

Deacon Patrick Brannigan’s Presentation on Catholic Perspectives on End of Life Issues

Often, we do not want to talk about the end of life. We are hesitant to bring the topic up with family members. Sometimes we simply do not know what to say. *No matter how much we avoid the topic*, eventually, every person must face their own death or the death of a loved one. One day, each of us will breathe our last.

Our goal in this presentation is to help individuals to prepare for end of life issues before the *stress* and *urgency* of a health situation develops. From a Catholic perspective, we will discuss:

- Preparing Advanced Directives and Practitioners Orders for Life Sustaining Treatment (POLST);
- Appointing a healthcare proxy;
- Organ donation;
- Nutrition and hydration; and
- Assisted Suicide

It is important to note that there is a widely held and damaging *misperception* that the Catholic Church requires medical professionals to keep terminally ill patients alive using all possible means at all costs. On the contrary, the Church teaches that patients should decide for themselves – *if they are able* – to accept potential medical treatment deemed “**ordinary**” that is treatment that has a *reasonable possibility of benefit* - and - that the treatment is *not* causing an undue burden on them or their family.

People may reject “**extraordinary**” treatment:

- Treatment which does NOT have a reasonable possibility of benefit;
- Treatment that is too risky;
- Treatment that imposes undue burden, expense or pain on the patient or the person’s family.

I want to be clear that the Catholic Church emphasizes that we have a moral obligation to administer food and water – even if artificial – to patients who are in a persistent vegetative state or terminally ill. Such food and hydration – *if it does not create a burden of pain to the patient* – is considered “ordinary.” Food and water are natural and ordinary to preserve life. *We are not allowed to starve someone to death.*

Medically assisted nutrition and hydration become ***morally optional*** when the nutrition and hydration reasonably cannot be expected *to prolong life* **or** when they would become excessively *burdensome* for the patient or would cause significant physical discomfort and complications. Sometimes introducing water can lead to painful complications, such as:

- Increased urine that triggers the need for catheters;
- Increased gastro-intestinal fluid that can contribute to uncontrollable vomiting;
- Increased respiratory secretions that make breathing more difficult; and sometimes,
- Water can expand around tumors causing pain.

Let me emphasize that medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may *indirectly* shorten the person's life - **as long as the intent is not to hasten death.** Two extremes should be avoided:

1. an insistence on useless or burdensome technology even when a patient may legitimately wish to forgo it; and,
2. The withdrawal of technology, medication, nutrition or hydration with the intention of causing death.

Patients and family members at times may not agree on whether to stop or continue aggressive treatment. When this occurs, trusted members of the medical community and trusted clergy can offer guidance.

Planning end of life decisions should begin early in life. Why? Because things can get complicated. We are not always able to anticipate or predict the medical issues we might face in future years. That is why individuals and their health care proxies need to assess factors prudently in reaching ethical decisions – decisions that we need to *update periodically*.

We should recognize that Catholic teaching and tradition regarding end-of-life decisions will not provide the ***exactness of a mathematical formula***. At times - there will be ***ambiguity*** and ambiguity can be troubling to many people. That is why guidance from clergy is important. If the only professional advice someone receives is from a physician or lawyer – then end of life planning could be simply *clinical or legal*. While the clinical and legal are *essential*, there is more to life and more to dying. The terminally ill face deep questions such as:

- Has my life had meaning?
- What message will I leave for my loved ones?

- Is God abandoning me?

In confronting these *value filled questions* individuals would benefit from the faith based guidance of a respected and trusted member of the clergy – priests, deacons, sisters – and hospital chaplains (some chaplains are lay men and women).

We should remember that in the Catholic tradition: *Life is a precious gift from God.*

We are not the owners of our lives – we are stewards who have a duty to protect our life and use it for the glory of God. But the duty to preserve life is not absolute. We may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome.

The Catholic Bishops of Illinois in their pastoral letter “Facing the End of Life,” offer sound advice:

“The key to dying well is living well. Living well means a life characterized by love of God and love of neighbor. Recognizing that the goal of our lives is eternal life with God, we prepare for that by prayer, reception of the sacraments, and care for those around us, especially the poor and forgotten.”

Our Catholic vision for the end of life – *is filled with faith and love* – we see death as *our returning* to God - our Father – our Father who is love.

Additional information:

1. Glossary of Terms including a Definition of Ordinary and Extraordinary;
2. Advanced Directives for Healthcare – a Catholic Perspective;
3. Testimony opposing assisted suicide.