



Support CSSB 303: Advance Directives Reform

My name is Bishop Joe Vasquez and represent the Texas Catholic Conference of Bishops in support of CSSB 303. I want to thank Representative Susan King and her staff for their diligent work to improve this legislation to 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.

First of all, we as Bishops have studied these issues carefully. End-of-life care has been part of our tradition for a long time. We strongly support the ethics committee review process of this act for resolving differences between patients and providers, but believe that there are several areas of the law that need correction or clarification.

We believe that nutrition and hydration should be provided unless it is harmful to the patient or not effective, and this bill certainly ensures that. We believe that persons with disabilities should always receive the care that they need and that they deserve not to be discriminated against in any way, and this bill ensures that. We support providing better and more compassionate communication by a patient liaison. We support extending the notification period of the family about the process, to seven days and the time to find a transfer to 21 days. We believe that patients should be informed about DNAR orders and have a process to object and appeal those orders. We are especially grateful that Rep. King has made it clear in the bill that an ethics committee can never sustain a decision to place a DNAR in a file against the wishes of a competent, non-terminal patient.

Beyond the bill, I would like to speak just for a few moments about what we believe and have taught as a Catholic Church for a very, very long time. This is not a new teaching, although it certainly takes on new light as technology develops. As long as 50 years ago this has been articulated by the popes of the Church that, as a Catholic Church, we do not believe that a terminally ill person should be kept alive by machines or technology indefinitely. To attempt to do so perhaps even stands in the way of God calling that person home to his kingdom.

We believe, and the tradition of our Church has always taught, that a person should be allowed to die with dignity and have a peaceful death. We believe that that is in conformity to God's will and that God is the one who chooses life and death. It is the teaching of the Church that we should not interfere with that.

Medical treatment should provide healing and hope for recovery. If there is no possibility of healing or hope for recovery, we would call that extraordinary means and extraordinary means over an extended period of time for a terminally ill patient is not charitable to the patient or to the family.

I would like to conclude not with my words, but with the words of Pope John Paul II. I don't know of anybody who has been more pro-life in his whole life as John Paul II. In 1995 he wrote the encyclical, *The Gospel of Life*, and he addresses a number of life issues. He specifically addresses the issue that we are talking about tonight and I would like to quote from that document.

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He says, "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 family." He says, "In such situations when death is clearly imminent and inevitable, one can certainly 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.'"

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