Notes for End-of-Life Section of *Now and At the Hour of Our Death*

Fundamental Principles that Guide Catholic End-of-Life Decisions

I point out these principles on this slide primarily because they are often very counter-cultural. Many of them are not how we, as a culture, think about life and the dying process. We need to be reminded of Catholic teaching of the dignity of life at all stages so we can properly care for our loved ones in the dying process.

- 1. Life is a gift from God
  It is not a burden. In whatever form it takes, it is a gift. This is typically not questioned with a baby, but it is unfortunately sometimes questioned in age. Sometimes it might seem like it may be difficult to see the gift, but there is gift in suffering as well. This can at times be difficult to remember, especially during the dying process, but their life, right now, during this time, is still a gift. We need to look at it as such.

- 2. Human life never loses dignity.
  No matter how young, how old, how incapacitated, how in need of others for care, we never lose dignity. We don't gain dignity at a certain age or a certain developmental stage, nor do we ever lose it. There are many who may feel that if you are basically in bed 24-7 and someone has to take care of all of your bodily needs, that is when some feel they lose their dignity. The assisted suicide movement is called "Death with Dignity", as if allowing the dying process to continue is somehow undignified. You life has no less dignity no matter how much care you need. A perfect example is when a young Mom whose husband was dying of brain cancer and who also had an infant, once said to me, "No one thinks that a baby who needs a diaper changed is in any way less human or undignified, or that caring for that child is anything other than a joy. Why should it be any different with taking care of my husband?" It was a beautiful comment about the importance understanding the gift of life, the gift of being loved and cared for, no matter the stage.

- 3. Every life is deserving of respect and protection under the law.
  All life, conception to natural death, irrespective of what others judge to be the quality of our life based upon our mental capacity, physical abilities, emotional stability. The Catholic Church actively fights for such protections in law for all people, of all ages, and those with disabilities.

- 4. We are stewards of our bodies, not owners.
  We do not have complete autonomy over our lives. We may not just end it as we choose. We live in a culture that says we do. Interesting side note, there is a condition called Body-Integrity-Identity-Disorder, characterized by a desire for amputation or paralysis of a perfectly healthy body part –typically a leg, but could even by wanted to be blind or deaf—and medical ethics in our country usually do not do as the patient desires. We consider that a mental problem. You may not do to your body anything you wish. As Catholics, we believe this also applied to our desire to live, our lives ultimately belong to God, and God chooses when it ends. That doesn't mean we always do everything possible to prolong life, which we will get into more later, but it certainly does mean that we never deliberately end life.

- 5. We are human beings, not human doings.
  This means that we are human because we are created in the image and likeness of God. God Himself became a human being through Jesus Christ. Thus God showed us the infinite dignity of human begins. It is not in any way dependent upon what we do, what we are capable of doing. Being paralyzed or incapacitated in any way does not in any way remove or reduce our humanity. Even being in a vegetative state does not make us any less human.

Ordinary vs. Extraordinary Means of Preserving Life

- Ordinary: Means care that offers reasonable hope of benefit, and do not entail excessive burden. Typical examples (food, water, hygiene, rest). **These are morally obligatory**

- Extraordinary: Means care that is excessively burdensome or disproportionate to the expected outcome. **These are not morally obligatory.** (It doesn't mean you may not. It simply means you are not required to. But you are free to use extraordinary means as much as you desire.)

  The Catechism of the Catholic Church states,
  2278. *Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous" treatment. Here one does not will to cause death; one's inability to impede it is merely accepted. The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected.*
  The key principle in this statement is that ***one does not will to cause death****. When a person has an underlying terminal disease, or their heart, or some other organ, cannot work without mechanical assistance (and that assistance is not temporary), or a therapy being proposed is dangerous, or has little chance of success, then not using that machine or that therapy results in the person dying from the disease or organ failure they already have. The omission allows nature to takes its course. It does not directly kill the person, even though it may contribute to the person dying earlier than if aggressive treatment had been done.*

  Please note that Ordinary and Extraordinary in this case doesn't mean what is common and uncommon. Chemotherapy, for example, is very common, but for a lot of people, under certain circumstances, it could be extraordinary. It depends on factors that indicate an excessive burden. Those factors are;

Factors to Indicate Excessive Burden?

- Patient's condition – *actively dying is the number one factor of course. If you are dying, and there is no cure (there is only treatment to perhaps slow down the dying process), treatment is most likely extraordinary. Or is there more than one terminal illness, so the treatment could be very successful for one of the terminal illnesses, but will not help a second terminal illness that has no cure, then the first treatment could be considered extraordinary because it won't overall take care of the patient'ss likelihood of survival.*

- Expectation of recovery – *Is there a high expectation the treatment will be successful, or is it a low expectation. does a treatment carry a 70% likelihood of recovery rate, or a 20% rate?*
- Potential side effects or other risks : *are the side effects more severe than the suffering of the illness in the first place?*
- Treatment cost: *for the most part, these aren't questions in the United States. Something that is otherwise ordinary treatment, with little side effect, and a high rate of success, like a blood transfusion, is a treatment that is affordable and covered by insurance and medicare/Medicaid. But from a worldwide perspective, if a good treatment is really expensive for a family, it can be a consideration to not use the treatment and allow a patient to succumb to a disease. Or if there is an experimental treatment that is really expensive, the burden of that expense on the family is a valid factor for considering not using it. You certainly aren't required in Church teaching to make your family bankrupt to pay for end-of-life treatment.* ***However, this is not be confused with expensive ordinary care.*** *We live in a society where when one requires 24 hour care, and that care is done by an outside facility (such as a nursing home), that can be very expensive. That expense is not an excuse for not giving a person the ordinary care they deserve. It is a reason to fight for better laws and a better system, and it is a reason for expecting families to better care for their loved ones, and it is a reason for the church to some to the aid of those caring for loved ones.*
- Degree of pain of treatment and resulting pain: *if a treatment is going to cause a lot of prolonged pain, or increase the pain already being suffered, that can be a significant reason to pass on that treatment.*
- Whether there are limited medical resources available: *Limited ventilators for example, would not be rationed based on factors like age, disability or secondary traits like that. They should be based upon clinical data, such as likelihood of survival, existence of other terminal illnesses, organ functioning. So in a situation where treatment could be considered normal, if there is limited availability and someone else could use that same treatment more, it could be morally ethical to forgo that treatment.*

