Upholding the Dignity of Human Life

A Pastoral Statement on Physician Orders for Life-Sustaining Treatment (POLST) from the Catholic Bishops of Wisconsin



Dear Brothers and Sisters in Christ,

Every human being, created in the image and likeness of God, has profound dignity. Throughout our lives we must always make choices that respect the dignity of every human life from the moment of fertilization to natural death. In this light, we wish to address an important topic that has grave implications for the dignity of human life (i.e. the use of Physician, or Provider, Orders for Life-Sustaining Treatment or POLST).

POLST is a preset form that establishes medical orders to withhold or administer treatments. These documents are also referred to by other names, such as Physician Orders for Scope of Treatment (POST) or Medical Orders for Scope of Treatment (MOST). Because this document is a medical order, indications regarding treatment become effective as soon as the form is signed by a health practitioner (the version used in Wisconsin requires a physician or nurse practitioner's signature).

What are some of the concerns with POLST?

A POLST form presents options for treatments as if they were morally neutral. In fact, they are not. Because we cannot predict the future, it is difficult to determine in advance whether specific medical treatments, from an ethical perspective, are absolutely necessary or optional. These decisions depend upon factors such as the benefits, expected outcomes, and the risks or burdens of the treatment.

A POLST oversimplifies these decisions and bears the real risk that an indication may be made on it to withhold a treatment that, in particular circumstances, might be an act of euthanasia. Despite the possible benefits of these documents, this risk is too grave to be acceptable.

Finally, the design and use of the POLST document raises concerns as to whether it accurately reflects and protects a person's wishes. Concerns surrounding the current POLST form used in Wisconsin include:

- the lack of a patient signature acknowledging that the form truly represents a person's choices;
- potential conflict with current Wisconsin law and/or other advance care directives (for example, use by minors or their guardians, or use during pregnancy);
- the absence of a conscience clause that protects facilities or practitioners, which cannot follow a POLST treatment order due to the institution's or person's moral, ethical, or medical concerns; and
- the immediate effect of the document, even when a person is receiving non-emergency treatment.

Due to the serious and real threats to the dignity of human life that POLST and all similar documents present, we encourage all Catholics to avoid using all such documents, programs, and materials. The POLST form should not be regarded as the standard model for designating treatment preferences.

Are there alternatives to POLST?

Yes, there are alternatives. We encourage all persons to use a durable power of attorney for health care. For those who are age 18 or older, completing this document allows you to appoint a trusted person to make health care decisions on your behalf if a situation arises in which you cannot make these decisions for yourself. It is important to discuss your wishes and Catholic teaching with the person whom you appoint and to choose someone who will make health care decisions based on these principles.

A good durable power of attorney for health care document may be obtained from the Patients Rights Council, <u>http://www.patientsrightscouncil.org</u>.

Another document, often referred to as a "living will," allows a person to make advanced elections regarding specific treatments. Catholics are encouraged to avoid the use of living wills. Such documents bear a risk similar to POLST in that they do not take into account the varying circumstances that may surround a medical decision.

How do I determine whether it is morally permissible to withhold or discontinue medical treatment?

To answer this question, it is helpful to turn to the *Catechism of the Catholic Church* which states:

Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous" treatment. Here one does not will to cause death; one's inability to impede it is merely accepted. The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected. (*CCC*, no. 2278)

As a general norm, food and water should always be provided, even if delivered by artificial means. However, artificial nutrition and hydration are "morally optional when they cannot reasonably be expected to prolong life or when they would be 'excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed." (United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services, Fifth Edition*, no. 58)

We address care and treatment issues at greater length in another document, *Now and at the Hour of Our Death*. This document is available through the Wisconsin Catholic Conference on their website at http://www.wisconsincatholic.org/WI%20Catholic%20Conference%20Booklet.pdf.

Conclusion

As we wrote in *Now and at the Hour of Our Death,* we encourage all Catholics to plan for the future in a way that fully respects our dignity and faith. In doing so, we bear witness to our greatest treasure – the inestimable gift of life from the moment of conception to natural death. May God bless you and your loved ones as you face these difficult decisions.

Sincerely yours in Christ,

+ Alime E. Luitecki

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