

Medical
Dilemmas

and

Moral
Decision
Making

Questions
about
serious
illness

**A guide
for individuals
and families
based on
Christian
principles
and Catholic
teaching**

INTRODUCTION

Dear Friends in Christ,

Making decisions about appropriate medical treatment for ourselves and our loved ones can be stressful and difficult.

Our Church's moral teachings address many of the concerns that burden us in our culture of complex medical technology and life support. Our faith can assist us in making choices that are ethically and morally sound.

It is my prayer that this document will help you and your loved ones at a most difficult time to make decisions that are faith-filled, loving and wise.

Sincerely yours in Christ,

† Walter F. Sullivan
Bishop of Richmond

GENERAL INFORMATION

Nihil Obstat

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DEFINITIONS

This section presents moral, medical and/or legal definitions for common terms associated with end of life issues. In making choices, you will need a clear understanding of these terms. If you need further clarification of these terms, do not hesitate to consult your priest and your physician.

Terminal Condition

Defined by the State of Virginia as a condition caused by injury, disease or illness from which, to a reasonable degree of medical probability, a patient cannot recover and

- (1) the patient's death is imminent, or
- (2) the patient is in a persistent vegetative state.¹

Coma

Medically defined as an abnormal state of unconsciousness. A person in coma is alive, but lies with the eyes closed and does not meaningfully respond to stimulation.² 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 "semicomatose," the person may stir or moan to vigorous stimulation.³ Coma ends with the person either waking up, dying or passing into a *persistent vegetative state*.

Persistent Vegetative State

Defined medically⁴ and legally⁵ as a condition where a person has completely lost the ability to think and reason, but retains basic bodily functions such as heart action, respiration and blood pressure. The person has no self-awareness or awareness of the environment. The eyes may open, and movements and sleep cycles may occur, but

the person can not speak or obey commands. To a reasonable degree of medical probability, there can be no recovery from this condition.⁶

Brain Death

Defined by the American Academy of Neurology and the State 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 medical profession.⁷ When a doctor has diagnosed "brain death", he or she is in fact pronouncing the person to be dead. Both medically and legally, death occurs when brain activity ceases, and not necessarily heart-lung activity, so a person can be pronounced dead even if connected to life-support equipment.

Ordinary 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 obliged 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.⁸ The Church teaches that you are only morally obligated to accept *ordinary means*.⁹

Proportionate Means

Measures that provide a reasonable hope of benefit and do not impose excessive burdens on the patient and family.¹⁰ The Church teaches that such care always includes adequate pain relief, personal cleanliness, a comfortable, safe environment, and the presence of loved ones.¹¹ *Proportionate* means are always *ordinary* and therefore obligatory.

Disproportionate Means

Interventions or treatments that offer no reasonable hope of benefit, or impose excessive burdens on the patient or family.¹² The Church states that you may forgo disproportionate (extraordinary) means of preserving life.¹³

QUESTIONS AND ANSWERS

This section addresses questions about serious illness with responses drawn from the Bible, Doctrine and Christian moral tradition of the Church.

Can I make decisions for my loved one if he or she is unable to do so?

Yes. If a person is not competent or capable to make his or her own decision, someone who shares the person's moral convictions, such as a family member or guardian¹⁴, can make decisions on the person's behalf (sometimes called a proxy decision-maker). Of course, moral limits apply - for example, the proxy may not deliberately cause the person's death or refuse morally ordinary means even if he or she believes the person would have made such a decision.¹⁵

Must we "do everything possible"?

Our tradition does not demand heroic or *extraordinary* measures in fulfilling the obligation to sustain life.¹⁶ You may legitimately refuse even procedures that effectively prolong life, if you believe these procedures would be excessively burdensome.¹⁷

If the doctor says a particular procedure or treatment is necessary to keep our loved-one alive, are we obligated to proceed?

Any procedure or treatment judged to be morally *ordinary* is obligatory. However, *extraordinary* measures are morally optional and may be refused. Our bishops caution, however, that the preservation of life must receive the benefit of doubt if it is not immediately clear that an intervention is disproportionately burdensome.¹⁸

Can medical professionals use the term "ordinary" differently than the Church?

What the medical professional might consider as "medically ordinary" is not necessarily the same as to what the Church states is "morally ordinary". Doctors might consider a particular procedure "ordinary" because they practice it frequently and expertly. Yet, you can not consider any medical procedure to be always morally ordinary no matter how routinely it is practiced.¹⁹

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 are therefore not obligatory.²⁰

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

Artificial ventilation or any life-prolonging procedure that can keep you alive when your body cannot do that work alone, including artificial respiration, may be withdrawn if it does not provide any reasonable hope of benefit, and if it only prolongs the dying process.²¹⁻²² 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.²³

Am I committing suicide or killing by placing a "Do Not Resuscitate" (or 'DNR') order?

No. The Church teaches that a person has the moral right to refuse, withdraw or restrict any form of medical treatment or procedure. A proxy decision-maker acting on behalf of the patient may instruct the doctor 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.²⁴

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 can deny this care.²⁵

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.²⁶

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.²⁷ 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 doctor 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.²⁸

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

We can not 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.²⁹ Suffering is a fact of human life, yet our faith enables us to see suffering as an opportunity to share in Christ's own redemptive suffering.^{30, 31}

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

A person who is comatose is alive. A person in PVS 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.

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

Artificial nutrition and hydration are not always morally necessary. The presumption must be in favor of medically assisted nutrition and hydration, unless or until such means are clearly outweighed by the burdens. Factors to be weighed include the patient's ability to absorb the nutrition and hydration, the imminence of death and the risks such means pose to the patient.³²

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, 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.³³

Catholic moral theologians state that in the case of a patient in a persistent vegetative state (PVS), medically assisted nutrition and hydration may be withheld or withdrawn if the patient can no longer absorb the liquids or nourishment, if the patient is suffering from terminal illness or death is imminent.³⁴

How can I ensure that my wishes will be followed if I become unable to make decisions for myself?

You can safeguard your spiritual values by appointing a responsible and trustworthy person to make decisions for you, if needed³⁵. This is best done in writing (usually through a legal document called a "Healthcare Power of Attorney"³⁶). This can protect your wishes and prevent legal conflicts that can arise by failing to outline these wishes to your family or doctor.

SUMMARY

Jesus' compassion and love for the sick and dying shine throughout His public ministry. So too, the Church reaches out to those who are suffering and to their families. We are never alone when challenged by illness. The Church continues Christ's ministry to those suffering in offering the Sacraments. This includes the Anointing of the Sick and Dying, which brings to those who are ill the loving and redeeming embrace of Jesus.

This brochure cannot possibly provide a ready-made answer for each situation. We also need to be alert to differences between what the State permits and what the Church teaches. Questions concerning what constitute burdensome treatments and other moral issues should be addressed with your priest or pastoral counselor along with the appropriate medical professionals.

This text, with full references and Biblical citations, is available on the Catholic Diocese of Richmond Official Home Page, at <http://www.richmonddiocese.org>.

For comments or clarifications, please contact:

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³⁴ See Mark 6, 13; James 5, 14.

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