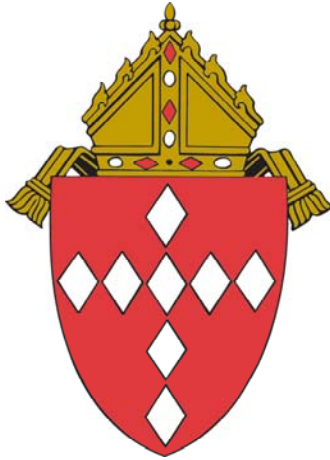


Comfort and Compassion: A Catholic Declaration on Life and Death



Catholic Diocese of Raleigh, North Carolina

Most Reverend Michael F. Burbidge

My Dear Brothers and Sisters,

We know that great progress has been made in conquering and preventing disease, and we are grateful for these life-saving treatments. At the same time, we recognize the challenges that come with medical progress. When we face serious illness or imminent death, we will be called upon to make wise choices about sustaining life for ourselves or our loved ones. We know that suffering and death are realities for each of us.

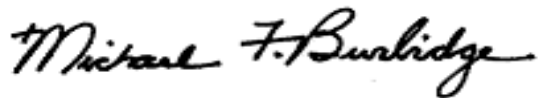
Our fundamental teaching is the dignity of human life. This reverence for life is grounded in the truth that every person is created in the image and likeness of God. Through her teaching, the Church, formed by the Word of God and a living tradition, helps us make morally sound and compassionate decisions about the course of our health, even as it helps us prepare for death.

By suffering, dying, and rising, Jesus gave the mystery of human suffering and death a profound and salvific meaning. St. Paul reminds us, “Set your minds on things that are above, not on things that are on earth. For you have died, and your life is hidden with Christ in God” (Colossians 3: 2-3).

To this end, I offer the following guidelines as a way of providing helpful and comforting guidance to assist you in those decisions you and your loved ones must make. It is my hope they will provide comfort and clarity at the time of impending death and the choices you are called to make.

May Mary, the Mother of God, intercede for us now and at the hour of our death.

Sincerely in Christ,

A handwritten signature in black ink that reads "Michael F. Burbidge". The signature is written in a cursive, flowing style with a small cross at the beginning of the first name.

Most Reverend Michael F. Burbidge
Bishop of Raleigh

**Faith unto Life, Hope unto Death,
Love unto Eternal Life**

Blessed are you, Lord, God of Life.

We praise you for the gift of life.

Teach us to live according to Your will.

**Prepare us for the end of our days and weeks
by opening our eyes to the reality of death and
calming our hearts of their fears and anxieties.**

**Help us to be compassionate to those we know
who are sick and dying.**

Show us how to give them loving care.

**Protect the dying and preserve the dignity and
rights of those who will soon die.**

**Welcome your children into your kingdom
so that they may have eternal life with you.**

**Bestow on all of us the grace to have Faith unto life,
Hope unto Death, Love unto Eternal Life.**

We ask this through Christ our Lord.

Amen.

(Washington State Catholic Conference)

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Fundamental Principles

What are the fundamental principles that should guide a Catholic who is thinking about health care decisions?

1. Human life is a precious gift from God. This truth should inform all health care decisions.
2. We have the right and duty to direct our own care and the responsibility to act according to the principles of Catholic moral teaching. Each person has a right to clear and accurate information about a proposed course of treatment and its consequences, so that the person can make an informed decision about whether or not to receive the proposed treatment.
3. Suicide, euthanasia, and acts that intentionally and directly would cause death, by deed or omission, are never morally acceptable.
4. Death is a beginning, not an end. Death, being conquered by Christ, need not be resisted by any and every means, and a patient may refuse medical treatment that in the patient's judgment does not offer a reasonable hope of benefit or entail an excessive burden or impose excessive expense on the family or the community.
5. There should be a strong presumption in favor of providing a person with nutrition (food) and hydration (water), even if medically assisted. Providing nutrition and hydration should be considered ordinary care. Exceptional situations may exist. In no case should food or water be removed with the intent to cause death.
6. We have the right to comfort and to seek relief from pain. A person has the right to pain relief and comfort care, even if the method or treatment indirectly and unintentionally shortens life.

