

# **Care of the Sick and Dying**

**A Summary of a Pastoral Letter  
From the Roman Catholic Bishops of Maryland**

## **Introduction**

Every family and every individual face difficult medical decisions when serious illness strikes or when death approaches. How do we make those critical decisions?

To help answer that questions, we, the Bishops serving the State of Maryland, offer this brief explanation of the Church's teaching combined with information about Maryland law regulating health care decisions and advance directives. We want to help you reach morally right decisions that respect the God-given dignity of human life. We want you and your loved ones to experience the loving embrace of the Lord Jesus in time of serious illness.

## **Basic Church Teachings**

The following principles should guide us in making medical decisions in time of serious illness:

- Our most basic God-given right is the right to life. Human life is a precious gift; we are its guardians, not its owners.
- We do not have the right to take our own lives nor to bring about the death of any innocent person through assisted suicide or euthanasia. It is gravely immoral to take actions that cause death or to withhold basic care, comfort or medical treatment for the purpose of hastening death.
- Christian faith reveals the true meaning of human suffering as an opportunity to share in the sufferings of Christ, to strengthen others by loving acceptance of the Cross and as a way of preparing for eternal life.
- We are obligated to care for the God-given gift of life and health. We should try to preserve our health and prevent serious illness. In time of illness we should take sensible measures, including medical treatments, to restore our health, to alleviate the symptoms of disease, to retard its progress or to compensate for the loss of a bodily function.
- No patient should accept or demand a useless treatment, that is, one that cannot bring about the beneficial effect for which it was designed. However, treatments which have only a limited beneficial effect should not be rejected as useless.
- We are not morally obligated to accept a useful but excessively burdensome medical treatment imposing serious risks, excessive pain, grave inconvenience, prohibitive costs or some other extreme burden.

- Although we may decide that a particular treatment is too burdensome, we may never morally conclude that our lives are useless or burdensome. Human life remains God's precious gift even in time of great suffering or incapacitation.

### **Correctly Applying These Principles**

How are we to apply these general principles when making health care decisions for oneself or for a loved one in time of serious illness?

- Ask the Holy Spirit for an increase in the virtue of prudence, a gift of God that helps us to see clearly all the parts of a complex decision and to reach a correct judgment.
- Seek the help of health care professionals in deciding which medical treatments are useful and which ones are useless. Normally, useful treatments to restore health or alleviate the symptoms of disease should be employed. Useless treatments need never be taken. If in doubt, request the advice of a priest or a pastoral associate equipped to explain the Church's teaching.
- \When a potentially useful treatment appears to impose an excessively grave burden on a patient and on one's loved ones, seek the advice of a priest or someone else trained in the Church's authentic moral teaching.

### **Medical Situations Frequently Encountered**

#### **Medically Assisted Nutrition and Hydration**

People near death as well as long-term patients often cannot take food and water orally. Some of these patients are in a deep state of unconsciousness called a "persistent vegetative state" (PVS). Patients who cannot take food and water orally should receive medically assisted feeding and hydration unless their bodies can no longer assimilate food and water, or unless this technique is excessively burdensome or dangerous to the patient.

#### **Imminent Death**

When it becomes clear that a patient is about to die in spite of the best efforts of modern medicine, it is not necessary to employ medical treatments that result in a burdensome and fragile lengthening of one's life. Nonetheless, basic care and comfort should always be provided.

## **Progressive Diseases**

Unique to Maryland law is the term “end stage condition” which is used to describe long-term, irreversible conditions (such as AIDS, and Alzheimer’s disease) which eventually result in death. Victims of such disease often do not lose consciousness until the end of their lives. The law allows treatment to be withdrawn from such patients in certain circumstances. These patients are very vulnerable and deserve our care and protection, including food and water, even if advanced medical treatments are judged as extremely burdensome.

## **“Do Not Resuscitate” (DNR) Directives**

By means of a DNR directive, medical personnel are instructed not to restore heart functioning and breathing (CPR). Normally, we should not stipulate that we are not to be revived under any circumstances; for example, CPR is clearly appropriate in the case of a sudden heart attack or during surgery which is expected to benefit the patient. A DNR can be morally justifiable for a person who in any event is about to die or would barely survive for only a short time after CPR. Even in such extreme circumstances, however, persons may want to prolong their lives to settle their affairs or to seek the last sacraments.

## **Advance Directives**

An advance directive is a legal vehicle for communicating your desires regarding health care decisions should you become unable to do so. Maryland law provides for three types of directives:

- **Written Directive** – a document by which you can appoint an agent to make health care decisions for you (sometimes referred to as a “durable power of attorney for health care”) and/or give instructions regarding future health care decisions. The chief advantage of appointing a health care agent is that it entrusts decision making to someone you can rely on to make prudent decisions on the basis of the Church’s teaching and in light of your actual medical condition.

- **Living Will** – a written declaration of your desire to receive or reject specific life-sustaining procedures should you become unable at some future time to communicate, either because your death from a terminal illness is imminent, or because you are in a persistent vegetative state. Generally, it is much more preferable to appoint a prudent health care agent faithful to the Church’s teachings than to execute a living will. The reason is that the living will often requires that you make crucial medical choices before you know what your actual medical condition will be. A carefully drawn living will, however, may be helpful to a patient on the verge of a final illness or to someone unable to appoint a responsible health care agent.
- **Oral Directive** – an oral directive made in the presence of your physician and one witness to indicate your treatment decisions or to appoint a health care agent. An oral directive is almost always undesirable because there is a great chance of miscommunication and misinterpretation.

Sample advance directive documents which are faithful to the Church’s teaching are available from your pastor. Maryland law also offers legally permissible advance directive models which may be offered to you by some health care institutions, physicians, or attorneys. Some of these may permit authorization of actions not in keeping with the Church’s teaching on what we are required to do to preserve our lives.

If you choose not to prepare an advance directive, Maryland law authorizes the appointment of a surrogate (substitute) decision maker. A guardian (if one has been appointed by a court), spouse, adult child, and parents of the patient (in that order) can make treatment decisions for you without specific court authorization in the event that you cannot make such decisions for yourself.

### **Making Health Care Decisions for Another Person**

When we are responsible to make health care decisions for someone else, we are called upon to put ourselves in that person’s place and to take account of their God-given obligations. We are to be just as attentive to their needs as we would be to our own. At all times, we are obliged to make decisions in accordance with Church teaching and the patient’s current medical condition. A health care agent or Catholic health care provider is not required to follow a patient’s wishes which are inconsistent with Church teaching.

## **The Church's Ministry to the Sick**

Jesus expressed great compassion for the sick. He reached out to them with the gift of healing and reconciliation. By suffering, dying and rising, the Lord made suffering and death a way that leads to reconciliation and eternal life. The Church continues Christ's ministry to the sick and dying through the Sacraments (Penance, Anointing of the Sick, Communion of the Sick). Through balanced and compassionate teaching, the Church helps us to make morally sound decisions even as we prepare for eternal life.

We approach health care decisions deeply thankful for the precious gift of human life and confident in the Lord's redeeming love, which is stronger than our frailty and more powerful than death itself.