



# Conscience Formation for End-Of-Life Care

## *Preparing Now for the Hour of Our Death*

### **Introduction**

While we rejoice in the resurrection of the Lord and the new life afforded to us by His Passion, our fear of death, the powerful emotions of grief, and the uncertainties about the appropriateness of medical care at the end-of-life are inescapably powerful. The natural desire to keep our loved ones with us influences our decisions and actions when facing loss. It is even a topic in the Gospel of John (Chapter 11:1-45) when Mary and Martha, devastated at the death of their brother, Lazarus, call upon Jesus to bring him back. Upon Jesus' arrival at the home Martha cries out, "Lord, if only you had been here, my brother would not have died" (John 11:21). For two thousand years this prayer has echoed through our hearts, homes, and hospitals.

The Catholic Church understands the painful complexities that must be dealt with at these moments. To help, the Texas Catholic Conference has developed this guide to assist Catholics in conscience formation while preparing for difficult medical decisions by applying centuries of Church teaching to practical realities in Texas today. As uncomfortable as confronting death may be, we must nonetheless prepare ourselves and our loved ones for the inevitability of the end of life. For more on this topic, please visit: <https://txcatholic.org/medical-advance-directives/>

## *Church Teaching*

### **Inherent Dignity of Human Life:**

The Catholic Church has consistently taught that the foundational principle underlying all other rights and ethical principles is the basic right to life. The Congregation for the Doctrine of the Faith has stated: "The first right of the human person is his life. He has other goods and some are more precious, but this one is fundamental - the condition of all the others. Hence it must be protected above all others." <sup>1</sup> During the Second Vatican Council, the Church Fathers<sup>2</sup> condemned many of the modern threats to human life, including euthanasia. Saint John Paul II also emphasized the clear right to life in

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<sup>1</sup> Congregation for the Doctrine of Faith "Declaration On Procured Abortion" (28 April 2014) at [http://www.vatican.va/roman\\_curia/congregations/cfaith/documents/rc\\_con\\_cfaith\\_doc\\_19741118\\_declaration-abortion\\_en.html](http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19741118_declaration-abortion_en.html), no. 11.

<sup>2</sup> Pastoral Constitution on the Church in the Modern World *Gaudium et Spes*, 27

his encyclical, *Evangelium Vitae*, in which he further articulated and responded to the modern threats to the sanctity of human life at all of its stages. He affirmed that the sanctity of human life is clear and present in every human being, regardless of age, stage, or disability. In this sense, all human life has inherent quality by virtue of humanity.<sup>3</sup> Through the *Declaration on Euthanasia*, the Congregation for the Doctrine of the Faith clearly defines and rejects euthanasia under any and all circumstances as inherently evil because it is the direct willing of death:

“By euthanasia is understood an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated. Euthanasia's terms of reference, therefore, are to be found in the intention of the will and in the methods used. It is necessary to state firmly once more that nothing and no one can in any way permit the killing of an innocent human being, whether a fetus or an embryo, an infant or an adult, an old person, or one suffering from an incurable disease, or a person who is dying.”<sup>4</sup>

In a report to the Pontifical Academy for Life, Cardinal Elio Sgreccia points out that the consequences of the concept of judging a patient's quality of life have led to “the overwhelming desire to eliminate the concepts of disease, pain and death.”<sup>5</sup> As Catholics discern end-of-life care, it is critical that we view our decisions through this lens of the inherent sanctity of human life, including life in its final stages, as a life that is coming to its physical end on this Earth. Thus the Catholic Church rejects medical decision making based on the flawed “quality of life” arguments as these are often used to falsely justify euthanasia.

### Dignity for Dying Persons

Both Catholic teaching and natural law definitively prohibit euthanasia by act or omission, and makes allowances for the recognition that the process of natural death is taking place. During this time, the dignity of dying persons requires care and protection.<sup>6</sup> Pope Paul VI

frequently linked the rights of unborn persons with those of dying persons. He first introduced the concept of the dignity of death in a 1975 address to the Third World Congress of the International College of Psychosomatic Medicine where he stated that the duty of the physician is to “be at the

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<sup>3</sup> Pope John Paul II, Encyclical on The Gospel of Life, *Evangelium Vitae*, (25 March 1995).

