

# Should a Catholic Use Iowa's *Living Will*?

A living will is the first type of advance directive document that was developed. Through a living will an individual can express a desire to forgo life-sustaining treatments in certain circumstances. As formulated in the State of Iowa, is the living will a document that Catholics should use?

The Code of Iowa Chapter 144A *Life-Sustaining Procedures Act* gives the following language for Iowa's "living will" document, known in Iowa law as the *Declaration Relating to the Use of Life-Sustaining Procedures*:

If I should have an incurable or irreversible condition that will result either in death within a relatively short period of time or a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery, it is my desire that my life not be prolonged by the administration of life-sustaining procedures. If I am unable to participate in my health care decisions, I direct my attending physician to withhold or withdraw life-sustaining procedures that merely prolong the dying process and are not necessary to my comfort or freedom from pain.

This language is used verbatim in the living will form provided by the Iowa Bar Association.

According to Iowa law, a "life-sustaining procedure" includes nutrition and hydration when provided intravenously or by feeding tube (Chapter 144A). In other words, what is technically called "medically assisted nutrition and hydration" (MANH) is included in the scope of Iowa's living will. By signing an Iowa living will, one is directing the withholding or withdrawal of MANH under the conditions described in the living will.

According to Catholic teaching, the provision of nutrition and hydration, even by medical means, is considered part of the normal care due to the sick person. (1) Thus, in principle, there is a moral obligation to provide medically assisted nutrition and hydration to patients in need of it. It is morally permissible to forgo (withhold or withdraw) medically assisted nutrition and hydration only if the procedure cannot reasonably be expected to prolong the patient's life or if it would be excessively burdensome for the patient. (2) This teaching of the Church has implications for use of Iowa's living will.

Iowa's living will covers two different situations: when the patient is expected to die within a relatively short period of time, and when the patient is diagnosed as permanently unconscious.

The first clause of Iowa's living will ("If I should have an incurable or irreversible condition that will result... in death within a relatively short period of time... it is my desire that my life not be prolonged by the administration of life-sustaining procedures") is in accord with Church teaching on forgoing MANH. The *Ethical and Religious Directives for Catholic Health Care Services* gives the example of a patient who is near death as a case in which providing MANH is not morally obligatory: "For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort." (3)

The second clause of the living will ("If I should have ... a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery, it is my desire that my life not be prolonged by the administration of life-sustaining procedures") can be interpreted as indicating that MANH should be forgone when the permanency of a state of unconsciousness has been medically determined. This is not in accord with Church teaching. The fact that a patient suffers from a chronic and presumably irreversible condition (e.g., state of permanent unconsciousness) is not in itself considered sufficient reason to forgo medically assisted nutrition and hydration for that patient. *According to Church teaching, certain conditions must be satisfied before the withdrawal of MANH is morally permissible for such patients. Specifically, it is morally permissible to forgo MANH for a patient diagnosed as*

*permanently unconscious only if it will not work to prolong the patient's life or if it would be excessively burdensome for the patient (e.g., cause aspiration pneumonia).* (4) These requirements are not included in Iowa's living will.

**Because Iowa's living will is not in accord with Church teaching in this respect, Catholics should not use it as an advance directive document.**

Rather, the Durable Power of Attorney for Health Care form should be used. The stipulation of the living will that is morally legitimate (viz., "If I should have an incurable or irreversible condition that will result... in death within a relatively short period of time... it is my desire that my life not be prolonged by the administration of life-sustaining procedures") can be included in the specific directives section of the Durable Power of Attorney for Health Care form and thus not be lost.

#### Notes

1. John Paul II, Life-Sustaining Treatments and Vegetative State (March 20, 2004). [http://w2.vatican.va/content/john-paul-ii/en/speeches/2004/march/documents/hf\\_jp-ii\\_spe\\_20040320\\_congress\\_fiamc.html](http://w2.vatican.va/content/john-paul-ii/en/speeches/2004/march/documents/hf_jp-ii_spe_20040320_congress_fiamc.html) Accessed July 2016.
2. United States Conference of Catholic Bishops. *Ethical and Religious Directives for Catholic Health Care Services*, 5<sup>th</sup> ed., no. 58 (2009). <http://www.usccb.org> Accessed July 2016.
3. *Ibid.*
4. *Ibid.*

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