

PRESENTED BY THE ARCHDIOCESE OF OMAHA

POWER OF ATTORNEY FOR HEALTH CARE

Making Life Decisions

Medical Dilemmas

AND

Moral Decision-Making



Archdiocese of Omaha

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Questions about serious illness: A guide for individuals and families based on Sacred Scripture, Christian principles, and Catholic teaching.

The gospels clearly describe how Jesus showed special love and compassion for the sick and dying throughout his public ministry. So too, the Church today reaches out to those who are suffering and to their families. In this spirit, the Archdiocese of Omaha has issued this document to help individuals and families navigate the tough decisions that must be made when confronted with serious illness. While the Church cannot give a ready-made answer for each situation, it does provide guidance and direction. By drawing on Sacred Scripture, the Traditions handed down to us from the Apostles and the Doctrine of the Catholic Church, we are able to address many of the concerns that challenge us in this age of technology and modern medical science.

In making decisions about what constitutes appropriate medical treatment, we must always be alert to the differences between what the State permits and what the Church teaches. We also should not hesitate to discuss our concerns with our medical providers and pastoral counselors or priest. Please be aware that federal privacy law forbids health care facilities from notifying clergy that you or your loved one has been hospitalized; therefore, it will be necessary for you to call for a chaplain or contact your parish to request a visit from a priest.

Remember that we are never alone when facing illness. The Church accompanies us through its various ministries and with the Sacraments which bring the loving and redeeming embrace of Jesus. This includes not only the Sacrament of the Anointing of the Sick. Sacramental anointing provides special graces to those seriously ill or dying as the Bible teaches, "Is anyone among you sick? Then summon the presbyters of the Church, and they should pray over you and anoint you with oil in the name of the Lord." (James 5:14).

It is the hope of the Archdiocese of Omaha that this document and resources of the Catholic Church will help you and your loved ones at a most difficult time to make decisions that are faith-filled, loving and wise.

QUESTIONS & ANSWERS

What is a Power of Attorney for Health Care?

Under Nebraska law, an individual who is 19 years of age or older may create a Power of Attorney for Health Care which designates who you want to make health care and treatment decisions on your behalf when you cannot make them yourself (an “attorney in fact”). A Power of Attorney for Health Care is Nebraska’s legal name for a document which is sometimes referred to as an “Advance Medical Directive,” a “Health Care Proxy,” or a “Living Will.”

Am I required to have a Power of Attorney for Health Care?

No. You are neither legally nor morally required to have a Power of Attorney for Health Care. Federal law requires all hospitals and health care facilities to provide you with written information about your legal right to refuse or accept medical treatment as well as the right to formulate a Power of Attorney for Health Care.

What does the Church teach about a Power of Attorney for Health Care?

The Church advocates that all medical decisions for ourselves or for others reflect the principles of our Christian faith and the moral teachings of the Catholic Church. In general, the Archdiocese of Omaha favors and recommends designating a Power of Attorney for Health Care rather than solely relying on a Living Will, as a person acting as a Power of Attorney for Health Care for his or her loved one is able to respond to questions where an inflexible legal document cannot. A Power of Attorney for Health Care gives decision-making authority to a person who knows the patient’s wishes and moral principles

and can assess all of the circumstances needed to make an informed decision. A Living Will is a static document in which a patient communicates his/her wishes about treatment in some future unknown scenario. Any end of life document should reflect the Catholic Church’s teaching on ethically ordinary and extraordinary medical treatments. No matter how well crafted, a Living Will can never predict all the possible problems that may occur at some later time or anticipate all future treatment options. When drawing up a Living Will, you should focus on your general wishes rather than on specific procedures.

Choosing an Attorney in Fact(s)

You need to think carefully about whom you will choose to be your attorney in fact, because this will be the person who will be entrusted and legally authorized to make health care decisions for you when you are incapable to make such decisions for yourself. The person you choose should be mature, 19 years of age or older, generally knowledgeable about your values and wishes, and prepared to follow the moral teachings of the Catholic Church and your health care treatment preferences. The attorney in fact does not need to live in Nebraska, but at the least needs to be reasonably available by phone. It is important to appoint an alternate (successor) attorney in fact in case the primary attorney in fact is not reasonably available or is unable to serve.

Use of a Power of Attorney for Health Care

Your attorney in fact designated in a Power of Attorney for Health Care may act for you only when you are “incapable” of making your own health care decisions.

