Catholic Diocese of Spokane, Washington

Peace Be With You

"Preparing for death and caring for the dying: a believer's response"

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(From the Feb. 24, 2011 edition of the Inland Register)

The Challenge of Keeping Up

The rapid pace of technological and scientific advances in recent years has captured our attention and imagination in ways that dominate not only national media coverage, but family discussions as well. This is especially so in the fields of medicine and health care. Seemingly, every day we hear of new cures and ways of prolonging human life. This situation, however, provides new challenges. Some people fear that available health care without a cure can be too much care. In an article titled "Dying Well," published as a pamphlet for the U.S. bishops' Pro-Life Office, Dr. Cathleen Kavney of the Notre Dame Law School refers to this as "the dark side of medical progress."

She notes that new ways of prolonging life have led people to become fearful of dying alone or of suffering "dehumanized deaths…. They worry about being hooked up against their will to medical technology that cannot benefit them, but only prolong their suffering. They worry about indifferent care givers and uncontrolled pain. They worry about being isolated in a hospital bed, separated from the family members and friends whose love and support they desperately need."

At the same time, families every day throughout America face end-of-life situations for their loved ones. Recent well-publicized cases only highlight how confused most people are about such matters. There seems to be little real wisdom and direction about what should be done. Admittedly, both ethics and moral theology are having difficulty keeping up with these fast-paced advances in the field of medicine.

Moral Guidelines

At their June 2001 general meeting, the bishops of the United States approved as the national code the fourth edition of the Ethical and Religious Directives for Catholic Health Care (ERD), which was developed by the bishops' Committee on Doctrine. In the ERD, the bishops readily admitted that "…the Church cannot furnish a ready answer to every moral dilemma," especially in the face of constantly evolving medical developments. Nonetheless, the Church can provide "…normative guidance and direction … for ethical decision making." It is important to recognize that, "Throughout the centuries, with the aid of other sciences, a body of moral principles has emerged that expresses the Church's teaching on medical and moral matters and has proven to be pertinent and applicable to the ever-changing circumstances of health care and its delivery."

That "body of moral principles" can be summarized under the following five headings, which should be kept in mind as we face end-of-life decisions:

1. Promoting the Dignity of the Human Person: In this era of continually advancing medical discoveries, technological developments and social changes, our modern society must make a fundamental decision: "What is new can either be an opportunity for genuine advancement in human culture, or it can lead to policies and actions that are contrary to the true dignity and vocation of the human person." (ERD) In other words, just because we can do something, does not mean we should. The measuring rod should always be: Does this social development or scientific advancement promote human dignity?

2. Dying is a Part of Human Life – A Happy Death: St. Joseph and St. Benedict are called the patrons of a happy or good death. What is a good death? Surely it is not the quick exit, passing from existence to no existence, as promised by the legalization of assisted suicide in our State. Since March 5, 2009, it is legal in Washington for physicians to prescribe lethal medication to allow people to take their own lives. As the bishops stated at that time, this "dangerous measure does not provide adequate safeguards and only offers a false choice. We teach that our obligation is to nurture and support life, but never to harm or destroy it…" Our "teaching distinguishes between killing – which is an intentional action or omission to bring about the death of another, and allowing to die – which is withholding or withdrawing treatment that is no longer helping a patient and may actually be harming them. The morality of any action is judged by one's intention. In the case of assisted suicide, the intention is to cause the death of another person."

What is lost in all of this is an understanding that "human beings are by nature social and interdependent.... Therefore, our laws should enable us to live together in society, upholding our common values, and protecting vulnerable and defenseless people," as Dr. Kavney writes. Moreover, it is clear we need to make resources available and give more attention to compassionate alternatives to assisted suicide such as hospice care, specialized pain medications and palliative/comfort care which make compassion and care the real choice for those facing death.

Simply put, we believe that the process of dying is not a useless experience. It is a time to come to terms with our humanity and the limitations of our mortal nature. Again quoting Dr. Kavney:

"A death that allows us the time to come to terms with our lives and those with whom we have lived it – to thank and be thanked, to forgive and be forgiven – is a good death. It can allow us time to deepen our relationship with God."

