

Protect and Preserve Your Life

By Paul A. Byrne, M.D.

I have come that you might have life and have it more abundantly" (John 10; 10). The "Living God" has granted us life, a mortal human body united to and animated by an immortal, spiritual soul. Life manifests the continued unity of our soul and body.

The human person is the subject of both life and death. Only God knows when our life on earth will end. No one ought to will to assume power over life and death. True death is the absence of life, caused by separation of soul and body.

Human life is sacred. Preserving the unity of soul and body is the object of the practice of medicine. The reason for the practice of medicine is to protect and preserve life while enhancing and safeguarding the inherent quality and sanctity of life.

Health care is concerned with life and should never have anything to do with hastening or causing death. The only relationship of the physician to death is the use of right knowledge and techniques to forestall the danger of death and confirm death after it has occurred.

The physician as God's helper must ensure that his or her patient lives life to the full until its natural end. The reason for the science and practice of medicine is to help patients stay well and live longer. The means to do this are determined by the causes that endanger life.

Life of the human person is the important consideration. Life is the substantial fact of the unity of the soul and the body. The soul contains the body. The soul is whole and entire in the whole body and whole and entire in each part of the body. Life manifests the soul-body presence in the living person. Each person is special, unique and unrepeatable.

When a patient is ill or injured, the physician and all medical personnel have the privilege of treating and caring for the sick person. The standard of the relationship between the physician and the patient (sick person) is one of intrinsic worth. The physician's duty is to protect and preserve life. Anything else cannot be included as medical diagnoses, treatments or care.

Decisions to use or not to use a particular medical evaluation, treatment, medication, procedure or operation are considered from the patient's perspective in light of the ability, skill and availability of physicians, nurses and medical personnel. Many articles have been written and much discussion has occurred about what constitutes means that are labeled as "ordinary" or "extraordinary." Ordinary treatments and care are done to protect, to aid, and to heal. When the person has an extraordinary illness, extraordinary treatments that are available and effective are done to preserve life and to enhance the quality and sanctity of life.

"The chief thing for a man's life is water and bread, and clothing, and a house to cover shame" (Ecclus. 29:27). Ordinary means include any evaluation, treatment, medication, procedure and operation that protect and preserve life. They include provision of water, food, suitable bedding, an optimal thermal environment, an unobstructed airway, exits for stool and urine and effective treatments, medications, procedures and operations. Those that are available and will protect and preserve life ought to be desired by the patient and provided by the physician and medical personnel. Medical personnel have an obligation to use such means in the treatment of the patient. To use ordinary means carries out the

obligation to maintain existence, and to preserve the ability to fulfill duties to self, family, civil government and to God.

When it comes to deciding whether a particular medical means is "ordinary", the key to applying this teaching today is an honest and realistic assessment of whether, "according to circumstances of persons, place, times, and culture," the means "do not involve any grave burden for oneself or another." Honesty and reality require that we recognize that what was beyond ordinary in a past, less affluent society, is very ordinary today. What was beyond financial capability in the past is now often available through insurance, government resources and charity. Travel to available medical treatment and care is now readily obtainable. Medications and procedures now exist to help eliminate the painful and debilitating side effects of treatments for serious illnesses and diseases.

Unfortunately, patients' medical decision-making today is being clouded by error and confusion in the assessment of "ordinary". Patients are allowed to reject otherwise ordinary treatment and care because their lives are considered burdensome; "burdensome treatment" has become "burdensome life" with the result of shortening life, hastening death. When a patient's life is considered burdensome, everything is open to interpretation as beyond ordinary, even water and nourishment.

In order to avoid immoral and erroneous medical decision-making, concentration ought to be on protecting and preserving life as long as God wills. Such focus should promote clear, honest, realistic and moral determinations about the proper use of medical treatments and care.

When it has been determined that a patient has a lethal disease that is medically irremediable and it is predicted that death will occur within hours, even with treatment, and current treatments are not effective and all treatments known to be effective have been tried, at that point the coming of death can be accepted. Here one does not wish to cause death; one's inability to impede it is merely accepted.

