

What principles can help with medical decision making at the end of life?

The Catholic moral tradition and traditional medical ethics recognise that I can choose, and choose well, to say 'no' to a medical treatment because it is *no longer working* (futile) or because it has become *overly burdensome*, even if I can foresee that death may come sooner as a result of this choice. [EV 65]

This is very different from the choice not to undergo or continue with a treatment because I no longer value my life. It would be wrong to refuse treatment with a 'death wish' because I judge my *life* to be futile or overly burdensome.

There is an important moral difference between a choice which involves the rejection of the gift of life and one which rejects futile or burdensome treatment.

One is a refusal of life; the other is a refusal of inappropriate treatment.

The latter need not be the equivalent of euthanasia or suicide, but may express acceptance of the human condition in the face of death. It may allow the closure of life to be taken up, not by medical treatment, but by time with family and friends, fulfilling responsibilities, praying and preparing for death — perhaps even preparing others for my death.

Yet, even when nothing more can be done to restore health I should continue to undertake basic care of my life, or to graciously accept care from others. I ought to accept food and fluids, even by artificial means, until such time as they are no longer sustaining my life or until their means of provision becomes a burden to me.⁴

I do not, however, have to surrender myself to pain and suffering. Christian and traditional medical ethics recognise the value of taking pain and other symptom relieving medications, even if it is foreseen that this medication may have the side effect of shortening my life. Where the intention is to relieve suffering and not to hasten death, the provision of medication can be an important way of helping patients. [EV 65]



Catholic tradition of praying for a good death

Throughout our tradition, Catholics have made it their practice to pray for a 'good death.' A death that would allow us the time to come to terms with our life and those with whom we have lived it — to thank and be thanked, to forgive and be forgiven. A death, too, which would allow us time to deepen our relationship with God.

And Catholics have recognised the value of developing virtues throughout life, especially fortitude and hope, so that when death does approach, we will be better able to face the mystery of our passion and better able to graciously accept the compassion of others.

This *Respect Life Sunday*, as we reflect upon what it really means to die with dignity, let's renew this prayer so that we might be able to proclaim the 'good news' of our faith — the Gospel of God's love, the Gospel of the dignity of the human person and the Gospel of life [EV 2] — *in and through our lives, as well as our deaths.*

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Dignity

...NOW AND AT THE HOUR OF DEATH

Now that palliative care has become so good at controlling pain and other symptoms, other fears about dying seem to have come to the surface.

Today we seem to be more fearful and worried about 'losing our dignity' or about having to depend on others. We are more likely to hear people say things like: 'don't let me linger on and become a burden to you,' or 'what matters is that I die when and how I choose, with dignity.'

Australia's own 'Doctor Death', Philip Nitschke and a team of advisers have even formulated a recipe for a home-made pill that they say can provide a 'peaceful and reliable death' for people with these concerns. But would taking a pill to intentionally end my life, even if it is a life of suffering and dependency, allow me to die with dignity? Or would my death mean something else?

Choose life

Choose life, not death...

Choose life so that you and your descendants may live, loving the Lord your God, obeying him, and holding fast to him...(Deut 30:19-20)

Dignity is a term which is used to describe the intrinsic and inestimable worth of the human person. It reminds us that our value as a person does not depend upon our talents, our beauty, our accomplishments, or our wealth. Our value is found in our very being. We are of great value simply because we are human.¹

Created by God to share in his glory, the human person has a worth which exceeds that of any other creature. The human person is a *manifestation of God in the world, a sign of his presence, a trace of his glory*. [EV 34]

This means that in spite of what we feel or think about the 'quality' of our lives, we *can never* lose our dignity.

However we can act in ways which deny the truth of our dignity. We can act in ways which say 'I am not of great worth'; 'my life is not of great value'.

Choosing death — willing our death — is one such way.

Death by euthanasia or assisted suicide is never 'death with dignity'. These are tragic acts of despair; tragic rejections of the truth about the value of our lives; tragic rejections of the care of other people. Such an act — our last choice — would be based on the judgement that our life is no longer worth living. It would be the ultimate rejection of our dignity.

RESPECT LIFE SUNDAY

What does it mean to ‘die with dignity’?

Once we understand what ‘dignity’ is, we can see that ‘dying with dignity’ means *living through the dying process* in a way which speaks of our great value as a human person.

Dying with dignity is accepting the truth of our lives. And this truth is that I never lose my value as a person. Even if I can no longer feed myself, or speak, or toilet myself, I am always worthwhile. I am always a reflection of God’s glory. My life is always God’s gift to me and to the world.

Once we are aware of this truth we become more willing to let others love and care for us when we need them; to let their acts of love proclaim and serve our dignity.

Passion:

There is no disgrace or indignity in being dependent upon others.

Henri Nouwen was one of the most popular spiritual writers of our time. Just before his own sudden death he wrote a book about the life and death of Adam, a young man who he had lived with at the *L’Arche Daybreak Community*.² Adam was a severely disabled man: he could not speak and he was unable to move without assistance. Yet Adam became Henri’s friend, teacher and guide.

Towards the end of his life, Adam lived in ‘total and utter dependency’, and yet ‘he seemed deeply resigned to it, totally given into the hands of others, radiating light and peace in his utter weakness.’ [p89] His life was ‘passion’, but not in the sense that we commonly use this word to describe strong emotions. Adam’s life was ‘passion’ in the same sense that we refer to Jesus’ ‘passion’ as an ‘undergoing’ of suffering.

