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Jeffery Patterson, Ph.D.  
EXECUTIVE DIRECTOR

April 15, 2015

House State Affairs Committee  
Texas Capitol  
Austin, Texas

Dear Chairman Cook and Committee Members,

I had hoped that I would have been able to be in Austin on Wednesday to testify on House Bill 3074 by Representative Drew Springer that would correct the most glaring flaw in the Texas Advanced Directives Act by requiring nutrition and hydration to continue after ethics committee review unless it is harmful to the patient. Unfortunately, I am officiating confirmation mass at a parish in my Diocese and am unable to testify—hence this letter.

However, I can speak on behalf of my brother bishops in the Texas Catholic Conference in urging the State Affairs Committee pass this bill. The Texas Bishops have sought reasonable reform of the Texas Advance Directives Act for more than a decade, and this measure—while incremental—takes a significant step forward.

First, I want to address the nutrition and hydration issue from a Catholic moral position. We use the terms “ordinary” and “extraordinary” to distinguish the medical treatments that one is obligated to use in order to preserve their life and those that one can in good conscience reject. Sometimes the terms proportionate and disproportionate are also used to convey those means that are morally required vs. those that are optional. There is no laundry list of treatments that are always ordinary and obligatory because circumstances can be important factors in determining the morality of the action.

Treatment decisions should be based on whether or not the expected benefit of the treatment outweighs the burden *to the patient*, and Representative Springer’s bill takes this into account. Some claim that the bill still allows quality of life decisions, but they are wrong. The criteria in this bill reflect an assessment of the quality or effectiveness of the treatment, not the quality of life for the patient.

This assessment of effectiveness includes the use of artificially administered nutrition and hydration. The position of our opponents fails to recognize both the reality of experience and the Church’s teaching. In rare cases there comes a point when even artificially administered nutrition and hydration may be morally withdrawn.

Saint John Paul II taught that the use of artificially administered food and hydration is in principle considered ordinary care because food and water are basic necessities due to all human persons. The Congregation for the Doctrine of the Faith further clarified that while this is true, there can still come a point in the dying process when food and water can be withdrawn because their use is “excessively burdensome for the patient or [would] cause significant physical discomfort.”

For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may cause such serious medical complications that they are therefore not obligatory in light of their very limited ability to prolong life or provide comfort.

As a Catholic Bishop, I speak with clarity, resolve, and compassion. It is my responsibility to trust God's Grace given to me to speak in this voice with avoidance of division and confusion. The Catholic voice in the pro-life world does not view death as the ultimate enemy.

As you are aware, some organizations who identify themselves as being pro-life have misrepresented the Catholic or pro-life position as opposing this legislation because it allows for the removal of nutrition and hydration when such procedures would have no medical benefit and could be needlessly torturous. Such an approach reacts to one extreme that imposes the refusal or withdrawal of basic care by imposing a contrary extreme that demands burdensome procedures without medical benefit in the effort to prolong dying. Each extreme approach fails to respect the legitimate ethical judgment and decision-making of family members to be exercised prudentially on behalf of their incapacitated loved ones. Their position has been that patients, or their surrogates in the case of incompetent patients, have absolute autonomy to demand medical interventions that may be ineffective or even harmful to the life of the patient. This is a distortion of Church teaching. Accepting that a person is dying and withdrawing ineffective interventions is not euthanasia or suicide; instead, it recognizes the essential dignity of man as created by God and returning to Him at the end.

As a bishop I state that this reaction is not consistent with Catholic teaching regarding legitimate care for dying and terminally ill persons. Those who make claims to the contrary are misrepresenting the Church and causing division through fostering distrust of the integrity of the authentic pastoral teaching of the bishops in Texas as articulated through our state's Catholic conference.

I hope that my letter demonstrates to the committee my strong support for the good work that Representative Springer has done to bring clarity and unity to a controversial and difficult issue.

In the Peace of Christ,

A handwritten signature in black ink that reads "Michael F. Olson". The signature is written in a cursive style with a large initial "M".

Most Reverend Michael Olson

Bishop of the Diocese of Fort Worth