End-of-Life Planning from a Catholic Perspective

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Man-to-Man
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Facing Mortality

Remembering that I’ll be dead soon is the most important tool I’ve ever encountered to help me make the big choices in life. Because almost everything—all external expectations, all pride, all fear of embarrassment or failure—these things just fall away in the face of death, leaving only what is truly important.

--Steve Jobs (1955-2011), Commencement address to Stanford’s graduating class, 2005
Paul’s Letter to the Philippians 3:7-11

Whatever gains I had, these I have come to consider a loss because of Christ. More than that, I consider everything as a loss because of the supreme good of knowing Christ Jesus my Lord. For his sake I have accepted the loss of all things and I consider them so much rubbish, that I may gain Christ and be found in him, not having any righteousness of my own based on the law but that which comes through faith in Christ, the righteousness from God, depending on faith to know him and the power of his resurrection and the sharing of his sufferings by being conformed to his death, if somehow I may attain resurrection from the dead.
The Catechism of the Catholic Church states:

2258. "Human life is sacred because from its beginning it involves the creative action of God and it remains forever in a special relationship with the Creator, who is its sole end. God alone is the Lord of life from its beginning until its end: no one can under any circumstance claim for himself the right directly to destroy an innocent human being."
The Terri Schiavo Case 1998-2005

The Terri Schiavo case was a legal struggle involving prolonged life support in the U.S. lasting from 1998 to 2005. At issue was whether to carry out the decision of the husband of Teresa Marie "Terri" Schiavo to terminate life support for her. Terri was diagnosed by doctors as being in a persistent vegetative state. The prolonged series of legal challenges presented by her parents who maintained that she was conscious, and by state and federal legislative intervention, effected a seven-year delay before life support finally was terminated.

In essence, the nub of the Schiavo case was a moral question, not a legal question: *Under what conditions, if any, may a patient, guardian, medical person or authority, or civil authorities, withhold nutrition and hydrations?*
Planning Basics

A will only takes effect when you are dead!

An advance health care directive, also known as living will, is a set of written instructions that you give to specify what actions should be taken for your health if you no longer are able to make decisions due to illness or incapacity. The instruction appoints someone, usually called an agent, to make such decisions on your behalf.
Every day we hear of a disastrous accident or sudden medical complication that renders a person unable to communicate. When disabling circumstances befall loved ones, parents, children, spouses, life gets complicated fast.

Under the 1996 Health Insurance Portability and Accountability Act (HIPAA), doctors, hospitals, and other health care providers are barred by law from disclosing information about a person’s health or medical conditions without express permission. Your relationship to the patient is irrelevant. It does not matter if it is your son or daughter who recently turned age 18 and is a legal adult and for whom you are still financially responsible, your spouse of many years, or your mom, dad, grandmother, grandfather, or dear friend. Unless you have an Advance Directive with HIPAA provisions, no health information will be shared. What if you could not speak for yourself? What would your caregiver do?
Planning Basics, *continued*

A Durable Power of Attorney for Health Care, also called a Health Care Proxy, authorizes someone appointed by you to make decisions on your behalf when you are incapacitated. People may have both a Power of Attorney and Advance Directive.

You also should have a Durable Power of Attorney for Assets to allow your appointed agent to deal with your assets and financial affairs.
Planning Basics, continued

Physician Orders for Life-Sustaining Treatment (POLST)
A POLST order is a printed form that makes a person’s wishes for end-of-life care known to physicians, nurses, emergency medical personnel and other healthcare staff.

Health care personnel can ignore an Advance Directive. Since a POLST is signed by a doctor, it must be followed.

View the Georgia POLST form:
http://www.dph.ga.gov/POLST/POLST_091212.doc
The 3 A.M Question????

It is 3 a.m. Either you are having a stroke or a heart attack. Your spouse is calling 911 in a panic. That’s the first call she (he) will make.

You have three adult children. Who is going to get the second call?

What does she (he) know about your wishes?
When May Medical Therapies, Procedures, and/or Equipment be Withheld or Withdrawn from a Patient?

