareness of the environment. His/her eyes may open, and movements and sleep cycles may occur, but the patient cannot speak or obey commands. A patient in a chronic and presumably irreversible condition can reasonably be expected to live indefinitely if provided with food and water, including medically assisted nutrition and hydration.

Brain Death

Defined by the American Academy of Neurology and the Wisconsin Statutes as *the irreversible loss of all brain function from which recovery is not possible*. Brain death can be established with certainty based on strict guidelines established by the medical profession. When a doctor has diagnosed *brain death*, he or she is, in fact, pronouncing the patient to be dead. Both medically and legally, death occurs when brain activity ceases, and not necessarily when heart-lung activity ceases. A patient can be pronounced dead even if connected to life-support equipment.

Ordinary or Proportionate vs Extraordinary or Disproportionate Means

Terms used by the Catholic Church to distinguish between those means which must be used to preserve life – *ordinary* or *proportionate* – and those which are not obligatory – *extraordinary* or *disproportionate*. A person has a moral obligation to use *ordinary* or *proportionate* means of preserving his or her life. *Proportionate* means are those 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. A person may forgo *extraordinary* or *disproportionate* means of preserving life. *Disproportionate* means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.

Questions and Answers

This section addresses questions about end-of-life issues with responses that reflect the biblical and moral traditions of the Catholic Church.

Can I morally make decisions for my loved one if he or she is unable to do so?

Yes. If a patient is not competent or capable to make his or her own decisions, someone who shares the patient's moral convictions, such as a family member or guardian, can make decisions on the patient's behalf. Moral limits apply – for example, the proxy decision-maker may not deliberately cause the patient's death or refuse morally ordinary means of care even if he or she believes the patient would have made such a decision.

Must I "do everything possible"?

Catholic teaching does not demand heroic or *extraordinary* measures in fulfilling the obligation to sustain life. A patient may legitimately refuse procedures that effectively prolong life, if he or she believes the procedures would offer no reasonable hope of benefit or may be excessively burdensome. Bishops advise, however, that interventions which favor the preservation of life be utilized if it is not immediately clear that a particular intervention is disproportionately burdensome.

If the doctor says a particular procedure or treatment is necessary to keep our loved one alive, am I obligated to proceed?

Any procedure or treatment judged to be morally *ordinary* or *proportionate* is obligatory. However, *extraordinary* or *disproportionate* measures are morally optional and may be refused. The United States Conference of Catholic Bishops cautions, however, that the preservation of life must receive the benefit of doubt if it is not immediately clear that an intervention is disproportionately burdensome.

Can medical professionals use the term ordinary differently than the Church?

There may be a discrepancy in definitions between what the medical profession and the Catholic Church define as *ordinary*. Doctors may consider a procedure *medically ordinary* because of its frequency and expertness. Yet, *medically ordinary* may not mean what the Catholic Church means by *morally ordinary*.

Must artificial means of respiration be used if a person can no longer breathe on his or her own?

If means including life support are disproportionately or excessively burdensome or useless, or later become so, they may be considered morally *extraordinary* or *disproportionate* and therefore not obligatory.

Am I ever permitted to disconnect or "unplug" the respirator? Is this killing?

Mechanical ventilation or any life-prolonging procedure to sustain a patient's life when the body alone cannot may be withdrawn if it does not provide any reasonable hope of benefit and if it only prolongs the dying process. Mechanical ventilation may not be discontinued to cause or hasten death, but may be stopped if it no longer provides any reasonable hope of benefit, such as alleviating a patient's suffering or treating the underlying disease. When life-prolonging procedures are withdrawn, the patient dies as a natural consequence of the underlying illness. A patient is *not killed* when nature is allowed to take its course.

Am I committing suicide or killing a patient by authorizing the doctor to place a Do Not Resuscitate (DNR) order?

No. The Church teaches that a patient has the moral right to refuse, withdraw or restrict medical treatments or procedures that are likely to cause harm or side effects out of proportion to the benefits they may bring. A proxy decision-maker acting on behalf of the patient may

instruct the physician on what treatments, including cardiopulmonary resuscitation (CPR), may or may not be administered. The withholding of CPR does not kill a patient; rather he or she dies as a consequence of the underlying illness. A 'do-not-resuscitate' order is morally permissible if one can judge that CPR is excessively burdensome for this patient, taking into account his or her situation and his or her physical and moral resources.

If I place a DNR order, does that mean my loved one will not be cared for?

The withholding or withdrawing of medical treatment must not be an occasion for neglecting the patient. Basic personal care, such as bed rest, personal cleanliness, safety and appropriate pain medication must always be administered. No proxy, medical professional or authority should ever deny this care. The Church also considers the provision of nutrition and hydration to be a natural means of care owed to every patient unless or until 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.

Is declining, withholding or withdrawing medical treatment suicide or euthanasia?