<sup>4</sup> Congregation for the Doctrine of Faith. *Declaration on Euthanasia*, (5 May 1980). At The Holy See, [http://www.vatican.va/roman\\_curia/congregations/cfaith/documents/rc\\_con\\_cfaith\\_doc\\_19800505\\_euthanasia\\_en.html](http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html)

<sup>5</sup> Elio Cardinal Sgreccia, Report on the occasion of the General Assembly of the Pontifical Academy For Life: "Quality of Life and the Ethics of Health" (21-23 February 2005). At The Holy See,

[www.vatican.va/roman\\_curia/pontifical\\_academies/acdlife/documents/rc\\_pont-acd\\_life\\_doc\\_20050223\\_report-health\\_en.html](http://www.vatican.va/roman_curia/pontifical_academies/acdlife/documents/rc_pont-acd_life_doc_20050223_report-health_en.html)

<sup>6</sup> Sgreccia, *Personalist Bioethics*, p. 663

service of life and to assist it until end, without ever accepting euthanasia or renouncing the exquisitely human duty to help it complete its earthly course with dignity.”<sup>7</sup>

The term *right to die*, which is often used to refer to euthanasia and is intended as the right to procure death, must be distinguished from the morally acceptable phrase, “the right to die peacefully with human and Christian dignity.”<sup>8</sup> Saint John Paul II further explained: “dying to the Lord means experiencing one’s death as the supreme act of obedience to the Father, being ready to meet death at the ‘hour’ willed and chosen by Him, which can only mean when one’s earthly pilgrimage is completed.”<sup>9</sup>

Seeking dignity in death respects the sacredness of all life and avoids the error that Saint John Paul II warns against of absolutizing physical life.<sup>10</sup> Providing proper care to dying patients includes assisting them in accepting death by preparing them psychologically and spiritually. Doing so respects the spiritual nature of the human person, recognizing that we cannot choose when or how we die because that decision rests solely with our Creator in whom “we live and move and have our being.”<sup>11</sup> This approach is distinguished ethically from euthanasia because the intention is an allowable

*Russell Smith explains the critical difference between euthanasia and forgoing extraordinary means as “a decision to forgo extraordinary means rests on a recognition the means of preserving life or restoring health are no longer beneficial, are no longer useful, or are too burdensome. It is not a decision that the life of the patient is no longer one worthy of being lived.”*

acceptance of the natural conclusion of earthly life, thus “permitting” death rather than directly intending to cause death by action or omission and thus “procuring” death in the case of euthanasia.<sup>12</sup>

#### **Ordinary Care vs. Extraordinary Care:**

Dominican theologian Domingo Bañez is credited with creating the classic distinction between ordinary and extraordinary means of sustaining life in the Sixteenth Century when he held that man is morally obliged to preserve his life through common food, clothes, medicines, including enduring common pain. He taught that extraordinary means of preserving life, including horrible pain or extreme expenses, are not morally obligatory. Since that time, the Church has accepted and further refined this teaching. In the Twentieth Century Fr. Augustinus Lehmkuhl, S.J. added that horror or

<sup>7</sup> Paul VI, Address to Participants in the Third World Congress of the International College of Psychosomatic Medicine, September 18, 1975, in Sgreccia, *Personalist Bioethics*, p. 677.

<sup>8</sup> CDF, *Iura et bona*, III-IV.

<sup>9</sup> *Evangelium Vitae*, n. 67

<sup>10</sup> Address of Saint John Paul II to Members of The Pontifical Academy For Life, 27 February 1999 [http://www.vatican.va/holy\\_father/john\\_paul\\_ii/speeches/1999/february/documents/hf\\_jp-ii\\_spe\\_27021999\\_accademia-vita1999\\_en.html](http://www.vatican.va/holy_father/john_paul_ii/speeches/1999/february/documents/hf_jp-ii_spe_27021999_accademia-vita1999_en.html)

<sup>11</sup> *Evangelium Vitae*, n. 47

<sup>12</sup> Pontifical Academy For Life, *Respect For The Dignity Of The Dying*. 9 December 2000 [http://www.vatican.va/roman\\_curia/pontifical\\_academies/acdlife/documents/rc\\_pa\\_acdlife\\_doc\\_20001209\\_eutanasia\\_en.html](http://www.vatican.va/roman_curia/pontifical_academies/acdlife/documents/rc_pa_acdlife_doc_20001209_eutanasia_en.html)

repulsion of a given procedure could also excuse one from the obligation to endure it.<sup>13</sup>

