

New Jersey Catholic Conference

Testimony on Assembly Bill 4098
Presented by
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June 13, 2011

Mr. Chairman and Members of the Committee thank you for the opportunity to present testimony to you.

I commend Dr. Conaway for sponsoring this important legislation that addresses an issue that impacts families far too often. Providing for surrogates to make health care decisions for certain patients is consistent with Catholic teaching. The Catechism of the Catholic Church provides the following guidance:

2278: Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous" treatment. Here one does not will to cause death; one's inability to impede it is merely accepted. The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected.

2279: Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable. Palliative care is a special form of disinterested charity. As such it should be encouraged.

Having said that, there are the four issues of concern that I have as the Bill currently reads:

1. "Close friend" means a person, 18 years of age or older, who is a friend of the patient, or a relative of the patient other than a spouse, partner in a civil union couple, domestic partner, child, parent, brother, or sister, who has maintained such regular contact with the patient as to be familiar with the patient's activities, health, and religious or moral beliefs, and who presents a signed statement to that effect to the patient's attending physician

I think a signed statement from a proposed "close friend" is a weak document if it is only signed by the "close friend."

2. On page 5, section e. 2, the Bill allows an override of a patient's decision based upon "another legal basis for overriding the patient's decision." What is "another legal basis?"

3. Page 7 includes the provision that life sustaining treatment can be withheld if the patient is expected to die within 6 months. That seems too long a period. Rather than cite a specific number of months, the Bill should describe the patients “condition.”
4. Page 8 provides a provision that allows nutrition and hydration only if done orally and not through medical treatment. Does that exclude routine IV? If so we have concerns because the *Ethical an Religious Directives for Catholic Health Care Services* Directive 58 requires that:

There should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted hydration, as long as this is of sufficient benefit to outweigh the burdens involved to the patient.

Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be ‘excessively burdensome for the patient or (would) cause significant physical discomfort, for example from complications in the use of the means employed.’

I think that there should be the option for medically assisted hydration, so long as it is of sufficient benefit to outweigh the burdens that may occur to the patient. We are aware that as a patient draws close to inevitable death from an underlying progressive and fatal condition, that certain measures to provide nutrition and hydration may become burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.