

**Archbishop's 2nd Annual
Symposium
for Catholic Medical Professionals**



**End of Life Care
and the Catholic Medical Professional**

DYING WITH THE LORD

I. Sanctity of Life

II. Suffering

III. Death

IV. Gospel of Life

Saint Elizabeth Ann Seton



(d. 1821)

We must pray literally without ceasing—in every occurrence and employment of our lives. . . [Offer] that prayer of the heart which is independent of place or situation, which is a habit of lifting up the heart to God as in a constant communication with Him.



Ethical and
Religious
Directives for
Catholic Health
Care Services

Fourth Edition

Part V

Issues in Care for the
Dying

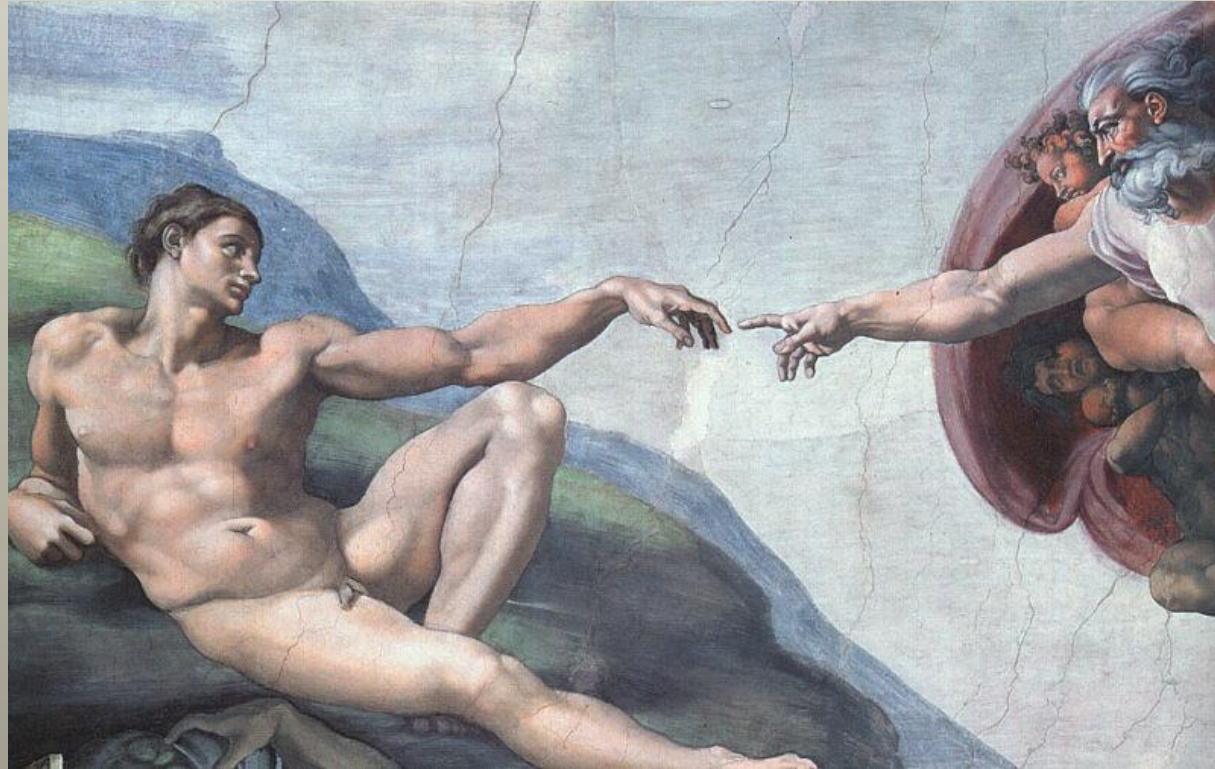
(revised October 2009)

I. SANCTITY OF LIFE

Every person sincerely open to truth and goodness can, by the light of reason and the hidden action of grace, come to recognize in the natural law written in the heart the sacred value of human life from its very beginning until its end, and can affirm the right of every human being to have this primary good respected to the highest degree. Upon the recognition of this right, every human community and the political community itself are founded. [Evangelium Vitae 2]

