

UNDERSTANDING THE *CATHOLIC DECLARATION ON LIFE AND DEATH*

January 1, 2005

What is the Catholic Declaration on Life and Death?

The *Catholic Declaration on Life and Death* is a health care advance directive for Florida's Catholics and is approved by the Bishops of Florida. This directive conforms to both Florida law and the teaching of the Church.

What is an "advance directive"?

A health care advance directive is a written or oral statement made and witnessed in advance of serious illness or injury to address medical situations that may arise when a person becomes unable to make one's own decisions. Executing an advance directive exercises good stewardship over the gift of life.

There are two forms of advance directives: the *designation of health care surrogate*, which authorizes a person to make decisions for the incapacitated patient, and the *living will*, which gives instructions to physicians and caregivers regarding medical care and treatment at the end of life. The *Catholic Declaration on Life and Death* merges both forms into one directive.

Designation of Health Care Surrogate

Every adult, 18 years of age and older, should choose at least one health care surrogate (and alternate) and designate this choice in writing. Unexpected health crises often involve complex treatment options, and having a surrogate who is prepared and authorized to make decisions for the patient helps to ensure the patient's wishes are respected.

The health care surrogate should be chosen carefully as someone who will represent the patient's wishes regarding medical care and treatment or act in the patient's best interest if those wishes are unknown.

The "Living Will" section of the *Catholic Declaration on Life and Death* gives the surrogate a basic framework for understanding the patient's wishes regarding end-of-life care or treatment. Discussing goals, hopes, options and concerns with one's surrogate and family will provide the surrogate helpful information and can comfort all involved if and when future decisions are made on one's behalf.

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Living Will

A living will specifies one's wishes should a person become unable to express those wishes at the time health care decisions are needed at the end of life. There are many forms of living wills available, some of which are not consistent with Catholic teaching.

What if no surrogate is available or no surrogate is designated?

A section of the *Catholic Declaration on Life and Death* provides guidance regarding end-of-life care and treatment to those who are left to make decisions even if no surrogate is available or none has been designated.

Additions to the *Catholic Declaration on Life and Death*

Space is provided in the *Catholic Declaration on Life and Death* to add personal directions. Caution and care should be taken in making additions, as certain instructions set in writing could be problematic in some unforeseen circumstances. For instance, a particular treatment that may not be desirable long term could be life saving and health-restoring when used for a short time. The following are examples of appropriate additional instructions:

- Organ donors may wish to add: *I hereby donate any needed organs (or tissue) as an anatomical gift if I meet medical criteria at the time of my death.*
- A woman of childbearing age should add: *If I am pregnant, then take every reasonable means to preserve the life of my unborn child.*

Circumstances Requiring Special Attention

Decisions regarding life-sustaining procedures are often difficult, especially when one's life may be prolonged indefinitely, but with little hope of functional recovery, such as may be the case with individuals in a so-called "vegetative state".

One is obliged to use "ordinary" (proportionate) means to preserve life.¹ However, one may forego "extraordinary" (disproportionate) means – those that in the patient's judgment do not offer a reasonable hope of benefit, entail excessive burden or entail excessive expense to the family or community.² There should be a presumption in favor of providing nutrition and hydration to all patients as long as this is of sufficient benefit to outweigh the burdens involved to the patient.³ As a general rule, nutrition and hydration should be considered ordinary care except when death is imminent or a person is unable to assimilate them. A decision to withhold or withdraw a life-sustaining procedure should not be based solely on a judgment regarding a diminished quality of life, as all persons – no matter how sick or disabled – have inherent dignity which requires our respect.

Consulting with family, physicians, well-informed clergy, and pastoral healthcare workers is especially helpful for one who must make these difficult decisions. One need not make these decisions without the support, advice, and guidance of others.

¹ United States Conference of Catholic Bishops, *Ethical & Religious Directives for Catholic Health Care Services* (USCCB: Washington, DC 2001) no. 56.

² *Ibid.*, no. 57.

³ *Ibid.*, no. 58.

