Embracing Our Dying A Project of the California Catholic Conference

END OF LIFE DECISIONS: *A Pastoral Guide*

Richard Benson, C.M., Ph.D., S.T.D. St. John's Seminary, Camarillo, CA

I. THE THEOLOGICAL VISION OF LIFE AND DEATH

"The Catholic health care ministry faces the reality of death with the confidence of faith. In the face of death – for many, a time when hope seems lost – the church witnesses to her belief that God has created each person for eternal life...The truth that life is a precious gift from God has profound implications for the question of stewardship over human life. We are not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute..." *ERD Part Five, Introduction, p 29-30*

"All human beings must live their lives in accordance with God's plan. Life is given to them as a possession which must bear fruit here on earth but which must wait for eternal life to achieve its full and absolute perfection." *Euthanasia, CDF, 1980*

II. THE CATHOLIC VISION OF END-OF-LIFE CARE

"The task of medicine is to care even when it cannot cure. Physicians and their patients must evaluate the use of the technology at their disposal. ... The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death. Only in this way are two extremes avoided: on the one hand, an insistence on useless or burdensome technology even when a patient may legitimately wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death." *ERD Part Five, Introduction, p 29-30*

"While life is to be regarded as God's gift, it also is true that death in unavoidable. We must be able; therefore, without in any way hastening the hour of death, to accept it with full consciousness of our responsibility and with full dignity for death, indeed puts an end to this earthly life but in doing so it opens the way to undying life." *Euthanasia, CDF, 1980*

III. A MORAL OBLIGATION TO USE ORDINARY MEANS

"A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community." *ERD, 56, p. 31*

IV. NO MORAL OBLIGATION TO USE EXTRAORDINARY MEANS

"A person may forgo 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." *ERD, 57, p. 31*

"In our day it is very important at the moment of death to safeguard the dignity of the person and the Christian meaning of life, in the face of a technological approach to death that can easily be abused. Some even speak of a 'right to die.' By this they mean, however, not a right of persons to inflict death on themselves at will by their own or another's hand, but rather a right to die peacefully and in a manner worthy of a human being and a Christian...When death is imminent and cannot be prevented by the remedies used, it is licit in conscience to decide to renounce treatments that can only yield a precarious and painful prolongation of life....This rejection of a remedy is not to be compared to suicide; it is more justly to be regarded as a simple acceptance of the human condition or a desire to avoid the application of medical techniques that are disproportionate to the value of the anticipated results or, finally, a desire not to put a heavy burden on the family or the community." *Euthanasia, CDF, 1980*

V. WHO MAKES THE DECISION?

"In the last analysis, the decision rests with the conscience of the sick person or those who have a right to act in the sick person's name or of the doctors, who must bear in mind the principles of morality and the several aspects of the case...in making this decision, account should be taken of the legitimate desire of the sick person and his or her family as well of the opinion of truly expert physicians. The latter are better placed than anyone else for judging whether the expense of machinery and personnel is disproportionate to the foreseeable results and whether the medical techniques used will cause the sick person suffering or inconvenience greater than the benefits that may be derived from them." *Euthanasia, CDF, 1980*

VI. THE USE OF PAIN MEDICATION

"It is worth recalling here a statement of Pius XII that is still valid. A group of physicians had asked: 'Is the removal of pain and consciousness by means of narcotics...permitted by religion and morality to both doctor and patient even at the approach of death and if one foresees that the use of narcotics will shorten life?' The pope answered: 'Yes –provided that no other means exist and if, in the given circumstances, the action does not prevent the carrying out of other moral and religious duties...death is by no means intended or sought, although the risk of it is being incurred for a good reason; the only intention is to diminish pain effectively by use of the painkillers available to medical science.'" *Euthanasia, CDF, 1980*

VII. ARTIFICIAL NUTRITION AND

HYDRATION

"In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally...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, 58* and 59, *p 31*

A. For the dying patient

Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be "excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed. For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrient and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort. *ERD, 58*, *p 31*

"... [W]e should not assume that all or most decisions to withhold or withdraw medically assisted nutrition and hydration are attempts to cause death. To be sure, any patient will die if all nutrition and hydration are withheld. But sometimes other causes are at work—the patient may be imminently dying...from an already existing terminal condition." *Nutrition and Hydration: Moral and Pastoral Reflections*, USCCB, 1992

B. For the patient in a "persistent vegetative state"

This obligation [to provide food and water] extends to patients in chronic and presumably irreversible conditions (e.g., the "persistent vegetative state") who can reasonably be expected to live indefinitely if given such care. ." *ERD, 58*, *p 31*

"In particular, I would want to emphasize that the administration of water and food, even when it is provided by artificial means, always represents a natural means of preserving life, not a medical intervention. Its use is therefore considered to be, according to the principle, proportionate, ordinary and as such, morally obligatory, in the degree to which and until it has been demonstrated to attain its own proper finality, which in this instance consists in providing nutrition to the patient and alleviating their suffering." *Pope John Paul II on Life-Sustaining Treatment and the Vegetative State (March 20, 2004)*

Citations: *Ethical and Religious Directives for Catholic Health Care Services (ERD)*, 5th Ed. , USCCB, 2009; *Euthanasia*, Declaration of the Sacred Congregation for the Doctrine of the Faith (CDF), May 5, 1980; *Nutrition and Hydration: Moral and Pastoral Reflections,* Committee for Pro-Life Activities, National Conference of Catholic Bishops, 1992; *Pope John Paul II on Life-Sustaining Treatment and the Vegetative State (March 20, 2004)* *Updated July 2011*