



*Preparing for a Catholic Funeral*



# *Catholic Burial Traditions*

*PROMOTING A CULTURE OF CATHOLIC BURIAL*

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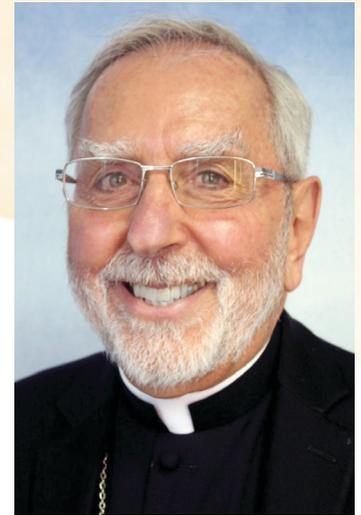
*Hospice Care, End of Life Issues,  
and Advance Directives*

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[www.catholicburialtraditions.org](http://www.catholicburialtraditions.org)

Dear Sisters and Brothers in Christ Jesus,

The Catholic Cemetery Conference (CCC) strives to provide information, training, best practices and guidance for Catholic Cemeteries throughout the United States and Canada. CCC's mission is to promote, to educate and to inculcate a culture of Catholic burial. Burying the dead is a Corporal Work of Mercy and an essential part of the Church's mission.



We live in the hope of the resurrection promised by Christ who spoke of the human person as a temple of the Holy Spirit. For that reason care and respect for the deceased matters greatly. The Church strives to assist grieving families in laying their loved ones to rest and provides support and comfort to the family and loved ones of the deceased.

These materials and videos presented by the CCC spell out what that care and respect needs to look like through the whole burial process. From pre-planning for death to the Vigil, to the Funeral Mass and the Rite of Committal, these materials and videos provide information on how Catholic Cemeteries accompany families in this difficult time.

Likewise, lesson plans are presented in order to introduce children and young people to the Rites of Christian Burial, outlining how and why the Church treats the human body in death with the utmost respect and dignity.

The burial or entombment of the deceased person's body or cremated remains is central to the Church's mission. The hope of CCC is that these materials will assist bishops, priests, Catholic cemeterians and pastoral educators to inform our Catholic people of the Church's approach to death and burial of loved ones.

Choicest blessings!

Sincerely yours in Christ,

A handwritten signature in black ink that reads "Gerald Kicanas". The signature is written in a cursive style.

Most Rev. Gerald F. Kicanas  
Episcopal Advisor for the Catholic Cemetery Conference  
Bishop Emeritus of the Diocese of Tucson

# COPYRIGHT ACKNOWLEDGEMENTS

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# HOSPICE CARE, END-OF-LIFE WISHES, AND ADVANCE DIRECTIVES



Death is as much a part of life as birth. For various reasons, however, it is a topic about which most of us are uncomfortable thinking or speaking. Perhaps thinking about death brings up an uneasiness about our own mortality, or maybe we do not want to upset our loved ones. We may be nervous about starting arguments when discussing end-of-life plans with family members or feel bad about asking them to do certain things. Yet there is no conversation more profound or necessary. Death is unavoidable, and we all experience it at some point in our lives. It is a profoundly spiritual reality. Christian tradition has always emphasized the need to prepare for death because of its eternal significance. As faithful people, we can look death in the eye and find hope through the life, death and resurrection of our Lord, Jesus Christ.

## What is hospice and palliative care?

The term hospice dates to medieval times when it was a place of rest for weary or ill-travelers. Today, hospice is any place where comfort is provided to those who need care on their end-of-life journey. Hospice and Palliative Care consists of quality and compassionate end-of-life care. A team approach provides medical care, pain management, and emotional and spiritual support tailored to meet the needs and wishes of people facing a life-limiting illness.

Palliative care extends the principles of hospice care to a broader population that could benefit from receiving this type of care earlier in the disease process. No specific therapy is excluded from consideration. Palliative care, ideally, would segue into hospice care as the illness progresses, and is mainly directed at providing relief to a terminally ill person through symptom management and pain management. The goal is not to cure, but to provide comfort and physical care to maintain the highest possible quality of life for as long as life remains. The focus is on compassionate specialized care for the living. Palliative care is well-suited to an interdisciplinary team model that provides support for the whole person and those who are sharing the person's journey in love.

