

BUILDING A CULTURE OF LIFE CONFERENCE
RESPECT LIFE, BIOETHICS, AND LEADERSHIP



PRESENTED BY:
Greater Columbus
Right to Life
Growing a Community of Life



DIOCESE of COLUMBUS
OFFICE FOR SOCIAL CONCERNS
MARRIAGE & FAMILY LIFE OFFICE

RESPECT FOR ALL HUMAN LIFE FROM CONCEPTION TO NATURAL DEATH

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Opening Prayer

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Making End of Life Decisions
Faithful at the End of Life: Pro-Life Advance Medical Directives

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WWW.GCRTL.ORG WWW.FAITHFULATTHEENDOFLIFE.ORG

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Greater Columbus Right to Life

The mission of Greater Columbus Right to Life is to build a culture that protects innocent human life from conception until natural death.

- ▶ **Most people think of abortion, but increasingly the pro-life movement is working to respond to challenges at the end of life. This comes in three main areas:**
 - ▶ Legislation/Legal: The push for assisted suicide and euthanasia (some MOLST/POLST)
 - ▶ Difficulty understanding ethical decision-making at life's end
 - ▶ Obtaining and executing life-affirming advance medical directives
- ▶ **Today, we are looking at the second two areas**

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Few Notes Before We Begin

- *This live stream is recorded and will be made available on our website. We have people joining us via Zoom and FB Live.*
- *For those participating via Zoom: Please keep questions in the questions tab and not via chat.*
- *For FB or other streams, we will not be responding to questions live.*
- *As always, keep it clean and respectful. Our Moderators will remove anyone not abiding by our community standards*
- *All of the resources are available at www.faithfulattheendoflife.org.*

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Greater Columbus Right to Life

The mission of Greater Columbus Right to Life is to build a culture that protects innocent human life from conception until natural death.

- To schedule a program on assisted suicide/euthanasia or an end-of-life apologetics program (or any other topic) visit: www.gctrl.org/speaker
- **Not Legal Advice**

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Foundation

- ▶ We are stewards, not owners, of the lives which God has entrusted to us.
- ▶ No person has the right to intentionally take innocent human life, not their own or another's.
- ▶ This is the basis of theological and secular approaches to the dignity of human life.

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Ordinary Means

Ordinary means of conserving life are those means commonly used in given circumstances, which this individual in his/ her present physical, psychological, and economic condition can reasonably employ with definite hope of proportionate benefit.

In other words, *beneficial*

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Foundation

- ▶ Being pro-life does not mean we are obligated to preserve life at all costs (sometimes called vitalist)
- ▶ Just like in other ethical issues, we look at the object, the intention, and the situation to determine if an action is “ordinary” or “extraordinary” in the moral sense.
- ▶ Ordinary – obligated, Extraordinary - not

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Extraordinary Means

Extraordinary means of conserving life are those means not commonly used in given circumstances, or those means in common use which this individual in his/her present physical, psychological, and economic condition cannot reasonably employ, or if he/she can, will not give him/her definite hope of proportionate benefit.

In other words, *burdensome to the patient*

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Foundation

- ▶ There is no “laundry list” of what is ordinary and what is extraordinary treatment.
- ▶ These words have different meanings when applied to bioethics than they have in everyday usage or even in the medical field.

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Catholic Teaching on End of Life Issues

- ▶ *“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.”*

Ethical and Religious Directives for Catholic Health Care Services, 5th edition (November 17, 2009), paragraphs 56 and 57. See, also, paragraphs 32, 56-58 of the 6th edition (June 2018)

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Other Christian Teaching on End of Life Issues

“A pro-life philosophy on medical decision-making presumes intervention will be attempted to preserve a patient’s life, as long as the intervention is determined to:

1. Be physiologically possible for the patient;
2. Offer an expected benefit without excessive risk or burden to the patient; or
3. Provide reasonable hope of sustaining or improving the patient’s life”

Focus on the Family, “Discussing Your Medical Wishes A Patients’ Guide”

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Decision Making on End-of-Life Issues

- ▶ Get as much information as possible including second opinion(s).
- ▶ Consult people who share values (pastor/Catholic Medical Association/ National Catholic Bioethics Center, Focus on the Family, Christian Healthcare).
- ▶ Explain your thinking to physicians/nurses caring for patient (you are evangelizing, too).
- ▶ Critical care is stressful for physicians and nurses.

