

as well as refuse treatment and, in fact, they default to the provision of treatment if a particular section is not completed. So, if anything, they are biased toward treatment. And one would hope that in a Catholic health care organization, the Catholic moral tradition around end-of-life issues will inform conversations between health professionals and patients and their families. What are clearly contrary to church teaching at the end of life are PAS and euthanasia. Neither is legal in most states, and neither is

permitted or performed in Catholic facilities.

There is much more to be said about these two articles. We invite others to contribute their reflections and experiences and we will publish what we can in future issues of HCEUSA. In the meantime, readers might consider taking a look at the Louisiana POLST form.

RH

*Editor's note: We invite our readers to respond to the claims made in these articles, especially readers who have experience with POLST. Please keep responses to about 500 words. Responses may be emailed to [ethics@chausa.org](mailto:ethics@chausa.org).*

### **“Festschrift” in Honor of Jack Glaser**

We would like to honor our colleague Jack Glaser in the next issue of HCEUSA by assembling reflections from ethicists in the ministry on how Jack influenced them, what impact he had on them, and his contributions to the Catholic health ministry. Submissions should be relatively brief, approximately 150-300 words. Please email to [rhamel@chausa.org](mailto:rhamel@chausa.org)