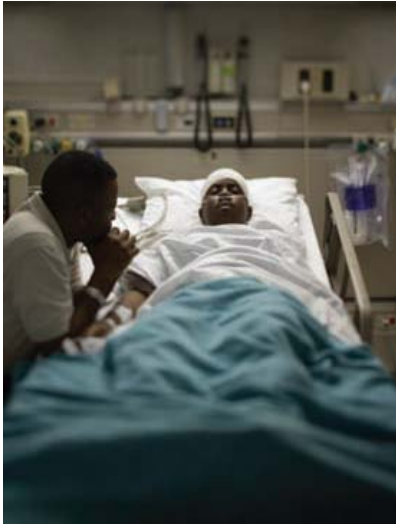


Life Matters: To the End of Our Days

Some of our most challenging moral decisions come in the final months and even hours of life, as we navigate the complex issues of nurturing life and respecting the dignity of the human person.

Advances in medical science have made it possible to extend life, even for those with incurable illnesses. In times past, many of these conditions would have resulted in death much sooner.



How we deal with persons in the last stages of life, when they may be completely dependent on others, says a great deal about the kind of society we live in and the kind of persons we are.

We owe to those who are dying or severely impaired the same respect and love we give to anyone else, regardless of

condition. And as a Church we must be particularly committed to defending the rights of our most vulnerable brothers and sisters, just as we are for the unborn and for those challenged by disabilities.

Euthanasia

Sadly, many people now believe that it is permissible to deliberately hasten the death of persons who are gravely ill. Admittedly, it can be painful and heart wrenching to watch a loved one slowly die. After all, our intentions seem to be good: to put someone out of his pain and “needless suffering.”

But where is the sacrificial love and recognition of a loved value when, for example, a husband smothers his frail wife with a pillow, or shoots her in the head, or executes what he terms a suicide pact by poisoning them both with carbon monoxide in the garage of their luxurious home because she had arthritis and moderate dementia?

To bring about the death of a person in order to ease his or her suffering is always wrong. It is “*always a serious violation of the law of God because it is the deliberate and morally unacceptable killing of a human person*” (*The Gospel of Life*, no. 65).

This applies equally to withholding nutrition and hydration (food and fluids) from incurably ill or dying persons to ensure their death. A common way to hasten anyone’s death is simply to stop feeding him or her. But everyone

has a right to basic care, including food and fluids, even if at times it has to be administered through a tube. This is the *ordinary care we owe to everyone*, even when we cannot foresee a turnaround in their condition.

Withholding nutrition or hydration in order to bring about a person’s death by starvation and dehydration is contrary to the dignity of the person and his or her right to life. We should be careful that living wills or any advance directives do not contain broadly worded directions to withhold such basic care.

A person certainly does have the right to refuse treatment that is unduly burdensome and offers little benefit and little hope of recovery. In such a case, a person can make a good moral choice in conscience to refuse such a treatment. Food and fluids, however, are not considered medical treatment, but normal care given to any human being.

Assisted Suicide

Often exploited by euthanasia organizations, a person with a terminal illness or chronic condition may ask for assistance in ending his or her own life. Tragically, there are people prepared to help them—not to recover their joy in life and appreciate the gift of each day—but to be asphyxiated with a bag over their head. A 91-year-old California woman sells suicide kits online. A retired anesthesiologist in Baltimore claims he has helped direct nearly 300 deaths of clients of the Final Exit Network, which sends “exit guides” to make house calls to be sure the helium-induced deaths are made to look like the victim died in his or her sleep.

Medical experts, like Herbert Hendin, MD, note that nearly 95% of those who kill themselves have been shown to have a diagnosable mental illness in the months preceding their death—the majority suffering from treatable depression. Several studies have found that, especially among the elderly, more patients kill themselves out of fear of having cancer than do patients actually *diagnosed* with cancer.¹

However, none of us has a right to take our own lives: life is a gift from God, and only he is the master of human life. It is always morally wrong to assist a person in taking his own life. This is not a peculiarly Catholic teaching. Centuries before the birth of Christ, the Hippocratic Oath, written by the father of Western medicine and pledged by graduating doctors for millennia, stated: “I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect.”

