HEALTH CARE DECISION MAKING FOR MARYLAND CATHOLICS

MARYLAND CATHOLIC CONFERENCE

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Continual advances in medical technology bring many blessings but also pose complex ethical questions.

While many of us avoid thinking about illness and death, they touch every life.

The purpose of this document is to encourage Catholics to take time to reflect now before facing a crisis. When illness and death inevitably come, we can face them with the comfort and peace of understanding our faith, and knowing our Church is there to embrace us in our hour of need.

This resource covers three areas:

- Principles of Catholic teaching on end-of-life care
- Frequently asked questions
- Maryland Catholic Declaration for Health Care Decision Making
  (consistent with our Catholic faith and reviewed for compliance with Maryland law, this document also can be downloaded at mdcatholic.org/healthdirective)

"We are guardians, not owners, of the gift of human life."

EIGHT PRINCIPLES OF CATHOLIC TEACHING ON END OF LIFE CARE

1 We do not have the right to take our own lives nor to directly bring about the death of any innocent person.

Church teaching is clear that no one should suffer needlessly during a prolonged illness or at the end of life. All patients deserve proper pain management and palliative care. But there are certain choices that can never be morally acceptable, most notably practices such as euthanasia or physician-assisted suicide, that involve deliberately administering or providing the means to end a patient's life.

Such actions, even when motivated by a desire to end suffering, are a direct affront to one of the most basic tenets of our faith – that the gift of life comes from God, and that no one can, in any circumstance, claim the right to destroy directly an innocent human being.

2 Each of us is obliged to care for the gift of life and health that God has given us.

What medical treatments should I choose? When professional medical care is needed, we should consent to the reasonable use of appropriate medical care and treatment out of respect for our God-given dignity, the sanctity of life and so we can meet our duties to God, our loved ones, and all who depend on us. God's gift of human life is the foundation for all His other gifts. The most basic right of each person includes the right to preserve his or her life. When patients consent to medical interventions, they expect a cure, improvement, comfort, or life-sustaining help, but this does not mean that all such beneficial treatments are morally obligatory.

3 No patient is obliged to accept or demand useless or excessively burdensome medical interventions.

Do I have to do everything possible? While the most basic principles of Christian morality oblige us to preserve human life, these same principles clarify that **there is no obligation to accept interventions that impose serious risks, excessive pain, prohibitive cost, or some other extreme burden out of proportion to its anticipated benefit**. Furthermore, when death is imminent and inevitable despite the means used, it is permitted to 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 is continued.

4 The human person always has dignity, even in suffering.

What if I feel like a burden? A *treatment* may be burdensome. But **no one** – including the patient, family members, medical professionals, or members of the clergy – **ever has the right to decide that a patient's life is useless or a burden**.

We should not stop medically useful interventions because we are tired of living, feel we no longer have a contribution to make, see ourselves as helpless or believe our dependency on others is too great a burden to them and, thus, would like to hasten the end of life.

Our faith enables us to see the suffering that serious illness entails as an opportunity to share in Christ's redemptive suffering - to pray and offer our fear and pain to God on behalf of others. As believers, we reach out in love to suffering persons because we see Christ in them. We are obliged to make them as comfortable as possible, to express our love and concern, and to pray with them and for them.

5 Even when we cannot cure, we can always care.

The Church endorses programs of pain management, palliative care and hospice care in accord with Catholic ethical principles. Palliative care focuses on providing relief from pain, symptoms and distress due to a long-term or terminal illness. Hospice care includes medical, emotional and spiritual support provided to patients at home or in a home-like setting when a patient is nearing death. Palliative and hospice care support patients and their families on the journey together.

6 There is a presumption of providing food and fluid unless it is futile or death is imminent.

What does the Church teach about nutrition and hydration? Feeding tubes and other medically-assisted nutrition and hydration (MANH) measures are available when patients can no longer take food and fluid orally. There is a clear presumption in favor of supplying food and fluids to patients as such measures are rarely unduly burdensome. However, one can only determine what is morally required in light of the specific circumstances. When death is imminent, continuing MANH may be futile or burdensome; there is no moral obligation to continue to provide nutrition or hydration that cannot be absorbed. This choice should neither cause nor intend the death of the patient.

