



A resource provided by

THE ARCHDIOCESE
OF KANSAS CITY IN KANSAS



CATHOLIC GUIDE FOR END OF LIFE

AND ESTABLISHING OF
ADVANCE DIRECTIVES

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Introduction

*(adapted, in part, from "Now and at the Hour of Our Death,"
a document by the Catholic Bishops of New York)*

In light of the promise of sharing in divine life, which Christians believe will reach its full realization in eternity, life on earth is not our final destination (cf. Heb 13:14). Nonetheless, life remains a sacred reality entrusted to us, to be preserved with a sense of responsibility and brought to perfection in love and in the gift of ourselves to God and to our brothers and sisters.¹

A desire for good health and a long life are aspirations common to almost everyone. Advances in medical technologies bring with them new promises of curing disease and living longer, healthier lives than ever before. But new medical capabilities can also be the source of heightened patient anxiety about a needlessly prolonged, painful and expensive dying process. Medical advances bring with them new and complex questions regarding medical treatments and moral decision making.

It is important not to let the questions raised by new technologies eclipse what should be transcendent and grace-filled moments in the dying process: attending to spiritual needs, healing broken relationships, and saying goodbye. Our Catholic faith offers both a long tradition of reflection and a wealth of teaching to help guide us through these complicated issues.

Difficult decisions about the use of medical technology at the end of life may be made easier if we take the time to express our wishes about end-of-life treatments before illness strikes. This guide is designed to explain the moral principles of Catholic teaching about end-of-life decision-making and to outline the options that exist in Kansas for advance care planning.²



**Human life is sacred.
As Catholics, we allow
faith to shed light on
complex questions.**

*Difficult decisions about the use of medical technology at the
end of life may be made easier if we express our wishes about
end-of-life treatments before illness strikes.*

Elements of Moral Decision Making

In order to make wise decisions about complex treatments in grave illness or as life's end approaches, and to discern what kind of advance medical directives to prepare, it is important that Catholics be familiar with what our faith reveals about human life; about its meaning and its destiny. It is also important to know what the Church, established by Jesus, teaches about end-of-life issues. This guide will briefly review certain elements of moral decision-making as it pertains to severe illness, dying and preparation of advance medical directives.

Knowing the Church's teaching on human life and eternal destiny allows us to approach end-of-life decisions with wisdom.

The Value and Dignity of Human Life

The Church announces the truth that human life has meaning and affirms the “incomparable value of every human person.”³ Most people regard life as something sacred and hold that no one may dispose of it at will, but believers see life as something greater, namely, a gift of God's love, which they are called upon to preserve and make fruitful.⁴ The *Catechism of the Catholic Church* states that, “Those whose lives are diminished or weakened deserve special respect.”⁵

It is always wrong to intentionally and directly act to bring about one's own death or the death of another innocent person by a deliberate act.⁶ Yet, in times of serious illness or when the burdens of prolonged disability weigh heavily on one's body, mind and spirit, it is possible to become depressed, be at risk of losing hope and be tempted to end the suffering by any means.

Those who are seriously ill should, in addition to medical experts, seek the help of pastors, chaplains and others who can offer them pastoral care. Additionally, it is sometimes necessary to consult with medical or psychological specialists to provide the appropriate intervention for clinical depression during times of serious illness or injury. The sick should always be treated with the utmost respect, dignity and compassion. Christ is always present in the suffering of believers. Those who care for the sick should minister to them as they would to the Lord himself.

“Human life is sacred because from its beginning it involves the creative action of God and it remains forever in a special relationship with the Creator, who is its sole end. God alone is the Lord of life from its beginning until its end: no one can under any circumstance claim for himself the right directly to destroy an innocent human being.”⁷



Every human life has incomparable value; it is always wrong to intentionally hasten death.

The Patient's Right to Decide

As a patient, one has the right to make decisions and choices related to the medical care one is to receive in accord with one's properly formed conscience. For Catholics, those decisions and choices are informed by one's faith and by the moral teachings of the Church established by Jesus. As long as the patient possesses sufficient mental faculties and is able to communicate his or her wishes, the patient retains the right to make decisions and choices concerning his or her own medical care and treatment.

However, each person may identify, in advance, a representative to make health care decisions as his or her surrogate in the event that the person loses the capacity to make health care decisions (see section on Advance Directives below). Decisions made by the designated surrogate should be faithful to Catholic moral principles and to the patient's intentions and values, or if the patient's intentions are unknown, to the patient's best interests. In the event that an advance directive is not executed, those who are in a position to know best the patient's wishes — usually family members and loved ones — should participate in the treatment decisions for the person who has lost the capacity to make his or her own health care decisions.⁸

Catholic health care institutions will make information available to patients about their rights to make an advance directive for their medical treatment and will honor the free and informed decisions of patients or patients' surrogates as long as they do not conflict with Catholic moral principles. Catholic institutions cannot honor an advance directive that is contrary to Catholic teaching.⁹

The Church defends an individual's right to make one's own health care decisions, provided that one follows the moral law. Kansas law affords a person the legal right, particularly to stop life-sustaining procedures, if one's life is ending.¹⁰

Proportionate and Disproportionate Means



Proportionate (sometimes called "ordinary") means are those that offer a reasonable hope of benefit and do not entail an excessive burden on an individual, his or her family, or the community. Proportionate means are morally obligatory. Intentionally withholding appropriate and ordinary care with the aim of hastening or causing death is considered passive euthanasia, and is always gravely contrary to God's will.¹¹

*Means that offer hope of benefit (**proportionate**) are morally obligatory. Means that are excessively burdensome or offer little hope (**disproportionate**) are morally optional.*

Disproportionate (sometimes called "extraordinary") means are those that present excessive burdens and consequences that are out of proportion to the beneficial results anticipated for the patient. These kinds of means are morally optional. Catholics are not morally bound to prolong the dying process by every



Faith and the moral teachings of the Church should inform a patient's right to decide. It is wise to prepare by designating a faithful surrogate in advance.



**Allowing natural death to occur
is not the same as hastening
or causing death.**



St. Paul said, "Now I rejoice in my sufferings for your sake, and in my flesh I am filling up what is lacking in the afflictions of Christ on behalf of his body, which is the church..."

Col 1:24



possible means. Allowing natural death to occur is not the same as hastening or causing death.

The evaluation of proportionate or disproportionate means, however, is based on objective and subjective factors for an individual patient. For example, total parenteral nutrition (a method of getting nutrition into the body through the veins) may be a proportionate means in an industrialized country but a disproportionate means in a developing country, where it is not affordable or is technically too difficult to administer. A treatment may also be disproportionate because it is futile or because it causes complications that are too hard for the patient or the patient's family to bear.¹²

The Question of Suffering

Suffering is part of the human condition and suffering can come in many forms. The agony of physical pain is often the first thing that comes to mind when one thinks of suffering. However, the loss of mobility or independence, the burden of medical procedures and side effects from medication are also common sources of suffering. Christians are called to accompany family members and friends in their suffering and do what they reasonably can to alleviate suffering and restore comfort. Modern medicine has made great advances in pain management and palliative care. The relief of suffering must always be carried out in a morally acceptable way and with the proper respect for the dignity of the person.