Incapable shall mean the inability to understand and appreciate the nature and consequences of health care decisions, including the benefits, risks and alternatives to any proposed health care decisions, or the inability to communicate in any manner an informed health care decision. Your doctors and other health care providers will determine if you are able to understand and make health care decisions. They will then record this information in your medical record. If they determine that you are incapable of making your own health care decisions, your attorney in fact can begin making decisions on your behalf.

Responsibilities of Attorney in Fact Under a Power of Attorney for Health Care

An adult 19 years of age or older may be appointed to make health care decisions for another person (called the Principal in a Power of Attorney for Health Care, see below). An attorney in fact must also be capable of understanding, making and communicating informed health care decisions to the principal’s physicians. Nebraska defines “health care decision” to include consent, refusal of consent or withdrawal of consent to health care. Health care decisions do not include (a) the withdrawal or withholding of routine care necessary to maintain patient comfort, (b) the withdrawal or withholding of the usual and typical provision of nutrition and hydration, or (c) the withdrawal or withholding of life-sustaining procedures or of artificially administered nutrition or hydration unless (i) the principal is suffering from a terminal condition or is in a persistent vegetative state and (ii) the Power of Attorney for Health Care explic-

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itly grants such authority to the attorney in fact or the intent of the principal to have life-sustaining procedures or artificially administered nutrition or hydration withheld or withdrawn under such circumstances is established by clear and convincing evidence. In no event will the attorney in fact have authority to withhold or withdraw consent to routine care necessary to maintain patient comfort or the usual and typical provision of nutrition and hydration. Usual and typical provision of nutrition and hydration (which the attorney in fact never has authority to withhold) means delivery of food and fluids orally, including by cup, eating utensil, bottle or drinking straw.

The Basic Requirements

The process for creating a Power of Attorney for Health Care in Nebraska can be fairly simple. The Power of Attorney for Health Care shall (a) be in writing, (b) identify the principal, the attorney in fact, and the successor attorney in fact, if any, (c) specifically authorize the attorney in fact to make health care decisions on behalf of the principal in the event the principal is incapable, (d) show the date of its execution, and (5) be witnessed and signed by at least two adults (none of whom are the designated attorney in fact), or be signed and acknowledged by the principal before a notary public.

The Power of Attorney for Health Care document does not need to be notarized or reviewed by an attorney. The Catholic Bishops of Nebraska have issued a Power of Attorney for Health Care that you are welcome to use for free. However, no specific written form of a Power of Attorney for Health Care is required under state law in Nebraska. The State of Nebraska also recognizes a Power of Attorney for Health

Care from another state, as long as the principal was a resident of such state at the time of creation and the document complies with the laws of the state in which they were created and does not conflict with Nebraska law. Lastly, photocopies, faxes, and computer-generated forms (like scanned PDFs) of a Power of Attorney for Health Care are all valid in Nebraska.

Instructing Attorney in Facts and Health Care Providers

As a competent person over the age of 19 residing in the State of Nebraska, you have the legal right to instruct medical personnel and any court, either directly or through your attorney in fact, about what health care you will accept or refuse. You have the right to instruct them that you regard food and water (nutrition and hydration) as necessities and not “treatment.” You have the right to instruct them that if you are ever diagnosed as being in a persistent vegetative state, you do not, by that fact alone, “have a terminal condition.”

Revocation and Cancellation

You can revoke or cancel your Power of Attorney for Health Care at any time if you are capable of understanding the nature and consequences of your actions. You can revoke your entire Power of Attorney for Health Care or any part of it, leaving the remainder in effect.

The law requires that you inform your attending physician about your revocation. You can cancel your Power of Attorney for Health Care by destroying it yourself or having another destroy it in your presence (if you choose this method, it is best to destroy all known copies), or by signing and dating a new document which again has been properly executed. You

should also notify in writing any previously appointed attorney in fact of your cancellation of the Power of Attorney for Health Care.

A Power of Attorney for Health Care cannot be revoked by family members or health care providers. If family members or others disagree with your Power of Attorney for Health Care at a time when you are hospitalized and incapable of making health care decisions, they should be encouraged to contact the hospital’s Ethics Committee or they may need to seek legal counsel.

When does a Power of Attorney for Healthcare take effect?

1. When your doctor has a copy of the document;
2. It is made a part of your medical record; *and*
3. When you are unable to make your own health care decisions. At that time your attorney in fact will be contacted for directions about your care and will make health care decisions for you until you can make your own health care decisions, you revoke the Power of Attorney for Healthcare, or you die.