The following are excerpts from recent Church teaching documents:

HOPE FOR ETERNAL LIFE THROUGH DEATH

Christ's redemption and saving grace embrace the whole person, especially in his or her illness, suffering, and death. The Catholic health care ministry faces the reality of death with the confidence of faith. In the face of death – for many, a time when hope seems lost – the Church witnesses to her belief that God has created each person for eternal life.⁴

-- United States Conference of Catholic Bishops
Ethical & Religious Directives for Catholic Health Care Services, June 2001, Part Five.

TO CARE WHEN WE CANNOT CURE

The task of medicine is to care even when we cannot cure. Physicians and their patients must evaluate the use of the technology at their disposal. Reflection on the innate dignity of human life in all its dimensions and on the purpose of medical care is indispensable for formulating a true moral judgment about the use of technology to maintain life. The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death.

-- United States Conference of Catholic Bishops
Ethical & Religious Directives for Catholic Health Care Services, June 2001, Part Five.

RELIEVING PAIN

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. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. Medicines capable of alleviating 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. Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering.

-- United States Conference of Catholic Bishops
Ethical & Religious Directives for Catholic Health Care Services, June 2001, no. 61.

EUTHANASIA DISTINGUISHED

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 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".⁵

-- Pope John Paul II
Evangelium Vitae (The Gospel of Life), 1995, no. 65.

FAITHFUL STEWARDS OF OUR LIVES

...Our Judeo-Christian heritage holds that life is the gift of a loving God, and that each human being is made in the image and likeness of God. As Christians we also celebrate the fact that we have been redeemed by Jesus Christ and are called to share eternal life. We see life as a sacred trust over which we can claim stewardship, but not absolute dominion.

Catholic Bishops of Florida,
Life, Death & the Treatment of Dying Patients, April 1989.

⁴ National Conference of Catholic Bishops, *Order of Christian Funerals* (The Liturgical Press: Collegeville, MN 1989), no. 1.

⁵ Congregation for the Doctrine of Faith, *Declaration on Euthanasia* (1980).

The Catholic Declaration on Life and Death

Things To Do:

- Become familiar with Catholic teaching on end of life issues. The *Catechism of the Catholic Church* and *Ethical & Religious Directives for Catholic Health Care Services* are good sources of information on Catholic teaching.
- Complete the *Catholic Declaration on Life and Death* and have it witnessed.
- Discuss your wishes about health care decisions with family members and surrogates now, while fully competent.
- Choose healthcare providers who are familiar with and respectful of your values.
- After executing an advance directive, and after discussing the issues with your family and surrogate, provide copies to your surrogate (and alternate), family, attorney, physician(s), and the hospital or nursing home (upon each admission).
- Craft a separate document with information important to you. It could include a list of persons to be notified if you are sick or dying, special prayers you would like, a request for or extension of forgiveness, an expression of thanks, your funeral plans, and obituary information. Tell your surrogate about this document and keep it with your *Catholic Declaration on Life and Death*.

Things To Remember:

- *The best way to make sure wishes are known and followed is to designate and prepare one's own surrogate in advance of a medical emergency.*
- *One should never ask for or demand assisted suicide, euthanasia, or mercy killing. This is not only wrong for the person signing the document, but it also does a serious injustice to physicians, family and medical personnel to whom such immoral demands are made.*
- *The Catechism of the Catholic Church reminds us that the first grace of the Sacrament of the Anointing of the Sick is one of "strengthening, peace and courage to overcome the difficulties that go with the condition of serious illness or the frailty of old age" (#1520). This particular gift of the Holy Spirit unites us with the passion of Christ, is gift to the whole Church, and prepares us for our final journey.*
- *Hospice teams are specially trained to care for persons with terminal illness. Ask your health care provider if hospice is appropriate for you or your loved one.*
- *If a person completes more than one advance directive, the most recent one is in effect; the others are invalid.*
- *An advance directive can be updated at any time by a competent person, provided the change is properly witnessed. Such changes are best made in writing.*

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