

End of Life Issues



So the sisters sent word to him, saying,
“Lord, the one you love is sick.”

Jn. 11: 3

The End of Life

The Catholic Church teaches that all life, from conception to natural death, is sacred. However, modern medical advances have made end of life issues increasingly difficult to sort out. What is the difference between letting a person die and practicing euthanasia? Can Catholics have “living wills?” How much treatment must be provided to the sick and dying? This pamphlet gives an overview of these and other important moral issues surrounding life and death.

Why should I turn to the Church when a loved one is facing an end of life decision?



Since such decisions are often made in times of great stress, talking to a priest can help you and your family understand Church directives, assuring that whatever choices are made are both compassionate and morally ethical.

Moreover, the Church offers not only the sacraments of Reconciliation and the Eucharist to help those who are sick or dying, but

also provides the special graces of the Sacrament of Anointing. The Sacrament of Anointing fulfills the directives expressed in the Letter of James to pray over those who are sick, to anoint them with oil in the name of the Lord, trusting that “the prayer offered in faith will make the sick person well; the Lord will raise him up” (Jas. 5:15). Although “even the most intense prayers do not always obtain the healing of all illnesses” (*Catechism of the Catholic Church*, 1508), the Sacrament always provides strength, grace, courage, and the forgiveness of sin.



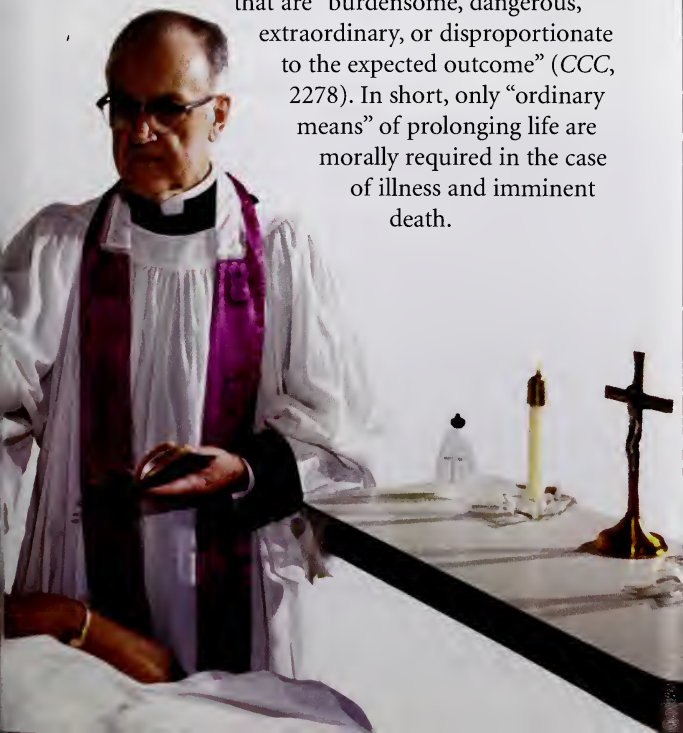
What does the Church teach about the end of life?

First, because God is the author of all life, directly putting anyone to death is morally unacceptable. It “constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator” (CCC, 2277). Ending life, even for the best of motives, is always wrong.

Second, the Church teaches that life in all its stages is sacred. In fact, according to the catechism, “Those whose lives are diminished or weakened deserve special respect” (CCC, 2276).

Third, human beings — regardless of their age, illness, social station, or abilities — are never to be considered less than fully human. Speaking to participants in an international congress, Pope John Paul II explained: “Even our brothers and sisters who find themselves in the clinical condition of a ‘vegetative state’ retain their human dignity in all its fullness. The loving gaze of God the Father continues to fall upon them, acknowledging them as his sons and daughters, especially in need of help” (John Paul II, Address, March 20, 2004).

Finally, the Church does not say that life must be prolonged at all costs. Patients or their rightfully designated authorities may refuse “over-zealous” treatments that are “burdensome, dangerous, extraordinary, or disproportionate to the expected outcome” (CCC, 2278). In short, only “ordinary means” of prolonging life are morally required in the case of illness and imminent death.



What does the Church mean by “ordinary means?”

“Ordinary means” refer to “the normal care due to the sick person,” including those remedies “that seem necessary or useful” (Congregation for the Doctrine of the Faith, *Declaration on Euthanasia*, 1980, part IV). The sick are to be kept clean, warm, and protected from infection and pain as far as possible. They are to be given nutrition and hydration, even when these are provided by artificial means (cf. John Paul II, Address, March 20, 2004, no. 4; Pontifical Council for Pastoral Assistance to Health Care Workers, *Charter for Health Care Workers*, 1995, no. 120). These “ordinary means” should be distinguished from medical treatments that are overly burdensome, risky, or painful when compared to the reasonable benefit they might offer. Practically, this means that a procedure that is experimental, offers little hope of success, or is too much to bear is not obligatory. For example, a 93-year-old grandmother who is partially paralyzed by a stroke is diagnosed with breast cancer. She may decide that the risks of a mastectomy coupled with chemotherapy are more than she is willing to endure. For her, the treatment would constitute “extraordinary means.” On the other hand, for a 33-year-old mother in otherwise good health, such an operation may be merely the “ordinary” means of dealing with her cancer.

Why shouldn't I rely on medical professionals alone to make these decisions?