7 Patients in end-stage conditions or a persistent vegetative state possess dignity and deserve good care.

What does the Church teach about patients in end-stage conditions or a persistent vegetative state? Maryland law uses the phrase "end-stage condition" to describe progressive illnesses that will eventually result in death but where death may not be imminent. These vulnerable patients and patients in a persistent vegetative state have the right to basic health care (medication, nutrition, hydration, cleanliness, warmth, etc.), and to the prevention of complications related to their confinement to bed. Respect for their human dignity forbids any act or omission intended to end their lives.

8 Preparation for death can be a beautiful time to reconcile with family, friends and God.

What does pastoral care look like at the end of life? As a Christian family, it is our privilege and duty to care for the dying. Pastoral care should include the sacraments, caring for and comforting those near death and their families, prayer and spiritual support. It is a time to express hope, love, gratitude, forgiveness and farewell. We must never be indifferent to human suffering but offer comfort, reassurance, and express our profound Christian hope in the life to come. As we participate together in these spiritual preparations, the opportunity to keep company with the dying truly becomes a grace-filled moment.

"Faith in Christ eases the pain of human separation and anxiety over our mortality."

FREQUENTLY ASKED QUESTIONS

1 What is an advance directive?

An advance health care directive is a legal document where you identify your health care agent ("durable power of attorney for health care") who can make prudent health care decisions on your behalf if you become incapacitated. It also may include written directions, sometimes called a "living will," describing wishes for end of life treatment.

It is important to appoint a health care agent in writing because such an advance directive names an agent we specifically choose and empowers the agent to make decisions about life-sustaining procedures based on our actual condition, which may evolve over time. The Maryland bishops created the **Maryland Catholic Declaration for Health Care Decision Making** (enclosed) for you to appoint a health care agent and express your wishes for spiritual support, medical care and treatment, pain-relieving medication and, should you be unable to take food or drink orally, medically-assisted nutrition and hydration.

2 Whom should I choose as my health care agent?

You want to choose a family member or friend whom you trust and with whom you have spoken about your wishes for your health care. You may also want to identify a back-up agent in case the primary agent dies, becomes incapacitated, or is otherwise unavailable. Choose an adult who:

- Knows you well and will make decisions based on your wishes
- Will follow Church teaching, wise counsel, and the guidance of the Holy Spirit
- Will use prudent, reasoned judgment in stressful circumstances
- Will not be swayed by their own emotions or pressure from others
- Will take the time to consult with doctors, family members, and your parish priest

Note: Your agent cannot be an owner or employee of a healthcare facility caring for you or a relative of such a person due to the conflict of interest.

3 What happens if I don't have an advance directive?

Maryland law includes a prioritized list of family members and others who can act as surrogates, making health care decisions based on the patient's wishes and what is in the patient's "best interest." However, the surrogate may not be the person you would have chosen and there is no guarantee that a surrogate will make such decisions in accord with Church teaching. If you have not made your wishes known, loved ones and health care providers may be burdened by making decisions without your guidance or by court intervention if your family members cannot agree.

4 What is the difference between an advance directive and a "Do Not Resuscitate" (DNR) order or MOLST form?

The Medical Orders for Life Sustaining Treatment (MOLST) form is a legal form that includes a checklist to accept or reject various life-sustaining treatment options for a specific patient. This includes a Do Not Resuscitate (DNR) order regarding CPR.

When a patient enters a Maryland healthcare facility, doctors are required by the State to fill out a MOLST form. This portable document will remain in the patient's file and follow the patient. Patients do not sign MOLST forms. Care should therefore be taken to ensure that decisions it contains accurately embody the moral principles in this document and the wishes in the patient's advance health care directive. The patient's health care agent should proactively advocate on the patient's behalf so that the MOLST form matches the patient's wishes.

