End of Life Health Care
A Catholic Perspective

Jeremiah McCarthy

Our mortality, the questions about dying, the spiritual tradition of the Church, and the art of dying well.

- The influence of the fear of dying, loss control and burdening our love ones.
  - Woody Allen “I’m not afraid of dying, I just don’t want to be there when it happens.”
- Ethical issues between Catholic Moral Theology and Hospital medical questions about treatments.
  - The classic distinction between ordinary and extraordinary means of care is based on the dynamic, changing conditions facing a patient with a progressive series of ailments
  - The Vatican Declaration of Euthanasia (1980) specifies the factors of ordinary/extraordinary means:
    - *However, is it necessary in all circumstances to have recourse to all possible means? This reply, which as a principle still holds good, is perhaps less clear today, by reason of the imprecision of the term and the rapid progress made in the treatment of sickness. Thus, some people prefer to speak of “proportionate” and “disproportionate” means. In any case, it will be possible to make a correct judgment as to the mans by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources.*

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- Determining cost vs. benefit, or benefit v. burden is not a mathematical algorithm. It is a prudential, wise discernment, by the medical professionals as well as the patient.
  - The medical adage: “cure sometimes, relieve occasionally, but care always.” When cure or restoration to optimal functioning is not possible, the goals of medicine shift to comfort care or palliative medicine.

- Patient autonomy is a critical value.
  - One important means for us to assert and exercise our autonomy and control is using advance directives that stipulate and clarify for our family members and health care providers what we want.
    - A power of attorney for health care has a distinctive ethical component. It empowers a living agent to speak on our behalf.

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- We must support greater investment in palliative care. Palliative care is an important specialty and the medical advances to date ensure that virtually no patient should die in excruciating agony or pain.
  - Proper pain management can help patients overcome the fear of an agonizing death.

•The June 2020 statement by Pope Francis, *"The Good Samaritan* (*Samaritanus Bonus): On the care of persons in the critical and terminal phases of life"* is a wise counsel:

  - *In some countries, national laws regulating palliative care (Palliative Care Act) as well as the laws on the "end of life" (End-of-Life Law) provide, along with palliative treatments, something called Medical Assistance to the Dying (MAID) that can include the possibility of requesting euthanasia and assisted suicide. Such legal provisions are a cause of grave cultural confusion: by including under palliative care the provision of integrated medical assistance for a voluntary death, they imply that it would be morally lawful to request euthanasia or assisted suicide.*

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o In addition, palliative interventions to reduce the suffering of gravely or terminally ill patients in these regulatory contexts can involve the administration of medications that intend to hasten death, as well as the suspension or interruption of hydration and nutrition even when death is not imminent. In fact, such practices are equivalent to a direct action or omission to bring about death and are therefore unlawful. [These practices-JMc] constitute(s) a socially irresponsible threat to many people, including a growing number of vulnerable persons who needed only to be better cared for and comforted but are instead being led to choose euthanasia and suicide.

•It is OK to say, "enough is enough." We are not obligated to use every medical intervention as we face our inevitable mortality. For Christians, death is real, it is tragic, it is, however, not ultimate given our belief in the divine intention that nothing in creation is to be lost. We believe in the transformation of life, not its annihilation.

•Aid in dying, while well-intentioned, is, in the judgment of the Church and a great number of physicians, philosophers, ethicists, and public policy specialists, a misguided response to a real and important issue. Doctors are committed by oath to the proposition "first do no harm." Enlisting doctors in the direct activity of a patient to end his or her life is to undermine the ethos of the profession. Doctors are called to care not to kill.

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- A big picture issue that needs further discussion is the absolutization in our culture of the value of autonomy.
  - Autonomy is a guarantor of our intrinsic dignity and worth and must be maintained.
  - We have bodies and they grow, they age, and they die. Death is inevitable.
  - Fortunately, for those of faith, at death, as our liturgical prayer proclaims, “life is changed, not ended.”
  - O. Carter Snead, Professor of Law/Director of the Nicola Center for Ethics at Notre Dame University, has written a powerful book with the title: *What it means to be human: the case for the body in public bioethics* (Harvard University Press, 2020). Professor Snead diagnoses a critical issue with the absolutization of autonomy, especially in the context of euthanasia and end of life ethics. Snead defines this absolutization of autonomy as “expressive individualism.”
  - MacIntyre’s observation - expressive individualism is “forgetful of the body.” This forgetfulness loses sight of our dependency, our vulnerability, and our finitude.

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- If we see ourselves, in MacIntyre's words, as "dependent rational animals" we properly contextualize our autonomy. Surely, it invites us to reconsider what it means to be a "burden" on others.