## How does hospice care work and what services are provided?

Hospice care is a family-centered approach that includes a primary caregiver, physician, nurses, home health aides, social workers, counselors, bereavement services, and trained volunteers. Team members make regular visits to assess the patient and family needs to provide the necessary care and services. Hospice staff is on-call 24 hours a day, seven days a week. Hospice also provides medical equipment, supplies, and medications related to the terminal diagnosis.

## When is an individual ready for hospice care?

An individual is ready for hospice when all active treatment is completed, and an individual is facing the challenges of a life-limiting illness.

## What services does hospice provide?

Hospice provides medical services, home health aide services, social workers, spiritual support, volunteer services, and bereavement support.

## Are hospice services only available at home?

Hospice care can be provided in hospitals, nursing homes, assisted living facilities, and in-patient hospice facilities.

## How does hospice philosophy differ from standard medical practice?

Hospice is about an individual's right to choose how he or she wishes to be cared for in the final phase of his or her life. Hospice believes that all persons have the right to live in dignity and free from pain until the natural event of death occurs.

## What are the criteria for admission?

- The patient and family understand and agree with the hospice concept of “palliative” versus “curative” care.
- The patient's diagnosis is consistent with a life-limiting illness.
- The attending physician recommends the patient for hospice and agrees to work with the hospice team.

## Where do I go for a referral?

Your physician, a community agency, friend, or relative may refer you or your loved one to hospice.

## Can I keep my own doctor?

You may keep your own physician, who will work closely with the hospice team.

## How is hospice care paid?

Hospice care is paid by Medicare, Medicaid and some commercial insurances and HMOs, according to their benefits. Some services are not covered, depending on the insurance plan.

## Does hospice provide any help to the family after the patient dies?

Many hospices continue to provide services to the family after the patient dies, including grief and bereavement counseling and outreach from staff and volunteers.

## What role do volunteers play in hospice care?

Volunteers are required to complete a training course that includes the history and philosophy of hospice, death and dying, grief and bereavement, and medical aspects, including diagnosis and signs and symptoms of the dying process. They participate in communication and listening sessions as well as anticipatory grief and family dynamics. They learn how to function as a member of the interdisciplinary team and support the patient and family on their difficult journey. Some volunteer areas include, but are not limited to, patient/family visitors, drivers, office workers, bereavement/spiritual counseling, bilingual volunteers, and fund raising.

## For further information on hospice and Palliative Care

- National Care of Hospice and Palliative Care - [www.caringinfo.org](http://www.caringinfo.org)

## End-of-Life Wishes and Advance Directives

The most essential thing you can do is to speak to your family, your loved ones, your doctors, and trusted clergy members regarding the hour of your death. Make sure they know your desire to be faithful to the teachings of the Church. It is important to have these conversations while we are young and healthy to most effectively plan for the time when we are not. There are many factors to consider regarding planning, including health care, advance directives, and the memories we leave our loved ones. We can be comforted in the knowledge that our desires

will be granted. It is recommended that all the needed information be collected to make a prudent judgement. It is important that each person's situation is treated as a unique case. Discernment, counsel, and prayer are often necessary.

## Power of Attorney for Healthcare

When you sign this document, you appoint someone to serve as your spokesperson. It is very important to have conversations with that person and make your desires known, prior to when illness or crises strike. An important reason to have an Advance Directive is to clearly state your acceptance or refusal of any procedure, especially life-sustaining treatment.

## The Health Care Proxy

The health care proxy is very similar to the power of attorney for health care. It, too, allows you to appoint someone to make health decisions for you should you become unable to make them for yourself. This can be a morally appropriate and useful tool. A health care agent can make decisions based on what you have shared, considering the current circumstances surrounding your medical condition and available treatment options.

## The Living Will

A living will is a written document that allows you to explain in advance what types of medical treatments you would like to receive or forgo in the event you have a medical condition and become unable to make your wishes known. While most states recognize living wills as evidence of a patient's wishes, they are the most inflexible of the advance directives, because they attempt to write detailed instructions for a future unknown condition with unknown medical treatments and other unknown factors. No one could possibly predict in advance all the decisions that must be made in a time of medical crisis. Designating a person to make decisions for you (in a power of attorney for health care or health care proxy) when you become incapacitated is the preferred advance directive. A written living will might be a helpful additional tool to aid your appointed health care agent in interpreting your wishes at the time decisions must be made.

## Medical Orders DNR (“Do Not Resuscitate”)

A DNR order is a medical order that instructs medical personnel not to attempt cardio-pulmonary resuscitation (CPR) if a patient's heartbeat or breathing stops. It does not affect any other treatment. For Catholics, deciding about a DNR requires weighing benefits and burdens to determine if CPR would constitute ordinary or extraordinary care.