Suffering includes more than physical pain.

*Christians are called to accompany family and friends
in their time of suffering.*

While few welcome suffering, Christian tradition provides a framework for the encounter with pain and suffering that seems to be an inevitable part of life, especially in times of illness. In St. Paul's *Letter to the Colossians* we hear, "Now I rejoice in my sufferings for your sake, and in my flesh I am filling up what is lacking in the affliction of Christ on behalf of his body, which is the church" (Col 1:24). In her wealth of teaching, the Church offers a spiritual remedy that no medicine or procedure can: A naturally futile situation can be transformed into a supernaturally valuable act.

For the Christian, our encounter with suffering and death can take on a positive and distinctive meaning through the redemptive power of Jesus' suffering and death. As St. Paul says, we are "always carrying about in the body the dying of Jesus, so that the life of Jesus may also be manifested in our body" (2 Cor 4:10). This truth does not lessen the pain and fear, but gives confidence and grace for bearing suffering rather than being overwhelmed by it.¹³

"Suffering, especially suffering during the last moments of life, has a special place in God's saving plan; it is in fact a sharing in Christ's passion and a union with the redeeming sacrifice which He offered in obedience to the Father's will. Therefore, one must not be surprised if some Christians prefer to moderate their use of painkillers, in order to accept voluntarily at least a part of their sufferings and thus associate

themselves in a conscious way with the sufferings of Christ crucified (cf. Mt. 27:34). Nevertheless, it would be imprudent to impose a heroic way of acting as a general rule. On the contrary, human and Christian prudence suggest for the majority of sick people the use of medicines capable of alleviating or suppressing pain, even though these may cause as a secondary effect semi-consciousness and reduced lucidity.”¹⁴

The Church’s teaching about the saving value of suffering when it is united to the suffering of Our Lord is theologically rich and powerful. It is beneficial for Catholics to study this teaching, reflect on it and pray about it long before one must face the occasion of intense suffering.

On the Relief of Suffering

While most of the discussion about suffering focuses on physical pain, the importance of addressing emotional and spiritual suffering should not be overlooked. The spirits of the sick are often lifted by time spent with family and friends. The Church teaches that the dying have the right to be surrounded by loved ones at the time of death. More importantly, perhaps, they have the right to the pastoral help that the Church can provide in trying to make sense of both disability and loss. The Church’s sacraments of Reconciliation, Anointing of the Sick and Holy Communion can bring great peace, spiritual strength and healing, as well as consolation.

As it relates to physical suffering, there is no debate about the need to relieve pain. This has always been part of the Catholic Church’s mission of compassionate care and this mission is aided by the Church’s teaching on morally acceptable ways to do it.

The Church recognizes the legitimacy and value of palliative care, which involves making suffering more bearable in the final stages of illness and ensuring that the patient is supported and accompanied throughout his or her ordeal.¹⁵ “Palliative medicine seeks not only to alleviate the pain associated with some chronic illnesses, but also addresses the emotional, psychological and spiritual dimensions of someone’s pain as they near the end of their life. Palliative care and hospice care...are the embodiment of a compassionate approach to those who are in the end stages of life. Palliative care addresses the totality of the human person, which is body, mind and soul.”¹⁶

Excessive pain threatens one’s physical, emotional and spiritual well-being, and thus a patient’s request for pain relief should be respected. While the Church teaches that it is not right to deprive a dying person of consciousness without a serious reason, the Church also recognizes that the administration of medicines to relieve severe pain may cause unconsciousness and is permitted when “no other means exists, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties.”¹⁷ Thus the Church affirms the moral liceity of authentic palliative care, so long as the medicines are not taken or prescribed with the intention of bringing about the patient’s death.¹⁸



The dying have the right to be surrounded by loved ones at the time of death. More importantly, they have the right to the pastoral care of the Church in the midst of suffering.



Requests for pain relief should always be respected. Pain killers must never intentionally be given to hasten death.

Nutrition and Hydration

There is an obligation to provide hydration and nutrition. In rare cases, complications or excessive burden may allow exceptions. Withholding food or drink to hasten death is always wrong.



“For I was hungry and you gave me food, I was thirsty and you gave me drink.”

Mt 25:35



Euthanasia and assisted suicide are grave moral evils. It is sometimes prudent to withhold aggressive treatment when death is inevitable.

At times, sickness can prevent a person from swallowing sufficient drink and food. Providing sufficient hydration and nourishment is always considered an ordinary and proportionate act, even if it is administered by medically assisted means, and thus is morally obligatory.

While it is normative that the administration of food and water be morally obligatory, there are times, due to emerging complications, when a patient may be unable to assimilate food and liquids, so that their provision serves no benefit. Additionally, in rare cases, artificial nourishment and hydration may be excessively burdensome for the patient or may cause significant physical discomfort, for example resulting from complications in the use of the means employed.¹⁹ Such cases represent exceptions when it would be permissible to forego administration.

Procedures for medically assisted hydration and nutrition include swallowing therapy from a speech pathologist, IV fluids, and feeding tubes (such as a PEG tube). Intravenous administration of fluids is short-term therapy, and recourse to PEG tubes is long-term. It is possible to give all of a person’s water and nutritional needs through a PEG tube. In some cases, it may be necessary to try medically assisted hydration and nutrition before assuming that it will not be tolerated.

It is never morally acceptable to refuse hydration or nutrition because of a desire to hasten death; such would “have the meaning of real and true euthanasia.”²⁰

Euthanasia and Assisted Suicide (Always Morally Unacceptable Options)

Euthanasia, in the strict sense, is understood to be an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering. “Euthanasia’s terms of reference, therefore, are to be found in the intention of the will and in the methods used.”²¹

Euthanasia must be distinguished from the decision to forego so-called “aggressive medical treatment,” in other words, medical procedures which no longer correspond to the real situation of the patient, either because they are by now disproportionate to any expected results or because they impose an excessive burden on the patient and his or her family. In such situations, when death is clearly imminent and inevitable, one can in conscience “refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted.”²²

“Suicide is always as morally objectionable as murder. The Church’s tradition has always rejected it as a gravely evil choice. Even though a certain psychological, cultural and social conditioning may induce a person to carry out an action which so radically contradicts the innate inclination to life, thus lessening or removing subjective responsibility, suicide, when viewed objectively, is a gravely immoral act.” To help in carrying it out through so-called “assisted suicide,” means to cooperate in, and at times to be the actual perpetrator of, an injustice which can never be excused.²³

Proponents of euthanasia and assisted suicide often claim compassion as their motive, but true compassion leads to sharing another's pain; it does not kill the person whose suffering we cannot bear.²⁴ Catholic leaders have commented that doctors should be healers and never killers; where assisted suicide exists there is often a lesser commitment to palliative care and assisted suicide promotes a general disrespect for life.²⁵ Euthanasia and assisted suicide are always morally unacceptable.

