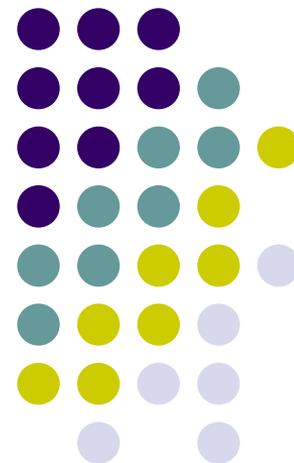
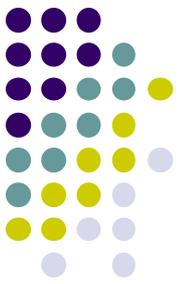


Advance Care Planning: Catholic Teaching & Resources

Fr Kevin McGovern,
Caroline Chisholm Centre for Health Ethics:
Archdiocese of Melbourne – Under Ten Years Ordained,
8 September 2015



Caroline Chisholm
Centre for Health Ethics



Overview of the day

- 1) Advance Care Planning:
Catholic Teaching & Resources
- 2) Dementia:
A Challenge to the Church
- 3) Professionalism in the Priesthood:
A Response to the Clergy Sexual
Abuse Crisis

Overview of this presentation

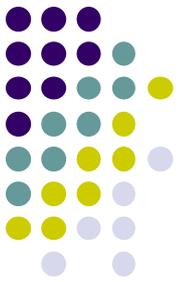


1. Introduction
2. Catholic Teaching and Resources
3. Practical Considerations
4. Questions for Discussion



1. Introduction

- From C20, modern medicine has greatly increased average life expectancy
 - BUT
 - many more are old, frail and chronically ill
 - towards the end of life, medical treatment probably won't cure, but may make a final illness and death very unpleasant ('dysthanasia')
 - towards the end, many are unconscious/incompetent → at that time, cannot say no to further treatment



1. Introduction

‘Living Will’ or Advance Care Directive

→ Substitute Decision Maker

→ Substitute Decision Maker, along with Statement of Wishes and/or Advance Directive

1. Introduction: Catholic Teaching



- Each person has a moral responsibility to use those means of sustaining our lives that are effective, not overly burdensome and reasonably available (‘ordinary’ or ‘proportionate’ means).
- Each person has a moral right to refuse any treatment that is futile, overly burdensome or morally unacceptable (‘extraordinary’ or ‘disproportionate’ means).

1. Introduction: Catholic Teaching



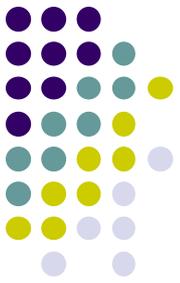
- Catholic Teaching therefore provides a basis for Advance Care Planning.
- Gerontologist Myles Sheehan SJ says that Advance Care Planning is just as much a pro-life issue as euthanasia and abortion: it is pro-life to seek to preserve people from unnecessary suffering at the end of life.

2. Catholic Teaching and Resources



- *Advance Care Plan*
- *A Guide for People Considering Their Future Health Care*
- *A Guide for Health Care Professionals Implementing a Future Health Care Plan*
- *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia*
 - Download them all for free from **Catholic Health Australia** website: <http://www.cha.org.au/publications.html>

A Guide for People Considering Their Future Health Care



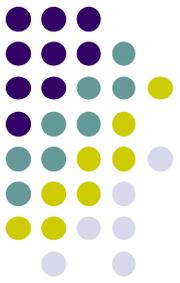
Foreword

- approved by ACBC Committee for Doctrine & Morals, and by CHA Stewardship Board

1. Introduction

- “Because we know that a time may come when we are unable to make decisions about our own care, it is a good idea to ensure that someone we trust will be in a position to make such decisions for us. For the same reason, it can be sensible to let trusted people know our values and our wishes for medical treatment, to help guide them to make such decisions.”

A Guide for People Considering Their Future Health Care (cont'd)



2. Planning Future Health Care

- “Planning future health care relies on good, long-term communication between you and your family, friends and health care professional.”
- The focus is therefore on ongoing communication – not just filling in forms!

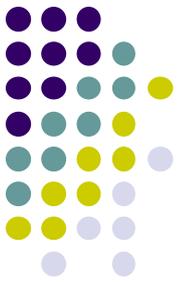
A Guide for People Considering Their Future Health Care (cont'd)



3. Appointing a Representative

- “A health representative can make decisions on your behalf.... These health decisions have the advantage of being flexible in response to changing circumstances.”
- Note that the Catholic approach gives priority to the appointment of a substitute decision maker over the filling out of an advance directive.
- Medical notes or an advance directive are appropriate in some cases.

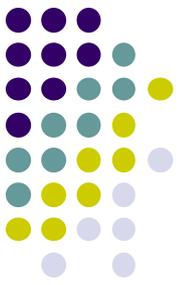
A Guide for People Considering Their Future Health Care (cont'd)



4. Guiding Your Representative

- “You can allow your representative to make health decisions for you, or you can provide that person with specific advice, verbally or in writing, or by having it recorded in your doctor’s records.”

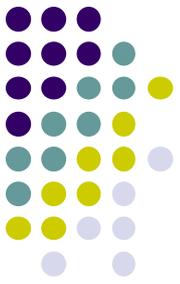
A Guide for People Considering Their Future Health Care (cont'd)



5. Understanding Responsibilities & Rights

- “We have a moral responsibility to use those means of sustaining our lives that are effective, not overly burdensome and reasonably available.” (‘ordinary’ or ‘proportionate’ means)
- “You or your representative have a moral right to refuse any treatment that is futile, or... overly burdensome or morally unacceptable.” (‘extraordinary’ or ‘disproportionate’ means)

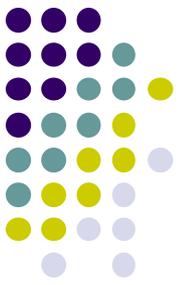
A Guide for People Considering Their Future Health Care (cont'd)



6. Summary

- “Planning your future health care requires good communication between you and your family, friends and health care professional.”
- “A good future health care plan should... aim to provide them with clear guidance... which can be adapted according to changing circumstances.”