Does the law limit my attorney in fact’s power to make health care decisions for me?

1. Your attorney in fact cannot withhold or withdraw routine comfort care or the provision of food and water by mouth.
2. Your attorney in fact cannot withhold or withdraw artificially administered food and water or any other life-sustaining treatment *unless* you have a terminal condition or are in a persistent vegetative state *and* you give your attorney in fact that authority in your Power of Attorney

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for Health Care or your intent is otherwise known by clear and convincing evidence.

3. If you are a woman and pregnant, your attorney in fact cannot make any decision if you are known to be pregnant and the attorney in fact's decision is expected to result in the death of your unborn child. This is the case if continued health care makes it more likely that your child will develop to the point of live birth.

Who should receive a copy of my Power of Attorney for Health Care?

Copies of your Power of Attorney for Health Care should be given to your attorney in fact, family members, physician, and other health care providers, such as a hospital when you go for treatment, surgery, etc. You may also want to give a copy to your trusted friends and attorney. Keep a list of those who have a copy of the document.

Some people keep a card in their wallet that states they have a Power of Attorney for Health Care and where a copy can be found. Such cards may also include the name of the person's attorney in fact and his or her contact information.

Can health care decisions be made for me without a Power of Attorney for Health Care?

If you have not made a Power of Attorney for Health Care and cannot make your own health care decisions, others will make those decisions for you. Your spouse, members of your family, or a guardian, who may be a stranger to you, may consult with your physician about your care. The appointment of a guardian happens most often where there is no fam-

ily or where there is conflict about what care should be provided.

Having a Power of Attorney for Health Care helps avoid the need to appoint a guardian. It may also decrease the risk of family conflicts. If discussed with your spouse, family physicians, friends, and/or clergy, a Power of Attorney for Health Care can help to make sure that your wishes about your health care are respected and followed to the extent possible.

What can I do to make a Power of Attorney for Health Care that is faithful to Catholic teaching?

First, a Catholic Power of Attorney for Health Care should explicitly reject any action or omission that is intended to cause one's death (e.g. euthanasia). Second, it should incorporate the ordinary vs. extraordinary treatment principle. Finally, it is recommended to also include a general statement directing your attorney in fact to avoid doing anything that is contrary to the moral teachings of the Catholic Church.

The Church recognizes that for most medical treatment decisions, determining whether it is morally required or optional depends upon the circumstances or condition of the individual patient. The Church also recognizes that it is not possible to identify a given treatment, procedure or intervention and classify it as always, and in all circumstances, ordinary or extraordinary, that is, morally obligatory or non-obligatory.

Therefore, neither the Church nor the best Power of Attorney for Health Care can provide black and white answers that would address all the complexities associated with medical treatment decision making. Instead, the Church provides

broad principles (outlined in this document) that should be incorporated into a Catholic Power of Attorney for Health Care to help individuals assess their particular situation and make decisions that are as morally sound as possible.

The Archdiocese of Omaha recognizes that there is no perfect Catholic Power of Attorney for Health Care that can ensure that every medical treatment decision made on our behalf will be in perfect accord with Catholic teaching. However, the Archdiocese believes that the sample Power of Attorney for Health Care included in this document does a very good job of incorporating all the principles mentioned previously.

Must we “do everything possible”?

Our tradition does not demand heroic or extraordinary measures in fulfilling the obligation to sustain life. You may even legitimately refuse procedures that effectively prolong life, if you believe these procedures would offer no reasonable hope of benefit or may be excessively burdensome. The Archdiocese of Omaha advises, however, that interventions which favor the preservation of life be utilized if it is not immediately clear that a particular intervention is disproportionately burdensome. In refusing extraordinary treatment, one does not wish to cause death, rather one's inability to prevent it is merely accepted.

Must “artificial” means of respiration be used if a person can no longer breathe on his or her own?

If means including life support are disproportionately burdensome or useless, or later become so, they may be considered morally extraordinary and therefore not obligatory.

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Am I ever permitted to disconnect or “unplug” the respirator? Is this killing?

Mechanical ventilation or any life-prolonging procedure that can keep you alive when your body cannot do that work alone may be withdrawn if it does not provide any reasonable hope of benefit and if it only prolongs the dying process. Mechanical ventilation may not be discontinued to cause or hasten death, but may be stopped if it no longer provides any reasonable hope of benefit (such as alleviating a person’s suffering or treating the underlying disease). When life-prolonging procedures are withdrawn, the person dies as a natural consequence of the underlying illness. A person is not killed when nature is allowed to take its course.

