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Advance Care Planning for Health Decisions as a Spiritual Activity

"*Father, if you are willing,*
remove this cup from me;
yet, not my will but yours be done."
-Luke 22:42

"*It is the Lord who goes before you.*
He will be with you; he will not fail you or forsake you.
Do not fear or be dismayed."
-Deuteronomy 31:8

Prayer to St. Joseph

Oh St. Joseph whose protection is so great so strong, so prompt before the throne of God. I place in you all my interests and desires. Oh St. Joseph do assist me by your powerful intercession, and obtain for me from your divine son all spiritual blessings through Jesus Christ our Lord.

So that having engaged here below your heavenly power I may offer my thanksgiving and homage to thee most loving of fathers. Oh St. Joseph I never weary contemplating you and Jesus asleep in your arms: I dare not approach while He reposes near your heart press Him in my name and kiss His forehead for me and ask Him to return the kiss when I draw my dying breath.

St. Joseph Patron of departing Souls. Pray for me.
Amen

6) Key Resources

N.P. Kenny 2015 *Health Decisions and Care at the End of Life: A Catholic Perspective*, Catholic Health Alliance of Canada: **www.novalis.ca**

Nuala Kenny 2017 *Rediscovering the Art of Dying* Novalis Publishers

Michael Swan 2021 *Here with Us: A Parish Guide to Serving People with Dementia* Novalis & Twenty-Third Publications.

A Faith-based Advance Care Directive, Catholic Health Association of Saskatchewan: **http://chassk.ca/wp-content/uploads/2016/10/CHAS-Advance-Health-Care-Directive_booklet.pdf**

Speak Up Advance Care Planning Workbook: **http://www.advancecareplanning.ca/resource/acp-workbook/**

Helpful Websites

Canadian Hospice Palliative Care Association: www.chpa.net

Pallium Canada: www.pallium.ca

Comfort Care refers to the maintenance of basic care and interventions aimed at alleviating pain and other symptoms such as difficulties breathing, spiritual and psychological distress but not the use of aggressive treatments to cure or prolong dying; which may include withdrawing or withholding non-beneficial and excessively burdensome interventions. This is also called a "natural death".

Do Not Resuscitate Orders (DNR) convey your wishes regarding cardio-pulmonary resuscitation by health care professionals on admission to acute and long-term care facilities. They focus on what you do *not* want done if you have a cardio-pulmonary arrest.

Medically Assisted Death MAiD in Canada requires a request from a competent person who meets the legal criteria of having a grievous and irremediable medical condition that causes them intolerable suffering. It includes:

Euthanasia which is the deliberate ending of a person's life caused by the physician, usually by lethal injection of drugs.

Assisted Suicide which is the intentional provision of the knowledge and means to commit suicide, usually by a prescription to be taken in future by the patient.

Pain Control can be essential in assisting persons with prayer, interactions with loved ones and preparation for death. Drugs that control pain can be used even if they have an unintended consequence of lessening consciousness and weakening breathing. When these drugs are properly titrated to patient distress, they do not cause death.

Palliative Care at end of life is a philosophy of care for the terminally ill and dying which focuses on pain and symptom control, spiritual and psychological support and care for the patient's loved ones. It neither hastens nor prolongs dying.

> *"Palliative care is an expression of the properly human attitude of taking care of one another, especially of those who suffer. It bears witness that the human person is always precious, even if marked by age and sickness."* (Pope Francis, 2015)

1) The Urgency of Faith-based Advance Care Planning Today

Imagine that you have been in a car accident and are in the hospital emergency department or in the recovery room after cancer surgery waiting for the surgeon to tell you if she "got it all".

How will you face medical decisions? What are your personality characteristics: Risk taker or risk avoider? Need lots of information or minimal information? Need control or not? Dependent on technology or not?

How does your faith and Church teaching play a role?

Now imagine that you are in a medical crisis but unconscious.

Who decides for you? How will they be prepared?

Advance care planning (ACP) is a spiritual activity where spiritual values and theological beliefs inform the practical health care decisions that you will be confronted with. Today, advance care planning as a necessary activity in a society where medically assisted death (MAiD) is the "new normal"**.**

While most seriously ill patients have thought of their death and prepared a will, few have discussed the process of dying with their families and health care providers. In the current climate of medically assisted death there are pressures on the ill, and dependent elderly, and all with a serious or life-threatening condition to choose MAiD; which makes advanced care planning crucial.

The Catholic tradition involved in health decision-making, respects the dignity of the human person. It supports the need for reflection; and preparation and planning for serious illness and dying.

2) Some Key Church Teachings

ACP allows the individual to think about and to clarify their understanding of Catholic teaching on health decision-making before the crisis occurs.

"*Life and physical health are precious gifts entrusted to us by God. We must take reasonable care of them, taking into account the needs of others and the common good.*"
(Catechism of the Catholic Church, no. 1993)

"Reasonable care" includes interventions that are available, effective and not excessively burdensome.

