

Living With Hope ... Confronting Our Fears

A series on death and dying: The Catholic Perspective

Informed Decision Making

The patient should be at the center of the decision making process, surrounded by family and significant loved ones, as well as the patient's health care team.

A decision about a proposed treatment may reasonably and responsibly include financial expenses as a relevant factor. While it is possible to abuse such a criterion, the costs of medical treatment can and should be part of the assessment of burden.

When patients, families and health care professionals face decisions regarding medical treatment, the burdens and benefits to the patient should remain the center of the conversation, but the ultimate decision may involve wider considerations. The social nature of each person and individual personal choices have familial and social implications.



Nutrition & Hydration

There should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to the patient. (Ethical and Religious Directives for Catholic Health Care Services, No. 58)

One should ask whether the risks and discomfort of a feeding procedure are really excessive as compared with the adverse effects of dehydration and malnutrition. (Nutrition & Hydration: Moral and Pastoral Reflections, NCCB Committee for Pro-Life Activities.)

Before withdrawing or withholding, there must be clear evidence that providing artificial nutrition and hydration is, in fact, burdensome, ineffective or futile.

Nutrition and hydration may be withheld or withdrawn if the patient can no longer assimilate the liquids or nourishment or if the patient is suffering from terminal illness and death is imminent. (Death & Life Issues, Catholic Conference of Ohio)

When a patient is no longer able to take an active role in the decision making process, an advance directive for health care can be a legitimate and helpful way to bring the patient's values and preferences into the decision making.

Patient autonomy is not absolute. Patients do not have a right, for example, to demand medically futile treatment, nor can they demand that others take direct steps to bring about their death through euthanasia or assisted suicide. Moreover, the moral convictions of physicians and other members of health care teams should be respected; they should not be expected to take part in medical interventions against the dictates of their consciences.

(Hopes & Fears, Catholic Bishops of Ohio).

**For More Information
Contact:**

**Family Life Office
Archdiocese of Cincinnati
513-421-3131**