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Roman Catholic Bishops Order Hundreds of Hospitals, Hospices and Nursing Homes to Ignore Patients' Advance Medical Directives, Force-feed Unconscious Patients Against their Documented Wishes

The United States Council of Catholic Bishops (USCCB), through a change in its "Ethical and Religious Directives for Catholic Healthcare Services," has ordered Catholic institutions to institute and maintain artificial feeding in permanently unconscious patients, regardless of their advance directive instructions or family wishes. Compassion & Choices, the nation's oldest and largest nonprofit working for end-of-life care and choice, is alarmed at the impact of this order on Catholics and non-Catholics alike.

The new USCCB mandate, Directive #58, creates "an **obligation** to provide patients . . . medically assisted nutrition and hydration" in all instances except when a patient is actively dying. This instruction replaces the former Directive 58, which merely established a "presumption" in favor of tube feeding, to be overcome when the burden was deemed to outweigh the benefit. But Catholic facilities and providers are now obliged to insert and maintain feeding tubes in all patients who are and will be kept alive by artificial nutrition. Examples include those with severe advanced dementia, permanent unconsciousness and persistent vegetative state.

The scope of the bishops' order:

- Catholic health care systems and facilities provide services in all 50 states. Services encompass acute care, skilled nursing, hospice, home health, assisted living and senior housingⁱ. Catholic institutions include:
 - 624 Roman Catholic-affiliated hospitals.ⁱⁱ
 - 499 nursing homesⁱⁱⁱ
 - 48 Catholic Health Maintenance Organizations (HMOs)^{iv}
- Catholic hospitals employ 525,193 full-time employees and 233,934 part-time workers.^v
- More than 5.5 million patients were admitted to Catholic hospitals during a one-year period.^{vi}
- 8 of the top 13 non-profit hospital systems in the country are Catholic health systems.^{vii}

- The directive conflicts with all advance directives that decline artificial nutrition and hydration in the setting of permanent unconsciousness or advanced dementia.
- Catholic health care is especially concentrated in some states and communities. In certain areas, including many of the nation's poorest, it's the only option. Over 30% of patients in Washington, South Dakota, Iowa and Alaska are in Catholic hospitals, which are now unable to honor advance directives that decline tube feeding.^{viii}
- Catholic institutions provide more than 20% of care in Oregon, Montana, Connecticut, Colorado, Wisconsin, Michigan, Minnesota, Kansas, Oklahoma, Missouri, Arkansas, Illinois, Indiana, Ohio, Nebraska, Idaho, and, North Dakota.^{ix}

Scope of population the bishops' directive will impact:

- About 300,000 people receive feeding tubes each year. Roughly 75% are 65 years or older.^x
- 74% of Americans believe close family members should be the ones to decide medical treatment for a family member who cannot communicate his or her own wishes.^{xi}

Taxpayers pay for health care to conform with USCCB Directives:

- Religiously sponsored hospitals in the United States bill the government more than \$40 billion a year, while using religious doctrine to restrict medical care.^{xii}
- In order to obtain public funding and still place its religious beliefs above the medical needs and individual conscience rights of its patients, Catholic and other sectarian health care providers have sought and obtained special government accommodations that have permitted these institutions to refuse to provide services they deem morally objectionable, while remaining eligible for public funding.^{xiii}
- Combined Medicare and Medicaid payments accounted for half the gross patient revenues of religiously sponsored hospitals in 1998. The other half came almost entirely from insurance companies and third party payers, not from churches or other religious sources.^{xiv}

Excerpts from articles and editorials:

“Father Thomas G. Weinandy, executive director for the Secretariat of Doctrine at the [United States Conference of Catholic Bishops], says the position of the Catholic Church and therefore the imperative for Catholic hospitals, is clearly outlined in the recently updated directive. ‘If a patient or person comes to a Catholic hospital and has an advance directive [stating] that if they are diagnosed with being in a permanent vegetative state, that even if they could live indefinitely with nutrition and hydration that they would want the nutrition and hydration to cease, then that advance directive could not be honored in a Catholic hospital because that would be seen as participating in passive euthanasia,’ says Father Weinandy, ‘A person could live if this were done, and the very fact that they don’t want it done is because they want to die.’...