- *When my mother was six weeks from the death that awaited her from end-stage colon/liver cancer, we had a tender moment in our family kitchen. I am the oldest of 11. Mom and my father, an Air Force General and fighter pilot, raised the 11 of us, moving from one base to another. As a good Irish woman, she shared the Irish belief that "with a good pot of tea and a chat, you can solve anything." So over that tea, she smiled at me and said, "Now, son, don't be sad. I have had a wonderful life with your faither and with all of you. So, live as long as you can, and die when you can't." We had the blessing of hospice nurses to accompany her in her last days and hours. My two nurse sisters were relieved of the conflict they felt as her daughters. When we were distressed about her groaning, the nurses comforted us with the assurance that the body was shutting down and she was not in pain. We kept her comfortable with ice chips and lemon swabs rather than forcing hydration or any nutrition that she could not metabolize and that if ingested, would only further her discomfort. She knew and we knew when "enough was enough." We held her hand, said the Hail Mary, and prayed as she took her last breath. She bequeathed to us, in her dying, not a burden, but her ultimate gift. In the Catholic vision, life is a gift from the Creator. We are its stewards, not its owners. As the Protestant Reformer, John Calvin, proclaimed in his Institutes of the Christian Religion, "we are not our own."*

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- So, the alternative to aid in dying is the following: accompaniment of the dying with palliative care, hospice care, advance directives, strategic investments in improving nursing facilities, skilled and long-term care facilities. Above all solidarity and love.
- To quote from the Declaration on Euthanasia:
  - *Life is a gift of God, and on the other hand death is unavoidable; it is necessary, therefore, that we, without in any way hastening the hour of death, should be able to accept it with full responsibility and dignity. It is true that death marks the end of our earthly existence, but at the same time it opens the door to immortal life. Therefore, all must prepare themselves for this event in the light of human values, and Christians, even more so in the light of faith.*
- Making decisions based on quality-of-life factors is certainly appropriate, but we must be careful to discern what we mean by "quality" of life.
  - Robert Jay Lifton, psychological and historical study of the Nazi doctors, notes that the medical profession was co-opted into Hitler's euthanasia program

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- Permit me to quote (with edits) from Dr. Breslin:
  - *First of all, this [access to MAID] would authorize health care professionals to do the opposite of what they have been trained to do; i.e., it would put them in a position of thinking in terms of ending not improving life. They are trained for the latter but not for the former. Second, I find this defect in his reasoning for coming to the conclusion that he comes to-that those who oppose MAID do so only for "personal beliefs and values." Living and dying are not exclusively personal in nature. There is a very fundamental and essentially human dimension to this, and this requires that communal experience of life and death be taken into account. Opposition to MAID is not a strictly personal matter; it touches on all of us collectively. Religious/moral considerations are certainly relevant here. But we must be clear about why they are religious/moral dimensions-such dimensions make it clear that the whole of society can be affected by decisions made by individuals. Dying is surely a deeply personal experience, but it has a public dimension as well. Whether a person dies or continues to live affects more than one single person. He states, "Ethical principles and moral laws alone are just not sufficient to answer the complex questions surrounding an individual's dying and death." He is probably correct in this. He wants people to "die on their own terms." If such is the case, then recruiting the medical community to assist is inconsistent with his personal, private decision-making value...The so-called "right to die" does not imply the complicity of medical professionals to realize such a right...*

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- From a Christian perspective, as well as from the perspective of a fellow human traveler, directly ending one's life by laws permitting aid in dying lacks limiting principles restricting access to these measures only to the terminally ill. As O. Carter Snead states, the anthropology of expressive individualism:
  - *"offers concretely the freedom to choose self-annihilation as a mechanism to control the conclusion of life's narrative.*
  - *But, because the law fails to grasp the diminished agency of a human being whose body is dying, the framework it offers is rife with risks of fraud, abuse, duress, neglect, and coercion, especially for those populations who are already vulnerable because of old age, disability, poverty, or membership in a stigmatized class.*
- More concretely, the law must allow for the aggressive palliation of pain. And it must protect vulnerable populations by not creating legal regimes that teach that their lives are not worth living, and in which they might even be pressured or coerced into ending them." (Snead, pp. 267-268)

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- Aid in dying is an act of abandonment and not an act of care for the dying.
  - the message of the parable of the Good Samaritan. He did not leave the badly wounded victim alone. He did not abandon him when others passed by who should have known better-pointedly, religious leaders. He provided palliative care and entrusted him to an innkeeper, a hospice of care, and looked after him when he returned from his journey. I am afraid that the spread of the ideology of aid in dying will develop, as it already has in too many countries in Europe, from a “right” to die to a “duty” to die. Some Insurance companies, it is reported, have refused costly, long-term care, instead advising their beneficiaries to seek the cheap alternative of medical aid in dying.

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•**In conclusion,** in my opinion, aid in dying is a solution in search of a problem. We know how to confront our mortality with the medical, legal, moral, and spiritual resources already at our disposal. Two examples:

- We have in our parishes and congregations bereavement ministries who reach out to the dying and their families; some parishes create ministerial opportunities for teams of health care providers as a source of pro bono support beyond formal medical delivery systems.
- Palliative care, even aggressive palliative care, thoughtful advance directives, networks of social support, hospice care, nursing homes, solidarity, and above all, love and accompaniment are the means to equip us to face the ultimate mystery we all must face, death itself, but with gratitude for the gift of life, fragile though it is, which has been entrusted to us.

Jeremiah McCarthy 9/20/2021