Suicide is not committed by declining unnecessary treatment; nor is a patient's family or caregiver sanctioning euthanasia – mercy-killing – by declining to subject the patient to extraordinary or disproportionate treatment. A decision to commit suicide or allow another, including a physician, to kill a suffering patient is very different from a decision to refuse extraordinary or disproportionately burdensome treatment. Whereas suicide and euthanasia involve the immoral intent to cause death, declining interventions that are *extraordinary* or *disproportionate* should be considered as an acceptance of the human condition.

Is it permissible to help someone commit suicide if the patient asks you to do so? What is the physician's responsibility here?

Nothing and no one can ever permit the killing of an innocent human being, whether an embryo, infant, adult, elderly person, or even one dying or suffering from an incurable disease. Nobody has the right to ask for this act of killing for him-or herself or anyone entrusted to their care. Moreover, no authority or professional can morally recommend and/or permit such an act; this includes *physician assisted suicide*, by which a physician provides to a patient the means and necessary knowledge to allow the patient to commit suicide. This and all forms of suicide violate the Divine law and are an offense against the dignity of the human person.

If my loved one is suffering, how much pain medicine can be used?

Indifference to human suffering cannot be tolerated. Medicines capable of alleviating or suppressing pain may be given to a dying patient, even if such medicines may indirectly shorten the patient's life, so long as the intent is to relieve pain and not to hasten death. At these times, Christian faith provides comfort which holds that by Jesus' passion and death on the cross, Christ has given a new meaning to suffering – it can draw closer to Him those who suffer when their suffering is united to His redemptive Passion. This does not lessen physical pain and fear, but gives confidence and grace for bearing suffering rather than being overwhelmed by it.

Is someone who is comatose or in a post-coma unresponsive state alive? Is someone who is pronounced brain dead actually dead? Is someone truly dead if the heart is still beating?

A patient who is comatose is alive. A patient in a post-coma unresponsive state is also alive. However, a patient who is brain dead is truly *dead*. Death is determined by the absence of brain activity, and not necessarily heart-lung activity. Therefore, a diagnosis of brain death can be established even if the heart is beating and the lungs are ventilated.

If a patient cannot feed himself or herself, am I required to provide medically assisted nutrition and/or hydration?

Yes. 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. However, medically assisted nutrition and hydration are not always morally necessary. The presumption must be in favor of medically assisted nutrition and hydration unless or until the burdens of such means clearly outweigh the benefits. Factors to be weighed include the patient's ability to absorb the nutrition and hydration, the imminence of death and the risks that such means pose to the patient.

Can a feeding-tube be removed if our loved one is alive?

Yes. However, when considering to withdraw or withhold medically assisted nutrition or hydration, clear evidence must attest that the means being used to supply the medically assisted nutrition and hydration are, in fact, useless, ineffective or excessively burdensome for the patient or [would] cause significant physical discomfort. Medically assisted nutrition and hydration must not be withdrawn to cause death, but may be withdrawn if they offer no reasonable hope of benefit or pose excessive risks or burdens.

In the case of a patient in a post-coma unresponsive state, the Catholic Church teaches that medically assisted nutrition and hydration are, in principle, ordinary and proportionate care and are, therefore, obligatory to the extent to which and for as long as they are helpful in sustaining the patient's life and in alleviating the patient's suffering. However, these same measures may be withheld or later withdrawn if they become disproportionately burdensome, as in the case where the patient is drawing close to death from an underlying progressive and fatal condition and can no longer absorb the liquids or nourishment.

How can I ensure that my wishes will be followed if I become unable to make decisions for myself?

You can safeguard your values by appointing a responsible and trustworthy person to make decisions on your behalf if needed. A legal document called a *Durable Power of Attorney for Health Care* enables you to designate a family member or patient representative as their Health Care Agent. When activated, the DPOA will serve as a guide to protect your choices and prevent legal conflicts which may arise if choices were not documented. Additionally, you can state in your Advance Medical Directive, both in your Living Will and when designating your Health Care Agent, that decisions made on your behalf remain consistent with and do not contradict the moral teachings of the Catholic Church.

In preparation for the writing of your Advance Directives, it is recommended to read the Pastoral Letter of the Wisconsin Catholic Bishops on the end of life decisions, "Now and at the Hour of Our Death" (Spanish version) (http://www.wisconsincatholic.org/NATHOOD%202013%20Booklet%20Form.pdf).

Summary

Jesus' compassion and love for the sick and dying shines throughout his public ministry. As an extension of Jesus' healing ministry, the Catholic Church reaches out to patients and their families to offer the sacraments of Anointing of the Sick and Holy Communion, prayer and a sense of the grace-filled presence of being with others in their suffering.

This brochure offers answers to some of the more common questions that arise in Catholic Hospitals, but cannot provide specific answers to individual cases. Differences occur between what certain States permit and what the Catholic Church teaches. Questions regarding what constitutes *extraordinary* and *disproportionate* treatment and other moral issues should be addressed with a priest or pastoral counselor along with a chaplain and medical professional.

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