“Whoever was speaking on behalf of the hospital would tell [the patient’s representative] what the Catholic Church’s teaching is and why it holds to that,” he says. ‘If they want that [patient’s] directive followed, they’d need to move them to another health care facility where the directive would be followed.’” *Catholic clergy, hospitals torn over new church directives,” The Sunday Paper, Dec. 20, 2009*

“In essence, the new language makes it morally obligatory, barring medical complications, to provide medically assisted nutrition and hydration to patients in a persistent vegetative state, such as Terri Schiavo. This appears to mean that in many cases advance directives from patients, instructing caregivers in Catholic facilities to discontinue artificial nutrition and hydration when there is no hope of recovery from a catastrophic neurological injury, will no longer be honored.” *Commonweal Magazine editorial (11/2009)*

“Catholic health care facilities have an *obligation* to review their protocols concerning the provision of food and water to those who have suffered a serious cognitive diminution...*Catholic facilities should be aware that general medical practice is not necessarily following Church teaching in this area, and so they should be prepared to distinguish their own practice from the growing tendency to deprive certain patients, especially the elderly, of the basic necessities to sustain life. Catholic health care facilities will also need to reevaluate patient requests, whether oral or written, that they be deprived of food and water in the event that they fall into an unconscious state from which they may not recover. The return of records and transfer of patients may be necessary in such cases.*”

National Catholic Bioethics Center commentary, The Revision of Directive 58 of Ethical and Religious Directive for Catholic Health Services (12/2009), (emphasis added).

“If at any time the wishes of the patient, directly expressed or expressed through an *advance directive* or a patient’s surrogate decision maker are inconsistent with the Rules, an explanation will be provided by the Agency as to why these wishes cannot be honored (n. 24). In such circumstances, if agreement cannot be reached between this Agency and the decision maker, this Agency reserves the right to transfer the patient to an agency to which the decision maker has arranged transfer, consistent with local laws governing such transfers.” **Model Policy Concerning the Care to Patients at Life’s End for Catholic Health Care Agencies (August 2008)**

“The U.S. Conference of Catholic Bishops issued the directive Nov. 17 to the more than 1,000 church-affiliated hospitals and nursing homes in the United States and to all Catholic doctors and nurses...the bishops’ language appears to conflict with a hospital’s legal duty to follow a patient’s instructions to withdraw life support, as expressed in an advance written directive or by a close relative or friend who knows the patient’s intentions....a hospital will send a

patient elsewhere rather than violate his or her expressed wishes, [Catholic hospital] organizations said. . . . 'In some instances, this might include the transfer of the patient to another facility,' the [Catholic Health Association of the United States] said." *New Catholic mandate on comatose patients, San Francisco Chronicle, Jan. 3, 2010*

Local Bishop will rule when patient's directives conflict with Catholic teaching

An example of how conflicts between patient directives and Catholic teaching will be resolved was reported by the *National Catholic Reporter*:

"Rigali intervenes: feeding tube must stay

"Man leaves Catholic hospital to die

"Archbishop Justin Rigali of St. Louis has barred removing a feeding tube from a man in a persistent vegetative state, forcing a Catholic hospital to alter its usual practice.

"Rigali's stance handed a victory to anti-euthanasia groups picketing the hospital, but evoked dismay from prominent ethicists who say the intervention violates sound Catholic medical ethics.

"Specifically, Rigali required that artificially administered food and water be given Steven G. Becker as long as he remained in a Catholic hospital. Becker, 29, removed Oct. 5 from St. John's Mercy Medical Center in St. Louis, died Oct. 10 at home." *National Catholic Reporter, Oct 20, 2000 by Pamela Schaeffer*

i 2008 Official Catholic Directory

ii Catholic Health Association, the trade association representing Catholic health care institutions throughout the US.

iii Catholic Health Association

iv Catholic Health Care Update, September 2005, Catholics for a Free Choice

v 2007 American Hospital Association Annual Survey

vi 2007 American Hospital Association Annual Survey

vii Hospital Review September 04, 2009 <http://www.hospitalreviewmagazine.com/news-and-analysis/current-statistics-and-lists/13-largest-non-profit-hospital-systems-by-number-of-hospitals.html>

viii Catholic Health Association.

ix Catholic Health Association.

x Wall Street Journal – December 8, 2005, A Simple Device Sets Off a Fight Over Elderly Care, by Mark Fritz

xi "More Americans Discussing and Planning End-of-Life Treatment." The Pew Research Center For the People and The Press. 5 January 2006.

xii MergerWatch report, "No Strings Attached" Public Funding of Religiously-sponsored Hospitals in the United States. 2002.

xiii MergerWatch report

xiv MergerWatch report