

## ON QUESTIONS OF NUTRITION AND HYDRATION

In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the “persistent vegetative state”) who can reasonably be expected to live indefinitely if given such care. Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be “excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed.” For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.

— United States Conference of Catholic Bishops  
*Ethical & Religious Directives for Catholic Health Care Services*, Nov. 2009, #58.

## FAITHFUL STEWARDS OF OUR LIVES

The truth that life is a precious gift from God has profound implications for the question of stewardship over human life. We are not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options.

— United States Conference of Catholic Bishops  
*Ethical & Religious Directives for Catholic Health Care Services*, Nov. 2009, Part Five.

## EUTHANASIA AND ASSISTED SUICIDE

More and more lonely elderly people exist in big cities, even in situations of serious illness and close to death. In such situations, the pressure of euthanasia is felt, especially when a utilitarian vision of the person creeps in. In this regard, I take this opportunity to reaffirm once again the firm and constant ethical condemnation of every form of direct euthanasia, in accordance with the Church's centuries-old teaching.

— Pope Benedict XVI  
*Address to the Pontifical Academy for Life Congress*, February 25, 2008.

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## UNDERSTANDING THE CATHOLIC DECLARATION ON LIFE AND DEATH

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### What is the Catholic Declaration on Life and Death?

The *Catholic Declaration on Life and Death* is a health care advance directive for Florida's Catholics and is approved by the Bishops of Florida. This directive conforms to both Florida law and the teaching of the Church.

### What is an “advance directive”?

A health care advance directive is a written or oral statement made and witnessed in advance of serious illness or injury to address medical situations that may arise when a person becomes unable to make one's own decisions. Executing an advance directive exercises good stewardship over the gift of life.

There are two forms of advance directives: the *designation of health care surrogate*, which authorizes a person to make decisions for the incapacitated patient, and the *living will*, which gives instructions to physicians and caregivers regarding medical care and treatment at the end of life. The *Catholic Declaration on Life and Death* merges both forms into one directive.

### Designation of Health Care Surrogate

Every adult, 18 years of age and older, should choose at least one health care surrogate (and alternate) and designate this choice in writing. Unexpected health crises often involve complex treatment options, and having a surrogate who is prepared and authorized to make decisions for the patient helps to ensure the patient's wishes are respected.

The health care surrogate should be chosen carefully as someone who will represent the patient's wishes regarding medical care and treatment or act in the patient's best interest if those wishes are unknown.

The “Living Will” section of the *Catholic Declaration on Life and Death* gives the surrogate a basic framework for understanding the patient's wishes regarding end-of-life care or treatment. Discussing goals, hopes, options and concerns with one's surrogate and family will provide the surrogate helpful information and can comfort all involved if and when future decisions are made on one's behalf.

### Living Will

A living will specifies one's wishes should a person become unable to express those wishes at the time health care decisions are needed at the end of life. There are many forms of living wills available, some of which are not consistent with Catholic teaching.

### What if no surrogate is available or no surrogate is designated?

A section of the *Catholic Declaration on Life and Death* provides guidance regarding end-of-life care and treatment to those who are left to make decisions even if no surrogate is available or none has been designated.

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**Additions to the *Catholic Declaration on Life and Death***

Space is provided in the *Catholic Declaration on Life and Death* to add personal directions. Caution and care should be taken in making additions, as certain instructions set in writing could be problematic in some unforeseen circumstances. For instance, a particular treatment that may not be desirable long term could be life-saving and health-restoring when used for a short time. The following are examples of appropriate additional instructions:

- Organ donors may wish to add: *“I hereby donate any needed organs (or tissue) as an anatomical gift if I meet medical criteria at the time of my death.”*
- A woman of childbearing age should add: *“If I am pregnant, then take every reasonable means to preserve the life of my unborn child.”*

**Circumstances Requiring Special Attention**

Consulting with family, physicians, well-informed clergy, and pastoral healthcare workers is especially helpful for one who must make difficult decisions. One need not make these decisions without the support, advice, and guidance of others.

**Things to Do:**

- Complete the *Catholic Declaration on Life and Death* and have it witnessed.
- Discuss your wishes about health care decisions with family members and surrogates now, while able.
- Choose healthcare providers who are familiar with and respectful of your values.
- After executing an advance directive, and after discussing the issues with your family and surrogate, provide copies to your surrogate (and alternate), family, attorney, physician(s), and the hospital or nursing home (upon each admission).
- Craft a separate document with information important to you. It could include a list of persons to be notified if you are sick or dying, special prayers you would like, a request for or extension of forgiveness, and expression of thanks, your funeral plans and obituary information. Tell your surrogate about this document and keep it with your *Catholic Declaration on Life and Death*.

**Things to Remember:**

- *The best way to make sure wishes are known and followed is to designate and prepare one’s own surrogate in advance of a medical emergency.*
- *Hospice teams are specially trained to care for persons with terminal illness. Ask your health care provider if hospice is appropriate for you or your loved one.*
- *If a person completes more than one advance directive, the most recent one is in effect; the others are invalid.*
- *An advance directive can be updated at any time by a person with capacity, provided the change is properly witnessed. Such changes are best made in writing.*
- *One should never ask for or demand assisted suicide, euthanasia, or mercy killing. This is not only wrong for the person signing the document, but it also does a serious injustice to physicians, family and medical personnel to whom such immoral demands are made.*
- *The Catechism of the Catholic Church reminds us that the dying should be given the attention and care necessary to help them live their last moments in dignity and peace. They will be helped by the prayer of their relatives, who must see to it that the sick receive at the proper time the sacraments that help them to meet the living God (CCC #2299).*

The following are excerpts from Church teaching documents:

**HOPE FOR ETERNAL LIFE THROUGH DEATH**

Christ’s redemption and saving grace embrace the whole person, especially in his or her illness, suffering, and death. The Catholic health care ministry faces the reality of death with the confidence of faith. In the face of death – for many, a time when hope seems lost – the Church witnesses to her belief that God has created each person for eternal life.

-- United States Conference of Catholic Bishops  
*Ethical & Religious Directives for Catholic Health Care Services*, Nov. 2009, Part Five.

**TO CARE WHEN WE CANNOT CURE**

The task of medicine is to care even when we cannot cure. Physicians and their patients must evaluate the use of the technology at their disposal. Reflection on the innate dignity of human life in all its dimensions and on the purpose of medical care is indispensable for formulating a true moral judgment about the use of technology to maintain life. The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death.

-- United States Conference of Catholic Bishops  
*Ethical & Religious Directives for Catholic Health Care Services*, Nov. 2009, Part Five.

**CONSIDERING BENEFITS AND BURDENS**

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 forgo 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 the community.

-- United States Conference of Catholic Bishops  
*Ethical & Religious Directives for Catholic Health Care Services*, Nov. 2009, #56 & 57.

**RELIEVING PAIN**

Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish 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 or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person’s life so long as the intent is not to hasten death. Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering.

-- United States Conference of Catholic Bishops  
*Ethical & Religious Directives for Catholic Health Care Services*, Nov. 2009, #56 & 57.

**HUMAN SUFFERING**

It is faith in Christ that enlightens Christians regarding sickness and the condition of the aged person, as in every other event and phase of existence. Jesus, dying on the Cross, gave human suffering a transcendent value and meaning. Faced with suffering and sickness, believers are invited to remain calm because nothing, not even death, can separate us from the love of Christ.

Pope Benedict XVI  
*Address to the Pontifical Council on Health Care*, November 17, 2007.