So ordinary vs. extraordinary cannot be judged solely on the treatment itself. It is case by case, depending on all factors. Some examples:

Examples of when the same means could be ordinary, or extraordinary

1. Ventilator: *If someone is recovering from serious pneumonia or COVID19, and needs a ventilator for a short time, this would easily be seen as ordinary. But if a patient is in the final stages of lung cancer, the lungs will not recover from that, and a ventilator would only prolong the patients death process, it could be considered extraordinary.*
2. Chemotherapy: *So, back to the Chemotherapy example. If the patient is 50 years old, with no other terminal conditions, and likely to live another 20 or more years if the treatment is successful, and the success rate is 70% or better, this is likely be considered ordinary care.*

On the other hand, if the patient has other underlying conditions like a bad heart and advanced kidney disease, either which could easily fail in a short time, or chemotherapy only carries a 30% likelihood of success, it could easily be deemed not worth the suffering in the poor hope of success, which even if successful, will still likely lead to an untimely death of some other condition.

3. CPR: *We see "do not resuscitate" orders in hospitals all the time, don't we? Are they morally acceptable? They can be. You see them in Catholic hospitals as well. For an otherwise healthy individual who is not terminally ill, CPR would be considered ordinary care. But for a terminally ill patient, CPR will not reverse that diagnosis, and could even prolong the suffering of the terminal condition. Or even in the case of someone with advanced age and frail bones, CPR could be considered extraordinary because it will not return the person to health, is likely to cause more pain from broken bones and such, and could be considered an excessive burden to perform.*

Special Notes on Assisted Nutrition and Hydration

1. Generally, the Church teaches artificial nutrition and hydration is ordinary care, even for those in a vegetative state. *The culture totally disagrees with the Church on this point. If you are in a vegetative state you are not necessarily in the dying process, you must provide them nutrition and hydration, otherwise you are starving them to death. There are many stories of people who have come out of the vegetative state and told stories of how they were aware the entire time of what was happening around them, they simply could not move. Read "Address of JPII on Life-Sustaining Treatments and Vegetative State."*

2. Examples when it can be omitted

- Body can no longer assimilate. *This is common with a dying patient, the body shuts down and no longer actively assimilates food.*
- Treatment no longer benefits or burden outweighs benefits. *If you have stomach cancer, a feeding tube can be more painful than it is worth.*
- Treatment is difficult to obtain. *In a poorer country feeding tubes could be extraordinary, where as the same treatment is ordinary for us.*
- Death is imminent. *Imminent does not mean 3 months. It means truly imminent, literally shorter than the time it would take to starve to death.*
- Artificial means leads to other problems, such as infection. *Or the patient is very confused and constantly pulling the tube out, causing great emotional distress. You are not required to strap them down and have the patient struggle to exhaustion.*
- Provokes more suffering without likelihood of recovery. *The patient is suffering greatly because of a terminal illness, cannot eat, and the only thing the nutrition does it create a longer life of greater suffering.*

Note again that being in an unconscious state or a vegetative state, but not dying, is not reason to remove life-sustaining treatment.

Special notes on caring for a loved one who is struggling with wanting to die. A person who is struggling with self-worth and doesn't like being so "helpless", needs our love and respect to help him or her realize that he or she is worthy of our love, care and respect. Love can transform the heart. Hopefully our care for loved ones in the dying process, or even in a non-dying but needing assistance process, can help them realize their worth regardless of circumstance. It can be very difficult for both the patient and the family. But we still are called to give that care, and not hasten their death prematurely just because we don't want to care for them anymore.

Preparing for death in advance.

1. Medical Power of Attorney: *This is giving a living person the power to make decisions when you cannot. This is typically a spouse, sibling or adult child, and is often also the person it would fall to legally if there is no directive in place. But that can get messy quickly, when children aren't adults, or there are many children/siblings. So it is good to have a designated individual.*

2. Living Will: *This is making advanced directives about what you want in certain circumstances. The Church does not forbid its use, but cautions against trying to be too specific, and encourages making more general statements you can find in the Catechism and the ERD ethical religious directives, and designate additionally a medical power of attorney.*

Go to the link: https://faithfulattheendoflife.org

There is a full explanation document, as well as the forms only version. And there is a Catholic and a generic version as well. I highly recommend talking with your loved ones and filling out forms like this in advance.

Please do not find any generic living will to put in place. A generic living will typically suggests removing life support if one is in a vegetative state, or even in all circumstances. That is just the culture, but it is not Catholic teaching. You don't have to have a lawyer. Just fill it out, get witness signatures and a notary, make copies, give it to your proxy.

As a side note, living will or advanced directive that goes against Catholic teaching may not be followed at a Catholic hospital. You also cannot make an advanced directive that is against the law at any hospital. Laws vary by state, and Ohio law is currently generally closer to Catholic teaching than many other states.