## POLST (“Physician Orders for Life-Sustaining Treatment”)

Many healthcare systems and states now recognize POLST (or MOLST “Medical Order for Life-Sustaining Treatment”, sometimes called POST or MOST), which are pre-set forms establishing medical orders to administer or withhold treatments. The order takes effect immediately upon signing; it is not conditioned on the patient losing capacity. It allows patients to forgo anything from antibiotics to medically-assisted nutrition and hydration. It has been criticized for placing more power in the hands of physicians than in patient's hands. Some Church authorities have determined such documents to be intrinsically flawed, because they are premised on absolute patient autonomy and they do not allow for truly informed consent. Because of the inherent dignity of the person and our moral obligation to protect each human life, the Church teaches that we should take reasonable steps to preserve life and should never withhold or administer treatment with the intention of ending the life of the person.

(Source: [www.catholicendoflife.org](http://www.catholicendoflife.org))

## How do I communicate my end-of-life care plan?

The United States Conference of Catholic Bishops urges Catholics to consider designating a proxy decision-maker to make health care decisions if a person becomes incapacitated and unable to decide for himself or herself. They urge the use of legal documents to appoint a health care agent who understands and shares Catholic values and can help to apply them to the medical situation at hand.

## Who should have a copy of my Advance Directive?

- Your physician
- Health Care Proxy
- Close family and friends
- Nursing/assisted living/hospice facility

## Can I revoke my Advance Directive if I change my mind?

Yes, you can revoke your Advance Directive at any time regardless of your physical or mental condition. You may revoke your Advance Directive in writing, orally, or through any type of action that indicates you no longer want it in effect.

For more detailed information regarding Advance Directives and End-of-Life Care

- USCCB Pamphlet: Advance Directives: Planning for Your Future  
<http://www.usccb.org/about/pro-life-activities/respect-life-program/2014/advance-medical-directives.cfm>

- USCCB Ethical and Religious Directives for Catholic Health Care Services, 2009, Part V:

Issues in Care for the Seriously Ill and Dying. These Directives reaffirm the ethical standards that flow from the Church's teaching about human life and dignity, and provide authoritative guidance on some specific moral issues: <http://www.usccb.org/about/doctrine/ethical-and-religious-directives/index.cfm>

- To Live Each Day with Dignity: The United States Bishops' policy statement on assisted suicide  
<http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/to-live-each-day/index.cfm>

## Organ Donation

The subject of donating healthy organs after someone has died is sometimes misunderstood in terms of Church teaching. The high level of respect for the integrity of the body of a deceased loved one that Catholics traditionally express might lead to a perception that such an action is not permissible. However, The Catechism of the Catholic Church deals with this subject in a clear and compassionate manner, citing that such a practice is, indeed, in keeping with respect for the person and the goal of moral scientific research and treatment of others.

*Organ transplants are in conformity with the moral law if the physical and psychological dangers and risks to the donor are proportionate to the good sought for the recipient. Organ donation after death is a noble and meritorious act and is to be encouraged as an expression of generous solidarity. It is not morally acceptable if the donor or his proxy has not given explicit consent. (Catechism of the Catholic Church, 2296)*

Ultimately, the decision to "extend a life" through organ donation is a personal one and should be made prayerfully and in discussion with other family members.



## Body Donation

It is permissible for Catholics to donate their entire body to medical science. There does need to be some reasonable assurance that the remains of the body will be disposed of in an appropriately reverent manner.

Although a funeral Mass may not be celebrated without the remains of the deceased, the family should celebrate a memorial Mass for the donor. The Rite of Committal may conclude the prayers for the donor and family.

## Amputated Extremities

Amputated extremities are to be buried in an appropriate way. Contact the local funeral director for further information.

## Perinatal loss

Grief can be overwhelming for families who suffer the loss of a child by miscarriage or stillbirth. A Christian memorial service and burial can not only provide the opportunity to honor and commemorate a child, but also can nurture the grieving process. Catholic Cemeteries across the country offer different options to memorialize your child in a special way. Having a special place to grieve the loss of a child is of utmost importance. It is preferred that they be buried in a Catholic cemetery if possible. The Chaplain's Office at Catholic hospitals works closely with families in preparing such burials by contacting a funeral director, when necessary, as well as the parish of the family involved. When these burials are not handled directly through Catholic hospitals, families should make such decisions with a local funeral director.





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## Acknowledgments



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