Medicine is an art as much as a science. Medical professionals can provide their best guesses as to the outcome of an illness, but ultimately God determines the length and span of our days. After gathering all the medical facts, it is helpful to have the advice of a priest or moral counselor to determine not only what may be considered extraordinary treatment in general, but also what may be considered extraordinary treatment in your particular case.

Often, people who are gravely ill become either depressed or panicky and may have a hard time making rational decisions. While physicians can provide options, a priest or moral theologian can help you and your family make the right decisions.



Why is euthanasia wrong?

Sometimes, in a misguided attempt to alleviate suffering, people believe that euthanasia, the direct ending of life, is an act

of mercy. But according to the teachings of the Church, euthanasia is a “murderous act” and is always forbidden. However, a distinction must be made between euthanasia and permitting natural death. Euthanasia is “an action or an omission which of itself or by intention causes death, in order that all suffering in this way may be eliminated” (*Declaration on Euthanasia*, part II). It is a deliberate action (e.g. an overdose) or an omission that seeks to end the life. Permitting natural death, on the other hand, means that a person’s life is allowed to take its natural course — which, for all of us, ultimately ends in death.

Special consideration must be given to painkillers that could hasten death. The Church teaches that the use of painkillers “can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable. Palliative care is a special form of disinterested charity. As such it should be encouraged” (*CCC*, 2279).

In any event, the normal care owed to a sick person must be continued. Food and fluids normally should be provided. Pope John Paul II says these are “a natural means of preserving life, not a medical act” and

I have set before you life and death, blessings and curses. Now choose life, so that you and your children may live.

Deut. 30:19

their deliberate withdrawal constitutes murder. “Death by starvation or dehydration is, in fact, the only possible outcome as a result of their withdrawal. In this sense it ends up becoming, if done knowingly and willingly, true and proper euthanasia by omission” (John Paul II, Address, March 20, 2004).



The value of suffering

In following the example of Our Lord, the Church has always considered care for the sick and dying an essential part of its ministry. As the American Bishops explain in their *Ethical and Religious Directives for Catholic Health Care Services*, Catholics are “to see Christian love as the animating principle of health care; to see healing and compassion as a continuation of Christ's mission; to see suffering as a participation in the redemptive power of Christ's passion, death, and resurrection; and to see death, transformed by the resurrection, as an opportunity for a final act of communion with Christ” (General Introduction to Fourth Edition, 2001).

Accepting the suffering that comes with illness, old age, and the process of dying can, in the words of the catechism, “make a person more mature, helping him discern in his life what is not essential so that he can turn toward that which is. Very often illness provokes a search for God and a return to him. . . . By his passion and death on the cross Christ has given a new meaning to suffering: it can henceforth configure us to him and unite us with his redemptive Passion” (CCC, 1501, 1505).

What should I do?

What should you do so that others will know your wishes if you are incapacitated and dependent upon them to make decisions for you?

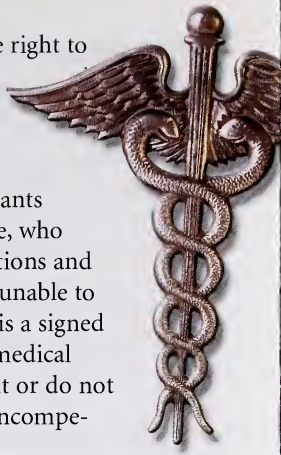
According to the Patient Self-Determination Act of 1990, all hospitals and medical care facilities must pro-

vide written information about the right to accept or refuse medical treatment and the right to a “Living Will,” and/or how to designate “Durable Power of Attorney.”

“Durable Power of Attorney” grants authority to a person you designate, who understands your moral considerations and wishes, to act as a proxy if you are unable to speak for yourself. A “Living Will” is a signed legal document spelling out what medical treatment and procedures you want or do not want to have done if you become incompetent.

You need to be sure before you sign a “Living Will” that it does not contain actions contrary to Catholic teaching, such as allowing euthanasia or physician-assisted suicide. In addition, it should state that you want a priest called to celebrate the Sacrament of Anointing if you are seriously ill. You should keep a copy of your “Living Will” in a safe place and distribute copies to your doctor and family members.

Since individual state laws vary, check with your state to see what is legal and necessary. Many dioceses have “Catholic Living Wills” on their websites that you can download and fill out. Without such advance directives, others may make decisions that do not correspond either to your wishes or to Church teaching.



The Beginning of Life

As Catholics we are called to affirm that death is not the end of life, but the beginning. As Pope John Paul II said in his 1999 *Letter to the Elderly* (No. 2):

“But if the life of each of us is limited and fragile, we are consoled by the thought that, by virtue of our spiritual souls, we will survive beyond death itself. Moreover, faith opens us to a ‘hope that does not disappoint’ (cf. Rom. 5:5), placing us before the perspective of the final resurrection.”

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For More Information:

May, William E. *Catholic Bioethics and the Gift of Human Life*. Our Sunday Visitor, 2000.

The National Catholic Bioethics Center;
www.ncbcenter.org

United States Conference of Catholic Bishops, Inc. *Ethical and Religious Directives for Catholic Health Care Services* (Fourth Edition), 2001;
www.usccb.org/bishops/directives.shtml

John Paul II. *Address to the Participants in the International Congress on "Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas."* 2004;
www.vatican.va

———. *Letter to the Elderly*. 1999; www.vatican.va

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