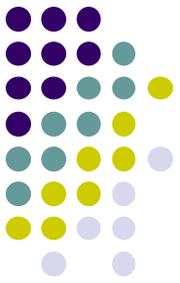
7. A Model Statement



Advance Care Plan

- an excellent document for most people, especially those who are in reasonably good health
 - appointing a representative (p. 1)
 - guiding my representative (p. 3)
-
- Catholic Health Australia Advance Care Planning website: <http://myfuturecare.org.au/>

Extraordinary or Disproportionate Means



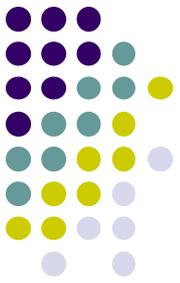
- Futile and/or
- Overly burdensome
 - physically too painful
 - psychologically too distressing
 - socially too isolating
 - financially too expensive
 - morally repugnant
 - spiritually too distressing
- ‘heroic’ or ‘cruel’ treatment
- may be refused

Standards for Decision Making



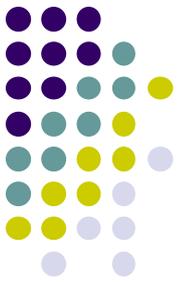
- Best Interests
= we decide for them
- Substituted Judgment
= we speak for them (i.e. we seek to identify the decision that they would make)
 - USCCB's *Ethical and Religious Directives for Catholic Health Care Services*, #25: "Decisions by the designated surrogate should be faithful to Catholic moral principles and to the person's intentions and values, or if the person's intentions are unknown, to the person's best interests."

Tube Feeding



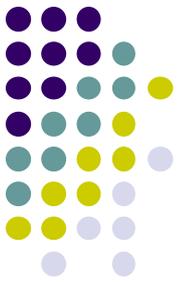
- John Paul II. “Address to Participants in the International Congress on ‘Life-Sustaining Treatments and Vegetative State.’” (20 March 2004).
- ACBC Bishops Committee for Health, Bishops Committee for Doctrine and Morals, and Catholic Health Australia. “Briefing Note on the Obligation to Provide Nutrition and Hydration.” (2004).
- Congregation for the Doctrine of the Faith. “Responses to Questions Concerning Artificial Nutrition and Hydration.” (1 August 2007).
- McGovern, Kevin. “Catholic Teaching about Tube Feeding.” *Chisholm Health Ethics Bulletin* 16, no. 2 (Summer 2010): 8-12.
- McGovern, Kevin. “Tube Feeding, Catholic Teaching and Dementia.” *Health Matters* 64 (Summer 2012): 36-37.
 - Articles by KMcG at CCCHE, <http://www.chisholmhealthethics.org.au/publications>.

Tube Feeding



- Catholic teaching on tube feeding has considered a specific condition, Post-coma unresponsiveness (Vegetative state) (PCU)
- In PCU, tube feeding “should be considered, in principle, ordinary and proportionate, and as such morally obligatory.” (John Paul II)
- Tube feeding usually offers little if any benefit in advanced dementia.
- Decide on a case-by-case basis. In most cases, however, a feeding tube would not be inserted into a person with advanced dementia.

3. Practical Considerations



- Communication about End of Life Decisions:
 - If I am very sick and it could go either way, how hard do I want the health professionals to try to save my life?
 - If I have advanced dementia and I develop pneumonia, do I want treatment to try to cure the pneumonia?
 - If it is possible, do I want to be an organ and tissue donor?

3. Practical Considerations



- Other Matters
 - Have I made a will? Do I have special things that I want to leave to specific people? (Make a list!)
 - Any last messages for anyone?
 - As death nears, do you want:
 - people to be told you are sick and asked to pray for you?
 - people with you? Who?
 - to have people talk to you and hold your hand, even if you don't seem to respond?
 - Funeral wishes
 - e.g. readings, hymns, readers, pall bearers, etc.
 - Burial wishes
 - What else is important for you?

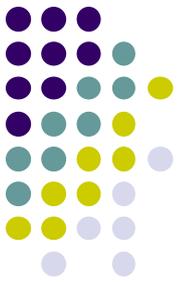
4. Questions for Discussion



- What experiences have I had of end-of-life decision-making and/or Advance Care Planning?
- What stood out to me as important in this presentation?
- What can I/we do to promote knowledge and understanding about Advance Care Planning and end-of-life decision-making in the diocese?
- What can I/we do to promote knowledge and understanding about the Catholic ethical standards for these and the *Catholic Advance Care Plan*?
- Are there people or places where we should particularly target this information?

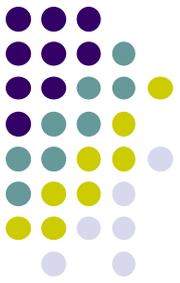
Crossing the Bar

by Alfred Lord Tennyson (1809-1892)



- Sunset and evening star,
 And one clear call for me!
And may there be no moaning of the bar,
 When I put out to sea,
- But such a tide as moving seems asleep,
 Too full for sound and foam,
When that which drew from out the boundless deep
 Turns again home.
- Twilight and evening bell,
 And after that the dark!
And may there be no sadness of farewell,
 When I embark;
- For tho' from out our bourne of Time and Place
 The flood may bear me far,
I hope to see my Pilot face to face
 When I have crost the bar.

4. Questions for Discussion



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Presenter



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