

FAST FACTS AND CONCEPTS: #399

END-OF-LIFE CARE FOR THE CATHOLIC PATIENT

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Background: Given that one in five US adults and 16% of the global population identify as Catholic, a basic understanding of the Catholic Church's end-of-life teachings is important for clinicians caring for seriously ill patients (1,2). This *Fast Fact* provides a general overview of Catholic Church teachings related to care of those near the end-of-life (3,4).

"Ordinary" (or proportionate) vs. "Extraordinary" (or disproportionate) means of care: Following from a belief in the sacred dignity of every human life, Catholic patients have a duty to make reasonable efforts to restore health (5). Yet this duty is not absolute. Decisions about what kinds of care and treatments are appropriate are made by an understanding of the following distinction:

- **Ordinary means of care** (or proportionate) is medical care that *in the patient's judgment* provides a reasonable chance of benefit and does not involve *excessive burden* (excessive pain, risk, expense, etc.) on the patient, family or community (6). In the Catholic tradition there is a moral obligation to use ordinary medical treatments aimed at prolonging life.
- **Extraordinary means of care** (or disproportionate) is medical care that imposes excessive burden and/or is unlikely to provide the desired benefit (7). Catholic patients are under no obligation to receive medical treatments that in their judgment are extraordinary or disproportionate.

General End-of-life Medical Decision-Making Principles:

- Standard palliative interdisciplinary care, including pain management, is consistent with Catholic Church teaching (8). This includes the use of high-dose opioids or sedatives at the end of life (even if life-shortening) as long as the palliative therapies were proportionate and used to treat refractory symptoms in a terminally ill patient (see reference #9 for information on *the principle of double effect*).
- Decisions to forgo, withdraw or continue other life-supporting medical interventions such as mechanical ventilation, dialysis, implantable cardiac devices, extracorporeal membrane oxygenation, vasopressors, and others are guided by, as discussed above, consideration of the patient's wishes in the context of the expected benefit and burden.
- When navigating the complexities of decision-making with patients and families, the medical team should involve a Catholic priest and professionals well versed in Catholic medical ethics as needed and if available.

Use of Medically-Assisted Nutrition and Hydration/MANH: According to Catholic Church leadership, there is a general obligation to provide food and water to patients who are unable to ingest nutrition by mouth (e.g. patients in a persistent vegetative state) (10). Circumstances when this principle does not apply include:

1. When the patient suffers with an underlying progressive/fatal condition and is imminently dying.
2. When MANH cannot reasonably be expected to prolong life.
3. When there is no reasonable hope of benefit from MANH.
4. When the burdens of MANH would be excessive as deemed by the patient (10).

Physician-Assisted Dying: Any medical intervention that seeks to hasten death (including all forms of physician-assisted dying) is morally impermissible according to Catholic Church teaching (11,12). Such interventions are not provided in Catholic health care settings.

Catholic Rites & Rituals:

- **Eucharist** (or *Communion*) is a sacrament (a special ritual in the Catholic Church) celebrated by a Catholic priest in which Catholics believe bread and wine through consecration become the body and blood of Jesus Christ. While Catholics are obligated to go to Mass every Sunday, those whose illness makes this burdensome or impossible are dispensed from this obligation. Many, however, may still desire to participate in this sacrament. Every effort should be made to enable the patient who desires to receive the Eucharist and to do so as frequently as they like. Ministers of the Eucharist (either Catholic chaplains or volunteer ministers) may be found through a medical

- center's spiritual care department.
- **Anointing of the Sick** is a sacrament celebrated by a Catholic priest for anyone experiencing illness. It consists of prayer, scripture readings, laying on of hands, and anointing with oil. Anointing of the Sick can be paired with the sacrament of Penance (also known as Reconciliation), the latter of which entails a confession of sins. A patient does not need to be actively dying to receive this anointing and may receive it more than once over the course of an illness.
- **The Prayers of Commendation for the Dying and Prayers for the Dead** are for patients nearing or at the time of death. These prayers can be offered by anyone (not just a Catholic priest) and can be a source of solace to the patient and loved ones.
- Some may hear the term "last rites" used to refer collectively to the prayers and sacraments administered to a person near death. While still used by some, this term is less common today.

NOTE: There is diversity in the way people who self-identify as "Catholic" relate to the Catholic faith. While the principles and rituals explained above reflect Catholic Church teaching, it is important to explore the preferences of each patient in order to understand the extent to which the patient seeks to uphold the Catholic Church's principles and rituals in their care.

For further reading: The Ethical and Religious Directives for Catholic Health Care Services, 6th Edition

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