CATHOLIC PRINCIPLES OF CARE FOR THE DYING

(Informational Sheet #1)

During the next few weeks, I would like us as gathered faith communities to gradually become better informed on the Catholic Church's principles and teachings regarding end-of-life issues. With greater frequency, the U.S. Church has found that patients and/or family members are sadly delaying (or outright forgetting) the Sacrament of the Anointing of the Sick and the "Last Rites" (known, before the Second Vatican Council, as "Extreme Unction"). I sincerely pray that over the next few weeks, we will collectively address some current and important healthcare subjects, as well as those very difficult and often put-off lingering questions concerning the death and dying of a loved one.

Introduction:

The discussion of one's own death is difficult for people of all religions. Terminally ill people, wanting only a natural death and the promise of eternal life, are unfortunately often treated as though they are committing the mortal sin of suicide, if they refuse futile attempts to extend their lives. A conscious, competent person and his/her medical staff are generally the best judges and decision makers of whether a particular burden or risk is too grave to be tolerated. The use of Advanced Directives is an important tool to ensure that one's wishes are known and documented. A discussion regarding end-of-life issues with a priest or hospital/hospice pastoral care counselor can help address the many issues that can arise at the end-of-life also.

Celebration of Life:

The Judeo-Christian moral tradition celebrates life as the gift of a loving God and respects the life of each human being because each is made in the image and likeness of God. Christians also believe in the redemption afforded us by Jesus Christ and the call to share in eternal life with Him. From these roots, the Catholic Church has developed a distinctive approach to fostering and sustaining life. Catholics have an inherent duty to preserve life, while recognizing that there are certain acceptable limits to that duty also.

Everyone has the duty to care for his or her own life and health, and to seek necessary medical care, but this does not mean that all possible remedies must be used in all circumstances. Catholics are not obliged to use either "extraordinary" or "disproportionate" means of preserving life; that is, means which are understood as offering no reasonable hope of benefit and/or involves excessive burdens.

In the final stage of dying, one is not obliged to prolong the life of a patient by every possible means: "when death is imminent in spite of the means used. [I]t is permitted in conscience to take the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the person in similar cases is not interrupted" (*Declaration on Euthanasia, Part IV,* USCC, *Ethical and Religious Directives for Catholic Health Facilities* (1971)).

(https://www.lifechoicehospice.com/sites/...com/.../LCH-380_Catholic.pdf)

CATHOLIC PRINCIPLES OF CARE FOR THE DYING

(Informational Sheet #2)

Role of Hospice Care:

On November 12, 2004, Pope John Paul II gave an address "*To Participants in the 19th International Conference of the Pontifical Council for Health Pastoral Care."* In his address, John Paul II, stated that neither suffering, old age, nor disability diminishes the intrinsic dignity of the human person created in God's image and [called] upon medicine to direct all its possibilities toward the alleviation of suffering, when it is unable to defeat a serious disease or a cure is no longer possible.

Regarding refusal of life-sustaining medical treatment, the Pope highlighted the fact that refusal is ethically appropriate when that decision is based on an analysis of the effects of treatment. The Holy Father stated: "Indeed, the object of the decision on whether to begin or to continue a treatment has nothing to do with the value of the patient's life, but rather with whether such medical intervention is beneficial for the patient."

Suffering: Pain Control:

Many people fear the use of narcotics almost as much as they fear pain and death. [Some may be concerned about giving "too much" medication and hastening a patient's death.] The question, "What is the maximum dose of morphine for a patient in pain?", has one answer: "The dose that will relieve the pain." As long as a patient is awake and in pain, the risk of hastening death by increasing the dose of narcotics is virtually zero.

In short, when dosages of painkilling drugs are adjusted to relieve patients' pain, there is little if any risk that they will hasten death. This fact alone should put to rest the myth that use of pain controlling medications (such as morphine) is simply the act of euthanasia by another name.