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Decision Making on End-of-Life Issues

How do we decide if something is a burden?

There have traditionally been four standards used to determine burden:

- ▶ Excessive Pain,
- ▶ Grave Effort,
- ▶ Intense Fear or Repugnance,
- ▶ Great Cost

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End-of-Life Issues – Common Scenarios

It is important to remember that unlike abortion (always wrong), decision making on end-of-life is going to vary from patient to patient given his or her medical situation. Medicine is not a one-size-fits-all of “if a, then b.”

(This is why your agent is important)

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Decision Making on End-of-Life Issues

Things are not always cut and dried – we make decisions by weighing the benefit and the burden **to the patient.**

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End-of-Life Issues – Common Scenarios

Note that there are start/stop issues. If a treatment is ordinary, it must be given, and it should not be stopped without re-evaluating if it meets the benefit v burden stance.

Not all treatments must be started, and those which are started can be stopped if they meet the standard of a burden.

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End-of-Life Issues – Common Scenarios

CPR – is it ordinary or extraordinary

REMEMBER – different meaning in medical and ethical (we are using ethical here)

Examples depend on circumstances

It is ok to allow a dying person to die – DNR is ok in this circumstance

Media has given us an unrealistic understanding of CPR

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Ohio's Living Will

Ohio's Living Will is a document that applies in two scenarios

- ▶ You are in a permanently unconscious state, or,
- ▶ You are terminally ill and death will occur in a relatively short time if life sustaining treatment is not administered. O.R.C. 2133.01(A)(A)

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Food and Water (Nutrition & Hydration)

- Generally speaking, food and water are ordinary care and must be provided.
- If someone is in a permanently unconscious state (i.e. Terri Schiavo) food and water should be provided.
- Sometimes it is appropriate to withhold/withdraw food and water: for example, if a person can no longer safely assimilate food and water.
- Sometimes patients stop eating and drinking as part of the natural dying process, i.e. at the end stages of cancer this can occur.

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Ohio's Living Will

- The Ohio Living Will states that in those two instances, all treatment should be withheld or withdrawn (if it's begun)
- It mandates that your physician administer no life-sustaining treatment, including CPR, and that he/she issue a DNR order
- Standard is to order a withdrawal of hydration & nutrition
- No opportunity to weigh the benefits vs. the burdens of a treatment
- Paper vs Person

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Common End of Life Documents

Advance Directives

- ▶ Living Will (not recommended)
- ▶ Durable Power of Attorney for Health Care (recommend)
- ▶ DNR (not required – understand when appropriate)
- ▶ Organ declaration
- ▶ POLST/MOLST (Not Available in Ohio, but a policy issue and somewhat contentious in the pro-life world)

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Ohio's Health Care Power of Attorney

- Names a person (an agent) to make decisions for you when you are unable to do so
- Lists people in specific order and healthcare personnel will follow the order of people named to determine who makes decisions for you
- Authorizes your agent to get medical information
- Applies any time you are unable to make decisions
- Only is effective when you are not able to make decisions

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Your HCPOA

- ▶ Not just for older/sick individuals. Everyone over the age of 18 should have one (under 18 parents make decisions)
- ▶ Statutory Authority only applies in cases of terminal illness/permanent unconsciousness. Hospital decides.
- ▶ Talk to the people you name as decision makers about your values and intentions.
- ▶ Sign a good healthcare power of attorney that reflects your values

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Ohio DNR

- ▶ A DNR is a physician's order that essentially says that you do not want actions taken if your heart stops beating (cardiac arrest) or if you stop breathing (respiratory arrest)
- ▶ If you have a DNR order and your heart or breathing stops, you will not receive CPR, which can include everything from mouth-to-mouth resuscitation to chest compressions

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Ohio's Durable Power of Attorney for Health Care

- ▶ You don't have to name a family member, although many people do
- ▶ Every legal adult should have one. This is not a document that you only need when you are sick, when you are married, when you have children, etc.
- ▶ Ensures that a person is making decisions on your behalf
- ▶ You can give broad or narrow powers in the GCRTL document

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Ohio DNR

There are two types of DNR orders in Ohio.

- ▶ The first is a DNR Comfort Care or DNR-CC
 - ▶ Interpreted as non-aggressive care; certain things are prohibited like cardiac monitors
- ▶ The second is called DNR Comfort Care-Arrest or DNR-CCA
 - ▶ Interpreted as "full" care until the point of arrest
- ▶ Comfort Care is "any action taken to promote patient comfort, such as administering pain medications or offering emotional support."