In medical terms for a treatment to be considered ordinary it must be scientifically established, statistically successful, *and* reasonably available. However, in moral theology, ordinary means are those that are “beneficial, useful, and not unreasonably burdensome (physically or psychologically) to the patient.”<sup>14</sup> In 1957, Pope Pius XII further clarified the distinction between ordinary and extraordinary means when he articulated:

“...normally one is held to use only ordinary means -- according to circumstances of persons, places, times, and culture -- that is to say, means that do not involve any grave burden for oneself or another. A more strict obligation would be too burdensome for most men and would render the attainment of the higher, more important good too difficult.”<sup>15</sup>

### **Principle of Totality and Integrity**

The principle of totality and integrity requires respect for the whole person as a unity of body and soul. It requires that the human person be respected in totality--meaning physically, spiritually, and morally. It prohibits the mutilation or removal of a functioning part of the body as a violation of the body’s integrity. At this same time, it is through this principle that one can evaluate whether or not a given medical intervention constitutes therapeutic abuse of the body.<sup>16</sup> This principle is evident in the USCCB *Ethical and Religious Directive* No. Thirty-three which states: “The well-being of the whole person must be taken into account in deciding about any therapeutic intervention or use of technology. Therapeutic procedures that are likely to cause harm or undesirable side-effects can be justified only by a proportionate benefit to the patient.”<sup>17</sup> This principle reflects the Church’s teaching found in the Catechism which notes that the soul is the form of the human body which shares in the dignity of the image of God. It is the whole human person, body and soul united that becomes the temple of the Holy Spirit.<sup>18</sup>

### **Principle of Double Effect**

There are times when a morally good action, including the administration of pain medication for a terminal patient, can have foreseen negative or harmful effects. In these circumstances, and when there is no other morally acceptable method for achieving the good that avoids the negative outcomes, the principle of double effect may help guide moral decision making. There are four criteria that must be present for the action with negative effects to be taken. First, the action itself must be morally good or neutral and can never be morally evil. Second, the intention of the actor must also be good such that he

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<sup>13</sup> Russell E. Smith. “Ordinary versus Extraordinary Means.” *Ethical Principle in Catholic Health Care: Selections from 25 years of Ethics and Medics*. Boston, MA, 1999:89-92.

<sup>14</sup> Russell E. Smith. “Ordinary versus Extraordinary Means,” 90.

<sup>15</sup> Pope Pius XII address to International Congress of Anesthesiologists (24 November 1957), at Life Issues at [http://www.lifeissues.net/writers/doc/doc\\_31resuscitation.html](http://www.lifeissues.net/writers/doc/doc_31resuscitation.html)

<sup>16</sup> Sgreccia, *Personalist Bioethics*, p. 180-181.

<sup>17</sup> USCCB, *Ethical Directives*, no. 33

<sup>18</sup> *Catechism of the Catholic Church*, 2nd ed. (Washington, DC: United States Catholic Conference, 2000), 364-365.

only wills or intends the good to be done and merely foresees the evil without directly willing it. Third, the evil effect must not be the means by which the good effect is accomplished—since an evil means cannot be morally justified even if a good effect comes from it. The final criterion requires that there is proportionality between the good and evil effects such that one is not allowing for grave evil to take place for only a minor good.<sup>19</sup> Care must be taken that this principle is accurately applied and not used as a rationalization for evils that are intended rather than merely foreseen or tolerated—for this would be a grave misuse of the principle.

### **Artificially Administered Nutrition and Hydration:**

In 2004, Pope John Paul II delivered an address in which he articulated that artificially administered nutrition and hydration are in fact ordinary care and that persons in a persistent vegetative state are, in principle, due this care, which is morally obligatory.<sup>20</sup> However, there are exceptions to this principle, such as when the patient's body can no longer assimilate the nutrition or hydration, or if the nutrition and hydration causes significant physical discomfort, such that its provision has become burdensome to the patient or is no longer effective in prolonging life.<sup>21</sup> In such exceptionally rare cases, nutrition or hydration could be rejected or discontinued. Thus in most cases, the criteria outlined by Pope Pius XII would not allow artificially administered nutrition and hydration to be classified as extraordinary care *unless* it was ineffective in prolonging life or causing significant burden to the patient.

