MEDICAL DILEMMAS AND MORAL DECISION-MAKING

Questions about serious illness: A guide for individuals and families based on Sacred Scripture, Christian principles and Catholic teaching

INTRODUCTION

The Gospels clearly describe how Jesus showed special love and compassion for the sick and dying throughout his public ministry. So too, the Church today reaches out to those who are suffering and to their families. In this spirit, the Catholic Bishops of Virginia have issued this document to help individuals and families navigate the tough decisions that must be made when confronted with serious illness. While the Church cannot give a ready-made answer for each situation, it does provide guidance and direction. By drawing on Sacred Scripture, the Traditions handed down to us from the Apostles and the Doctrines of the Catholic Church, the Bishops are able to address many of the concerns that challenge us in this age of technology and modern medical science.

In making decisions about what constitutes appropriate medical treatment, we must always be alert to the differences between what the State permits and what the Church teaches. We also should not hesitate to discuss our concerns with our medical providers and pastoral counselor or priest. Please be aware that federal privacy law forbids health care facilities from notifying clergy that you or your loved one has been hospitalized;[1] therefore, it will be necessary for you to call for a chaplain or contact your parish to request a visit from a priest.

Remember that we are never alone when facing illness. The Church accompanies us through its various ministries and with the Sacraments which bring the loving and redeeming embrace of Jesus. This includes not only the Sacraments of Reconciliation and the Eucharist, but also the Sacrament of the Anointing of the Sick. Sacramental Anointing provides special graces to those seriously ill or dying as the Bible teaches, "*Is anyone among you sick? Then summon the presbyters*[2] *of the church, and they should pray over you and anoint you with oil in the name of the Lord.*"[3]

It is the hope and prayer of the Bishops of Virginia and the offices of their two dioceses that this document and the resources of the Catholic Church will help you and your loved ones at a most difficult time to make decisions that are faith-filled, loving and wise.

QUESTIONS AND ANSWERS

Am I required to have an Advance Medical Directive?

No. You are neither legally nor morally required to have an Advance Medical Directive. Federal law requires all hospitals and health care facilities to provide you with written information about your legal right to refuse or accept medical treatment as well as the right to formulate an Advance Medical Directive and/or designate a Health Care Agent, but you are not required to sign it.[4]

What does the Church teach about Advance Medical Directives?

The Church advocates that all medical decisions for ourselves or for others reflect the principles of our Christian faith and the moral teachings of the Catholic Church. In general, the Bishops favor and recommend designating a Health Care Agent rather than solely relying on a Living Will, as a person acting as an Agent for his or her loved one is able to respond to questions where an inflexible legal document cannot.[5] No matter how well crafted, a Living Will can never predict all the possible problems that may occur at some later time or anticipate all future treatment options. When drawing up a Living Will, you should focus on your general wishes rather than on specific procedures.[6]

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 for you, if needed.[7] This is best done in writing, usually through a legal document called a "Durable Health Care Power of Attorney" or by naming a Health Care Agent in an Advance Medical Directive. This can protect your wishes and prevent legal conflicts that can arise by failing to outline these wishes to your family or physician.[8] Additionally, you can state in your Advance Medical Directive, both in your Living Will and when designating your Health Care Agent, that all decisions made on your behalf remain consistent with and do not contradict the moral teachings of the Catholic Church.

What happens if I do not have an Advance Medical Directive?

If you become incapacitated and have not appointed a Health Care Agent or completed an Advance Medical Directive, under Virginia law, decision-making authority then falls to your next of kin or legal guardian(s).[9]

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

Yes. If a person is not competent or capable to make his or her own decisions, someone who shares the person's moral convictions, such as a family member or guardian, can make decisions on the person's behalf.[10, 11] Of course, moral limits apply – for example, the proxy decision-maker may not deliberately cause the person's death or refuse morally ordinary means of care even if he or she believes the person would have made such a decision.[12, 13, 14]

Must we “do everything possible”?