Soul is basis of our human dignity

God created man in his image [Genesis 1:27]



Incarnation reminds us of our dignity



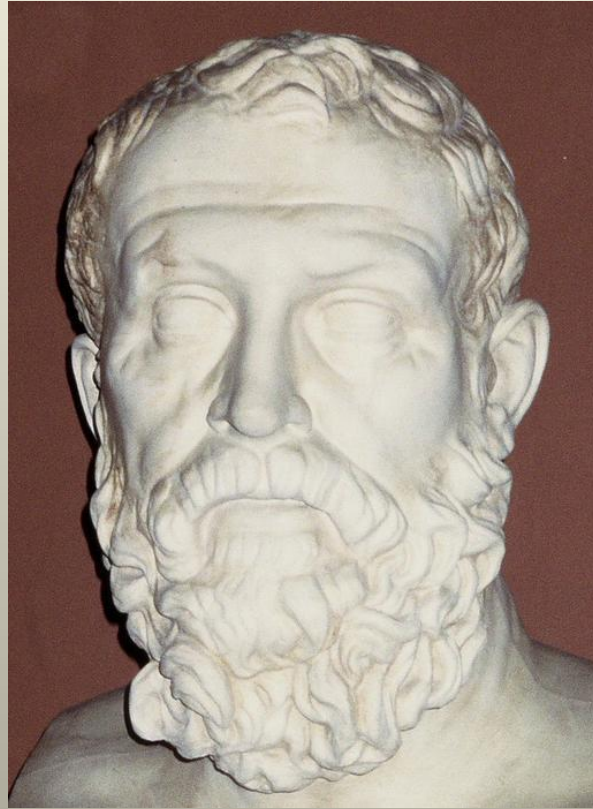
And the Word was made flesh and dwelt amongst us [John 1:14]

Basic Moral Principle

Thou shalt not kill [Exodus 20:13]

The deliberate decision to deprive an innocent human being of his life is always morally evil and can never be licit [Evangelium Vitae 57]

Hippocratic Oath is pro-life!



(Hippocrates, d. 460BC)