Medically Assisted Nutrition and Hydration:

Catholic teaching provides that a person in the final stages of dying need not accept "forms of treatment that would only secure a precarious and burdensome prolongation of life," but should still receive "the normal care due to the sick person in similar cases" (Questions About Medically Assisted Nutrition and Hydration, USCCB, 02/24/06).

The benefit of sustaining life is fundamental, because life is our first gift from God. But sometimes even food and fluids are no longer effective in providing this benefit, because the person has entered the final stage of a terminal condition. A person in the end stage of life may lose all desire for food and drink and/or even be able to digest them. … At such times, the hospice team will support the patient and family to make the dying person as comfortable as possible by providing pain and symptom control, companionship, and spiritual support.

(https://www.lifechoicehospice.com/sites/...com/.../LCH-380_Catholic.pdf)

CATHOLIC PRINCIPLES OF CARE FOR THE DYING

(Informational Sheet #3)

The Sacraments at the End-of-Life:

The Sacrament of Anointing of the Sick, formally known as Last Rites or Extreme Unction, is a ritual of healing appropriate not only for physical, but also for mental and spiritual sickness. The two elements—prayer and anointing with oil, are the essence elements of the sacrament.

Usually when one is close to death, they are offered the Sacrament of Reconciliation and the prayers of the dying, along with the Holy Eucharist (Viaticum), as spiritual food for the journey into the next life. These sacraments can be administered where the dying person is located (e.g., at home, nursing facility, hospital, etc.).

Viaticum, the "food for the journey", is Holy Communion administered to those able to consciously and properly receive it. The priest [deacon or EMHC] may distribute Communion to the person being visiting and any other Catholic in good standing who wishes to receive it.

Refusal of Aggressive Treatment is Not a Rejection of the Patient:

Social value and human dignity does not depend on one's age or health. The refusal of aggressive treatment is not a rejection by the patient of his or her life. Indeed, the object of the decision on whether to begin or to continue a treatment has nothing to do with the value of the patient's life, but rather with whether such medical intervention is beneficial for the patient.

The possible decision either not to start or to halt a treatment will be deemed ethically correct if the treatment is ineffective or obviously disproportionate to the aims of sustaining life or recovering health. Consequently, the decision to forego aggressive treatment is an expression of the respect that is due to the patient.

Finding Value in Our Human Suffering:

Particularly in the stages of illness, when proportionate and effective treatment is no longer possible, while it is necessary to avoid every kind of persistent or aggressive treatment, methods of "palliative care"* should be earnestly considered.

(* Palliative care is an approach that seeks to improve the quality of life of patients and their families facing issues associated with a life-threatening illness; through the prevention and relief of patient suffering by means of early identification, assessment and treatment of pain and other related healthcare problems.

As the Encyclical *Evangelium Vitae* affirms, they must "seek to make suffering more bearable in the final stages of illness and to ensure that the patient is supported and accompanied in his or her ordeal."

In fact, palliative care aims, especially in the case of patients with terminal diseases, at alleviating a vast gamut of symptoms of physical, psychological and mental suffering; hence, it requires the intervention of a team of highly qualified and trained, health care specialists with medical, psychological and religious qualifications who will work together to support the patient in critical stages.

The Encyclical *Evangelium Vitae* in particular sums up the traditional teaching on the licit use of pain killers that are sometimes called for, with respect for the freedom of patients who should be able, as far as possible, "to satisfy their moral and family duties, and above all … to prepare in a fully conscious way for their definitive meeting with God."

Moreover, while patients in need of pain killers should not be made to forego the relief that they can bring, the dose should be effectively proportionate to the intensity of their pain and its treatment. All forms of euthanasia that would result from the administration of massive or "over" doses of a sedative for the purpose of causing death must be avoided.

In closing, I invite everyone to please read the USCCB's Ethical and Religious Directives for Catholic Health Care Services at http://www.usccb.org/about/doctrine/ethical-and-religious-directives/ also for additional pertinent information on this important subject. Part five of this document discusses hospice guidelines and the Catholic Church's teachings concerning end-of-life issues.

(https://www.lifechoicehospice.com/sites/...com/.../LCH-380_Catholic.pdf)