Is declining, withholding or withdrawing medical treatment suicide or euthanasia?

You are not committing suicide by declining unnecessary treatment; and you are not sanctioning euthanasia (mercy killing) by declining to subject another to extraordinary or disproportionate treatment. A decision to take your life or to allow another (including a physician) to kill a suffering patient is very different from a decision to refuse extraordinary or disproportionately burdensome treatment. Whereas suicide and euthanasia involve the intent to cause death, declining interventions that are excessively burdensome or are disproportionate to the expected outcome should be considered as an acceptance of the human condition.

Am I committing suicide or killing a person by authorizing the doctor to place a DNR (Do Not Resuscitate) order?

No. The Church teaches that a person has the moral right to refuse, withdraw or restrict medical treatments or procedures that are likely to cause harm or side-effects out of proportion to the benefits they may bring. A proxy decision-maker acting on behalf of the patient may instruct the physician on what treatments, including cardiopulmonary resuscitation (CPR), may or may not be administered. The withholding of CPR does not kill a person; rather he or she dies as a consequence of the underlying illness.

If we place a DNR order, does that mean our loved-one will not be cared for?

The withholding or withdrawing of medical treatment must not be an occasion for neglecting the patient. Basic personal care, such as bed rest, personal cleanliness, safety and appropriate pain medication must always be administered. No proxy, medical professional or authority should ever deny this care. The Church also considers the provision of nutrition and hydration to be forms of care owed to every person unless or until the provision of nutrition and hydration is either excessively burdensome or useless.

Is it permissible to help someone commit suicide if the person asks you to do so? What is the physician’s responsibility here?

Nothing and no one can ever permit the killing of an innocent human being, whether an embryo, infant, adult, elderly

person, or even one dying or suffering from an incurable disease. We have no moral right to ask for this act of killing for ourselves or for those entrusted to our care. Moreover, no authority or professional can morally recommend and/or permit such an act. This includes “physician assisted suicide,” by which a physician provides to a patient the means and necessary knowledge to allow the patient to commit suicide. This and all forms of suicide violate the Divine law and are an offense against the dignity of the human person.

If our loved one is suffering, how much pain medicine can be used?

We cannot be indifferent to human suffering. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if such medicines may indirectly shorten the person’s life, so long as the intent is to relieve pain and not to hasten death. At these times, we are also comforted by our Christian faith which holds that by His passion and death on the cross, Christ has given a new meaning to suffering – it can draw us closer to Him when we unite our suffering to His redemptive Passion. This does not lessen physical pain and fear, but gives confidence and grace for bearing suffering rather than being overwhelmed by it.

If a person cannot feed himself or herself, are we required to provide for some type of artificial nutrition and/or hydration?

The administration of food and water even by artificial means is, in principle, an ordinary or proportionate means of preserving life. It is morally obligatory unless

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or until the burdens of providing such means clearly outweigh their benefits. We have a general obligation to provide nutrition and hydration to persons who can still benefit from them, unless in an individual case, it is judged that these measures have become useless or disproportionate and therefore may be withheld or withdrawn (for example, when the person is drawing close to inevitable death and can no longer absorb the nutrition and hydration or the method of providing such means becomes excessively burdensome for the person).

Can a feeding-tube be removed if our loved-one is alive?

Yes. But in any case when considering to withdraw or withhold medically assisted nutrition or hydration, there must be clear evidence that the means being used to supply the artificial nutrition and hydration are in fact useless, ineffective or disproportionately burdensome. Artificial means of nutrition and hydration must not be withdrawn to cause death, but may be withdrawn if they offer no reasonable hope of benefit or pose excessive risks or burdens. In the case of a patient in a persistent vegetative state, the Catholic Church teaches that medically assisted nutrition and hydration are, in principle, ordinary and proportionate care and are therefore obligatory to the extent to which and for as long as they are helpful in sustaining the patient's life and in alleviating the patient's suffering. However, these same measures may be withheld or later withdrawn if they become disproportionately burdensome, as in the case where the patient is drawing close to death from an underlying progressive and fatal condition and can no longer absorb the liquids or nourishment.

Is someone who is comatose or in a persistent vegetative state alive? Is someone who is pronounced "brain dead" actually dead? Can someone truly be dead if the heart is beating?