True compassion leads to sharing in another's pain.

Advance Care Planning — Making Your Health Care Wishes Known

*Advance care planning involves learning about the types of decisions that might need to be made, considering those decisions ahead of time, and then letting others know — both your family and your health care providers — about your preferences. These preferences are often put into an **advance directive**, a legal document that goes into effect only if you are incapacitated and unable to speak for yourself.²⁶*

Advance Directives

Sometimes in late stages of terminal diseases or in other end-of-life situations, a person loses the ability to communicate or to make rational decisions. It is important to make sure that family and other loved ones are aware of the sick person's wishes so that as death approaches, the person receives the kind of care and treatment that he or she desires. Advance directives are documents that help ensure that one's wishes concerning end-of-life care will be respected, even if one becomes unconscious or unable to communicate those wishes.



Definition of an Advance Directive

An advance directive (AD) is a legal document that states how an individual would want to be treated in the event that he or she is diagnosed with a terminal illness or when the end of life draws near. Some advance directives name another person (most often a relative or friend) to make those decisions on behalf of the patient. There are three categories of such directives under Kansas law:

- **Durable Power of Attorney for Health Care (DPOA-HC).** The State of Kansas specifies what a DPOA-HC form should look like.
- **DNR (Do Not Resuscitate) Directive**
- **Declaration to Withhold or Withdraw Life-Sustaining Procedures** (Note: The State of Kansas does not have a “Living Will” law per se. The “Declaration to Withhold or Withdraw Life-Sustaining Procedures” addresses situations commonly addressed by so-called “Living Wills.”)

It is important that advance directive documents be executed before a person loses the ability to communicate his or her own wishes concerning end-of-life care. Advance directives serve to clarify one's intentions should one lose the ability to communicate one's wishes due to unconsciousness or cognitive impairment.

An advance directive, a legal document stating a person's medical wishes, is executed prior to losing soundness of mind.



If one does not communicate one's end-of-life desires, the care provided may not reflect one's wishes, values, or beliefs.

Other Documents

There is another form that is being used in Kansas that does not fall under the three categories of directives under Kansas law. This other form is entitled the "Transportable Physician Orders for Patient Preferences" (TPOPP). This form, unlike those mentioned above, is an actual physician medical order. There have been concerns raised by some over how this form is being used. The TPOPP form's standing in Kansas law is, at the time of the publication of this guide, unclear. For more information, see the section on the TPOPP form below.

Various institutions, private and public, may offer their own versions of advance directive documents. These forms should be examined closely to ensure that they are compatible with the faith and values of the individual executing the document.

Exploring the Different Categories of Advance Directives in Kansas

Durable Power of Attorney for Health Care Form

The Durable Power of Attorney for Health Care Decisions form is a document that assigns someone (an "agent") to express a person's health care wishes and choices should that person become too sick to do so. This includes the ability to accept or refuse life-sustaining procedures on the patient's behalf. Therefore, it is very important to select the right person to serve as the patient's agent. The person designated as the patient's Durable Power of Attorney for Health Care Decisions (DPOA-HC) should:

- Make decisions as the patient would and thus the agent should know, at least in a general sense, the patient's wishes,
- Know the patient well and be trustworthy,
- Have knowledge of Catholic moral principles and
- Have the moral and emotional strength to make decisions in trying settings.

A Catholic health care institution will do what one's agent says as long as such choices are not in conflict with Catholic moral principles or the *Ethical and Religious Directives for Catholic Health Care Services* (ERDs). The United States Conference of Catholic Bishops has provided the ERDs to guide Catholic health care institutions in making moral decisions regarding health care. To learn more about the ERDs, go to www.usccb.org and search for "Ethical and Religious Directives."

The Church suggests that the best advance directive form for use by Catholics is the Durable Power of Attorney for Health Care. You can find a sample on page 18. Consider consulting an attorney when preparing legal documents.



A Durable Power of Attorney appoints a trusted agent to make medical decisions when the patient is unable to do so. It should include language to authorize this agent to accept or refuse life-sustaining procedures on the patient's behalf.

The advantage of the DPOA-HC is that, should something unanticipated occur and the patient is unable to speak on his or her behalf, the patient's agent can make the decision for the patient and in accord with the patient's pre-expressed wishes. It is important to select the right person to be one's DPOA-HC. It should be someone who knows one's wishes and is well-versed in the Church's teaching concerning end-of-life care. **The Archdiocese of Kansas City in Kansas recommends the DPOA-HC form as the preferred advance directive for Catholics to use in Kansas.** The Archdiocese's version of the *Durable Power of Attorney for Health Care Decisions* form can be found in the appendix of this guide. You may also obtain a copy of the form online at <https://www.archkck.org/prolife-end-of-life-care>.

Do Not Resuscitate (DNR) Advance Directive

A "Do Not Resuscitate" (DNR) Directive is a legal document in Kansas that is initiated by the patient and serves as an expression of one's desire not to receive cardio-pulmonary resuscitation (CPR). Usually, that means chest compression, a breathing tube, a ventilator, and medications intended to restart the heart. Sometimes this is a good decision — and sometimes it is not.

For example, sometimes for a person with pneumonia, a ventilator is a temporary but necessary thing for survival (see section on "proportionate means" above). However, if someone is dying of terminal cancer and near the end of one's life, it is reasonable and appropriate to request that resuscitative efforts not be initiated should one's breathing or heartbeat cease.

Do Not Resuscitate (DNR) Advance Directives and/or a DNR Medical Order issued by a physician (see explanation below) are commonly used in late stages of terminal diseases or if someone is approaching the end-of-life from old age or other medical conditions. **Otherwise healthy people should not routinely initiate a DNR Advance Directive or ask their physician to write a DNR Medical Order.**

A DNR Advance Directive (a patient-initiated document):

- Typically needs a physician's medical order to take effect (see DNR Medical Orders below) — and not just any physician, but the attending physician, meaning the one in charge of the patient's care.
- Is NOT necessary to obtain a DNR Medical Order from one's physician. For example, if a person's medical condition becomes dire and it becomes evident that a DNR Medical Order is now appropriate, the patient, or if the patient is unable to express his or her own wishes, the patient's DPOA-HC or the patient's next of kin, may request the attending physician to write a DNR Medical Order. This can happen even if a DNR Advance Directive has not previously been executed.
- Pertains to only cardio-pulmonary resuscitative efforts (CPR) and not to other kinds of supportive or emergency care, i.e. pain medication or hydration and nutrition, etc.

