



years before, stating that the patient should not receive antibiotics, could still be followed even if the patient, like Rosa, faced a simple urinary tract infection which is easily cleared up by antibiotics.

Of course there are times when failing health is not so easily remedied as in Rosa's case. In some situations, procedures are appropriately refused. One should consider the benefits and burdens of a prospective procedure and conscientiously judge whether or not to accept it. However, because of the inherent dignity of the person and our moral obligation to protect each human life, our Church

teaches that we should take reasonable steps to preserve life and should never withhold or administer treatment with the intention of ending the life of the person.

It is incredibly difficult to see someone we love suffering, and it is natural for us to want to alleviate their hardship. Additionally, we live in a culture that places value on productivity and prefers to get rid of what is deemed useless. Some people therefore support measures that, at first, might seem like a compassionate response, but in fact are not. Advocates for legalizing assisted suicide and euthanasia promote the illusion that we can "help"

those in need by killing them or assisting them in killing themselves. However, this response ignores the person's true needs and does not respect their dignity. Each person deserves real solutions and support when facing physical, emotional and spiritual challenges. Cutting someone's life short before their time deprives them of unknown opportunities for God's grace to work in their life.

God's infinite love for each one of us helps us to grasp our identity and our worth. The recognition of this dignity leads us to respect and protect each person's life, including our own, and ought to be at the core of whatever medical decisions we make. Let us place our trust in the Lord and ask for his continuous guidance, for these decisions and for all those we face in our lives.

**The story of Rosa and Teresa (their names are changed for their privacy) is just one example of how important it is to reflect in advance on how we would want decisions made on our behalf if we cannot speak for ourselves. To find out what pastoral and educational resources may be available locally, contact your diocesan pro-life office.*



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ADVANCE MEDICAL DIRECTIVES: PLANNING FOR YOUR FUTURE

RESPECT LIFE



Rosa* knew from experience the difficulties and expenses of watching a loved one die. She was totally devoted to her husband as he suffered and died from cancer eight years earlier. The idea of high medical bills, “tubes” and pain upset her, and even though she had not viewed her husband as a burden, she feared being one to her family.

Then, Rosa was hospitalized with a terrible urinary tract infection which made her dehydrated, weak and confused. Her daughter Teresa had been appointed as her health care agent. Teresa met with the medical staff, who helped her understand

that the proposed treatments would not cause an undue burden to her mother. In fact, they would be temporary and appropriate care in Rosa’s situation. Teresa was grateful that the medications, nutrition and hydration that Rosa was given, all through “tubes,” cured her infection. Rosa is now as active as she has ever been and realizes that there are certain situations that can’t be anticipated when illness comes. It’s best not to refuse future care that may turn out to be very welcome.

Human life is good and to be protected. All medical decisions ought to reflect this core belief. Yet black-and-white answers to

our questions about end-of-life issues are not always possible, and it can be very difficult to know how to make medical decisions. Each and every human person is distinct and unrepeatable, and each medical situation may be unique. In each set of circumstances we need to judge whether a given treatment will provide real benefit to the patient, without causing harm or other burdens that are out of proportion to the good being done.

We should each be prepared for those difficult situations when medical decisions must be made. We can safeguard our Catholic values by appointing a responsible and trustworthy person now to make decisions for us, in the event that we are incapable of doing so, either physically or mentally. It is important to be aware of the different legal or medical documents that are available or are often used to define a patient’s care. Depending on how they are crafted, some documents can be counter to Catholic morality and more harmful than we might realize.

The safest option is to designate a health care agent who not only understands our Catholic values but also shares them and can apply them to current situations and respond to questions as they arise. This person, usually a close family member or friend, acts as a proxy decision maker if the patient is not able to make his or her own decisions. In choosing an agent or proxy, a person can declare in writing that all treatment and care decisions made on

their behalf must be consistent with and not contradict the moral teachings of the Catholic Church.

Less flexible is a living will, which simply lists treatment options or care that the patient wishes to accept or reject. No matter how well-crafted, such a document can never predict all the possible problems that may occur at a later time or anticipate all future treatment options. A living will can be misinterpreted by medical providers who might not understand the patient’s wishes.

Some states and healthcare systems have been implementing a troubling document known as a “Physician Order for Life-Sustaining Treatment,” also called by a confusing array of acronyms (POLST, MOST, MOLST, or POST). The POLST document is filled out by a doctor or other medical professional to define treatments to be withheld or administered in a future situation. It has been criticized for placing more power in the hands of physicians than in patients’ hands. Indeed, in some cases the patient need not even sign the document. Once signed by the physician, it becomes a doctor’s order to other medical staff, and may override the patient’s own past advance directives and even the patient’s appointment of a health care agent. It may be applied to patients who are not in a terminal situation and who might only need antibiotics, nutrition and hydration, or other proportionate care. Yet a POLST document signed months or