Think about end-of-life choices now

The Forum

The following is an excerpt from an April 17-18, 1999, talk on end-of-life directives, which was given by Sister of St. Joseph Marguerite Dynski, M.D., at St. Paul Church in Webster.

We were bought with a price — the cross. Our bodies are on loan to us during our earthly journeys. We have a responsibility to keep our bodies healthy and to be willing to return them to the creator at the end of life.

About five years ago I had a back fusion which left me functionally a paraplegic. My recovery took me through two rehab hospitals, one in San Francisco and Strong here in Rochester. About a week into my stay at Strong I met Chuck.

Chuck was about 30 years old and had a wife and three children ranging in age from 4 to 8. Three years before, he lost his job after having just purchased a home. Then his best friend moved away. He had doubts about his wife's love for him. He became despondent and decided to end his life by putting a shotgun into his mouth and pulling the trigger. The gun went off but Chuck survived as a quadriplegic. At the time, the medical staff did everything possible to save him. He communicated by blinking his eyes while he was attached to the respirator. He was depressed because he could not do anything successfully, including killing himself. About two weeks into his recovery he had a huge setback with a major infection. However, he gave his wife an indication that he really wanted to live.

Chuck was like one of the early disciples. He came to know his God through a personal resurrection. He was called from his coma-like death. Chuck's salvation from death converted him into a prophet. When he was a boy, he used to attend church with his parents. Surviving his injury, he decided that there really must be a God who wanted him to live. He had a strong call to do more. So he began studying Scripture and came back to church. He reached out to those with spiritual weakness, spinal-cord injuries and men who are depressed. As he shared his journey from despondence to hope, he encouraged me through some difficult days.

Sometimes we hear God's voice in our church which has given us some guidelines related to life. The Gospel message is clear — life is sacred and must be upheld. Life is in tiny fetuses, towering athletes, the mentally challenged, teens, the elderly, baby boomers, Generation Xers and the dying. We don't get to design life completely — you know life is what happens when you are busy making other plans. But we are encouraged to take the opportunity to make choices which bring dignity to life.

Mike Crupi/Catholic Courier

Sister Marguerite Dynski, SSJ, MD.

We have had a wonderful example of such choices in Cardinal (Joseph L.) Bernardin (of Chicago) in the manner of his death. He consistently embraced life in all its circumstances. He popularized the phrase "consistent life ethic" to which our diocesan second Synod goal is committed.

Faced with imminent death at age 68, Cardinal Bernardin made an end-of-life choice. After a year of chemotherapy, his metastases from pancreatic cancer continued to spread. So he chose to stop the treatment. That decision did not signal a choice for death. As he wrote to the Supreme Court a few days before his death, "even a person who decides to forego treatment does not necessarily choose death. Rather, he chooses life without the burdens of disproportionate medical intervention."

When we are young and healthy, it is hard to dwell on end-of-life choices. But your health might be the best reason to contemplate your end of life, or that of a loved one. Who knows what tomorrow might bring?

The church has good news about these choices. News that might make you even more pleased to count yourself among the faithful. Deciding the tough questions for yourself now is a great gift for your family. Thinking about your own end-of-life choices can help you better understand those of another. The willingness to affirm your own life is the first step to affirm the lives of others.

One of the options you have is to assign a health-care proxy to make decisions about your health care, should you become incapacitated. As you examine the form and the accompanying information, you might find yourself asking questions you never considered before:

- Do I want machines to keep me alive?
- Do I want to be on a respirator?
- Do I want CPR if my heart should stop?
- Do I want dialysis? What if I have had a debilitating stroke and then develop cancer, would I want surgery? Chemotherapy? Radiation therapy?
- Do I want to be fed with a feeding tube or intravenously if I'm in a coma? It should be noted that most of the dying are not hungry or thirsty. Continuing IV fluids or a feeding tube might be an unnecessary burden to the person. These issues should be discussed with your proxy so they know your exact wishes.

I can assign a proxy and also an alternate in case the proxy is not available. The proxy might be relieved to know that there is an alternate with whom he or she may discuss your wishes. You can even ask the proxy to make decisions for you even if you are still capable.

If I am the proxy, I am obliged to make decisions for my loved one as if I were the patient. I must make decisions as the patient would want and not what I would want. This demands a deep and sometimes difficult conversation with your loved one.

If you spend part of the year in a different state, you may wish to obtain a copy of that state's advanced directives since each state is different and not reciprocal. Many use power of attorney rather than a proxy.

Today you are challenged to fill out a proxy and have it witnessed by any two people who are not the proxy or alternate. Make lots of copies. Give a copy of the proxy to all of your physicians, to your spouse, the proxy, alternate and close family and friends.

We as a Christian community are challenged today to act responsibly and to begin to consider end-of-life choices while we are enjoying life. Contemplating what is sacred about our life will help us feel increasingly more secure in our choices as we plan our advance directives.

Sister Dynski — who suggests that end-of-life directives be re-evaluated every one to two years — is a Rochester General Hospital physician specializing in breast disease.