

Support SB 303: Advance Directives Reform

My name is Monsignor Michael Olson and I am testifying today in support of SB 303 on behalf of the Texas Catholic Conference and the Roman Catholic Bishops of Texas.

The Texas Catholic Conference advocates advance directives reform legislation that recognizes the right to life, dignity of the human person and recognizes that death is a natural part of life. Human intervention that would deliberately cause, hasten, or unnecessarily prolong the patient's death violates the dignity of the human person. The reform efforts in SB 303 prioritize the patient, while also recognizing the emotional and ethical concerns of families, health care providers, and communities that want to provide the most compassionate care possible with respect for human life.

The Texas Advance Directives Act lacks clarity given the complexity of end-of-life care. It contains definitions that could be interpreted to permit the withdrawal of basic care for patients, who may have an irreversible, but non-terminal, condition. The Act also fails to ensure that all patients are provided with ordinary care (i.e., nutrition and hydration). In addition, reforms are needed to provide less adversarial and more compassionate communication between medical professionals and patients' families when disagreements arise.

Some people believe that hospitals and doctors should be required to continue life support indefinitely until transfer to another facility is accomplished. Such approaches impose indefinite treatment on dying patients, even against their will, prolongs their suffering and ignores the reasonable medical and ethical judgment of professionals and family members. Requiring physicians and hospitals to continue to provide non-beneficial treatment that they rightly believe is unethical and inappropriate violates their freedom of conscience. Such a provision takes the decision-making power away from patients, families and health care professionals and injects a government decision into what is one of the most difficult times in life. This is not the position of the Roman Catholic Church.

This bill also addresses do not resuscitate orders. A Do Not Attempt Resuscitation order (DNAR) is a medical order issued by physicians instructing medical personnel not to attempt cardiopulmonary resuscitation (CPR) if circulatory or respiratory function ceases. In these cases, an attempt to resuscitate a patient would be ineffective or could cause further harm to a dying patient.

Attempted CPR is an active intervention that can be traumatic and can both cause harm and result in death occurring in a painful manner. Some have proposed that DNAR orders require the consent of patients or surrogates before they can be issued.

SB 303 by Senator Deuell requires that health care facilities provide patients or surrogates written notice of the facility's policies regarding DNAR orders. Before placing a DNAR order in a patient's medical record, the physician or the facility's personnel shall make a reasonably diligent effort to contact the surrogate. If the patient or surrogate disagrees with the DNAR, the order is

The Texas Catholic Conference (TCC) is the Official Public Policy Voice of the 15 Roman Catholic dioceses of Texas

Jeffery R. Patterson, Executive Director • Jennifer Carr Allmon, Associate Director

1600 N. Congress Ave. Suite B • Austin, TX 78701 • PO Box 13285 • Austin, TX 78711 • (512) 339-9882 • www.TXcatholic.org

immediately suspended and the patient or surrogate is entitled to a consultation or a review of the disagreement by the ethics or medical committee, with all of the rights afforded through that process. During this time period all life-sustaining treatment is provided.

All human life is a gift from God, and is therefore innately sacred. In our lives, we strive to live a life that is worthy of our dignity, and that promotes the dignity of others. This respect for life is lifelong – from conception to natural death. A morally sound advance directive must explicitly exclude any form of euthanasia, as well as any abusive and irrational extension of the dying process.

The Catholic Church is very balanced in its approach to end of life issues. In The Declaration on Euthanasia, the Vatican points to physicians as being those who are competent to make the judgment as to what is proportionate or disproportionate. The physicians may judge that the techniques applied impose on the patient strain or suffering out of proportion with the hope of benefits that the patient may gain from such techniques. Physicians have the competency to know whether or not an intervention such as CPR is going to be effective.

At the same time, the Church has always recognized that physicians do not possess rights that are not correlative with the rights of the patient. The inter-relation between the rights and responsibilities of the patient and physician are manifest in a sacred covenant of care and respect.

In addition to the notification and appeal process for DNR orders, SB 303 provides substantial improvements over current law through the measures as delineated by Senator Deuell. Most importantly, this bill provides a higher standard to assure that that people living with disabilities are protected both from withdrawal of necessary life-sustaining treatment and from being forced to endure burdensome, non-beneficial treatment insulting their human dignity.

The Texas Bishops thank Senator Deuell for using reasonable medical standards and adhering to moral and ethical standards that balance the rights and consciences of all those involved in end-of-life decisions—patients, families, medical providers, and the community as a whole.