Our tradition does not demand heroic or extraordinary measures in fulfilling the obligation to sustain life.[15] You may even legitimately refuse procedures that effectively prolong life, if you believe these procedures would offer no reasonable hope of benefit or may be excessively burdensome.[16] Our 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.[17]

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

While every person is obligated to use ordinary means to preserve life, no one should be obligated to submit to procedures or treatments that they have judged not to offer a reasonable hope of benefit, or that impose excessive risks and burdens on the patient.[18] Declining or discontinuing medical procedures that are burdensome, dangerous,

extraordinary or disproportionate to the expected outcome can be legitimate. In refusing "over-zealous" treatment, one does not wish to cause death, rather one's inability to prevent it is merely accepted.[19]

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 burdensome or useless, or later become so, they may be considered morally *extraordinary* and therefore not obligatory.[20]

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

Mechanical ventilation or any life-prolonging procedure that can keep you alive when your body cannot do that work alone may be withdrawn if it does not provide any reasonable hope of benefit and if it only prolongs the dying process.[21] 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 person's suffering or treating the underlying disease).[22] When life-prolonging procedures are withdrawn, the person dies as a natural consequence of the underlying illness. A person is *not killed* when nature is allowed to take its course.[23]

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

You are not committing suicide by declining unnecessary treatment; and you are not sanctioning euthanasia (mercy-killing) by declining to subject another to extraordinary or disproportionate treatment. A decision to take your life or to allow another (including a physician) to kill a suffering patient is very different from a decision to refuse extraordinary or disproportionately burdensome treatment.[24] Whereas suicide and euthanasia involve the intent to cause death, declining interventions that are excessively burdensome or are disproportionate to the expected outcome should be considered as an acceptance of the human condition.[25]

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

No. The Church teaches that a person 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.[26] 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 person; rather he or she dies as a consequence of the underlying illness.[27]

If we place a DNR order, does that mean our 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 forms of care owed to every person unless or until the provision of nutrition and hydration is either excessively burdensome or useless.[28]

Is it permissible to help someone commit suicide if the person 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.[29, 30] We have no moral right to ask for this act of killing for ourselves or for those entrusted to our 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.[31, 32]

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

We cannot be indifferent to human suffering. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if such medicines may indirectly shorten the person's life, so long as the intent is to relieve pain and not to hasten death.[33, 34] At these times, we are also comforted by our Christian faith which holds that by His passion and death on the cross, Christ has given a new meaning to suffering – it can draw us closer to Him when we unite our suffering to His redemptive Passion.[35] This does not lessen physical pain and fear, but gives confidence and grace for bearing suffering rather than being overwhelmed by it.[36, 37, 38]

If a person cannot feed himself or herself, are we required to provide for some type of artificial nutrition and/or hydration?

The administration of food and water even by artificial means is, in principle, an o*rdinary* or *proportionate* means of preserving life. It is morally obligatory unless or until the burdens of providing such means clearly outweigh their benefits.[39, 40] We have a general obligation to provide nutrition and hydration to persons who can still benefit from them, unless in an individual case, it is judged that these measures have become *useless* or *disproportionate* and therefore may be withheld or withdrawn (for example, when the person is drawing close to inevitable death and can no longer absorb the nutrition and hydration or the method of providing such means becomes excessively burdensome for the person).[41, 42]

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

Yes. But in any case when considering to withdraw or withhold medically assisted nutrition or hydration, there must be clear evidence that the means being used to supply the artificial nutrition and hydration are in fact useless, ineffective or disproportionately burdensome.[43] Artificial means of 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.[44]

In the case of a patient in a persistent vegetative state (PVS), 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.[45,46] 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.[47]

Is someone who is comatose or in a persistent vegetative state (PVS) alive? Is someone who is pronounced "brain dead" actually dead? Can someone truly be dead if the heart is still beating?

A person who is comatose is alive. A person in a PVS is also alive. However, a person who is brain dead is truly *dead.* Death is determined by the absence of brain activity, and not necessarily heart-lung activity.[48] Therefore, a diagnosis of brain death can be established even if the heart is beating and the lungs are ventilated.[49, 50]

Does the Church accept the definition of brain death?