The United States Conference of Catholic Bishops has issued *Ethical and Religious Directives* that serves to guide Catholic healthcare services in remaining in accord with the teachings of the Magisterium. These directives were updated in 2009 to include clear instruction on the moral obligation to use ordinary means to preserve human life, while respecting the rights of patients to reject extraordinary means. Specifically, directive No. Fifty-eight clarifies this point, “as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.”<sup>22</sup>

Because of flaws in Texas law that define artificially administered nutrition and hydration as life-sustaining treatment rather than ordinary care, it is critically important to make clear that, as a Catholic, one rejects this provision. The following statement can make that point:

“Food (nutrition) or water (hydration) may not be withheld or withdrawn from me for the purpose of, or with the intent of, hastening my death. Food or water may only be withheld or withdrawn from me when my agent, after consulting with my attending physician, determines that (1) my body can no longer absorb food or water, (2)

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<sup>19</sup> Sgreccia, *Personalist Bioethics*, p. 190-191.

<sup>20</sup> Pope John Paul II. Address to the Participants in the International Congress on “*Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas*,” (20 March 2004). At The Holy See, [www.vatican.va](http://www.vatican.va).

<sup>21</sup> Congregation of the Doctrine of the Faith. “Response to Certain Questions of the United States Bishops Concerning Artificial Nutrition and Hydration.” (1 August 2007) At [www.vatican.va](http://www.vatican.va). And the Commentary on this response, found at [http://www.vatican.va/roman\\_curia/congregations/cfaith/documents/rc\\_con\\_cfaith\\_doc\\_20070801\\_nota-commento\\_en.html](http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20070801_nota-commento_en.html).

<sup>22</sup> USCCB, *Ethical and Religious Directives*, no. 56-59.

providing food or water likely will cause life-threatening complications, or (3) providing food or water will cause me significant physical pain. ***By this statement, I expressly reject any statutory language that 'life-sustaining treatment' includes 'artificial nutrition and hydration.'***<sup>23</sup>

## Conclusion

Due to the sin of Adam (Gen 2:17; 3:17-19) man must endure the reality of the physical death of the human body. Yet, death does not have the final word because we believe in the life to come. Jesus is the Alpha and Omega—beginning and end. Jesus tells us, "...I am the resurrection and the life; whoever believes in me, even if he dies, will live." (John 11:25). End-of-life treatment decisions are emotional even as our faith tells us that the end of earthly life only opens the door for eternal life in Christ. These conflicting emotions are important, but reason is just as important. Our faith and indeed our human nature calls us to always protect life—to protect the human person as an integration of physical body and spiritual and rational soul. The Church teaches, "today, it is very important to protect, at the moment of death, both the dignity of the human person and the Christian concept of life, against a technological attitude that threatens to become an abuse."<sup>24</sup> This respect recognizes that the life of our body comes to an end as our spiritual life continues toward our final end of union with God in heaven.

## *Texas Legal Documents:*

In the Fall of 2009, Bishop Kevin J. Farrell of the Diocese of Dallas asked the St. Thomas More Society to prepare a model Directive to Physicians (a.k.a. "Living Will") and Medical Power of Attorney for use by Texas Catholics. These documents were prepared by a committee of lawyers, physicians, and ethicists including Ellen Eisenlohr Dorn, Thomas Brandt, Mark Cronenwett, Vince Hess, Kimberly Lawler, and Jeff Turner.

These forms were approved by Bishop Farrell in 2010 the update was also approved in 2015. They are available to all attorneys who represent Catholic residents of Texas, to enable them to help their clients receive end-of-life care in accordance with the Catholic Faith. **Completing both of these documents ensures that hospitals, physicians, and surrogate decision makers are able to honor and respect Catholic teaching as they respond to concrete medical circumstances that arise. If you are viewing this document on the computer, please use the following links or visit <https://txcatholic.org/preparing-for-end-of-life-care-advance-planning-documents/> for these and other resources for end-of-life care in Texas.**

- [Texas Catholic Directive to Physicians](#)
- [Texas Catholic Medical Power of Attorney](#)

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<sup>23</sup> St. Thomas More Society, Diocese of Dallas, "A Catholic Advance Directive to Physicians and Family or Surrogates." (Fall 2009).

<sup>24</sup> CDF, *Iura et bona*, III-IV.