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# ROMAN CATHOLIC DIOCESE OF ST. PETERSBURG IN FLORIDA

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### FOR IMMEDIATE RELEASE

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### STATEMENT OF BISHOP ROBERT N. LYNCH CONCERNING THE TERRI SCHIAVO CASE

In this nation, many families face end-of-life issues each day involving loved ones and family members. Most of these decisions are made quietly with the assistance not only of medical doctors and health care professionals but often with the advice of members of the clergy and counselors. Few decisions reach the level of public notice as the case involving Terri Schiavo. Despite the prayers of many, myself included, her family has not been able to come together to make a single, unified, mutually agreed upon decision concerning Terri's situation. Now the matter is approaching a legal climax with judges making decisions properly reserved for families. How sad.

Some in Terri's family believe that her condition calls for the removal of her feeding tube and others do not. Even physicians, who have evaluated Terri's condition, with varying degrees of access for clinical analysis, disagree on her condition. In Florida, when families cannot agree, trial judges are permitted to act as proxies and make decisions about life-prolonging procedures. In so doing, we ask our judges to make decisions that they might not make for themselves or their loved ones, but ones that clear and convincing evidence shows the individual would make for herself or himself.

Proper care of our lives requires that we seek necessary medical care from others but we are not required to use every possible remedy in every circumstance. We are obliged to preserve our own lives, and help others preserve theirs, by use of means that have a reasonable hope of sustaining life without imposing unreasonable burdens on those we seek to help, that is, on the patient and his or her family and community. In general, we are only required to use ordinary means that do not involve an excessive burden, for others or for our ourselves. What may be too difficult for some may not be for others.

Our Catholic Church has traditionally viewed medical treatment as excessively burdensome if it is "too painful, too damaging to the patient's bodily self and functioning, too psychologically repugnant to the patient, too suppressive of the patient's mental life, or too expensive." [cf. "Life, Death and Treatment of Dying Patients: Pastoral Statement of the Catholic Bishops of Florida, 1989]

Our Catholic teaching is also clear that "nourishment or hydration may be withheld or withdrawn where that treatment itself is causing harm to the patient or is useless because the patient's death is imminent, as long as the patient is made comfortable. In general, the terms 'death is imminent' and 'terminally ill' imply that a physician can predict that the patient will die of the fatal pathology within a few days or weeks, regardless of what life prolonging methods are utilized." [Statement of Florida bishops cited above]

Terri Schiavo's case is especially difficult because her actual medical situation is in dispute. The court has determined based on the medical evidence which was presented to it that she is in a "persistent or permanent vegetative state," commonly referred to as PVS. Her husband agrees with this. Her parents and other family members do not. Physicians who have examined her also have opposing opinions. It is currently assumed that Terri cannot swallow food naturally. All agree, however, that there is extensive and permanent damage to her brain but it is not clear whether the medically assisted nutrition and hydration is delaying her dying process to no avail, is unreasonably burdensome for her, and contrary to what she would wish if she could tell us.



In these most difficult cases, our Church teaching is that there should be a presumption in favor of providing medically assisted nutrition and hydration to all patients as long as it is of sufficient benefit to outweigh the burdens involved to the patient.

If Terri's feeding tube is removed, it will undoubtedly be followed by her death. If it were to be removed because the nutrition which she receives from it is of no use to her, or because it is unreasonably burdensome for her and her family or her caregivers, it could be seen as permissible. But if it were to be removed simply because she is not dying quickly enough and some believe she would be better off because of her low quality of life, this would be wrong.

This situation is tragic. I strongly recommend that

1. in the presence of so much uncertainty and dispute about her actual physical state, all parties pursue a clearer understanding of her actual physical condition;
2. Terri's family be allowed to attempt a medical protocol which they feel would improve her condition;
3. Excessive rhetoric like the use of "murder" or the designation of the trial judge or appellate judges as "murderers" not be used by anyone from our Judeo-Christian tradition. This is a much harder case than those who use facile language might know.

Please join me in praying for a peaceful, moral, legal and just resolution of this case.

At some point in time, we will all face "end of life." Each person has an uncertain future and we live in a world of constant technological changes and developments. When a person is not competent to make his or her own decisions, it is very appropriate for a family member or guardian to be designated as a proxy to represent the patient's interests and interpret his or her wishes. Decisions made by those legally entitled to act for the patient must always be respected. For this reason, I wish to use this moment to remind all our Catholic people that it is extremely important for all to have designated a medical proxy to someone who is trusted and to leave a "living will" in which you indicate your wishes. It is also important to note that such proxies and medical directions can never "trump" or override appropriate moral considerations. In this regard, Catholic teaching notes that the proxy may not deliberately cause a patient's death or refuse ordinary and normal treatment, even if he or she believes a patient would have made such a decision. I encourage everyone to

1. Become informed about the complexities surrounding end of life issues, discuss them with your families and doctors, and formulate your own wishes that could direct treatment;
2. Designate a medical surrogate to act on your behalf in the eventuality that your own competence is impeded at some time in the future.
3. Have in place and on file, with your family, medical surrogate, attorney, or perhaps even your pastor, a "living will."

My prayer is that these words will help others in the future avoid the situation that surrounds the case of Terri Schiavo.