Yes. The determination of death by using neurological criteria is legitimate according to the Catholic Church.[51] The pronouncement of brain death by a physician does not cause death but only establishes that death has already occurred.[52]

What does the Church teach about death in general?

The Christian understanding of death has always been that it is the separation of the soul from the physical body.[53, 54] The Church looks to the medical profession to determine when physical death occurs, whether by means of neurological criteria or by verifying the cessation of cardiopulmonary function.[55]

May I receive organs for transplant from a person pronounced brain dead? May I make arrangements for my organs to be donated if I am ever pronounced brain dead?

Yes, the Church teaches that a person may receive organs from a donor who is declared brain dead.[56] A person may also make provisions for the donation of his or her organs in the event of death whether determined by cardiopulmonary or neurological criteria.[57, 58] However, because donated organs and tissues can be used to create human embryos, it would be morally prudent for a person to clearly specify that his or her donated organs and tissues not be used in any way to create human embryos.

Resources from which this document is drawn that may be helpful include the following:

Congregation for the Doctrine of the Faith, *Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration* together with a commentary prepared by the Congregation (Rome, 2007).

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

United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, fifth edition (Washington, D.C., 2009).

National Conference of Catholic Bishops, Committee for Pro-Life Activities, *Nutrition and Hydration: Moral and Pastoral Reflections* (Washington, D.C., 1992, third printing, 1998).

The Catechism of the Catholic Church, second edition. (United States Conference of Catholic Bishops, Washington, D.C., 1994, 1997).

A Catholic Guide to End-of-Life Decisions: An Explanation of Church Teaching on Advance Directives, Euthanasia and Physician-Assisted Suicide, published by the National Catholic Bioethics Center.

Inquiries should be directed to:
Diocese of Arlington:
RespectLife@arlingtondiocese.org

Diocese of Richmond:
cmfl@richmonddiocese.org

Medical Consultant
Dr. Michael A. Valente, KCHS
Certified, American Board of Neurology and
American Board of Electrodiagnostic Medicine

REFERENCES

[1] Health Insurance Portability and Accountability Act (U.S. Department of Health and Human Services, Washington, D.C.), 1996.
[2] The term "presbyter" is derived from the Greek word *presbuteros* from which comes the English word "priest."
[3] Jas. 5:14. See also Mark 6:13; 1 John 2:27; The Catechism of the Catholic Church, (United States Conference of Catholic Bishops, Washington, D.C., 1994, 1997), nos. 1499-1525.
[4] Patient Self Determination Act, United States Congress (OBRA-90; 42 USC, 1935cc.a), 1990.
[5] Mikochik, S., "A Will for Living: Hope and Trust in Life," Secretariat for Pro-Life Activities, United States Conference of Catholic Bishops (Washington, D.C.); 2008.
[6] A Catholic Guide to End-of-Life Decisions, National Catholic Bioethics Center (Philadelphia, PA), 1997.
[7] Care of the Sick and Dying, Pastoral Letter from the Roman Catholic Bishops of Maryland, 14 Oct. 1993.
[8] Health Care Decision Act, Code of Virginia, § 54.1-2983.
[9] Health Care Decision Act, Code of Virginia, § 54.1-2986.
[10] United States Conference of Catholic Bishops, Ethical and Religious Directives for Catholic Health Care Services, fifth edition, 2009, Part III, # 24-28.
[11] National Conference of Catholic Bishops, Committee for Pro-Life Activities, Nutrition and Hydration: Moral and Pastoral Reflections, Washington, D.C., 1992, third printing, 1998, p. 7.
[12] Congregation for the Doctrine of the Faith, Declaration on Euthanasia (Rome, 1980), Part IV.
[13] Catechism of the Catholic Church; no. 2279.
[14] See Exodus 20:13.
[15] Nutrition and Hydration: Moral and Pastoral Reflections; 1998, p. 3.