The natural law and the Fifth Commandment mandate that all ordinary means be used to preserve life, such as food, water, exercise, and medical care. Since the Middle Ages Catholic theologians have recognized that human beings are not morally obligated to undergo every possible medical treatment to save their lives. Treatments that are unduly burdensome or sorrowful to a particular patient, such as amputation, or beyond the economic means of the person, or which only prolong the suffering of a dying person, are morally *extraordinary*, meaning they are not morally obligatory in a particular case. Medical means may be medically *ordinary*, but yet morally *extraordinary*. 
The Catechism of the Catholic Church states,

2276. Those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible.

2277. Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable.
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 (she)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.
2279. Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable. Palliative care is a special form of disinterested charity. As such it should be encouraged.
Summary Conclusions from an address delivered by Pope John Paul II to a group of physicians in Rome, March, 2004:

1. Food and water are natural means of sustaining life, not medical acts, even if delivered artificially.

2. Nutrition and hydration are ordinary and proportionate means of care.

3. Food and water are morally obligatory unless or until they cannot achieve their finality, which is providing nutrition and hydrating and alleviating suffering.
Summary Conclusions from an address delivered
by
Pope John Paul II
to a group of physicians in Rome,
*March, 2004: continued*

4. The length of time they are, or will be, used is not grounds for withholding or withdrawing artificially delivered nutrition and hydration.

5. If the result of withholding or withdrawing nutrition and hydration is death by starvation and dehydration, as opposed to an undying disease or dysfunction, it is gravely immorally.
In summary, nutrition and hydration, like bathing and changing the patient's position to avoid bedsores, is ordinary care that is owed to the patient. This is true even if it is delivered artificially, as when a baby is bottle-fed or a sick person is tube-fed. Nutrition and hydration may only be discontinued when they cannot achieve their natural purposes, such as when the body can no longer process them, or, when during the death process they would only prolong the person's suffering. If such a case the patient dies of the underlying disease. On the other hand, if starvation and dehydration is the foreseeable cause of death, to withhold or withdrawn nutrition and hydration is gravely immoral.

Practical Applications

A conversation with loved ones about end-of-life wishes is a gift of clarity. A well-thought-out Power of Attorney for Health Care and Advance Directive incorporating Catholic values is critical information at a time of confusion and stress.

If you have documents that are a decade or more old they may not contain HIPAA authorizations and they should be revised.

Your documents should state your preferences, moral values, and religious beliefs that should be adhered to as you near the end of earthly life.
Since you cannot know in advance the circumstances leading to your natural death, Catholic ethicists and moralists are troubled by the “yes” or “no” nature of many questions on Advance Directives or POLST orders relative to the use of technology, nutrition and hydration, and other matters, even those used by Catholic hospitals.
Consider an Advance Directive with a Durable Power of Attorney. You may give a family member, other loved one, or friend, the authority to make health care decisions as expressed in your Advance Directive.

By appointing an agent, you allow for unforeseen circumstances. By stating in an Advance Directive that you want Catholic teaching adhered to, you ensure that neither the agent or the medical institution will disregard that teaching. Together they ensure that a trusted person, rather than strangers, will make circumstantially appropriate decisions, in keeping with the Faith.
In the Advance Directive you may authorize your agent to consult with a priest or ethicist well-versed in Catholic values.


Also see Now and at the Hour of Our Death: A Catholic Guide to End-of-Life Decision-Making, by the Catholic Bishops of New York State, www.nycatholic.org The suggested forms in this publication also do not incorporate HIPAA disclosures.
Questions for Discussion

1. You have a Power of Attorney for Health Care for a spouse or other loved one. She is in the latter stages of ALS—Lou Gehrig’s disease. She contracts a severe case of pneumonia. She is sedated and not in pain. The doctor tells you that he can administer drugs to try and cure the pneumonia. If they are successful in treating the pneumonia, she still would suffer from the end stages of ALS. Is it moral to withhold antibiotics and let her die peacefully from the pneumonia?
2. The mother suffers from various ills plus terminal dementia and is in a nursing home. She no longer recognizes her children or grandchildren and has no “quality of life,” insists her son. She is not covered by Medicaid and does not have long term care insurance. Her son is pressing to have her medication terminated since she is depleting her estate and an anticipated inheritance. Her daughter has the grandmother’s Power of Attorney and is resisting, even though her brother is threatening legal action. Who is right? Is quality of life a troublesome term?
3. On the table is a copy of the new Georgia POLST form. How would you answer those questions? How does the POLST form square with Catholic teaching?