Many Catholics mistakenly believe that Catholics are required to do "everything possible" to prolong biologic life. The Church teaches that "*If morality requires respect for the life of the body, it doesn't make it an absolute value*" (Catechism of the Catholic Church, no. 2289). Interventions are valued when they allow patients to pursue life goals and union with God. Fundamental teachings of the Church state:

"*To forego extraordinary or disproportionate means is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death*"
(Evangelium Vitae, no.66)

"*The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable*." (Catechism of the Catholic Church, no. 2279)

"*Palliative care is an expression of the properly human attitude of taking care of one another, especially of those who suffer. It bears witness that the human person is always precious, even if marked by age and sickness*." (Pope Francis, 2015)

"*Euthanasia is a false solution to the drama of suffering, a solution unworthy of man. Indeed, the true response cannot be to put someone to death, however 'kindly' but rather to witness to the love that helps people to face their pain and agony in a human way*" (Pope Benedict XVI, February, 2009)

5) Helpful Health Care Definitions

Advance Care Planning is a process of deep reflection on your values and beliefs; the communication to loved ones and caregivers of these values and beliefs; and the completion of an advance directive in the event you can't speak for yourself.

An Advance Directive, can include an instructional directive ("living will") providing written instructions or the appointment of a substitute decision maker who will make decisions for you when you are unable. To the best of their ability and taking into account the circumstances, the substitute decision maker is obliged to decide as the person would want, not as they want. If a substitute decision maker is not named for a previously competent person, provincial law will determine who acts for them if they are incapacitated.

Artificial Nutrition and Hydration is distinct from the provision of food and drink. It utilizes medical and surgical procedures such as intravenous fluids or feeding tubes orally to provide fluids and nutrition.

Bioethical Principles directing health professionals today include**:** respect for autonomy, beneficence-acting for the patient's good, non-maleficence-minimizing harm, and justice.

Informed Choice, the main tool for respecting patient autonomy, includes both consent to and refusal of proposed medical interventions. It requires that the patient: has the information they need to make a decision; the capacity or competence to judge the consequences of their decisions and freedom from undue fear, influence and coercion.

Cardio-pulmonary Resuscitation is a set of interventions used to restart your heart when it stops working and can include mouth-to mouth breathing and chest compressions to electrical shock and use of a mechanical ventilator to assist with breathing.

STEP THREE
Complete an Advanced Directive

An Advance Directive is a legal document to direct health care if you lose the capacity to make your own decisions. It is clear that individuals are to decide for themselves while competent.

Capacity/competence determinations are essential.

They are also complex, fluctuating and deteriorating. There is a tendency, especially with the elderly, to move too rapidly to appoint a Substitute Decision Maker (SDM) simply because of difficulties in communication.

A Substitute Decision Maker (SDM) is the person who will make decisions for you when you are unable to; to the best of their ability and taking into account the circumstances. The substitute decision maker is obliged to decide as you would want, not as they want.

This is a serious responsibility and a great gift to the sick or dying individual. SDM's need to be educated and supported in their role. First, by listening carefully as they voice the individual's values, beliefs and hopes; then, by assisting them as they try to decide AS the person would.

The communication to all friends, family and health care providers by the SDM is essential to avoid confusion and conflict.

In serious and terminal illness, having an ACP in place, allows you time to focus on your relationships with loved ones. Presenting an opportunity to address giving and receiving forgiveness, expressions of love and gratitude that have gone un-said and reconciliation with those from whom you have been estranged.

3) Elements of ACP

ACP has three distinct elements:

-a prayerful reflection on your values and beliefs regarding life, health, and dying including sacramental needs and funerals. In reflecting on values and beliefs, you are opening yourself to the grace of deepening your faith; and finding solace and support in Jesus' suffering and death.

-communication of values to loved ones and caregivers. We cannot assume loved ones know our deepest values. Sharing values and beliefs helps them to understand how to make decisions for you if you are not capable. This helps relieve the burden of difficult decisions in crisis and avoids family conflicts.

-the completion of an advance directive where you appoint a substitute decision maker if you lose capacity to decide for yourself. This returns decisions to loved ones and allows them to take into account the unique circumstances. Those who accept to be a proxy give a great gift to the dying person and need to be prepared and supported.

"*Human life, however, has intrinsic limitations, and sooner or later it ends in death. This is an experience to which each human being is called, and one for which he or she must be prepared*."
(Pope Benedict XVI, *Message for the Fifteenth World Day of the Sick*, 11 Feb 2007)

4) Steps Involved in ACP

STEP ONE

Beginning your Reflection on Beliefs, Values and Hopes

You come to health care with a unique life history and approach to decision making. Clarity regarding your values and beliefs is crucial to making health care decisions.

Questions for Reflection

What has been your own experience of illness and disability? How have you responded?

Has the experience of others illness, dying and death influenced your thoughts?

What is your approach to decision-making in general? Are you a risk-taker or risk avoidant? What are your needs for information? What are your needs for control?

Is faith a source of strength and support in times of illness?

How do you pray in health crisis?

STEP TWO

Communicating your Values, Beliefs and Hopes

Communicating to your loved ones about these values and beliefs can present opportunities for deeper sharing than is the norm.

How easily do you speak about deep spiritual and emotional issues?

Are there close family members and friends who have drifted from the Church?

How do your family dynamics address complex and painful issues, such as major health decisions?

Who is most understanding and supportive of your deep reflections? Is this person a family member? Is this person a friend?

Have you made clear the importance for you of spiritual care and…

the Sacraments of the Sick?

a Christian funeral?

differences regarding MAiD?