From Suffering to Hope
"The Tough Discussion: A Gift Rather Than a Burden"

St. Louis Church - November 2026

Why **should you have a discussion with your health care proxy/family/doctor(s)?**
We tend to avoid discussing difficult topics. End of Life care can be a very difficult and emotional discussion because we do not like to think about ourselves or a loved one dying. Yet, physical death is inevitable. When the time for our death approaches, having had the "tough discussion" can be a ***gift*** to our health care proxy (and family) in that it helps them to know what we want. Families who have not had the tough discussion often find themselves lamenting that they do not know what their loved one would want. It can also be a gift to the person facing the end of life in having their wishes followed.

When **should you have a discussion with your health care proxy?**
There are at least three times when one should have the "tough discussion"?

1. At the time that you establish your health care proxy. This is an important time to discuss your principles and preferences for guiding decisions if you experience a sudden health care crisis, a life-threatening illness or an accident.
2. When a serious/terminal illness is first diagnosed and/or a high-risk surgery is about to happen.
3. When a serious/terminal illness advances and death is foreseen in the coming weeks and months.

What **should you discuss with your health care proxy?**
This list is not meant ***in any way*** to be a complete list of topics to be discussed. Each person is different and each disease is different. This list is a starting point for the discussion, not an endpoint.

This discussion list presumes that, in keeping with Catholic teaching, you never want assisted suicide. You should make this explicitly clear to your health care proxy, loved ones, and medical team.

A. When you might wish to no longer wish to be resuscitated (DNR)
B. How aggressive you want to be in pursing treatment vs. when it is time to hand it over to God
    a. Treatment to cure
    b. Treatment that extends your life but does not completely cure the disease
    c. Trying a treatment to see if it helps and then stopping treatment ***if*** it does not help
    d. The use of experimental treatment – *Catechism of the Catholic Church,* paragraph 2295.
C. Palliative Care/Hospice/Comfort Care – you might share what our faith teaches you about suffering.
D. When you would accept the use of a ventilator (short-term vs. long-term)
E. MOLST/Living Will documents – have you filled it out and does your doctor and/or health care proxy have a copy?
F. Organ donation – *Catechism of the Catholic Church*, paragraph 2296