Virtue of Prudence

Ordinary and Extraordinary Means of Preserving Life

1. What is meant by proportionate (ordinary) or disproportionate (extraordinary) means for preserving one's life?

A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.

A person may forego extraordinary or disproportionate means of preserving life. Proportionate means are those that, in the judgment of the patient, offer a reasonable hope of benefit and do not entail an excessive burden, or impose excessive expense on the family or the community.

There is difficulty, at times, of determining what is ethically ordinary (proportionate) and extraordinary (disproportionate). This calls for prudence, the first of the cardinal virtues and the virtue that enables us to make practical judgments in the concrete circumstances of human life. It also calls for dialogue with loved ones, competent medical personnel and the local parish priest.

Source: *Vatican Declaration on Euthanasia and Ethical and Religious Directives for Catholic Health Care, USCCB #56-57*

Medically Assisted Nutrition and Hydration

1. What is the Church’s position on “nutrition and hydration” for patients in a “vegetative state”?

A patient in a permanent “vegetative state” is a person with fundamental human dignity and must, therefore, receive ordinary and proportionate care, which includes, in principle, the administration of food and water.

The Church reaffirms the central teachings in Pope John Paul II’s address of 2004:

- 1) Patients who are in a “vegetative state” are still living human beings with inherent dignity, deserving the same basic care as other patients.
- 2) Nutrition and hydration, even when provided with artificial assistance, are generally part of the normal care owed to patients in this state, along with other basic necessities such as the provision of warmth and cleanliness.

2. Are there medical situations in which it is moral to withhold nutrition and hydration?

Yes. A patient in the last states of stomach cancer is already dying from that condition. Such a dying patient, or others who can speak for the patient, may decide to refuse further feeding because it causes pain and gives little benefit. The administration of nutrition and hydration in this case would pose a burden on the stomach of the cancer patient that is disproportionate to its benefit.

3. Are there possible cases when it would be moral to withhold or withdraw nutrition and hydration from the patient in a “vegetative state”?

Yes. They could be withheld if the available means for administering nutrition and hydration were not effective in providing the patient with nourishment (for example, because the feeding tube is for some reason causing persistent infections). The obligation to provide artificially assisted food and fluids may not bind in situations of extreme poverty or in the absence of a modern health care system, because one is not held to do what is impossible.

4. May nutrition and hydration be withheld from patients in a persistent “vegetative state” because prolonged care for them may involve significant costs?

No. In technologically advanced societies, the costs directly attributable to the administration and hydration are generally not excessive. While one may act to reduce or remove a burden caused directly by the administration of nutrition and hydration if the benefit is not proportionate to the burden, we must not dismiss life itself as a burden even when its helpless state may call on us for other forms of care. To act to end life because life itself is seen as a burden or imposes an obligation of care on others would be euthanasia.

Source: *USCCB Committee on Doctrine and Committee on Pro-Life Activities regarding responses from the Holy See – 2007*

Pain Management – Palliative Care

1. Can we make use of palliative care at times of serious illness and injury?

Yes. The Church encourages those who need and want palliative care at times of serious illness and injury to make use of it. Pope John Paul II reaffirmed the appropriate use of medications for pain management: “One of the primary purposes of medicine in caring for the dying is the relief of pain and the suffering caused by it. Effective management of pain in all forms is critical in the appropriate care of the dying.”

2. Is the use of medications or surgery to relieve suffering or alleviate pain permitted, even if doing so renders the patient unconscious or shortens his or her life?

Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, at the pace he or she wishes 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 pain or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten a person’s life, so long as the intent is not to hasten death. There is no moral objection to their use, even if, as a result, the patient loses consciousness and/or dies sooner than he or she would without them.

