

# Six Teachings Every Catholic Should Know

## About End of Life Issues & Care for the Dying

**Human Life Is Always A Good.** "The dignity of human life flows from creation in the image of God (Gn. 1:26), from redemption by Jesus Christ (Eph. 1:10; 1 Tm 2:4-6), and from our common destiny to share a life with God beyond all corruption (1 Cor. 15:42-57)."[1] None of these sources of our dignity takes into account our intellectual or physical capacity, age, or life expectancy. While our abilities to reason, discern between good and evil, and exercise free will can allow us to know and love our Creator, they must be understood in light of our ultimate destiny.[2] "For God created man for incorruption, and made him in the image of His own eternity."[3] From the first moment of existence, all human beings are eternal beings. Thus, the Catholic vision of the dying person rejects any "quality of life" calculus of human dignity based on the decline of our earthly functions.

**We Respect The Good Of A Person's Life By Not Killing And By Offering Care.** The Fifth Commandment tells us "You shall not kill". We have in addition "the entire law" of the Gospel that calls us "to revere life, to love it and to foster it" through the "gift of self".[4] In light of this broader command to care for life, "it is necessary that all who approach [the critically ill and dying] show by their own conduct that they take the words of the Gospel seriously. Therefore care and concern for people close to death is one of the most important signs of ecclesial credibility. Those who in the last phase of life feel supported by sincere Christians can more easily trust that Christ truly awaits them in the new life after death."[5] Moreover, "The sick person who feels surrounded by a loving human and Christian presence does not give way to depression and anguish as would be the case if one were left to suffer and die alone and wanting to be done with life."[6]

**The Underlying Evil At Issue In The Assisted Suicide & Euthanasia Debate Is The Belief That Human Life Is No Longer A Good.** The free choice to take one's own or another's life, or to neglect it, is characterized by: "A mentality ever less ready to recognize life as a value in itself, relative to God alone . . . ; a concept of the quality of life in terms of efficiency and psychophysical satisfaction, incapable of seeing any meaning in suffering and handicap, and hence to be avoided at any cost and by every means; . . . [and] a vision of death . . . as a liberation from an existence already considered meaningless."[7] Accordingly, "a life which would require greater acceptance, love and care is considered useless or held to be an intolerable burden, and is therefore rejected in one way or another."[8] The belief that life is no longer a good may manifest itself in two different ways. One may choose to destroy life through a lethal act, such as by shooting a gun or by administering an overdose of drugs. Or one might choose to neglect life by failing to accept or to provide necessary care, thus permitting death to occur when care would have prevented it.

**Persons Who Commit Suicide Are Capable Of Eternal Salvation.** "Suicide is always morally objectionable as murder." [9] Yet, suicidal acts of utter desperation or those induced by severe depression are not free choices, and thus the Church does not regard disturbed persons who commit suicide as entirely responsible for their actions. "We should not despair of the eternal salvation of persons who have taken their own lives. By ways known to him alone, God can provide the opportunity for salutary repentance. The Church prays for persons who have taken their own lives." [10] In any case, all suicidal expressions should be regarded as pleas for life-affirming help, not death. [11]

**We Are Not Required To Sustain Life By Avoiding Death At All Costs, Since Life Is Not An Absolute Good.** Usually of greatest concern to a devout Catholic is whether a particular choice to withhold or withdraw life-prolonging treatment constitutes neglect if death follows. Must one always avoid death? When one is not seeking death out of a belief that rejects life, then the answer is no. "If morality requires respect for the life of the body, it does not make it an absolute value. It rejects a neo-pagan notion that tends to promote the *cult of the body*, to sacrifice everything for its sake[.]" [12] Thus in certain cases, the avoidance of death may conflict with other legitimate values, such as the martyr's desire to remain faithful even if by doing so, death is imposed. More to the point, allowing death to come naturally, rather than fighting it with aggressively burdensome measures, may serve a value more important than "securing a precarious and painful prolongation of life" by "mak[ing] way for a serene and Christian acceptance of death which is inherent in life." [13] The key question to ask in an examination of conscience is: "Am I making this non-treatment decision *because* I think life is no longer a good and should cease, or am I doing it *in spite of* the possibility of death to serve a legitimately serious purpose?" Rejecting treatment because it is too burdensome, risky, ineffective, or disproportionate to the expected outcome is not neglect. One's duty to care in such circumstances shifts from avoiding death to providing comfort and hope as death approaches.

**Hospice & Good Pain Management Respect The Lives Of Dying Persons & Should Be Encouraged.** Sometimes Catholics and others may think that going to hospice is tantamount to "giving up" on life. Nothing could be further from the truth. Hospice gives persons the opportunity to complete the important work of one's life, such as forgiving and seeking forgiveness, sharing love, and saying goodbye. Life can be lived fully to the end because the hospice environment frees one from the threat of pain, loneliness, and despair. In addition, some people are concerned that pain relief measures offered at the end of life may carry the risk of hastening death by suppressing vital functions. However, studies show that hastened death by depressed respiration may be a risk in only one percent of the cases. [14] Moreover, one can be assured that death is not the object by considering the calculations involved. Good pain relief is calculated to eliminate the pain and manage the risks of death, without killing the patient. Euthanasia measures are calculated to end the pain by killing the patient. [15]

## End Notes

- [1] The Catholic Bishops of the United States, *Ethical & Religious Directives for Catholic Health Care Services*, Part II, Introduction, 1994.
- [2] John Paul II, *Evangelium Vitae*, no. 34, 1995.
- [3] Wis. 2:23.
- [4] *Evangelium Vitae*, no. 48.
- [5] John Paul II, address on June 21, 1998, to the workers and patients of Rennweg Hospice (Vienna, Austria), published in L'Osservatore Romano (English Weekly Edition), July 8, 1998, at 5.
- [6] Pontifical Council for Pastoral Assistance, *Charter for Health Care Workers*, no. 149, 1994.
- [7] *Id.* at no. 147.
- [8] *Evangelium Vitae*, no. 12.
- [9] *Id.* at no. 66.
- [10] Catechism of the Catholic Church, no. 2283.
- [11] Sacred Congregation for the Doctrine of the Faith, *Declaration on Euthanasia*, May 5, 1980, at 8-9 (Daughters of St. Paul edition).
- [12] Catechism, no. 2289.
- [13] *Charter for Health Care Workers*, nos. 120-21.
- [14] Marcia Angell, "The Quality of Mercy", 306 N.Eng. J. Med. 99 (1982).
- [15] Testimony of Walter R. Hunter, M.D., U.S. House Judiciary Comm., June 24, 1999 (found at [www.house.gov/judiciary/hunter0624.htm](http://www.house.gov/judiciary/hunter0624.htm)).

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