A DNR Medical Order

- Unlike a DNR Advance Directive, which is initiated by the patient, a DNR Medical Order is a medical order written by the attending physician that instructs the health care team NOT to initiate cardio-



A DNR Advance Directive is initiated by the patient and pertains to resuscitative treatments, not to supportive care. It may be considered in cases of late-stage terminal diseases.



A DNR Medical Order is initiated by a physician after consulting with a patient and can be done with or without a DNR Advance Directive in place.



pulmonary resuscitative efforts (CPR) should the patient's breathing or heartbeat cease.

- A DNR Medical Order (doctor initiated) may or may not be accompanied by a DNR Advance Directive (patient initiated)
- A DNR Medical Order remains in effect as long as the patient is in a hospital, nursing home, or in transit in an ambulance.
- If the patient does not have a DNR Medical Order, the health care team will normally attempt resuscitation if a person stops breathing or if one's heart stops.

A DNR Medical Order can be a good thing if it prevents a person from getting CPR that will serve no real benefit or causes a person pointless suffering. On the other hand, for healthy individuals or patients who have a likelihood of regaining some level of health, CPR may prove to be a lifesaver and a DNR Medical Order would not be appropriate. When discussing the possibility of a Do Not Resuscitate Advance Directive or DNR Medical Order it is important that the patient and his or her loved ones be as well informed as possible. Be cautious about coercive statements such as, "You don't want us to break your ribs with CPR, do you?" Such statements tap into one's emotions, but do not provide clear expressions of the risks and benefits of resuscitative efforts.

Remember, if you do not fill out a DNR directive in advance, the patient or the patient's DPOA-HC can later ask the attending physician for a DNR Medical Order if the patient's medical situation becomes dire.

Declaration to Withhold or Withdraw Life-Sustaining Procedures

The Kansas Legislature has found that adult persons have the fundamental right to control the decisions relating to the rendering of their own medical care, including the decision to have life-sustaining procedures withheld or withdrawn in instances of a terminal condition.²⁷ The law has prescribed a specific format and sample wording according to which the "Declaration to Withhold or Withdraw Life-Sustaining Procedures" should substantially be made.²⁸

This Advance Directive can prevent not only CPR, but other life-sustaining care. The wording usually states something to the effect that the Declaration takes effect only when a person can no longer speak for oneself; and the attending physician and one other physician have examined the patient, and certify in writing that the patient is terminally ill; that the life-sustaining procedure would only prolong dying; and that death would occur whether or not the procedure was used.

Whether or not such declarations are consistent with Catholic moral teaching depends on how they are worded and what medical conditions are interpreted as "terminal." For example, a person who is unable to talk or move, but whose vital functions of breathing and circulation are properly functioning and who is not in any immediate danger of dying, should not be denied food or water. To deny hydration and nutrition in such a situation would not be consistent with Catholic moral teaching. Such a person could live for a long time if the basic needs of food, water, comfort care and love are provided.

On the other hand, there are situations that arise, like brain hemorrhage or advanced terminal conditions, that interfere with vital functions and do not

permit life to continue without artificial support. Catholics are never obligated to prolong life when death is imminent and there is no reasonable hope of recovery. Basic care such as food and water should always be provided as long as the patient's body can accommodate it. Pain relief and tender loving care should always be offered in an attempt to alleviate suffering and show the respect the person deserves.

Many Catholics wish to use a Declaration that is written in the context of their Catholic faith and expresses their wishes in light of their faith. Catholic declarations, such as the Archdiocese's *Advance Declaration on Life and Natural Death*, are safer alternatives to generic advance directive forms.

Faith-based advance directives can emphasize Catholic principles and avoid the risks of falling into practices that would be in some way conflicting with the ethical and moral teachings of the Church as well as the health care preferences of Catholic patients.

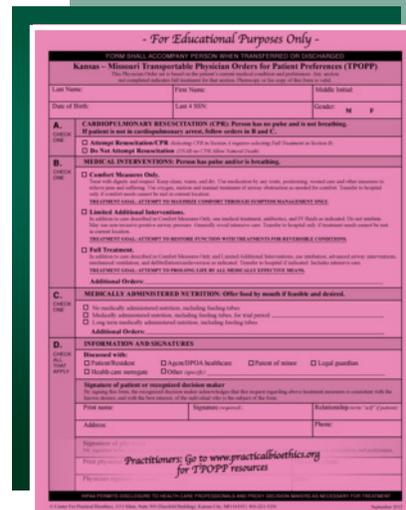
Kansas law allows for a Declaration to include "other specific directions," therefore a Catholic version of the Declaration is legally recognized in Kansas as long as it is substantially in the form prescribed by the state statute.²⁹ You can find a copy of the Archdiocese's *Declaration on Life and Natural Death* in the appendix of this document or online at <https://www.archkck.org/prolife-end-of-life-care>.

TPOPP Form (Transportable Physician Orders for Patient Preferences)

The TPOPP is known by other names (POLST, POST, MOLST, and MOST) in other states, and it may not yet be in its final form in Kansas. The TPOPP is promoted as a set of doctor's orders, but acts in some ways like an advance directive. Unlike advance directives, the TPOPP was intended to be more specific, to be more easily available, and to be treated as a physician's medical order. The TPOPP can prevent CPR and other medical treatment, including specifically hydration and nutrition.

Promoters of the TPOPP form cite respect for patient preferences and ease of communicating these preferences across health settings as advantages of the form. Critics of the TPOPP form note that it is distinctive from other advance directives in that, after being signed by a clinician, the form is immediately invested with the status of an actionable medical order, without regard to patient decisional capacity. The directions for the use of the form do have recommendations for reviewing the form and allow for a patient, with capacity, to request alternative treatment.

A Declaration to Withhold or Withdraw Life-Sustaining Procedures is recognized in Kansas Law and can prevent not only CPR and breathing tubes, but other life-sustaining care. Care should be taken to ensure this document is in accord with moral teaching.



Many Catholic leaders, including the local Archbishop, have voiced concerns with the TPOPP form as it is currently designed. While many hospitals use TPOPP, its use by Catholics in the Archdiocese is still being evaluated. Since the exact wording of a TPOPP or POLST form may vary from place to place, some dioceses across the U.S. may endorse the use of the form in their own jurisdiction. For more information on the TPOPP form in Kansas, go to <https://www.archkck.org/prolife-end-of-life-care>.

Unlike other advance directives, a TPOPP Form is an actionable medical order. It is not endorsed by the Archdiocese in its current format.

