

THE CATHOLIC CONTEXT: FAITH

At the heart of the Church's teaching on end-of-life issues are the guiding principles that every human life is a gift and every person is created in the image and likeness of God. These foundational principles of our faith allow us to accept death as the final phase in our journey home to the God who welcomes us to share the renewed life of the Risen Christ.

The experience of suffering "has a special place in God's saving plan; it is in fact a sharing in Christ's passion and a union with the redeeming sacrifice which he offered in obedience to the Father's will."¹ This participation in what Pope John Paul II called "the gospel of suffering"² reveals to us in our weakness the ultimate need to trust totally in God who calls us to transcend the limits of our humanity.

As all who have accompanied a dying person in their journey know, the salvific meaning of suffering is not restricted to the dying person. Rather, in evoking the compassion of family members, friends and caregivers, suffering articulates in human weakness the appeal of Our Lord to create a circle of care around the dying person. By being drawn into a loved one's experience of suffering, we encounter "the same power of God manifested in Christ's cross"³ which will not permit us to remain indifferent. The urgent invitation to care provoked by suffering challenges us to love and to share in, through and with Christ the solidarity of our humanity with the dying person. Through faith, the mystery of suffering becomes the opportunity for the salvation of both the dying person and those who respond in love.

THE CATHOLIC CONTEXT: MORAL PRINCIPLES

Familiarity with the moral principles of our Catholic faith allows us to inform our consciences so that our decision-making can be fully responsible. These moral principles, which recognize both the obligation to preserve life and the responsible limits to the obligation, may be briefly summarized in the following statements:⁴

- 1) Because God alone has complete sovereignty over every human life and it is the most basic of all human goods, we have the duty to preserve our lives;
- 2) Each person has the responsibility to prepare emotionally and spiritually for his or her death;
- 3) Euthanasia, understood as an action or omission which of itself or by intention causes death in order to eliminate suffering, is immoral; no one has a right to ask for this killing for another person or for himself or herself;
- 4) Relief of pain in accordance with the wishes of the dying person is permitted, even if death is hastened as an unintended side effect of the drug therapy administered;
- 5) Justice demands that decisions regarding life respect the fundamental and inalienable right to life of persons who are especially vulnerable to

¹ Congregation for the Doctrine of the Faith, *Declaration on Euthanasia*, Part III (1980).

² Apostolic Letter, *The Christian Meaning of Human Suffering*, February 11, 1984, Paragraph 26.

³ *The Meaning of Human Suffering*, Paragraph 23.

⁴ Abridged from the resource paper issued by the NCCB Committee for Pro-Life Activities 1992, *Nutrition and Hydration: Moral and Pastoral Reflections*, pp. 3-6.

discrimination based on age and dependency, e.g., the unborn child, the aged and the disabled;

- 6) Persons are not morally obligated to use extraordinary or disproportionate means to preserve the life of the patient, i.e., “means which are understood as offering no reasonable hope of benefit or as involving excessive burdens.”⁵ to the patient.

This teaching was articulated in 1957 by Pope Pius XII, restated in the 1980 Declaration on Euthanasia and more recently repeated in the teaching of the late Pope John Paul II regarding the administration of food and water even by medical means. The teaching states that every person has a moral obligation to use ordinary or “proportionate” means to preserve health and life. Pope John Paul II further articulated this matter in 2004 by stating:

I should like particularly to underline how the administration of water and food, even when provided by artificial means, always represents a *natural means* of preserving life, not a *medical act*. Its use, furthermore, should be considered, in principle, ordinary and proportionate, and as such morally obligatory, insofar as and until it is seen to have attained its proper finality, which in the present case consists in providing nourishment to the patient and alleviation of his suffering.⁶

In contrast, “extraordinary” or disproportionate” means are not morally obligatory. The reasoning underlying this distinction as explained by Pope Pius XII was simply that a brief prolongation of earthly life achieved by heroic measures “would be too burdensome of most people, and would render the attainment of the higher, more important good” – eternal life – “too difficult.”⁷

What is an “ordinary” means? As Pope Pius XII defined it, ordinary means of medical treatment are those “that do not involve any grave burden for oneself or another,”⁸ and are of benefit to the patient, i.e., have a medically reasonable hope of sustaining life. Extraordinary means of medical treatment, as indicated in the earlier listing of moral principles, are those which place excessive burdens on the patient and his or her family, and which, if initiated or continued, would be of no benefit to the patient, i.e., have no medically reasonable hope of sustaining life.

As the primary decision-maker for our own health care, it is our right and responsibility to weigh the burdens and benefits of particular treatments, to determine which medical treatments and procedures we wish in particular circumstances, and to communicate our desires in an advance directive to our families, friends, and health care providers. Such decisions should reflect careful consideration of Catholic moral principles, and follow consultation with our family members, parish priest and personal physician. Procedures which are particularly important for consideration include cardiopulmonary resuscitation (CPR), do-not-resuscitate orders (DNRs), respiratory

⁵ *Nutrition and Hydration*, p. 4.

⁶ Address of John Paul II to the Pontifical Academy for Life and the International Federation of Catholic Medical Associations’ International Congress on Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas, March 20, 2004.

⁷ Pope Pius XII, *The Prolongation of Life*, November 24, 1957.

⁸ *Ibid.*

therapy (ventilation), artificially provided nutrition and hydration, chemotherapies, and dialysis.

To assure that our wishes are known in the event of incapacity to communicate, it is recommended that the advance directive include the appointment of a health care agent in whom we have placed confidence to act in our best interests. The clinical and moral complexity of decisions regarding the provision of nutrition and hydration requires particular attention. Any omission of nutrition and hydration intended to cause a patient's death is euthanasia and, therefore, clearly immoral. A strong presumption in favor of medically assisted nutrition and hydration, i.e., administered by gastrostomy or nasogastric intubation, must be maintained. When may medically assisted nutrition and hydration be withheld or, if begun, withdrawn? As long as the person is able to absorb medically assisted food and water they continue to be beneficial in sustaining life. If the person is unable to absorb them, their administration may be discontinued. When inevitable death is imminent, one may cease the administration of food and water if the administration of them provides the person with no comfort and ceasing their administration will not be the cause of death.

CONCLUSION

As people who cherish life, each of us offers to the ill and suffering the personal gift of our presence which speaks the love of God more effectively than words. In caring for our loved ones, Catholic hospitals assist us by offering "hospitality" in the fullest sense: they are a living sign of our refusal to allow suffering to isolate brothers and sisters from the community of faith. As partners of the Catholic Church's historical commitment to care of the sick and suffering, they provide a context of preferential respect and support to the moral principles of our tradition so necessary for responsible health care decisions.