Jesus’ life of tremendous action – preaching, teaching, healing and consoling – also ended in him being seemingly unable to *do* anything. Yet with great humility even Jesus, the Son of God made man, accepted his time of *passion*. And significantly, Jesus also accepted the *compassion* of the people who stayed with him and loved him until his death.

Adam’s life and death helped Henri Nouwen to understand the truth that a very large, if not the largest part of our lives, is ‘passion’ and to appreciate the significance of this.



Although we all want to act on our own, to be independent and self-sufficient, we are for long periods of time dependent on other people’s decisions. Not only when we are young and inexperienced or when we are old and needy but also when we are strong and self-reliant... We need people, loving and caring people, to sustain us during the times of our passion and thus support us to accomplish our mission. That, to me, is the final significance of Adam’s passion: a radical call to accept the truth of our lives and to choose to give our love when we are strong and to receive the love of others when we are weak, always with tranquillity and generosity. [p90-91]

There is nothing undignified about being on the ‘receiving end’ of acts of love and kindness or in being dependent upon other people. Adam’s life and Jesus’ life remind us that God entrusts us to each other, in life and in death. We are to give and receive love precisely because we are of such value – because we have dignity.

While I tended to worry about what I did and how much I could produce, Adam was announcing to me that ‘being is more important than doing’.

While I was preoccupied with the way I was talked about or written about, Adam was quietly telling me that ‘God’s love is more important than the praise of people.’

While I was concerned about my individual accomplishments, Adam was reminding me that ‘doing things together is more important than doing things alone.’

Adam couldn’t produce anything, had no fame to be proud of, couldn’t brag of any award or trophy. But by his very life, he was the most radical witness to the truth of our lives that I have ever encountered. [p56]

Anita’s Story

My brother Michael, 15, died quietly in January 1976 after a vicious nine month battle with leukemia. Chemotherapy had taken his hair. His skin was bruised, his arms full of intravenous needle holes. Still, my mother says, his death was strangely beautiful: A peaceful look came over his face; my parents knew his pain was over. After hearing so much about the debate on ‘assisted suicide,’ I asked my mother if Michael ever wanted a doctor to speed his dying. No, she said. Michael suffered but ‘wanted to live until the very end.’

I understand. Not long ago, I too lay in a hospital bed, thin, bald and bruised, chemicals dripping into my veins. Like Michael, I had leukemia. Unlike him, I am alive and healthy today and questioning whether doctors should be able to accommodate seriously ill patients who wish to die. Having cancer wasn’t fun. At times it was sheer hell. But family and friends held my hands while I was wracked with nausea, lifted me when I was too weak to stand, and buoyed my spirits with love and concern.

Was my quality of life diminished? Physically, yes. Emotionally, no way. I don’t know that I’ve ever felt more loved. At my weakest and most vulnerable, that love let me hold on to my dignity. That’s also why I find it hard to accept that euthanasia proponents offer an ‘exit’ at all. Rather, it’s an escape — one that sells short the human spirit. These proponents need only to see the patients I’ve seen, laughing and finding joy in life until the day they die, to know there is such a thing as the triumph of the spirit. Most of the terminally ill don’t want the easy way out. They cling to life, savour it; their eyes have been opened to its richness. They cherish their time on this earth.

A suicide manual won’t ease the understandable fear of death. That takes compassion from families and caregivers, who can make dying truly ‘the final stage of growth.’ But the assisted suicide approach disturbs me most because it removes hope from the dying process. When all hope for a cure is gone, another hope emerges that in dying, we may find and hold to the very roots of life: love, laughter, compassion, joy, and forgiveness.

Why would anyone advocate ending life before those important discoveries can be made and enjoyed?³

Compassion must serve the dignity of the suffering person

Compassion means ‘to suffer alongside’. It is the hard, genuine effort to invest yourself in someone else; to stand by the side of those who suffer; to offer the best assistance you can to relieve their physical and emotional anguish and to help them maintain hope in their self worth.

“True ‘compassion’ leads to sharing another’s pain; it does not kill the person whose suffering we cannot bear.” [EV 66]

True compassion helps people to ‘die with dignity’ by *helping them to live* intensely the final chapter of their lives.

Following the way of love, we need to realise that the desperate request from a dying patient for euthanasia ‘is above all a request for companionship, sympathy and support in the time of trial. It is a plea for help to keep on hoping when all human hopes fail.’ [EV 67]

If we want to help our loved ones to die with dignity we will busy ourselves with ensuring that they receive good palliative care. Genuine love and compassion for the suffering and dying will lead us to work with family, friends, pastors and health care professionals to address their physical, emotional and spiritual needs.

Choose life... but accept death when it comes

Today many of us understandably fear being ‘kept alive’ by machines, being aggressively resuscitated, or dying in a high dependency ward attached to drips and leads. But Catholic teaching on end of life care does not require us to do everything, by every means available, to preserve life.

Within the life of every person there are limits to the extent to which life and health must be actively pursued. Life is not a god, but a gift of God. Accepting this may be a way in which we can truly ‘die with dignity.’

For while death is always an evil, it is not the greatest evil; for many people it is a merciful release, the natural end to a life-story well written and, as Christian’s claim, the door to eternal life.

We are called to ‘choose life’ *and* accept death when it comes.