Deciding What Is Right for You



Not all advance directive forms are the same. Study closely and get guidance before signing any form. Furthermore, not all advance directives respect Catholic values.

Not all advance directives are the same. If you enter a hospital or clinic, you may be offered an advance directive document. Be sure to study it and get the Church's guidance BEFORE signing it. Certain laws encourage and even require your health care provider to inquire if you have an advance directive and, if not, to offer you one.

Certain issues relating to medical care arise at the end of life, and different advance directive documents address these matters in different ways. Morally speaking, some advance directive documents approach them in better ways than others. The medical care issues include:

- The relief of suffering
- The right to make morally correct decisions for yourself
- Determining what treatment constitutes proportionate means (see above)
- Recourse to medically assisted hydration and nutrition
- Access to palliative sedation
- Avoidance of practices that constitute euthanasia and assisted suicide
- Spiritual preparation for the next life

Different versions of advance directive documents differ in how well they recognize and appreciate Catholic values, and some are even written in ways that might advocate for opposite values. A patient should choose a directive that best serves his or her values and intentions.

Sacramental Preparation for Death



Remember to plan for what is eternal. Those who are seriously ill should seek the Sacraments and pastoral care.

“For those who die in Christ, life is changed, not ended.” It would be shortsighted to prepare only for the end of what is temporary, and not plan well for the beginning of what is everlasting. For this reason, those who are seriously ill or dying are exhorted to avail themselves to all the spiritual helps that Christ's Church offers.

As stated in the *Catechism of the Catholic Church*, “Thus, just as the sacraments of baptism, confirmation, and the Eucharist form a unity called ‘the sacraments of Christian initiation,’ so too it can be said that penance, the anointing of the sick and the Eucharist as viaticum constitute at the end of Christian life ‘the sacraments that prepare for our heavenly homeland’ or the sacraments that complete the earthly pilgrimage.”³⁰

Furthermore, because we believe that not only our soul, but also our body, will participate in eternal life, we need to arrange for proper treatment of what will be returned to us on the last day. In particular, this means a Catholic funeral and burial. These rites will be our last act, and can be a means of Christian witness even after our death.

Therefore, it is vitally important that appointed decision-makers, such as the one designated as the Durable Power of Attorney for Health Care, and next of kin be aware of one's desire to receive the sacraments of the Church and the last

rites as death approaches. The next of kin should also be aware of the patient's desire for a Catholic funeral Mass and bodily burial.

Christian Funeral Considerations

As death approaches, some Catholics prefer to pre-plan some or all the parts of the funeral rite. Local parishes can assist individuals with pre-planning their funeral liturgies. Catholic Cemeteries of Northeast Kansas and local funeral homes familiar with Catholic funeral rites also offer prearrangement assistance with planning funeral services and burial options. The Catholic funeral rite is divided into several stations, or parts, each with its own purpose. The principal parts are the Vigil Service (Wake), the Funeral Liturgy and the Rite of Committal (Burial or Interment).

Vigil Service (Wake)

“At the vigil, the Christian community keeps watch with the family in prayer to the God of mercy and finds strength in Christ's presence” (Order of Christian Funerals, no. 56). The Vigil Service usually takes place during the period of visitation and viewing at the funeral home. It is a time to remember the life of the deceased and to commend him or her to God. In prayer we ask God to console us in our grief and give us strength to support one another.

The Vigil Service can take the form of a Service of the Word with readings from Sacred Scripture accompanied by reflection and prayers. It can also take the form of one of the prayers of the Office for the Dead from the *Liturgy of the Hours*. The clergy and your funeral director can assist in planning such a service. It is a local custom in some places to pray the Rosary during the funeral wake.

It is most appropriate, when family and friends are gathered together for visitation, to offer time for recalling the life of the deceased. For this reason, eulogies are usually encouraged to be done at the funeral home during visitation or at the Vigil Service.

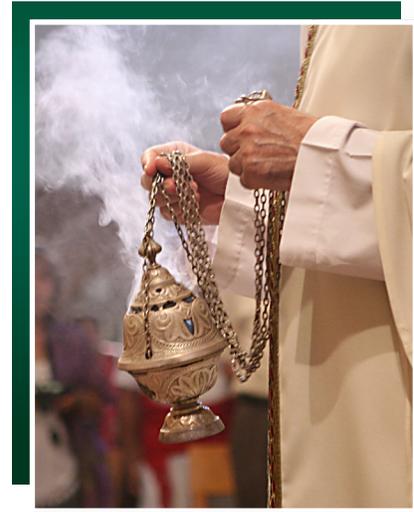
Funeral Liturgy

The funeral liturgy is the central liturgical celebration of the Christian community for the deceased. When one of its members dies, the Church encourages the celebration of the funeral liturgy at a Mass. When Mass cannot be celebrated, a funeral liturgy outside Mass can be celebrated at the church or in the funeral home.

At the funeral liturgy, the Church gathers with the family and friends of the deceased to give praise and thanks to God for Christ's victory over sin and death, to commend the deceased to God's tender mercy and compassion, and to seek strength in the proclamation of the Paschal Mystery. The funeral liturgy, therefore, is an act of worship, and not merely an expression of grief.

Rite of Committal (Burial or Interment)

The Rite of Committal, the conclusion of the funeral rite, is the final act of the community of faith in caring for the body of its deceased member. It should normally be celebrated at the place of committal, that is, beside the open grave or place of interment. In committing the body to its resting place, the



“At the death of a Christian, whose life of faith was begun in the waters of Baptism and strengthened at the Eucharistic table, the Church intercedes on behalf of the deceased because of its confident belief that death is not the end, nor does it break the bonds forged in life. The Church also ministers to the sorrowing and consoles them in the funeral rites with the comforting Word of God and the Sacrament of the Eucharist.”

Order of Christian Funerals, no. 4

community expresses the hope that, with all those who have gone before us marked with the sign of faith, the deceased awaits the glory of the resurrection. The Rite of Committal is an expression of the communion that exists between the Church on earth and the Church in heaven: The deceased passes with the farewell prayers of the community of believers into the welcoming company of those who need faith no longer, but see God face-to-face.³¹

Burial of the Body or Cremation

Following the most ancient Christian tradition, the Church insistently recommends that the bodies of the deceased be buried in cemeteries or other sacred places. In memory of the death, burial and resurrection of the Lord, the mystery that illumines the Christian meaning of death,³² burial is above all the most fitting way to express faith and hope in the resurrection of the body. By burying the bodies of the faithful, the Church confirms her faith in the resurrection of the body, and intends to show the great dignity of the human body as an integral part of the human person whose body forms part of his or her identity. Furthermore, burial in a cemetery or another sacred place adequately corresponds to the piety and respect owed to the bodies of the faithful departed who through Baptism have become temples of the Holy Spirit and in which “as instruments and vessels the Spirit has carried out so many good works.”³³