II. SUFFERING



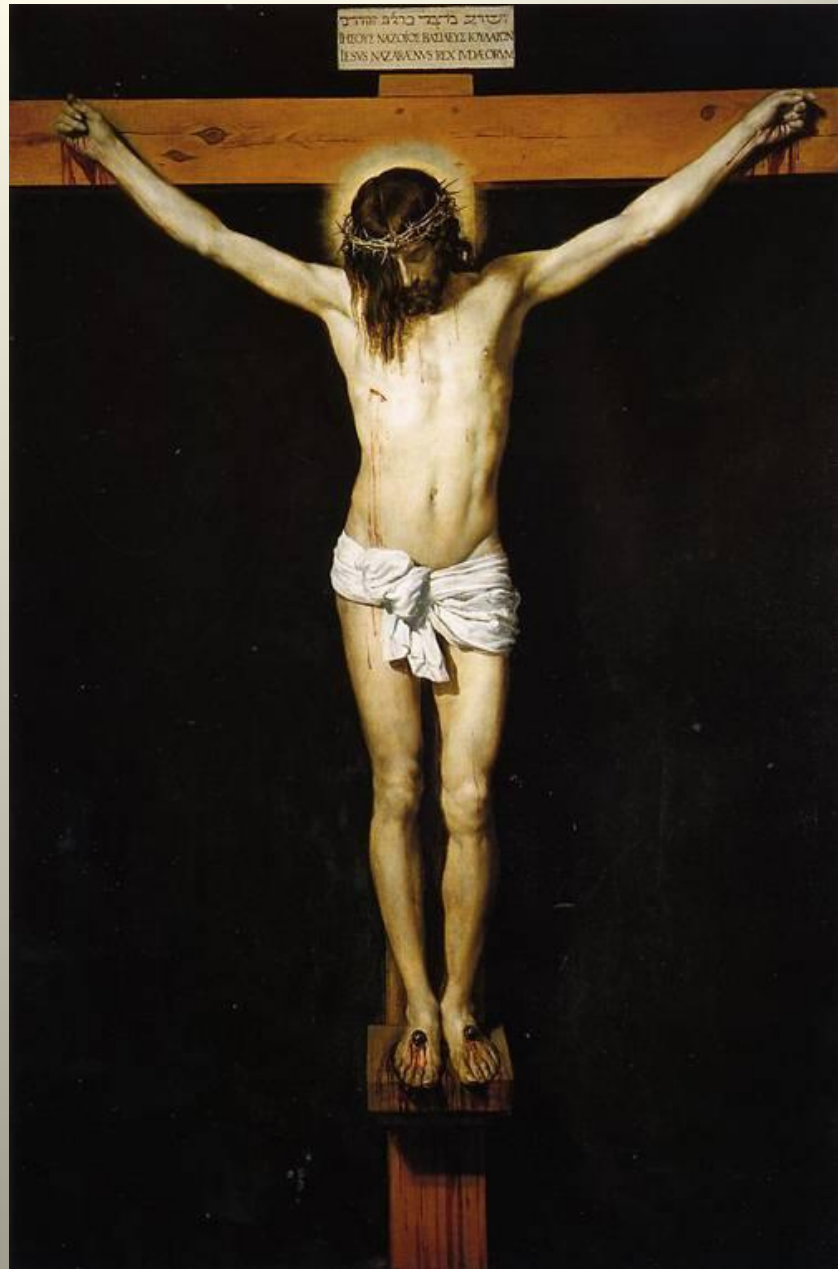
TWO COMPETING FACTS:

1. God is a Father who loves us
us

2. God often permits us to
suffer



God suffered!





Christians suffer too!

Suffering can be redemptive

- *I rejoice in my sufferings for your sake, and in my flesh I am filling up what is lacking in the afflictions of Christ* [St. Paul, Col 1:24]
- *Offer it up!* [My mom & dad]

Suffering can lead to charity



Ministry of dependence

Two-fold mission of medicine:

- Heal
- Ease suffering



Palliative Care

- *Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person's life so long as the intent is not hasten death. Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering[ERD 61]*

Ethical Issues

- Ordinary vs. Extraordinary Care
- Nutrition and Hydration
- Quality of Life

Ordinary/Proportionate vs. Extraordinary/Disproportionate Care

Person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgement of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or community [ERD 56]

Basic human care is obligatory

The sick person [in a vegetative state], awaiting recovery or a natural end, still has the right to basic health care (nutrition, hydration, cleanliness, warmth) and to the prevention of complications related to his confinement to bed.

[Address by John Paul II to international congress on Life-Sustaining Treatments and Vegetative States, March 2004]

NUTRITION & HYDRATION

- John Paul II to Int'l Congress on Life-Sustaining Treatments & Vegetative States

March 2004

- *Ethical and Religious Directives for Catholic Health Care Service*, Directive 58 revised in 2009



- *I should like to particularly 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. . . . 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.*

[Address by John Paul II to international congress on Life-Sustaining Treatments and Vegetative States, March 2004]

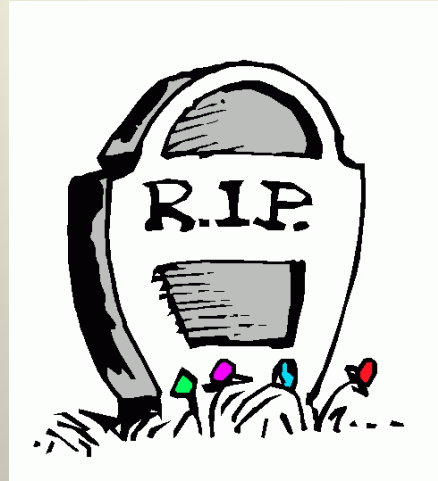
- Do not be the cause of death.