A person who is comatose is alive. A person in a persistent vegetative state is also alive. However, a person who is brain dead is truly dead. Death is determined by the absence of brain activity, and not necessarily heart-lung activity. Therefore, a diagnosis of brain death can be established even if the heart is beating and the lungs are ventilated.

What is meant by terminal condition and persistent vegetative state

Nebraska defines "terminal condition" to mean an incurable and irreversible medical condition caused by injury, disease or physical illness which, to a reasonable degree of medical certainty, will result in death regardless of the continued application of medical treatment including life-sustaining procedures. Nebraska also utilizes and defines the term "persistent vegetative state" to mean a medical condition that, to a reasonable degree of medical certainty as determined in accordance with currently accepted medical standards, is characterized by a total and irreversible loss of consciousness and capacity for cognitive interaction with the environment and no reasonable hope of improvement.

Life-Sustaining Treatment

Nebraska also has a law called the "Rights of the Terminally Ill Act." An individual may choose to execute a Declaration Relating to Life-Sustaining Treatment to state their wishes with respect to life-sustaining (or life-prolonging) treatments and end-of-life care if they suffer from a terminal condition, or are in a persistent vegetative state. "Life-sustaining treatment" shall

mean any medical procedure or intervention that, when administered to a patient, will serve only to prolong the process of dying or maintain the patient in a persistent vegetative state.

Does the Church accept the definition of brain death?

Yes. The determination of death by using neurological criteria is legitimate according to the Catholic Church. The pronouncement of brain death by a physician does not cause death but only establishes that death has already occurred.

What does the Church teach about death in general?

The Christian understanding of death has always been that it is the separation of the soul from the physical body. The Church looks to the medical profession to determine when physical death occurs, whether by means of neurological criteria or by verifying the cessation of cardiopulmonary function.

May I receive organs for transplant from a person pronounced brain dead? May I make arrangements for my organs to be donated if I am ever pronounced brain dead?

Yes, the Church teaches that a person may receive organs from a donor who is declared brain dead. A person may also make provisions for the donation of his or her organs in the event of death whether determined by cardiopulmonary or neurological criteria. However, because donated organs and tissues can be used to create human embryos, it would be morally prudent for a person to clearly specify that his or her donated organs and tissues not be used in any way to create human embryos.

TERMS USED IN CATHOLIC MORAL TEACHING

Ordinary Means vs. Extraordinary Means

Terms used by the Church to distinguish between those means that we must use to preserve human life (ordinary), and those means that we are not obligated to use (extraordinary). Means that offer no reasonable hope of benefit, are disproportionately burdensome or useless, or later become so, are extraordinary and therefore morally optional. The Church teaches that you are only morally obligated to accept or render ordinary means of care.

More recently, the Church has used the traditional terms “ordinary” and “extraordinary” interchangeably with the terms “proportionate” and “disproportionate,” as these more modern terms are more precise and practical when weighing the various issues raised by a serious health problem.

Proportionate Means

Measures that provide a reasonable hope of benefit and do not impose excessive burdens on the patient and family. The Church teaches that such care always includes adequate pain relief, personal cleanliness, a comfortable, safe environment, and the presence of loved ones. These ordinary means are always proportionate and therefore obligatory. The provision of nutrition and hydration, even by artificial methods, is considered to be proportionate and therefore morally obligatory except in cases where such provision is useless or imposes an excessive burden. There are other means, for example medical procedures, which initially may be proportionate but later become disproportionate as circumstances change.

Disproportionate Means

Measures that do not offer a reasonable hope of benefit or that impose excessive burdens on the patient or family. Disproportionate or extraordinary means would be interventions or treatments that are likely to cause harm or undesirable side-effects out of proportion to the benefit they might offer. The Church states that you or the person designated to make decisions for you may forgo disproportionate or extraordinary means of preserving life.

MEDICAL TERMS

Brain Death

Defined by the medical profession and the State of Nebraska as the irreversible loss of all brain function, from which recovery is not possible. Brain death can be established with certainty based on strict guidelines that have been established by the neurological profession. When a physician, who must be a specialist in the field of neurology, neurosurgery or critical care medicine, confirms a diagnosis of brain death, the person is considered both medically and legally to be dead. Death is pronounced as having occurred at the point when brain activity ceased, and not necessarily heart-lung activity, so a person can be pronounced dead even if connected to life-support equipment.

