



Matthew 25

... whatever you did for one of these least brothers of mine,
you did for me.

The Social Justice Newsletter
of St. Mary's Catholic Center, College Station, Texas

February 2015

Caring for Each Other to the End of Our Days

Advances in medical science have made it possible to extend life, even for those with incurable illnesses. How we deal with persons in the last stages of life represent some of our most challenging moral decisions. How are we supposed to respect the dignity of the human person unto death is the topic of this month issue of Matthew 25.

The Teaching of the Catholic Church

The Catholic Church is providing us with invaluable guidance concerning end-of-life decisions, including issues of pain control and consciousness, the provision of food and water to dying or unconscious patients, the right to refuse certain treatments, and the duty to care, even when a cure is no longer possible.

Pain control and consciousness

The Ethical and Religious Directives for Catholic Health Care Services (ERDs) state, "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..." In some cases, pain control may require brief or prolonged periods of unconsciousness. Pain control can be provided even if, in rare cases, the needed doses may have an anticipated, but unintended effect of hastening death. The intention is to control extreme pain, not to hasten death. With euthanasia, however, there is an explicit intent to terminate the patient's life, representing a grave evil with eternal consequences.

Currently, three states allow physician-assisted suicide. Some states practice a more covert form of euthanasia, providing patients who suffer from physical or even psychological pain with high doses of sedation, when other effective relief is available. Then assisted nutrition and hydration are withheld, causing death by dehydration or starvation, not the underlying pathology. This is sometimes called "terminal sedation," distinguishable from the legitimate use of sedation as a last resort to treat patient suffering in their last days. The difference is in the physician's intent, whether it is to end life or control pain.

Providing food and water to unconscious or dying patients

Saint John Paul II taught: "I should like particularly to 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." This principle has been affirmed by the Congregation for the Doctrine of the Faith and incorporated into the Ethical and Religious Directives in 2009 (n. 58).

Patient's right to refuse or forego certain medical treatments

The papal encyclical *The Gospel of Life* condemns euthanasia, drawing a key distinction between euthanasia and the decision to forego "medical procedures which no longer correspond to the real situation of the patient, either because they are by now disproportionate to any expected results or because they impose an excessive burden on the patient and his family. In such situations, when death is clearly imminent and inevitable, one can in conscience 'refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted'" (n. 65).

It is clear that there is no moral requirement to utilize burdensome treatments that merely prolong the dying process. Unless the patient is very near death, however, the provision of nutrition and hydration, even by artificial means, should be administered as long as they can sustain life and alleviate suffering without imposing serious risks or side effects to the patient.

Today active interventions or omissions of basic care are proposed for ending the lives of not only the dying, but also patients suffering from a long-term cognitive disability, such as advanced dementia or a so-called persistent "vegetative" state. Some argue that patients who cannot consciously respond have lost their "human dignity." This view is dangerously wrong: Human beings never lose their dignity, that is, their inherent and inestimable worth as unique persons loved by God and created in His image. People can be denied respect affirming that dignity, but they never lose their God-given dignity.

*True 'compassion'
leads to sharing
another's pain; it does
not kill the person
whose suffering we
cannot bear.*

*(The Gospel of Life,
St. John Paul II,
no. 65, 1995)*

Our duty to care for dying or vulnerable family members

When a family or health care providers refuse to provide basic care (nutrition, hydration, cleanliness, warmth, and prevention of complications from confinement to bed), finding it “inconvenient” to accompany the loved one on the final journey, the assault on human dignity is grave. When such abandoning of the disabled or unconscious patient is codified in state laws, the implications for society are frightening. Pope Benedict XVI states in his encyclical *In Hope We are Saved* (*Spe Salvi*), Nov. 20, 2007: “The true measure of humanity is essentially determined in relationship to suffering and to the sufferer.... A society unable to accept its suffering members and incapable of helping to share their suffering and to bear it inwardly through ‘com-passion’ is a cruel and inhuman society” (no. 38).

Christ calls us to love one another: “This is my commandment: love one another as I love you” (John 15:12).

All life has inestimable value even the weakest and most vulnerable, the sick, the old, the unborn and the poor, are masterpieces of God’s creation, made in his own image, destined to live forever, and deserving of the utmost reverence and respect.
(Pope Francis, July 2013)

He loved us unto death, even death on the cross. Few are called to such a sacrifice; but we are called to be companions to each other, especially to those suffering on life’s journey. “Companion” is taken from the word “cum-panis,” meaning “with bread.” Thus, we are called to share the bread of Eucharist with each other, responding with Christ’s sacrificial love. We are asked not only to care for each other, but to nourish each other, even unto death.

(By Dr. Hilliard, director of bioethics and public policy for the National Catholic Bioethics Center, www.usccb.org/prolife, 2010)

There is a need to promote policies which create conditions where human beings can bear even incurable illnesses and death in a dignified manner. Here it is necessary to stress once again the need for more palliative care centers which provide integral care, offering the sick the human assistance and spiritual accompaniment they need. This is a right belonging to every human being, one which all must be committed to defend. (Pope Benedict XVI)

Hospice Care

(From JPIC Corner, the e-newsletter of the Missionaries of the Sacred Heart, March 2012)

“Along with the indispensable clinical cures, it’s necessary to offer the sick concrete gestures of love, of nearness and of Christian solidarity to fulfill their need of comprehension, of comfort and of constant encouragement.” (Pope Benedict XVI, 2009)

Hospice Care helps provide comfort and dignity through the natural process of dying. It really is a healthy concept and focuses on the family and helping them grieve as well as keeping the client comfortable. Hospice services allow a dying person to be comfortable during his or her last days or hours, and support the family of a dying person before, during, and after the person’s death through the compassionate care that hospice personnel provide. The Church affirms hospice care as a special ministry and fully supports those who are involved in giving this special care.



What Can You Do?

PRAY for the people who have terminal illness and those at the end of their life, for their loved ones and for their caregivers.

KEEP INFORMED on the teachings of the church regarding Respect Life. (www.usccb.org/issues-and-action/human-life-and-dignity)

SUPPORT human dignity for all lives by advocating for policies and laws that protect and respect human life. (www.cqrcengage.com/catholicbishops, www.tx catholic.org)

ACT by volunteering to hospice (www.traditionshealth.com, www.hospicebrazosvalley.org), or a nursing home or hospital (www.st-joseph.org/volunteerservices).

Did You Know? (from National Association for Home Care & Hospice, www.nahc.org, facts from 2012)

- About 12 million people in the US receive home care, including informal and family caregivers;
- An estimated 1.5 to 1.61 million patients received services from hospice, with 66.0% of patients receiving care at home;
- The number of hospice programs nationwide continues to increase to over 5,500 programs today;
- 400,000 hospice volunteers provided 19 million hours of service.

Mark Your Calendar

St. Mary’s Social Justice Week
March 24 to March 29

www.aggiecatholic.org/social-justice-week