INTRODUCTION:
CATHOLIC DECLARATION FOR HEALTH CARE DECISION MAKING

The **Catholic Declaration for Health Care Decision Making** that follows is an advance directive through which you can appoint a health care agent and express your wishes for spiritual support, medical care and treatment, pain-relieving medication and, should you be unable to take food or drink orally, medically-assisted nutrition and hydration.

This **Declaration** has been prepared in light of the pastoral letter by the bishops serving Maryland, *Comfort and Consolation*, and in light of Maryland law, the Maryland Health Care Decisions Act.

How to use this document:

- Read the Declaration carefully.
- Pray about and talk with others about your wishes - with your health care agent, family, physician, parish priest.
- Fill out the Declaration.
- Sign in the presence of two witnesses who are not your health care agent (and one of whom is not a blood relative and will not benefit from your death) OR sign in front of a notary.
- Give copies to your doctor, health care agent, and family members. Copies are just as valid as the original.
- Keep one accessible (e.g., in the kitchen, on the fridge) in case paramedics need it or you take a trip to the hospital.

Note: You can revoke an old directive by executing a new advance directive, destroying or writing "void" on the old form, or saying you revoke it either in writing or orally to a health care practitioner.

CATHOLIC DECLARATION FOR HEALTH CARE DECISION MAKING

Instructions for My Health Care

My Catholic faith teaches that human life is a precious gift from God. We are not its owners but its guardians. No one must ever presume to adopt a course of action or inaction that is intended to hasten my death, even if the motive is to alleviate my suffering. Having thought seriously about my beliefs and the principles that the Catholic Church teaches about end-of-life decision-making, I have set down the following instructions for my care for those who must make decisions for me should I become incompetent — that is, unable to make these decisions for myself. I have executed this document and intend to revoke any earlier health care directive or living will that I may have executed. I retain the right to revoke this document.

Spiritual Support

I request that my family, parish community, and friends support me through prayer and sacrifice and that the sacraments of the Church be made available to me as I prepare for death or face serious illness. I wish to see a Roman Catholic priest and receive the Sacrament of the Sick (formerly called the "last rites"), as well as Confession and Communion.

Medical Care and Treatment

I wish to receive medical care and treatment appropriate to my condition as long as it is useful and offers a reasonable hope of benefit and is not excessively burdensome to me — that is, does not impose serious risk, excessive pain, prohibitive cost, or some other extreme burden. I oppose any act or omission that of itself or by intention will cause my death, even for the purpose of eliminating suffering. I direct that all decisions about my medical treatment and care be made in accord with Catholic moral teachings as contained in such documents as:

- Care for Patients in a "Permanent" Vegetative State
  (Saint John Paul II, March 20, 2004)
- Declaration on Euthanasia
  (Congregation for the Doctrine of the Faith, 1980) and
- Ethical and Religious Directives for Catholic Health Care Services
  (U.S. Conference of Catholic Bishops, edition current at the time decisions are being made)

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Food and Fluids (nutrition and hydration)

If I am unable (even with assistance) to take food and drink orally, I desire that medically-assisted nutrition and hydration (MANH) be provided to me so long as it is capable of sustaining my life. Even if I am in a persistent vegetative state, MANH should be continued. MANH should be discontinued if it is futile (no longer able to sustain my life). MANH should be discontinued if it imposes excessive burdens to me (serious risk, excessive pain, prohibitive cost, or some other extreme burden). MANH should be discontinued if death is both inevitable and so imminent that continuing MANH is judged futile.

Pain Relieving Medication

If my condition includes physical pain, I wish to receive pain-relieving medication in dosages sufficient to manage the pain, even if such dosages make me less alert or responsive, and even if managing my pain in this way is likely to shorten my life. No pain medication should be given to me for the purpose of hastening my death.

Imminent Death from Terminal Illness

If my death from a terminal illness is near at hand, I wish to refuse treatment that would only secure a precarious and burdensome prolongation of my life, so long as the ordinary care due me is continued.