When a decision is made not to use a treatment, at a minimum, the patient should be fully informed about the consequences of that decision. Such decisions should be based on facts, not fears, misinformation or prejudice about the burden of treatment on the patient or society. Such decisions should never involve the immoral withholding or withdrawing of treatment and care that preserve and protect life, including water, food and available medical treatment and care. Physicians, nurses, and other medical professions are trained to provide treatment. Non-treatment does not require their professional services.

The patient has a God-given right to life, a life that should be protected and preserved until nature takes its course. This requires the use of all available effective means. Right reason dictates that the treatment and care of a patient, created by God in His image with an eternal destiny, must be in accord with immutable fundamental principles of moral law that may be summarized as good ought to be done; evil must be avoided. Death, the end of life on earth, is inevitable. God alone knows when the time is right for any man to die. Man must act to forestall death and thus enable God's will to be done.

Withholding or withdrawing food (nutrition) and water (hydration) leads only to death. Death by starvation and dehydration is a very undignified and inhumane death. It demeans the patient. The patient's mouth dries out and becomes coated with thick material. Lips become parched and cracked. The tongue swells and might crack. The eyes sink back into their sockets. The lining of the nose may crack and bleed. The skin becomes loose, dry and scaly. The urine concentrates, then decreases until there is no urine. The stomach lining dries, causing dry heaves. The respiratory tract dries out, giving rise to thick secretions that could plug the lungs and may cause death. Eventually, major organs fail, including the lungs, heart and brain.

Methods of administering food and water include being fed or given a drink with a glass, a spoon or a straw. When a person is unable to swallow or has difficulty with swallowing and risks aspirating food into the airway, a nasogastric tube (plastic or rubber tube passed through the nose into the stomach) or gastrostomy (a tube going through the abdominal wall into the stomach, which can be done nowadays in a patient's room with minimal discomfort) is used to administer food and water. While a nasogastric tube uses an opening that is present naturally, it can be safer and easier for patients prone to aspiration to have a gastrostomy tube. Water and nutrition also can be given intravenously when medically indicated.

The obligation to supply food and water, even artificially if necessary, remains intact even when caring for patients in a coma or so-called "persistent vegetative state". Mental incapacitation on the patient's part does not relieve this responsibility. Withholding or withdrawing food and water is euthanasia apart from the exceptional case where the method of administering food and water is not possible or the food and water cannot be assimilated. It must be emphasized that food and water are necessary for life on earth to continue. Without water everyone is dead in 1-2 weeks; without food everyone is dead in 1-2 months.

WE ARE SURROUNDED BY AND FIND OURSELVES IN A CULTURE OF DEATH. INCLUDED IN THIS IS THE 2006 REVISED ANATOMICAL GIFT ACT. IT RESULTS IN EVERY ONE BEING A WALKING WAREHOUSE OF ORGANS. THERE IS "PRESUMED INTENT" THAT YOU WOULD WANT TO DONATE YOUR ORGANS. IT HAS ALREADY BEEN PASSED IN 23 STATES AND SOON IT WILL BE PASSED IN WISCONSIN.

One way to protect your life and to negate your organs from being taken is to sign and have 2 witnesses that you have signed a business size card instructing that you want to live the life span given by God and you don't want any organs taken from you. After true death organs are not suitable for transplantation. Before true death taking an organ, even one of a paired organ, reduces function. Also, there is a card for our Protestant friends. Their life needs to be protected also.

(Some of the above was first published in Life, Life Support and Death. This booklet can be obtained from American Life League, 540 659-4171.)

Life Support Directions

At admission to hospital contact a Traditional Roman Catholic priest (See reverse side). I wish to live the life span given to me by God. I direct my treatments and care, including nutrition and hydration however administered, be given to protect and preserve my life. Do not hasten my death. Do not take any vital organs for transplantation or any other purpose.

Signature _____

Witness: _____

Witness: _____

Date: _____

Please contact a Traditional Roman Catholic priest if I am unconscious, seriously ill, injured, or unable to communicate. Preferred contact:

Father: _____

Phone: _____

Signature: _____

Date: _____