3. Proportionate and Disproportionate Means and Who Decides? Since the process of dying involves coming face to face with our mortality, care should be taken when it comes to deciding about life-prolonging measures. Certainly, since we are created in God's image, we are stewards of creation, including our mortal lives. We are morally obliged to take ordinary or "proportionate" means to preserve our lives. Yet, our faith teaches us that mortal human existence, while a great good, is not the only, or the highest, good. We do not have absolute power over our lives, so the duty to preserve life is not absolute. Thus, we are not required to take extraordinary or "disproportionate" means. We may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Dr. Kavney offers this insight: "Refusal of disproportionate means to preserve life is not suicidal, even if it may appear virtually certain that death will result from it. Such a refusal simply recognizes that in these concrete circumstances, the disadvantages of the specific measures necessary to fight death outweigh their likely advantages." The bishops are very clear about this matter in item 57 of the ERD. Catholics may choose to avoid treatments that are "…extraordinary or disproportionate means of preserving life. Disproportionate means are those that, in the patient's judgment, do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community." Consequently, dying patients should not be forced to submit to extraordinary or disproportionate means of preserving life against their will. "The free and informed judgment made by a competent adult patient concerning the use or withdrawal of life-sustaining procedures should always be respected and normally complied with, unless it is contrary to Catholic moral teaching." (ERD item 59, and the Catechism of the Catholic Church (CCC) 2278.)

4. Hydration and Nutrition: We have all witnessed the case some years ago of a family facing the moral dilemma of withdrawing water and nutrition from a patient who was diagnosed as being in a "persistent vegetative state" (PVS). But what about a patient who is at the end of his or her life? "There should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to the patient." (ERD item 58) At the same time, there is general agreement that such measures are not morally obligatory when they bring no comfort to a person who is imminently dying or when nutrition and hydration cannot be assimilated by a person's body.

5. Pain Management: As believers who are baptized into the death of Jesus, we hold that our own suffering takes on special meaning in that it allows us to participate in Christ's work of redemption. In fact, St. Paul goes so far as to say that our sufferings have value in that they "make up for what is lacking in the sufferings of Christ." We are comforted by that faith and it gives us the confidence not to be overwhelmed by our suffering. So the question arises, should we just put up with any pain that comes our way? No. The great advances in medicine and pain management have made compassionate care a responsible option. Physicians can and should make available adequate medications to a terminally ill patient with the aim of relieving severe pain. Can this be done even if it may indirectly shorten the life of a dying patient? Yes, as long as

the physician's intent in giving the medication is to relieve pain, not to take the life of his/her patient. Not only is this done out of compassion and mercy to the sufferer, but it also recognizes that severe pain can interfere with the dying patient's preparation to pass in faith from this world into eternal life. (ERD item 61 and CCC 2279) Such a situation is different from an act of euthanasia by which a physician administers a lethal injection with the intention to relieve suffering directly through the death of the patient.

Concluding Word

From my own personal/pastoral experience, I have found that these principles give families, health care professionals, pastors and the dying great insight as they deal with end-of-life issues. Medical science has provided us with many blessings through new discoveries and developments. Our faith, however, offers us a chance to reflect on what all of that means in light of our relationship with God and the body of wisdom we have acquired in the tradition of the Gospel. Keeping these guidelines before us can help cut through much of the confusion that we face in end-of-life situations and reflecting on them can be an opportunity to deepen our trust in God who promises that nothing, not even death itself will separate us from His love.

Finally, I would encourage families to take the time to share their views about the various health care treatments and life support. Such discussions can provide direction to friends and family in the event you become unable to express your wishes. It must always be kept in mind that our teachings must be applied on a case by case basis. In other words, there is no universal answer that fits all situations. The Washington State Catholic Conference has prepared a booklet entitled A Guide to Making Good Decisions for the End of Life, along with sample forms for creating a Living Will and Durable Power of Attorney for Health Care. These resources are available at http://www.thewscc.org/end-of-life-decisions-booklet or you can write to the Washington State Catholic Conference, 710 Ninth Avenue, Seattle, WA 98104.