[16] Ethical and Religious Directives for Catholic Health Care Services, Part III, # 32; Part V, # 56-57.
[17] Ethical and Religious Directives for Catholic Health Care Services, Part V.
[18] Ethical and Religious Directives for Catholic Health Care Services, Part III, # 32.
[19] The Catechism of the Catholic Church; no. 2278.
[20] Ethical and Religious Directives for Catholic Health Care Services, Part V, # 57.
[21] Health Care Decision Act, Code of Virginia, § 54.1-2983.
[22] Declaration on Euthanasia, Part IV.
[23] The Catechism of the Catholic Church; no. 2278
[24] The Catechism of the Catholic Church; no. 2278.
[25] Declaration on Euthanasia, Part IV.
[26] Ethical and Religious Directives for Catholic Health Care Services, Part III, # 32, 33.
[27] The Catechism of the Catholic Church; no. 2278.
[28] Ethical and Religious Directives for Catholic Health Care Services, Part III and V.
[29] Statement on Euthanasia, Committee on Doctrine, the National Conference of Catholic Bishops (Washington, D.C., United States Catholic Conference, September 10, 1991).
[30] See Exodus 20:13; cf. Deuteronomy 5:17.
[31] Declaration on Euthanasia, Part II, Statement on Euthanasia, the National Conference of Catholic Bishops; 1991.
[32] See Jeremiah 1:5; cf. Job 10:8-12; Psalms 22:10-11.
[33] Ethical and Religious Directives for Catholic Health Care Services, Part V, # 61.
[34] The Catechism of the Catholic Church; no. 2279.
[35] The Catechism of the Catholic Church; no. 1501, 1505.
[36] Ethical and Religious Directives for Catholic Health Care Services, General Introduction.
[37] *Salvifici Doloris*: Apostolic Letter of the Supreme Pontiff, John Paul II; Vatican City, February 11, 1984, Part V, #19-24.
[38] See Acts 14:22; Romans 5:3-5, 8:17-18; Colossians 1:24; II Thessalonians 1:4-5; I Peter 4:13.
[39] Ethical and Religious Directives for Catholic Health Care Services, Part III, # 32 - 33; Part V, #58.
[40] Congregation for the Doctrine of the Faith, "Responses to certain questions of the United States Conference of Catholic Bishops concerning artificial nutrition and hydration" (Rome, 2007).
[41] Life-sustaining treatments and vegetative state: scientific advancement and ethical dilemmas; address of Pope John Paul II to the participants in the International Congress on March 20, 2004, no. 4.
[42] Congregation for the Doctrine of the Faith, "Commentary on responses to certain questions of the United States Conference of Catholic Bishops concerning artificial nutrition and hydration" (Rome, 2007).
[43] Commentary on "Responses to certain questions of the United States Conference of Catholic Bishops concerning artificial nutrition and hydration."
[44] Ethical and Religious Directives for Catholic Health Care Services, Part V, # 57, 58.
[45] "Responses to certain questions of the United States Conference of Catholic Bishops concerning artificial nutrition and hydration."
[46] Ethical and Religious Directives for Catholic Health Care Services, Part V, # 58.
[47] Commentary on "Responses to certain questions of the United States Conference of Catholic Bishops concerning artificial nutrition and hydration" (Rome, 2007).
[48] Health Care Decision Act, Code of Virginia, § 54.1-2972.
[49] Viktor and Adams, Principles of Neurology, 6th ed., p. 348-9.

[50] Practice Parameters for Determining Brain Death, summary statement of the American Academy of Neurology, 1994; Reaffirmed 2007.
[51] Address of Pope John Paul II to the 18th International Congress of the Transplant Society; Vatican City; August 29, 2000, no. 5.
[52] Health Care Decision Act, Code of Virginia, § 54.1-2972.
[53] The Catechism of the Catholic Church; no. 997.
[54] See John 5:29; *cf.* Daniel 12:2; Philippians 3:21; I Corinthians 6:14; 15:35-37, 42, 44, 52-53; II Corinthians 4:14; Romans 8:11; *cf.* I Thessalonians 4:14.
[55] Address of Pope John Paul II to the 18th International Congress of the Transplant Society; 2000, no. 5.
[56] The Catechism of the Catholic Church; no. 2296.
[57] Address of Pope John Paul II to the 18th International Congress of the Transplant Society; 2000, no. 5.
[58] The Catechism of the Catholic Church; no. 2301.