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Guide your Agent

- ▶ Let your agent know if you would like to be attended to by a Catholic priest or a pastor/minister in your faith.
 - ▶ Other faiths may have sacraments, prayers, or anointings.
 - ▶ This should be a letter or a discussion -NOT be written into your HCPOA if you sign a standard form without the help of an attorney.
- ▶ You can point your agent to resources and/or individuals in case they are looking for some direction. (i.e. your pastor, NCBC, etc.)

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Organ Donation

- ▶ Organ and tissue donation can be a very pro-life thing that fulfills the mission of medicine and allows people to live beautiful lives.
- ▶ Some definitions of "death" may not comport with a moral definition of death as we understand it.
- ▶ Catholics have a very rigorous body of ethics and science on this; Protestants tend to have less developed resources and theology, so we recommend resources like the NCBC and talking to your clergy

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Organ Donation

- ▶ Ohio law allows an individual to register to become an eye, organ, or tissue donor by registering at the BMV, online, or by filling out and mailing in a registration card to the Ohio Donor Registry. Amending or revoking is the same process.
- ▶ If you are registered as a donor, your family cannot revoke this. (potential legal hassles – Lifeline case)
- ▶ Discuss your wishes with your agent instead.

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Faithful at the End of Life: A Resource

Why?

- ▶ Ohio has a current standard form supported by groups like the OSBA/OHA/etc. It represents the consensus by those groups and is not a bad document
- ▶ However, it can be confusing in some areas, and that it is packaged with the Living Will is misleading on a practical basis
- ▶ We have found many religious and pro-life people have concerns with the provisions or find it does not meet their need Customizing is expensive and most attorneys are not trained on the faith/bioethics.

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Ohio Law

Ohio Law provides that you cannot be required to sign a living will (O.R.C. 2133.12(B)(4)), DNR (O.R.C. 2133.24(B)(4)), or power of attorney for health care (O.R.C. 1337.16(A)) in order to receive health care/medical services.

Understand that if you have a DNR or a Living Will, that will trump your HCPOA. Your agent (absent legal action not likely to succeed) cannot override a Living Will or a DNR.

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Pro-Life at the End of Life: A Resource

What are some of the benefits of this version?

- ▶ I can include language that revokes all prior Living Wills.
- ▶ I can be more specific about wanting food and water unless I am unable to assimilate them, or it's truly burdensome to me.
- ▶ My agent can decide what "imminent" and "futile" mean. (some states and some health care facilities interpret "imminent" as meaning up to one year.)

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Faithful at the End of Life: A Resource

- ▶ We have merged the basic pro-life ethics on end-of-life with a standard form Advance Medical Directive and Health Care Power of Attorney as a "one-stop" called FATEL
- ▶ It is a free resource that conforms with Ohio's law on standard form/pre-printed Health Care Power of Attorneys and meets the ethical standards of the pro-life faithful
- ▶ Can be executed with or without the assistance of an attorney (attorneys can execute for reasonable expense)

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Pro-Life at the End of Life: A Resource

- ▶ I can direct that my life not be ended by assisted suicide or euthanasia.
- ▶ I can specify (for example) that I reject any treatments that use an unborn or newborn child, or any tissue or organ of an unborn or newborn child, who has been subject to an induced abortion.
- ▶ I can also specify (for example) that I reject any treatments that use an organ or tissue of another person obtained in a manner that causes, contributes to, or accelerates that person's death.

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Pro-Life at the End of Life: A Resource

- ▶ It can limit your agent's authority in important ways.
i.e. your agent doesn't have the authority to approve the direct and intentional ending of your life. OR your agent may not direct that you be denied food or fluids for the purpose of causing your death by starvation or dehydration.
- ▶ That protects you but it also protects your agent from being pressured to authorize such actions.

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Pro-Life at the End of Life: A Resource

Three stages of deployment

- ▶ For use by individuals, families, and churches.
www.faithfulattheendoflife.org
- ▶ For use by attorneys for their clients
 - ▶ Available immediately for attorneys who want to customize documents for their clients
 - ▶ Planning to develop attorney CLE courses and list of lawyers who will offer the documents and/or have been through our training
- ▶ Legal Clinics

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Q & A

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