10 - Asuntos Sociales y Urbanos: CO D011

TEMA/TÍTULO: Fin de la Vida: Principios para Decisiones al Final de la Vida

PROPONENTE: Rev. Marshall S. Scott

PÁGINA CyC:

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Se resuelve, con la aprobación de la Cámara de _____ que la 76ª Convención General reafirme la Resolución 1991-A093a de la 70ª Convención General, con su enmienda en la Resolución 1994-A056 de la 71ª Convención General sobre Principios con Respecto a la Prolongación de la Vida; y asimismo

Se resuelve, que esta 76ª Convención General convoque a diócesis y parroquias de esta iglesia para que se informen sobre las leyes estatales y las políticas de las instituciones médicas sobre las decisiones al final de la vida y sobre la futilidad médica; y asimismo

Se resuelve, que esta 76ª Convención General recomiende a los capellanes endosados por la Oficina del Obispo Sufragáneo de Capellanías, miembros de la Asamblea de Capellanes Sanitarios Episcopales y de Ministerios Sanitarios Episcopales Nacionales y capellanes certificados por la Asociación para la Educación Clínica Pastoral, la Asociación de Capellanes Profesionales o el Colegio de Psicoterapia y Supervisión Pastoral como recursos apropiados para discusiones sobre atención ética, futilidad médica y decisiones al final de la vida.

EXPLANATION:

The text of 1991-A093a as amended by 1994 A056 is as follows:1. Although human life is sacred, death is part of the earthly cycle of life. There is a "time to be born and a time to die" (Eccl. 3:2). The resurrection of Jesus Christ transforms death into a transition to eternal life: "For as by a man came death, by a man has come also the resurrection of the dead" (I Cor. 15:21).2.

Despite this hope, it is morally wrong and unacceptable to intentionally take a human life in order to relieve the suffering caused by incurable illness. This would include the intentional shortening of another person's life by the use of a lethal dose of medication or poison, the use of lethal weapons, homicidal acts, and other forms of active euthanasia. Palliative treatment to relieve the pain of persons with progressive incurable illnesses, even if done with the knowledge that a hastened death may result, is consistent with theological tenets regarding the sanctity of life.3. However, there is no moral obligation to prolong the act of dying by extraordinary means and at all costs if such dying person is ill and has no reasonable expectation of recovery.4.

In those cases involving persons who are in a comatose state from which there is no reasonable expectation of recovery, subject to legal restraints, this Church's members are urged to seek the advice and counsel of members of the church community, and where appropriate, its sacramental life, in contemplating the withholding or removing of life-sustaining systems, including hydration and nutrition.5. We acknowledge that the withholding or removing of life-sustaining systems has a tragic dimension. The decision to withhold or withdraw life-sustaining

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treatment should ultimately rest with the patient, or with the patient's surrogate decision-makers in the case of a mentally incapacitated patient. We therefore express our deep conviction that any proposed legislation on the part of national or state governments regarding the so called "right to die" issues, (a) must take special care to see that the individual's rights are respected and that the responsibility of individuals to reach informed decisions in this matter is acknowledged and honored, and (b) must also provide expressly for the withholding or withdrawing of life-sustaining systems, where the decision to withhold or withdraw life-sustaining systems has been arrived at with proper safeguards against abuse.6. We acknowledge that there are circumstances in which health care providers, in good conscience, may decline to act on request to terminate life-sustaining systems if they object on moral or religious grounds. In such cases we endorse the idea of respecting the patient's right to self-determination by permitting such patient to be transferred to another facility or physician willing to honor the patient's request, provided that the patient can readily, comfortably and safely be transferred. We encourage health care providers who make it a policy to decline involvement in the termination of life-sustaining systems to communicate their policy to patients or their surrogates at the earliest opportunity, preferably before the patients or their surrogates have engaged the services of such a health care provider.7. Advance written directives (so-called "living wills," "declarations concerning medical treatment" and "durable powers of attorney setting forth medical declarations") that make a person's wishes concerning the continuation or withholding or removing of life-sustaining systems should be encouraged, and this Church's members are encouraged to execute such advance written directives during good health and competence and that the execution of such advance written directives constitute loving and moral acts.These principles continue to be appropriate regarding decisions at the end of life. As noted in the Report to the 75th General Convention of the Standing Committee on National Concerns, the issue of medical futility has become an important part of ethical discussion at the end of life, and a matter of great controversy in some situations. Many health care facilities and some states have established specific policies and practices regarding medical futility, policies and practices with which patients and families may not be familiar. The Church is in an important position to provide support and moral reflection regarding care and futility at the end of lifeProfessional chaplains and other ministers in health care and specialized ministries are specially trained and experienced both in the moral principles of the Church and of health care, and in interacting within the structures of health care institutions. Thus, they are particularly prepared to serve as resource persons in discussion of and in decisions regarding appropriate care and futility at the end of life.The Office of the Bishop Suffragan for Chaplaincies has the responsibility of endorsing Episcopal chaplains for specialized ministries in military and federal positions, and in health care. The Assembly of Episcopal Healthcare Chaplains (AEHC) and National Episcopal Health Ministries (NEHM) are organizations within the Episcopal Church supporting health care ministries in health care institutions, and in parish-based ministries, respectively. Both were recognized in General Convention resolution 2000-A079s as "Episcopal healthcare groups." The Association for Clinical Pastoral Education (ACPE), the Association of Professional Chaplains (APC), and the College for Pastoral Supervision and Psychotherapy (CPSP) are national, multifaith organizations that certify chaplains for pastoral practice and education. Episcopal chaplains have been active as members and leaders in all three organizations. All are committed to supporting persons from all faith backgrounds in pastoral care and in decisions at the end of life.

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