Slogans such as “death with dignity” abound, but miss a fundamental truth: our dignity is in our humanity and how it reflects the goodness of God. When we love and affirm each other even in the most extreme circumstances, we witness to the dignity of persons. Pain and suffering do not

undermine our dignity. Abandoning the suffering brother or sister to death does. True compassion means accompanying another person in his suffering, alleviating that suffering with respect for the person's dignity, and never abandoning him or her.

Today we are surrounded by a culture of death that proclaims that only productive and pleasure-filled lives are worth living. A life that faces suffering is deemed to be a waste and something that should be ended. This ignores the mysterious reality that suffering can lead to great things in the human person.

Persons approaching the end of life often face loneliness and depression, and want to end their isolation and pain. They need love and understanding, not an expedited death. True solidarity and love require us to address these serious problems and affirm the suffering person, enabling him to feel that he is cherished and valued and that his life still has meaning. Terminally ill persons in pain should be offered pain relief and compassionate care to keep them comfortable. Today modern medicine is remarkably effective in minimizing pain; there is little to the contention that people need die agonizing deaths, and nothing to the claim that it is more "dignified" to take one's life.

In truth, it is the rising cost of medical care—not compassion for the dying—that is driving the promotion of assisted suicide and euthanasia. It is a sad commentary that, in a society as advanced as ours, financial concerns should trump the intrinsic value of a human life. Since assisted suicide became legal in Oregon, state officials have been candid about offering suicide in lieu of costly medications. In refusing to approve requests for expensive drugs that could prolong several residents' lives, Oregon Health Care officials reminded them that the cost of suicide pills would be fully covered.

People in PVS

People in what is commonly referred to as a "persistent vegetative state" also have a claim on our love and our attention. They may have suffered such severe brain damage that they no longer seem to be aware of themselves or their environment. But human beings are never reduced to anything less than human no matter what disability or medical condition they face. Blessed John Paul II has written movingly of their human dignity:

*A man, even if seriously ill or disabled in the exercise of his highest functions, is and always will be a man, and he will never become a 'vegetable' or an 'animal'. Even our brothers and sisters who find themselves in the clinical condition of a 'vegetative state' retain their human dignity in all its fullness. The loving gaze of God the Father continues to fall upon them, acknowledging them as his sons and daughters, especially in need of help.*²

These patients have a right to basic care that keeps them comfortable and pain free. This means they deserve food and fluids, cleanliness, and protection from infection.

On many occasions, patients in this condition have experienced remarkable recoveries. On Christmas Eve, 1999, Patricia White Bull of New Mexico emerged from a 16-year PVS, speaking to nurses, asking for her children, catching up on family news, and eating her favorite foods again. Eleven-year-old Haleigh Poutre was hospitalized in 2005 with severe brain injuries inflicted by her adoptive father. The day after a court ordered removal of her respirator, nurses found she could breathe on her own and follow simple commands. Her rehabilitation continues and she has been able to make statements about the abuse she suffered.

"True 'compassion' leads to sharing another's pain; it does not kill the person whose suffering we cannot bear."
(*The Gospel of Life*, no. 65)

Some former patients in PVS have related that while ill they still understood conversations around them. Belgian Rom Houben, for example, was diagnosed in PVS for 23 years, following a car accident. He recently "awakened" and explained he had been conscious the entire time. This is all the more reason for us to speak to them with great care and affection.

In recent years, doctors have been astonished to discover that as many as one in five patients in PVS are able to communicate with them through the use of brain scans, giving yes and no answers to the doctors' spoken questions. Yet some people in this condition have been euthanized, possibly fully aware of what was happening but unable to plead for their lives. To trust in God's timing for our passing into eternity requires courage, humility, and sometimes great spiritual strength. This final stage of life, when we focus our attention on the things that really count, can be a time of deep reflection, of forgiveness and reconciliation within the family, and of finding peace in one's relationship with God. When dying persons and their families give witness to their love for each other and their trust in God, we can say "This was a beautiful life and a beautiful and holy death."

¹ Herbert Hendin, MD, *Seduced by Death*. (New York: W. W. Norton & Company, 1998), 34-35.

² "Address to the Participants in the International Congress on Life-Sustaining Treatments and the Vegetative State," March 20, 2004,

www.vatican.va/holy_father/john_paul_ii/speeches/2004/march/documents/hf_jp-ii_spe_20040320_congress-fiamc_en.html (accessed May 23, 2011). Used with permission of Libreria Editrice Vaticana (LEV). All rights reserved.

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