Source: *Ethical and Religious Directives for Catholic Health Care Services – USCCB*

Hospice

1. May I use hospice care?

Yes. Hospice is the special care designed to provide comfort and support to patients and their families. Patients are referred to hospice when life expectancy is approximately six months or less. Hospice neither prolongs nor hastens death. The goal of hospice is to improve the quality of a patient’s last hours, days, or weeks by offering comfort and dignity.

If a Catholic utilizes hospice care, one must be certain that the care is in accord with Catholic moral teaching which requires hydration and nutrition unless that is considered extraordinary

Advanced Directives

1. What is an advanced directive?

An advanced directive usually means a “living will,” a “durable power of attorney for health care,” or a combination of the two.

A “living will” is usually a document in which a person states his or her health care wishes to be followed when the person is no longer able to make or communicate decisions.

A “durable power of attorney for health care” is usually a document in which a person appoints someone to make health decisions on his or her behalf if the person is no longer able to make or communicate decisions.

2. Why would I want a health care directive?

By completing a health care directive you can help make sure that your wishes for health care decisions are followed when you are not able to communicate those wishes on your own behalf. In addition, an advance directive helps family and friends during what may be a difficult time.

3. Are Catholics obligated to have an advance directive?

No. However, an advance directive, especially one that appoints a health care agent, is one way to make sure that your care and treatment is consistent with the Catholic faith and your wishes.

4. How can I make sure that decisions made on my behalf are consistent with my Catholic beliefs?

State in your health care directive your desire to have all health care decisions made in a manner consistent with Catholic teaching. Appoint a health care agent who shares your beliefs or at least sincerely intends to respect your wishes. Discuss your wishes with your health care power of attorney.

Source: *Ethical and Religious Directives for Catholic Health Care Services*
#23-29

What is the MOST form?

The MOST form was enacted by the NC legislature to help individuals clarify their health care wishes. It is not an advanced directive exercised by the patient but rather a doctor's order approved by the patient. It is problematic in that it overrules any advanced directive in effect at the time it is enacted and can prevent nutrition and hydration or even the simple use of antibiotics. It can also include a "Do Not Resuscitate" order, which is problematic when issued in advance of a medical illness.

Source: Vatican Declaration on Euthanasia, Part IV

For more information, you may want to visit the following sites:

<http://www.nrlc.org/euthanasia/willtolive/index.html>

<http://www.ncbcenter.org/NetCommunity/Page.aspx?pid=347>

Do Not Resuscitate – DNR

1. Can I place a DNR order in my living will or in instructions to the designated person with power of attorney?

No. A DNR is not a feature of advance directives since advance directives are written by the patient, while DNR is a medical order.

A DNR is not a component of a living will, although a patient may refer in a living will or instructions to the Health Care Power of Attorney as to when one might be requested.

The decision of whether or not resuscitation should be attempted should be based on the patient's actual medical condition and what is known about the patient's preferences.

The appropriateness of a DNR instruction hinges on the answers to the following questions:

2. What would the patient choose in this situation if the patient were capable of making the decision at this time?

- a) Is resuscitation a medically useful intervention?

CPR is clearly appropriate in the case of an unexpected heart attack or during a surgery which was anticipated to benefit the patient.

- b) Is resuscitation futile?

CPR may well be futile in the final stages of a terminal illness when death will soon follow no matter what means are used.

- c) Would the patient consider resuscitation unduly burdensome?

Would it procure only a precarious, short-term survival?

A DNR directive, however, may well be appropriate in cases where it is known in advance that resuscitation will secure only a short term, precarious, and burdensome prolongation of life.

Organ Donation

1. Can a Catholic donate his or her organs after death?

Yes. A Catholic may arrange for the donation of an organ. Such organs should not be removed until it has been medically determined that the patient has died. In order to prevent any conflict of interest, the physician who determines death should not be a member of the transplant team.

A person can also donate an organ out of charity while still living as long as the organ (such as one kidney) is necessary for the person's well being; the projected good to the recipient is proportionate to the harm done to the donor, and the donor gives free and informed consent.

The determination of death should be made by the physician or competent medical authority in accordance with responsible and commonly accepted scientific criteria.