Citing economic considerations, some today entertain the option of cremation of their bodily remains over traditional burial. The Church raises no doctrinal objections to the practice of cremation, since cremation of the deceased’s body does not affect his or her soul, nor does it prevent God, in his omnipotence, from raising up the deceased body to new life. Thus cremation, in and of itself, objectively negates neither the Christian doctrine of the soul’s immortality nor that of the resurrection of the body.³⁴

However, the Church strongly prefers that the body of the deceased be present for the funeral rites since the presence of the body clearly recalls the life and death of the person. Additionally, the practice of burying the bodies of the deceased is preferred by the Church, because this shows a greater esteem towards the deceased. Nevertheless, cremation is not prohibited, “unless it was chosen for reasons contrary to Christian doctrine.”³⁵ It is the Church’s recommendation that if cremation of the body is to take place, it occurs following the funeral liturgy. However, if cremation takes place immediately after death, the Church does permit the cremated remains to be brought into church for the celebration of the funeral liturgy.

Lastly, if cremation takes places, the ashes should be placed in a worthy vessel and be buried in a cemetery or placed in a columbarium. To ensure a dignified disposition of the person’s remains, ashes should not be divided among various family members; preserved in mementos, pieces of jewelry or other objects; nor stored in a loved one’s home. Additionally, cremated remains should not be



Funeral services can be planned in advance, and may include a vigil service, funeral liturgy and burial rite. Burial of the body is preferred over cremation.

scattered in the air, on land, at sea or in some other way.³⁶ In short, the cremated remains should be handled with the same level of reverence and care that a deceased body would be.

Living Well as Preparation for Dying Well

Christ abides with us. He never abandons us. He is with us during this life and we encounter him in a special way in the sacraments of his Church, by which he heals and strengthens us for the journey to eternal life. The ultimate purpose of our time on earth is to prepare for eternal life with the Triune God.

Because of Christ, Christian death has a positive meaning: “For to me, to live is Christ and to die is gain” (Phil 1:21). “The saying is sure: if we have died with him, we will also live with him” (2 Tim 2:11). What is essentially new about Christian death is this: Through Baptism, the Christian has already “died with Christ” sacramentally, in order to live a new life; and if we die in Christ’s grace, physical death completes this “dying with Christ” and so completes our incorporation into him in his redeeming act.³⁷

For the Christian, therefore, this life can be summed up as a preparation for a holy death. In the final days, no less than throughout the whole of Christian life, we are encouraged to seek the graces made available through the Holy Sacrifice of the Mass, the other sacraments, especially Confession and the Sacrament of the Sick. Additionally, one should seek the aid of the intercessory prayers of all the members of the Church — those on earth, as well as those in heaven — prayers for the grace to make this final passage as Christ himself did, in accord with his Father’s divine will.

Conclusion

Nobody likes dwelling on issues surrounding the end of one’s life. But, none of us can avoid the certainty of dying. St. Benedict in his Rule for monks encouraged his confreres to “Remember to keep death before your eyes daily.” It was not meant to be a morbid preoccupation, but rather such a meditation was a way to live more fully each day and enabled detachment from the things of this world that can never satisfy one’s deepest longings.

Hopefully you found this guide helpful in preparing you to navigate the complex world of modern medical advances which bring with them new and complex questions regarding medical treatments and moral decision making. As was mentioned at the beginning of this document, it is important not to let the questions raised by new technologies eclipse what should be transcendent and grace-filled moments in the dying process: attending to spiritual needs, healing broken relationships, and saying goodbye to loved ones. The information in this document is intended to better equip readers to reflect on their desires for end-of-life care in light of their Catholic faith and to help readers become more familiar with advance medical directives and issues related to important decisions and actions to be considered when death approaches.

At the end of this document you will find an appendix with samples of the documents mentioned in this guide as well as a list of resources for you to contact if you need more information or have more questions. This guide ends



**Life is preparation
for a holy death.**

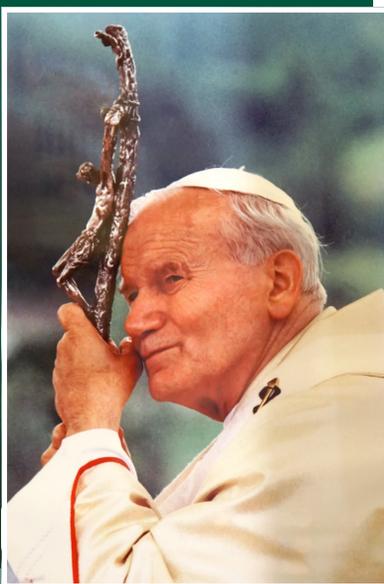
**Seek the graces
provided through
the Sacraments.**

**Embrace prayer and
ask others to pray
for you.**

**None of us lives for oneself, and
no one dies for oneself. For if we
live we live for the Lord, and if we
die, we die for the Lord; so then,
whether we live or die, we are
the Lord’s.**

Rom 14: 7–8

with a prayer composed by St. John Paul II (below). May this prayer remind all who pray it that life is a marvelous gift and blessing. May it help to recall the truth that our ultimate calling is to be with the Lord and may it help us to live well so that we can someday die well.



Prayer by St. John Paul II

*Grant, O Lord of life,
That we may savor every season of our lives
as a gift filled with promise for the future.
Grant that we may lovingly accept your will,
and place ourselves each day
in your merciful hands.*

*And when the moment
of our definitive "passage" comes,
grant that we may face it with serenity,
without regret for what we shall leave behind.*

*For in meeting you,
after having sought you for so long,
we shall find once more every authentic good
which we have known here on earth,
in the company of all who have gone before us
marked with the sign of faith and hope.*

*Mary, Mother of pilgrim humanity, pray for us
"now and at the hour of our death."
Keep us ever close to Jesus, your beloved Son
and our brother, the Lord of life and glory.*

Amen!

Disclaimer: This guide has been prepared to provide an overview of end-of-life considerations from a Catholic theological and moral perspective. Individuals should consult legal counsel when preparing advance directive documents.

