Life is inherently good. It is a sacred gift from God. We have to cherish and preserve every human life, regardless of age or condition. We need to address all the suffering that comes with sickness – physical, emotional, psychological, familial, and spiritual. Those who are sick should always be given basic care – food, water, pain control, and physical comfort, as well as emotional and spiritual assistance. They should feel our compassion and unconditional love.

Out of deep respect for life, a person has a moral duty to use ordinary and proportionate treatments to deal with suffering. Ordinary treatments offer a reasonable hope of benefit and do not impose an excessive burden on the patient, their family, or the community. In principle, providing a patient with food and water (including medically-assisted nutrition and hydration) is ordinary care and is morally required. However, we are not morally required to use extraordinary and disproportionate treatments. These do not offer a reasonable hope of benefit, are excessively burdensome, or impose excessive expense on the family or the community. Declining disproportionate treatment is not the same as killing a person – it is accepting the inevitability of death by natural causes.

Failing to give ordinary care with the intention of causing death is euthanasia. Physician-assisted suicide (PAS) is to deliberately take your own life by using drugs prescribed by a doctor. It is always wrong to deliberately cause the death of an innocent person in these ways, or to assist anyone to do so – it violates the Fifth Commandment (“thou shall not kill”) and our duty to “love one another.”

Making medical decisions at the end-of-life can be complex and very sensitive. We have to form our consciences according to the teachings of our faith, and use the virtue of prudence to weigh burdens and benefits. In difficult situations, we should seek guidance from someone who knows Church teaching and has experience in applying it to specific cases, such as a priest, deacon, hospital chaplain, or an expert in medical ethics. Likewise, caring for a sick person can be very challenging and difficult. Care-givers should pay attention to their own physical, emotional, and spiritual health. We should not hesitate to seek help from health care professionals and spiritual advisors.

Death can be the gateway into eternal life. It can be a time of great hope and consolation, as well as sadness and loss. Our Church community is there to help us, and we can always draw on the graces God bestows through the Sacraments (especially the Eucharist and the Anointing of the Sick), and in answer to our prayers and the prayers of those who love us.
When talking about planning for medical decisions near the end-of-life, we usually hear about two kinds of legal documents: a "health care proxy" and a "living will." Both of these documents allow a person to give "advance directives" about what kind of medical care and treatment they want as death approaches, if they can't make decisions for themselves. For a number of reasons, we strongly recommend that people avoid "living wills" and instead execute a "health care proxy".

**THE HEALTH CARE PROXY**

Under New York State law you can appoint a particular individual as your health care "agent" or "proxy". This person will have the authority to make all medical decisions that are in your best interests, but only if you are no longer able to do so yourself. You can give the agent/proxy specific instructions about the kinds of care and treatment you want, and you can also limit their authority.

Choose your agent/proxy carefully. Pick someone who has good moral character who knows you well and knows your religious beliefs. Look for someone who understands medical information, and can handle stress. **It is especially vital to choose someone who will make decisions according to Catholic moral teachings.** Here is some language that you may wish to include in your health care proxy, to give clear instructions that you want to be treated according to Catholic principles.

"I desire to receive all care that is morally required by the teachings of the Church, and that nothing be done that is contrary to the teachings of the Church. I do not desire anything that will directly take my life, and that that no "extraordinary measures" be taken to unreasonably prolong my life. The term "extraordinary measures" should be understood according to the teaching of the Church. I desire that all ordinary care, including painkillers and assisted food and hydration, should be provided to me as required by the teachings of the Church."

**WHY YOU SHOULD AVOID A “LIVING WILL”**

A "living will" is a written legal document that specifies what kinds of care and treatment you want or don't want. **We strongly urge you to avoid the living will.**

If you become incapacitated, the doctors and your family are legally required to obey the living will. There is no flexibility and the living will may not reflect your desires or best interests in unforeseen circumstances. Nobody can foresee all possible situations and make sound moral decisions in advance.

The living will also prevents your agent from evaluating your specific condition and deciding whether a treatment is ordinary (more benefit than burden) or extraordinary (more burden than benefit). This may result in denying care or treatment that is morally required under Catholic teaching.

Unless you are very careful about the terms of a living will, it can easily lead to **euthanasia.** For example, some living will forms suggest that people decline ordinary care and treatment such as assisted food and hydration, the insertion of a feeding tube, assisted respiration, and even feeding by hand. As a result, you may die from starvation or dehydration rather than from your underlying condition. **That's euthanasia, not a normal natural death – and it is always morally wrong.**

The MOLST (Medical Orders for Life Sustaining Treatment) is very commonly encouraged by medical staff at nursing homes and hospitals. These share the same problems as living wills – they're inflexible, can't foresee all circumstances, and are likely to result in the denial of morally required care. **We urge you to exercise extreme caution about the MOLST – you are never required to consent to one.**

**DON’T LET THE LAW CHOOSE AN AGENT FOR YOU**

If you become incapacitated and you have not appointed a health care agent, **the law will appoint one (called a "surrogate") for you.** The choice will be made from a prioritized list of persons who are related to you – your spouse, adult children, siblings, etc. You have no control over who is chosen. You cannot guarantee that this person will make medical decisions for you in keeping with your preferences, moral values and religious beliefs. If your wishes are not known, the surrogate can use his own judgment about your treatment and best interests – which may not be the same as yours. To avoid this, we urge you to execute a health care proxy.

**WHERE CAN I GET A CATHOLIC HEALTH CARE PROXY?**

1) You can download a Catholic health care proxy form at: [https://lifeofficenyc.org/care-and-prepare](https://lifeofficenyc.org/care-and-prepare)

2) You can also access one in the booklet "Now and at the Hour of our Death," which you can find at: [http://www.CatholicEndofLife.org](http://www.CatholicEndofLife.org)