Source: *Ethical and Religious Directives for Catholic Health Care Services - #62-63*

Cremation

1. As a Catholic, can I have my body cremated?

Yes. The Church allows for cremation with the following guidelines:

Given the sacred dignity of the body, the Church recommends that the custom of burying the bodies of the dead be observed to await the Resurrection. Cremation is now permitted, but it does not enjoy the same value as the burial of the body of the deceased (*OCF Appendix Cremation*, 413). This value is the aforementioned signs of the Funeral Rites which seek to visibly connect the deceased to the action of God throughout the entirety of their life, their death, and in Christ their eternal Life with God. Such value is certainly less possible with the non-descript character of cremated remains. It is for this reason that cremation of the body is an extraordinary choice.

Should the choice for cremation be made, it is made only as long as it has not been chosen for reasons contrary to Catholic teaching (Canon 1176 §3, *CCC*, 2301). When cremation of the body is the only feasible choice, pastoral sensitivity must be given by the Priests, Deacons, Pastoral Administrators, and other lay pastoral ministers who attend to the family and friends of the deceased (*OCF Appendix Cremation*, 415).

If the extraordinary choice for cremation has been made, it is preferred that the Funeral Mass or the Funeral Liturgy Outside Mass be celebrated in the presence of the body of the deceased prior to its cremation. (*OCF Appendix Cremation*, 411-438).

- *General Norms for the Celebration of Roman Catholic Funerals in the Diocese of Raleigh*, 33-34.

Source: *Reflections on the Body, Cremation, and Catholic Funeral Rites*, 1997 USCCB Committee on the Liturgy

Definitions – Life Issues

Advance Directives – Legal documents through which individuals guide the course of their own medical treatment even after they can no longer make decisions or inform others of their desires.

Artificial nutrition and hydration – Medically providing food and fluid to patients.

Coma – A state of unconsciousness and unresponsiveness distinguishable from *sleep* in that the person does not respond to external stimulation (e.g. shouting or pinching) or to his or her inner needs (e.g. full bladder).

DNR Order – Do Not Resuscitate Order – A DNR is not a feature of advanced directives since advance directives are written by the patient while DNR is a medical order. A patient may request a DNR, but does not write or issue one.

Durable power of attorney – Legal tool that you use to appoint another person to act on your behalf if you are no longer capable or competent to do so yourself. This person becomes your “agent” for health care reasons.

Hospice – Special concept of care designed to provide comfort and support to patients and their families. Patients are referred to hospice when life expectancy is approximately six months or less.

Living will – Written instructions prepared to provide for one’s medical treatment at the end of life when one can no longer make decisions for oneself.

Proportionate Means / Disproportionate Means

A person has the moral obligation to use ordinary or proportionate means of preserving his or her life.

Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or community.

A person may forego extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient’s judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or community.

Terminal Illness – A disease leading to death within a certain time frame with no possible medical cure.

Vegetative State – A term sometimes used to describe a type of indefinite, deep coma. Random movements may occur. There are no other signs of consciousness or responsiveness to stimuli. Only the body functions, such as breathing, heart beat, and body temperature are maintained.

Conclusion

These guidelines are offered with a pastoral concern that reflects the wisdom and love of God, the Author and Sustainer of all life. Sickness and death speak to us of our limitations and human frailty. Though human life bears fruit here on earth, it finds its full perfection only in eternal life. We believe in Christ who eases the pain of human separation and anxiety over our mortality. The gracious and compassionate Lord is with us and our loved ones as we face eternal life. We believe in the Resurrection and life everlasting. The words of our Holy Father, Pope Benedict XVI, remind us of the power of life eternal.

“Of what does Jesus’ rising consist? Christ’s resurrection is... absolutely the most crucial leap into a totally new dimension that there has been in the long history of life; a leap into a completely new order for us and the whole of history. God’s love, the real power against death, is stronger than death. The Resurrection was like an explosion of light, of love, that ushered in a new and transformed dimension of life... a new world emerges.”

-Pope Benedict XVI, Homily for the 2006 Easter Vigil

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