Appendices

- I. **Durable Power of Attorney for Health Care Decisions**
(Sample Document)
- II. **Advance Declaration on Life and Natural Death**
(Sample Document)
- III. **Resources**

Durable Power of Attorney for Health Care Decisions

General Statement of Authority Granted

I, _____, designate and appoint:

Name: _____

Address: _____

Phone Numbers: _____

E-mail: _____

to be my agent for health care decisions and pursuant to the language stated below, on my behalf to:

(1) grant consent, refuse consent, or withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition, and to make decisions about organ donation, autopsy and disposition of my body;

(2) make all necessary arrangements at any hospital, psychiatric hospital or psychiatric treatment facility, hospice, nursing home or similar institution; to employ or discharge health care personnel to include physicians, psychiatrists, psychologists, dentists, nurses, therapists or any other person who is licensed, certified or otherwise authorized or permitted by the laws of this state to administer health care as the agent shall deem necessary for my physical, mental and emotional well-being; and

(3) request, receive and review any information, verbal or written, regarding my personal affairs or physical or mental health including medical and hospital records and to execute any releases of other documents that may be required in order to obtain such information and, in this regard,

(a) I intend that my agent be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records, including any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320d and 45 CFR 160-164, as amended from time to time or any similar legislation;

(b) I authorize any of the persons described in paragraph (2) above as well as any health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company, any health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services to give, disclose and release to my agent, without restrictions, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including but not limited to mental illness and drug and alcohol abuse; and

Durable Power of Attorney for Health Care Decisions

(c) I intend that this authority given my agent shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information and has no expiration date unless I revoke such authority in writing and deliver it to my health care provider.

In exercising the grant of authority set forth above, my agent for health care decisions shall be guided by and honor the provisions of that certain **Advance Declaration on Life & Natural Death** (“Declaration”), if I have executed one. In the event that any provision hereof shall conflict with such Declaration, the Declaration shall control.

Limitations of Authority

(1) The powers of the agent herein shall be limited to the extent set out in writing in this durable power of attorney for healthcare decisions, and shall not include the power to revoke or invalidate any previously existing declaration made in accordance with the natural death act.

(2) The agent shall be prohibited from authorizing consent for the following items:

(3) This durable power of attorney for health care decisions shall be subject to the additional following limitations: _____

Effective Time

This power of attorney for health care decisions shall become effective upon and remain in effect during the occurrence of my disability or incapacity as determined by the physician selected by or assigned to me, who has the primary responsibility for my treatment and care.

Revocation

Any durable power of attorney for health care decisions I have previously made is hereby revoked.

This durable power of attorney for health care decisions shall be revoked solely by an instrument in writing, executed, witnessed or acknowledged in the same manner as required herein for its execution.

Alternate Agent for Health Care Decisions

If my agent _____ is unavailable or unwilling to make health care decisions for me, is deceased or becomes incapacitated (as determined by certification by a licensed physician), then I appoint

Name: _____
Address: _____
Phone Numbers: _____

Durable Power of Attorney for Health Care Decisions

as my agent for health care decisions with all of the same powers granted to the original appointed agent for health care decisions.

Execution

Executed this _____ day of _____, 20____ at _____, Kansas.

Signature

STATE OF _____) COUNTY OF _____) SS

This instrument was acknowledged before me on _____, 20____,

by _____

Notary Public

My Appointment Expires:

References:

K.S.A. §58-632

Ethical and Religious Directives for Catholic Health Care Services, 6th Ed.

(U.S. Conference of Catholic Bishops, 2018, www.usccb.org/about/doctrine/ethical-and-religious-directives/index.cfm)

Appendix II — Advance Declaration on Life and Natural Death

Archdiocese of Kansas City in Kansas
**Advance Declaration on Life and Natural Death
and on Withholding or Withdrawing Life Sustaining Procedures**

I, _____, being of sound mind, willfully and voluntarily make known my desires as set forth below.

1. Purpose

This declaration made while I am of sound mind, is provided as a means of making known my desires and directions regarding treatment or care for me in the event I become irreversibly or terminally ill. In the absence of my ability to give directions regarding any of the above, I intend that this Declaration shall be honored by my family and health care provider(s) as the final expression of my legal right to make decisions regarding medical or surgical treatment and accept the consequences for such decisions.

2. Full Disclosure of Facts¹

I direct my family, health care providers, lawyer, pastor, and friends that, because of my belief in the dignity of the human person and my eternal destiny in God, if I become irreversibly, incurably, or terminally ill, I be informed fully of the facts with adequate information to understand and in adequate time so that I may discuss the situation with my family and health care providers and, while conscious,² receive the Sacrament of the Sick (“Last Rites”), Viaticum (Communion) as nourishment for my final journey and be helped to understand the Christian meaning of suffering³.

If I am unresponsive, presume that my hearing may still function and attend to prayer. To aid in this, my parish can be contacted at _____.

3. General Presumption for Life

In the absence of a medical condition certified to be terminal as described in section 8 below, this declaration is to be interpreted in favor of seeking health care and preserving life.⁴ Should I have persistent unconsciousness (often referred to as a “vegetative” state), I request treatment to prevent complications, to improve function if possible, and to monitor for recovery.⁵ If I am pregnant, all medically indicated measures should be provided to sustain my life, if these measures could sustain the life of my unborn child until birth, regardless of my physical or mental condition. In general, my treatment may resort to the most advanced techniques, provided it is proportionate.⁶

No euthanasia (“mercy killing”) or assisted suicide may be performed. Euthanasia, for the purposes of this document, is understood to be an action or omission which of itself and by intention causes death with the purpose of eliminating suffering. No one or nothing may permit my euthanasia, even if I am suffering from an incurable disease, or dying. No one can ask for it, recommend it, or consent to it, on my behalf.⁷

4. Nutrition and Hydration.⁸

I direct that I should receive appropriate nutrition and hydration. This includes medically assisted (“artificial”) nutrition and hydration, when necessary. For me, such feeding is normal care and proportionate, not a heavy burden. I should receive it, to the extent that it accomplishes nutrition and/or hydration, in order to prevent death by starvation and/or dehydration. Even if I have a medical or psychological illness that prevents me from feeding myself, I do not wish to be abandoned to die.

Feeding and hydration become optional for me when it cannot be reasonably expected to sustain life, or in the rare case that complications cause excessive burden or significant physical discomfort.

Archdiocese of Kansas City in Kansas Advance Declaration of _____ Initials _____

Appendix II — Advance Declaration on Life and Natural Death

5. Comfort Care.⁹

I wish to have pain well managed and, when possible, to be kept pain free. I authorize the liberal use of pain medication to keep me comfortable, but request that I not be so sedated to prevent me from communicating with loved ones or taking advantage of religious support.

While I value the salvific meaning of suffering, if I am unable to communicate, presume that I wish to have pain relieved, even if it unintentionally diminishes my consciousness or unintentionally shortens my life.

6. Natural Death Instructions.¹⁰

I wish to have the right to die peacefully, naturally, where I wish, not at the hand of someone else and surrounded by the love of all those close to me, family and caregivers.

7. Proportionate Remedies¹¹

When attempting to preserving my life, use proportionate means. Proportionate (sometimes called “ordinary”) means are those that offer a reasonable hope of benefit and do not entail an excessive burden. Proportionate takes into account the type of treatment, its degree of complexity or risk, and its cost. It then compares those things with the expected result, considering my state of sickness and my physical, psychological, and spiritual resources.

