

III. Providing for Final Health Care

Some deaths are sudden and unexpected, traumatic. Most deaths, however, follow a natural pattern of decline due to disease or old age.



Situations can arise when the one who is sick cannot contribute to any decisions about personal medical care. A document directing medical personnel and family about continuing or withdrawing treatment is most helpful, if not required. Such **ADVANCE DIRECTIVES** allow you to guide your treatment according to your wishes, even if completely incapacitated.

In 2006 the Catholic Bishops of Wisconsin issued the second edition of a

joint statement **NOW AND AT THE HOUR OF OUR DEATH**.

It can be obtained by mail —
Wisconsin Catholic Conference
Room 1105

131 West Wilson Street
Madison WI 53703

Phone: 608-257-0004

Or by download —

www.wisconsinatholic.org

The bishops cover end-of-life issues with a clear bias toward advance planning through medical directives.

There is a lasting and essential tension *between euthanasia and the decision to forego overly aggressive medical treatment*.

One extreme is bringing about your death or the death of another directly. This is ***not ever permissible***.

The other extreme is use of all available means as extraordinary measures. This is ***not even necessary***.

Catholic moral teaching allows for the discontinuation of medical treatments that are *burdensome, dangerous, extraordinary, or*

disproportionate to the expected outcome (Catechism of the Catholic Church, paragraph 2278).

The two most common civil instruments for establishing end-of-life directives in advance are:

✓ **Durable Power of Attorney for Health Care**

The **Durable Power of Attorney** is more adaptable and flexible since you *delegate* decision-making power to a specific person, usually exercised in conjunction with other family members and professional resource people.

✓ **Declaration to Physicians or Living Will**

The **Living Will (Declaration to Physicians)** is more rigid since you must *define* responses to anticipated circumstances, which may never occur.

Generally, the Power of Attorney for Health Care is better, but assess for yourself, then complete the forms.

The forms are available free of charge. Contact your local hospital, nursing home, hospice, clinic, social services office or parish. Or contact State of Wisconsin by mail or through download:

By mail —
Living Will / Power of Attorney
Division of Public Health
PO Box 309
Madison WI 53701-0309

By download —
<http://www.dhfs.state.wi.us/forms/AdvDirectives/index.htm>.

Once you have completed the forms, distribute paper copies and clearly communicate the specifics of your directives to those who need to know.

Organ, tissue or body donation is an allied topic. Again, a clear understanding of the options and



clear communication of your choices are essential. Certain legal forms, cards or permissions, most commonly a driver's license sticker, need to be in order.

In any event, discuss your preferences with family and various professionals in light of ethical and moral, legal and medical options. The overall goal is *advance directives* of your choices concerning:

- *nutrition*
- *hydration*
- *respiration*
- *dialysis*
- *intubation,*
- *pain control*
- *resuscitation*
- *medication*
- *amputation*
- *disposal of a body for medical research*
- *permission for an autopsy*
- *direct disposition of your remains*

Other important questions to consider:

- *How would you describe your current health status? If you currently have any medical problems, how would you describe them? How do they affect you?*
 - *Are you satisfied with your primary physician? How will this influence your choices?*
 - *Who could be your agent to carry out your decisions if you should become incompetent or incapacitated?*
 - *How important is independence and self-sufficiency in your life? How would decreased physical and mental abilities affect your attitude?*
 - *How do you expect your family, friends, and others will support your decisions regarding medical treatment now or in the future?*
 - *What will be important to you when you are dying (physical comfort, no pain, family members present, location)?*
 - *Where would you prefer to die?*
- *What is your attitude toward death?*
- *How do you feel about the use of life-sustaining measures in the face of terminal illness? Would you consider having your physician write a DNR (Do Not Resuscitate) order on your medical chart, if that time arrives?*
- *How do you feel about the use of life-sustaining measures in the face of permanent coma? Or in the face of irreversible chronic illness (e.g., Alzheimer's disease)?*

- *What would you like to say about your attitude toward illness, dying and death?*
- *How do you feel about an autopsy after your death?*
- *What else is important for your representative to know?*

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