Coma

Medically defined as an abnormal state of unconsciousness. A person in a coma is alive, but lies with the eyes closed and does not meaningfully respond to stimulation. There are variations in the degree of coma. In deep coma, the person may show no

reactions of any kind. In lighter stages, sometimes called “semi-comatose,” the person may stir or moan to vigorous stimulation. Coma ends with the person either waking up, dying or passing into a persistent vegetative state.

Persistent Vegetative State

Defined medically and legally as a condition where a person has completely lost the ability to think and reason, but retains basic vital bodily functions such as heart function, respiration and blood pressure. The person’s eyes may open, and movements and sleep-wake cycles may occur, but the person cannot speak or obey commands. The person has no self-awareness or awareness of the environment. Because this state is typically due to severe brain damage, improvement in the person’s condition is extremely rare.

DNR

DNR stands for Do Not Resuscitate, which is a medical order written by a physician that directs cardiopulmonary resuscitation (CPR) be withheld from a patient in the event of cardiac or respiratory arrest. It must be understood that CPR may entail not only giving compressions to the chest but also inserting a breathing tube down the person’s windpipe and connecting the person to a mechanical ventilator, and/or delivering electrical shocks to the heart.

Under Nebraska law, a DNR order does not restrict a physician or hospital from providing other medical interventions such as intravenous fluids, oxygen or therapies deemed necessary to provide comfort care or to alleviate pain.

TERMS USED IN CATHOLIC MORAL TEACHING

Palliative Care

Palliative care, frequently also referred to as “comfort care” or “comfort measures,” means treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of the patient as he or she experiences the stress of a chronic illness and/or the dying process, rather than investigating and initiating treatment and interventions for the purpose of seeking a cure or prolongation of life.

Assisted Suicide

A form of euthanasia (defined below) in which a person, including a physician or other medical personnel, provides a lethal substance to or in some way assists a person in taking his or her own life.

Euthanasia

ALSO KNOWN AS “MERCY-KILLING”

An action or omission (meaning failing to act) that intentionally causes a person’s death, whether directly or indirectly, for the purpose of eliminating that person’s

suffering. Because it involves the deliberate killing of a human person, euthanasia is always morally unacceptable. Euthanasia and any form of mercy-killing, including physician-assisted suicide, is a grave violation of the law of God and completely contrary to our Christian faith.

Incapable of Making an Informed Decision

SOMETIMES REFERRED TO AS BEING “MEDICALLY INCAPACITATED”

The law states that a person is “incapable of making an informed decision” when he or she is unable to understand the nature, extent and probable consequences of a medical recommendation; is unable to make a rational evaluation of the risks and benefits of a proposed medical intervention and weigh it against the risks and benefits of alternatives to that intervention; or is unable to communicate such understanding in any way. The determination that a person is incapable of making an informed decision is made by that person’s attending physician along with a second physician or licensed clinical psychologist

who is qualified by training or experience to assess whether a person is capable or incapable of making an informed decision. All of the evaluators must personally examine the person and then certify in writing their findings. This certification is required before a attorney in fact is given authority to make health care decisions on another’s behalf and before health care is provided, continued, withheld or withdrawn.

Health Care

“Health care” is legally defined as the provision of services to any individual for the purpose of preventing, alleviating, curing or healing human illness, injury or physical disability. These services may include but are not limited to giving medications, surgery, blood transfusions, chemotherapy, radiation therapy, psychiatric or other mental health treatments, admission to a hospital, nursing home, assisted living facility or other type of health care facility, and the provision of life-prolonging procedures and palliative care.

Resources from which this document is drawn that may be helpful include the following:

- Congregation for the Doctrine of the Faith, Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration together with a commentary prepared by the Congregation (Rome, 2007).
 - Congregation for the Doctrine of the Faith, Declaration on Euthanasia (Rome, 1980).
- United States Conference of Catholic Bishops, Ethical and Religious Directives for Catholic Health Care Services, fifth edition (Washington, D.C., 2009).
 - National Conference of Catholic Bishops, Committee for Pro-Life Activities, Nutrition and Hydration: Moral and Pastoral Reflections (Washington, D.C., 1992, third printing, 1998).
- The Catechism of the Catholic Church, second edition. (United States Conference of Catholic Bishops, Washington, D.C., 1994, 1997).
 - A Catholic Guide to End-of-Life Decisions: An Explanation of Church Teaching on Advance Directives, Euthanasia and Physician-Assisted Suicide, published by the National Catholic Bioethics Center.