Quality of Life

Good of patient involves:

- physical/medical good
- spiritual good
- patient's assessment of his/her good

III. DEATH



- Soul helps us understand death.
- *Death in my opinion is nothing else but the separation from each other of two things, soul and body [Plato, 348BC]*

Do not fear death

*And you most kind and gentle death,
waiting to hush our final breath,
O praise Him! Alleluia!
You lead to heav'n the child of God,
where Christ our Lord the way has trod,
O praise Him! Alleluia!*

[St. Francis of Assisi, 13th cent.]



Consider your death!



Saint Paul on death

- *Where, O death, is your sting? [1Cor 15:55]*
- *It is my eager expectation and hope . . . That Christ will be honored in my body, whether by life or by death. For to me to live is Christ, and to die is gain. . . Which I shall choose I cannot tell. I am hard pressed between the two. My desire is to depart and be with Christ, for that is far better. [Phil 1:20]*

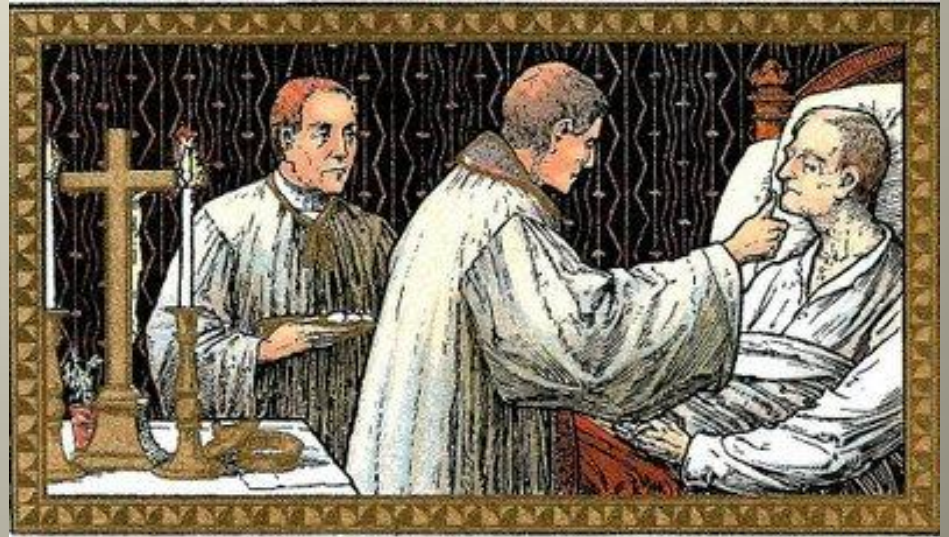
Got God?

Sacrament of Anointing

Are there people sick among you? Let them send for the priests of the Church, and let the priests pray over them anointing them with oil in the name of the Lord. The prayer of faith will save the sick persons, and the Lord will raise them u. If they have committed any sins, their sins will be forgiven them.”

[James 5:14]

“Pastoral Care of the Sick: Rites of Anointing and Viaticum”, 1983]



Ethical Issues

- Advanced Directives
- Brain Death
- Organ Donation
- Assisted Suicide
- Euthanasia

Advanced Directives

2 Rules of Thumb:

- Less is better
- Get a priest and a proxy

“Brain Death”

Uniform Determination of Death Act, 1981

Two standards of death:

- cardio-pulmonary standard: irreversible cessation of circulatory and respiratory functions; ie. heart and lungs
- “whole brain death” standard: irreversible cessation of all functions of the entire brain, including upper brain (cerebrum) and lower brain (brain stem and cerebellum, which control respiration and reflexes)

Pope John Paul II

Address to Transplantation Society (2000)

- *The criterion adopted in more recent times for ascertaining the fact of death, namely the complete and irreversible cessation of all brain activity, if rigorously applied, does not seem to conflict with the essential elements of a sound anthropology. Therefore a health-worker professionally responsible for ascertaining death can use these criteria in each individual case as the basis for arriving at that degree of assurance in ethical judgement which moral teaching describes as “moral certainty”.*