Pregnancy

If I am pregnant, I wish every means to be taken to preserve and nurture the life of my unborn child, including the continuation of life-sustaining procedures.

Signature _____ Date _____

Witness _____

Witness _____

Note: Your appointed health care agent(s) may not serve as a witness to your declaration. One witness may not be someone who will benefit from your death.

Appointment of My Health Care Agent

I, _____ hereby designate and appoint

Name: _____

Address: _____

City/State/Zip: _____

Home: _____ Work: _____

Cell: _____ Email: _____

as my health care agent to make health care decisions for me should I be diagnosed as comatose, incompetent, or otherwise mentally or physically incapable of communication. My agent must not be an owner, operator, or employee of a health care facility from which I am receiving health care, or an immediate relative of such facility's owner, operator, or employee. My agent is to make decisions for me only for the duration of my incompetency.

I have carefully discussed my preferences for medical treatment with the above-named agent and I direct my agent to choose on my behalf the appropriate course of treatment or non-treatment that is consistent with the preceding "Instructions for My Health Care."

I charge my agent and all those attending me neither to approve nor commit any action or omission which by intent will cause my death. In all decisions regarding my health care, I instruct my agent to act in accordance with Catholic teaching. Notwithstanding the foregoing or any other provision in this document, I do not intend that any person other than my agent have the right to intervene in decisions about my health care, including initiating or joining in any court proceeding.

If the person named as my agent is not available or is unable to act as my health care agent, I appoint the following person(s) to act on my behalf:

Alternate Agent(s)

Name: _____

Address: _____

City/State/Zip: _____

Home: _____

Cell: _____

Signature _____ Date _____

Witness _____ Witness _____

Note: Your appointed health care agent(s) may not serve as a witness to your declaration. One witness may not be someone who will benefit from your death.

Authorization and Consent Under HIPAA

This advance directive is my direct authorization and consent under the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, and its regulations. I waive all rights to privacy under all federal and state laws and designate my agent as my personal representative under HIPAA, for the purpose of requesting, receiving, using, disclosing, amending, or otherwise having access to my personal, individually identifiable health information.

I authorize any health care provider to release to my agent or to any person designated by my agent, all medical records of whatever nature, mental health records, billing statements, radiological films, pathology material, photographs, videos, and other information about me. This advance directive also authorizes any health care provider to speak to and disclose orally, to my agent and any person designated by my agent, any information about my diagnosis, care, treatment, prognosis, and opinions about me. It is my express intention that, to the greatest extent permitted by law, the authorization and consent provided herein will be effective for so long as this advance directive is effective.

Optional Notarization

Notarization is not required by Maryland, but is recommended for those who travel to other states. It may be prudent, after you have filled out the Declaration but before you sign it and have it witnessed by two persons, to make a number of copies for several hospitals or health care facilities. Then sign each of them as an original and have each witnessed in front of a notary.

State of Maryland

County of _____ (or City of Baltimore), to wit:

On this _____ day of _____, 20_____, before me the undersigned officer, personally appeared

_____ (name of person who makes acknowledgement), known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purpose therein contained.

In witness whereof, I hereunto set my hand and official seal.

Sworn and subscribed to me this _____ day of _____, 20_____

[Notary Seal]

_____

Signature of Notary Public

_____

Printed name of Notary Public

_____

My commission expires on

We are grateful to W. Shepherdson Abell, of Furey, Doolan & Abell, for his generous assistance during the drafting of the original Health Care Directives brochure, from which the enclosed directive is excerpted. The information in this document should not be considered legal advice.

Quotes in this document are drawn from Comfort and Consolation, a pastoral letter by the Catholic Bishops of Maryland. That document is online at mdcatholic.org/healthdirective.

"The value and dignity of human life rests not on our awareness, independence, productivity, or achievement but on a spiritual reality. This is the true quality of our life, the only creature on earth that God has willed for its own sake."

Scan QR code or visit mdcatholic.org/healthdirective
for this document and additional resources

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