

## **2.2 Respect for the human person, acknowledging human dignity**

### **2.2.1 The term ‘autonomy of the person’ in the light of the teaching of the Church**

Autonomy (literally: to lay down one’s own law) means authority over oneself as a person and its domains, body and spirit. This can only extend so far as it is not in conflict with natural law and the commandment of love. When we speak about free will, the capacity to strive aiming at doing good in liberty, it is restricted in that sense. Likewise this also holds for the autonomy of the person. Therefore, personal autonomy does not include the free disposal of one’s life or the freedom to frustrate life, physical, biological and spiritual capacities, or to endanger one’s bodily or mental health deliberately. It also does not allow man to submit his body or his person (including his mind) to experimental action that is contrary to his finality or that might endanger his health and/or his personal integrity.

### **2.2.2 Limitation of autonomy and the consequences for decision making about medical treatments and interventions**

It excludes:

1. The disposal of our own life (euthanasia, suicide, intentionally putting one’s life in danger);
2. Exposing oneself to substances that unfavorably influence the capacity of judgment, may cause dependency, or bring about unnatural changes in the capacity to perform (like alcohol, illicit drugs and doping);
3. Interventions like surgery for purely cosmetic reasons (e.g. breast enlargement) sex change, neuroprosthetic and similar interventions not aimed at restoration of normal functionality;
4. Exposing oneself to influencing of the mind by systems or agents that are not in accordance with the teaching of the Church (spiritualistic and similar activities).

In fact, all those activities limit real personal autonomy or make it disappear completely.

### **2.2.3 The authority over the execution of a medical or surgical treatment**

This concerns the sick person who asks for the help of a physician and who delegates to the latter the authority to carry out such treatments. It is part of the professional competence of the physician to choose the most appropriate treatment in his best conscience and to propose this to the patient. He or she may only act with the patient’s consent after due information (so-called informed consent).

This rule can only be foregone when such consent is impossible and intervention is needed to save and maintain the patient’s life.

In such situations, decisions in the name of the patient can be made by a proxy, a person designated by the patient or by law. This person is under the obligation to uphold objective moral criteria for his decision and to exclude all personal interest from the decision process.

#### **2.2.4 Authorisation for decisions about treatment for persons who are not able to do so by themselves, i.e. in those who are considered incompetent by the law**

Temporary incompetence may occur through a disturbance of consciousness, coma, psychosis or delirium and permanent incompetence may be caused by a substantial lack of intelligence, whether congenital, by brain damage or dementia. In those cases, decisions may be taken by someone who acts in the name of the person, also called a proxy. This person must always make decisions in the spirit of the person involved, without serving any personal profit or purpose and in accordance with the demands of sound medical ethics. This will generally be a spouse, a family member and sometimes a person assigned by the patient or a legally appointed guardian.

In emergency situations, when rapid intervention is crucial and no opportunity for consultation exists, the physician is authorised to follow his own professional judgment, while he should act as much as possible in the spirit of the patient.

#### **2.2.5 The scope of advanced directives on medical treatment**

Those directives can be morally binding for the caregiver if they were made in a well-informed way, of free will and with full understanding. However, the following decisions are excluded:

1. Decisions on a situation that the person involved does not know from his own experience; for the proportionality of a treatment can only be determined in a concrete and actual situation and not by speculation about a hypothetical one;
2. A decision involving an act that is by itself ethically impermissible (e.g. euthanasia);
3. A decision that makes another person an accessory to acts that are morally impermissible.

#### **2.2.6 Obligation to submit as a patient to every treatment that is being proposed**

The principle of proportionality should be applied here: One is obliged to undergo treatments that are necessary for the conservation and protection of one's life and health, if they are proportionate. There is no obligation to accept treatments that carry a disproportional burden or have a disproportionately small chance of success. The conservation of life is a great good, but not an absolute one, in view of the final destination of man. When proportionality is lacking this good may give way to the good of the opportunity of dying naturally in a dignified way after due preparation. Here one may think of chemotherapeutic treatment, mutilating surgical interventions or other burdensome interventions with a limited chance of success.

#### **2.2.7 Dealing with harmful side effects of treatments**

Harmful side effects of treatment should be judged according to the principle of double effect.

#### **2.2.8 Discussing with the patient any possible harmful side effect of a proposed treatment in advance**

What is presented to the patient on this subject depends on the ability of the patient to cope with this knowledge and of the necessity to apply the treatment. Furthermore, the seriousness of the side effect and the chance of its occurrence play a role. For example: if explicit mention of an important side effect will certainly lead to an unjustified misunderstanding about a necessary treatment, one may opt for an indication of the side effect in general terms. One should refrain of being untruthful and primarily aim at the patient's wellbeing so as keep his confidence and not confound it.

### **2.2.9 Position of the Catholic Church on organ donation as a means of helping to improve the health of a fellow human or even save his life**

The Catholic Church sees the donation of an organ to another human after death or during life as an act of charity that is, however, subject to a number of conditions. Namely, it is not permissible if by taking out an organ the life of the donor would be shortened or his health put in danger.

### **2.2.10 Conditions of acceptance of organ transplantation by the Catholic Church**

1. When organs are taken out after death, (which has to be established according to criteria that are generally accepted.)
2. A living donor may not suffer damage to his health or functioning as a consequence of an organ or tissue being taken out.
3. The donation should occur with the donor's free and full consent; remuneration for donation as such is unacceptable. In donation after death a preliminary written consent is necessary; when this is not available the consent of the bereaved relatives will suffice.
4. Transplantation of gonads and brain tissue is not permitted, since this attacks the identity of the receiver.

### **2.2.11 Accepted criteria of death by the Church**

1. The first criterion of death accepted by the Church is the classical one: complete and lasting cessation of spontaneous circulation and respiration;
2. The second one is total brain death, i.e. the complete and irreversible cessation of total brain activity, as it will normally occur within several minutes after cessation of the circulation. It has to be established beyond any doubt by adequate investigation.

### **2.2.12 Taking one or more organs from the body of a person in whom total brain death has been established, while circulation and respiration are being maintained or supported by artificial means**

In such circumstances taking out organs is permissible because the person must be considered deceased. The soul, the function of the immaterial principle of life, can no longer exert its function in governing the body, because the brain is required as an intermediary. The union of soul and body is broken when the brain has definitively lost its entire function and the person is then no longer present. The dead body is definitively separated from the soul that continues its existence.

### **2.2.13 Obligation to offer one's organs for transplantation after death**

Such an obligation cannot exist. One is completely free in the choice.

### **2.2.14 The use of animal tissue for transplantation**

Xenotransplantation, or the use of animal tissue or an animal organ is permitted for a therapeutic purpose, while due caution should be applied as to the risk of transmission of disease. An exception has to be made for



animal gonads and animal brain tissue; due precautions against transmission of diseases are required.