IV. GOSPEL OF LIFE



We have received [the Gospel of Life] as a gift and are sent to preach it to all humanity, “to the ends of the earth.” [John Paul II, Evangelium Vitae 78]

Culture of Life
vs.
Culture of Death

Live the Gospel of Life

Vatican II put out a call for lay Catholics to transform the world, 1965:

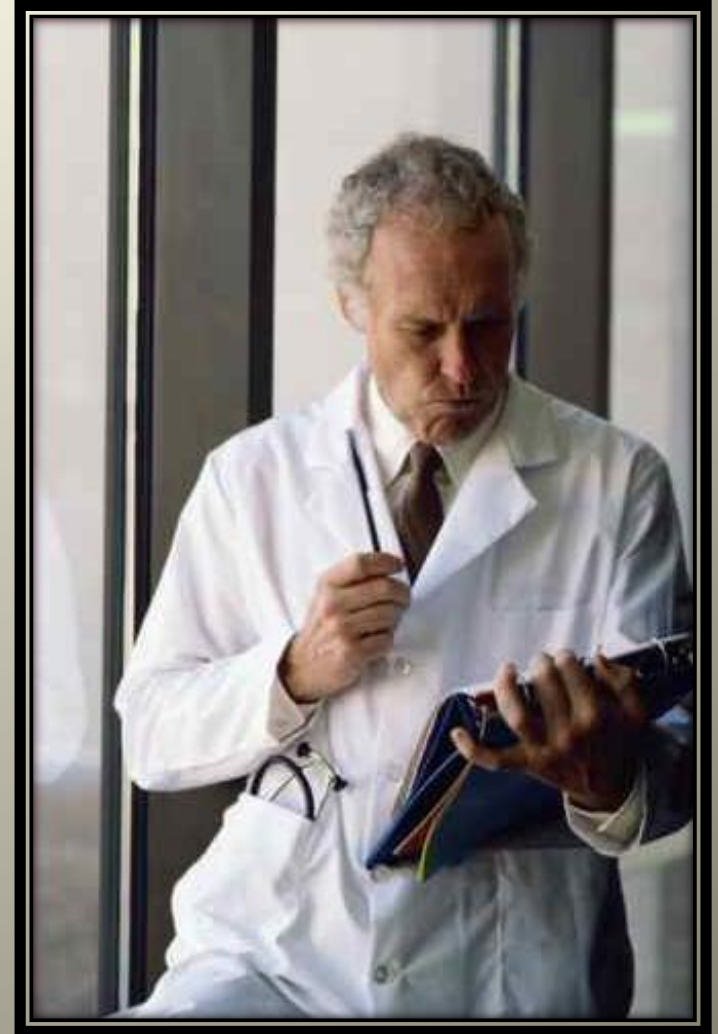
It is the special vocation of the laity to seek the kingdom of God by engaging in temporal affairs and ordering these in accordance with the will of God. They live in the world, . . . in each and all of the world's occupations and affairs, and in the ordinary circumstances of family and social life; these are the things that form the context of their life. And it is here that God calls them to work for the sanctification of the world as it were from the inside, like leaven, through carrying out their own tasks in the spirit of the gospel.

[Lumen Gentium 31]

Pope John Paul II to medical professionals:

A unique responsibility belongs to healthcare personnel: doctors, pharmacists, nurses, chaplains, men and women religious, administrators, and volunteers. Their profession calls for them to be guardians and servants of human life. In today's cultural and social context, in which science and the practice of medicine risk losing sight of their inherent ethical dimension, health-care professionals can be strongly tempted at times to become manipulators of life, or even agents of death. . . The intrinsic and undeniable ethical dimension of the health-care profession, something already recognized by the ancient and still relevant Hippocratic Oath, requires every doctor to commit himself to absolute respect for human life and its sacredness.

[Evangelium Vitae 89]



Woe to me if I do not preach the Gospel!

[1 Cor 9:16]