Advanced medical techniques may be interrupted or withdrawn when results fall short of expectations as determined by my durable power of attorney (DPOA) or family, when there is no DPOA, considering the advice of doctors especially competent in the matter.

8. Declaration to Withhold or Withdraw Life-Sustaining Procedures.¹²

I do not desire to be subjected to treatment that would only secure a precarious and burdensome prolongation of life. Under the circumstances set forth below and informed by my desires spelled out above, I do hereby declare: If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care, including hydration and nutrition if my body can accommodate it.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my DPOA, family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Signed this ____ day of _____, 20 ____.

signature of declarant

Printed Name: _____

Address: _____
Street, City, County, State

Appendix II — Advance Declaration on Life and Natural Death

The declarant has been personally known to me and I believe the declarant to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession or under any will of declarant or codicil thereto, or directly financially responsible for declarant's medical care.

Witness _____ Witness _____

(OR)

STATE OF _____) COUNTY OF _____) SS

This instrument was acknowledged before me on _____ (date) by _____
(name of person)

(Signature of notary public)

(Seal, if any)

My appointment expires: _____

Copies:

Footnotes to Advance Declaration

¹ "Ethical and Religious Directives for Catholic Health Care Services, 6th Edition (ERDs)," US Conference of Catholic Bishops, November, 2018. <http://www.usccb.org/about/doctrine/ethical-and-religious-directives/index.cfm>, ¶ 55.

² ERDs, ¶ 15, 16.

³ ERDs, ¶ 61.

⁴ ERDs, Part V, Introduction.

"Declaration on Euthanasia," Sacred Congregation for the Doctrine of the Faith, May 5, 1980, http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html, § IV.

⁵ "Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration. Commentary," Sacred Congregation for the Doctrine of the Faith, August 1, 2007, http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20070801_nota-commento_en.html

⁶ "Declaration on Euthanasia," § IV.

⁷ ERDs, ¶ 60. "Declaration on Euthanasia," § II.

⁸ ERDs, Chapter V, Introduction, and ¶ 58.

"Responses... Concerning Artificial Nutrition and Hydration," and accompanying Commentary.

⁹ ERDs, ¶ 61. "Declaration on Euthanasia," § III.

¹⁰ ERDs, ¶ 61. "Declaration on Euthanasia," § II and IV.

¹¹ ERDs, ¶ 56. "Declaration on Euthanasia," § IV.

¹² KSA 65-28, 103

Appendix III — Resources

National Catholic Bioethics Center

<https://www.ncbcenter.org>

United States Conference of Catholic Bishops

<http://www.usccb.org>

Pro-Life Office, Archdiocese of Kansas City in Kansas

<https://www.archkck.org/prolife-end-of-life-care>

Catholic Guidance for End of Life Decisions, *Now and At the Hour of Our Death*

<https://www.catholicendoflife.org>

Kansas Catholic Conference

<https://www.kansascatholic.org>

Catholic Cemeteries of Northeast Kansas

<https://cathcemks.org>

Catholic Community Hospice

<https://catholiccharitiesks.org/hospice>

Villa St. Francis Catholic Care Center

<https://www.villasf.org>

Santa Marta Continuing Care Retirement Community

<https://www.santamartaretirement.com>

Sister Servants of Mary Ministers to the Sick

<https://sisterservantsofmary.org/home>

Endnotes

- 1 See Pope John Paul II, *Evangelium Vitae*, no. 2
- 2 Three paragraphs adapted from *Now and at the Hour of our Death*, a document by New York Catholic Conference
- 3 Pope John Paul II, *Evangelium Vitae*, no. 2
- 4 Congregation for the Doctrine of the Faith, *Declaration on Euthanasia, Iura et Bona*, 1980
- 5 *Catechism of the Catholic Church*, no. 2276
- 6 See *Catechism of the Catholic Church*, no. 2261 and following paragraphs
- 7 *Catechism of the Catholic Church*, no. 2258
- 8 United States Conference of Catholic Bishops, *Ethical and Religious Directives*, no. 25
- 9 *Ibid*, no. 24 and 27
- 10 Kansas Statutes Annotated, 65-28-101
- 11 See *Catechism of the Catholic Church*, no. 2277
- 12 National Catholic Bioethics Center, *End of Life Care*, February 2013, FAQ https://www.ncbcenter.org/files/8114/4916/3471/NCBCsummFAQ_End-of-Life-Care.pdf
- 13 United States Conference of Catholic Bishops, *Ethical and Religious Directives*, Introduction
- 14 Sacred Congregation for the Doctrine of the Faith, *Declaration on Euthanasia*, part III
- 15 Pope John Paul II, *Evangelium Vitae*, no. 65
- 16 Brian Fraga, "Church Sees Palliative Care as True Compassion," *OSV Newsweekly*, March 14, 2018
- 17 Pope Pius XII, Address to an International Group of Physicians, 1957
- 18 Catholic United for the Faith, *The Church's Teaching on Euthanasia*, Lay Witness Magazine – Jan/Feb 2003
- 19 Congregation of the Doctrine of the Faith, Commentary, *Response to Questions Raised by Bishop Skylstad*, USCCB, 2007
- 20 Pontifical Council for Pastoral Assistance to Health Care Workers, *Charter for Health Care Workers*, 1995
- 21 Congregation for the Doctrine of the Faith, *Declaration on Euthanasia, Iura et Bona*, 1980
- 22 *Ibid*
- 23 Pope John Paul II, *Evangelium Vitae*, no. 66
- 24 A statement from Cardinal Timothy Dolan of New York Chairman, United States Conference of Catholic Bishops' Committee on Pro-Life Activities, USCCB, 2016
- 25 For example, see Cardinal Dolan's commentary in the *National Catholic Register*, June 13, 2018
- 26 National Institute on Aging website, <https://www.nia.nih.gov/health/advance-care-planning-healthcare-directives>
- 27 *Kansas Statutes Annotated*, 65–28,101
- 28 *Kansas Statutes Annotated*, 65–28,103(c)
- 29 *Ibid*
- 30 *Catechism of the Catholic Church*, no. 1525
- 31 United States Conference of Catholic Bishops, *An Overview of Catholic Funerals*, <http://www.usccb.org/prayer-and-worship/bereavement-and-funerals/overview-of-catholic-funeral-rites.cfm>
- 32 *Catechism of the Catholic Church*, no. 1681
- 33 Congregation of the Doctrine of the Faith, *Ad resurgendum cum Christo*, no. 3
- 34 *Ibid*, no. 4
- 35 *Code of Canon Law*, Canon 1176, §3
- 36 Congregation of the Doctrine of the Faith, *Ad resurgendum cum Christo*, nos. 6 –7
- 37 *Catechism of the Catholic Church*, no. 1010

