

- I. Vocation and Mission of the Christian concerning end of life issues
  - A. Reflect on the story of the Good Samaritan
  - B. Unleash Love
    1. Suffering is present in the world in order to unleash love in the human person.
    2. On this we will be judged. Christ was ill and we cared for him.
  - C. There is a "Gospel of Suffering" written by Christ.
    1. Christ reveals man to himself and makes his supreme calling clear.
    2. He tells us to follow him even in suffering and death.
  
- II. We must begin with understanding the Christian Meaning of suffering and death
  - A. Mysterious results of the Fall
    1. **CCC 272:** Faith in God the Father Almighty can be put to the test by the experience of evil and suffering. God can sometimes seem to be absent and incapable of stopping evil. But in the most mysterious way God the Father has revealed his almighty power in the voluntary humiliation and Resurrection of his Son, by which he conquered evil. Christ crucified is thus "the power of God and the wisdom of God. For the foolishness of God is wiser than men, and the weakness of God is stronger than men."
    2. **CCC 385:** God is infinitely good and all his works are good. Yet no one can escape the experience of suffering or the evils in nature which seem to be linked to the limitations proper to creatures: and above all to the question of moral evil. Where does evil come from? "I sought whence evil comes and there was no solution", said St. Augustine, and his own painful quest would only be resolved by his conversion to the living God. For "the mystery of lawlessness" is clarified only in the light of the "mystery of our religion". The revelation of divine love in Christ manifested at the same time the extent of evil and the superabundance of grace. We must therefore approach the question of the origin of evil by fixing the eyes of our faith on him who alone is its conqueror.
    3. **CCC 405:** Although it is proper to each individual, original sin does not have the character of a personal fault in any of Adam's descendants. It is a deprivation of original holiness and justice, but human nature has not been totally corrupted: it is wounded in the natural powers proper to it, subject to ignorance, suffering and the dominion of death, and inclined to sin - an inclination to evil that is called concupiscence". Baptism, by imparting the life of Christ's grace, erases original sin and turns a man back towards God, but the consequences for nature, weakened and inclined to evil, persist in man and summon him to spiritual battle.
  - B. Ontological Evil
  - C. Given meaning in the sufferings and death of Jesus for our salvation.
    1. **1Pet. 2:21** "Christ suffered for you, leaving you an example, so that you should follow in his steps."
    2. **CCC 307:** Though often unconscious collaborators with God's will, men and women can also enter deliberately into the divine plan by their actions, their prayers and their sufferings. They then fully become "God's fellow workers" and co-workers for his kingdom.
    3. **CCC 609:** By embracing in his human heart the Father's love for men, Jesus "loved them to the end", for "greater love has no man than this, that a man lay down his life for his friends." In suffering and death his humanity became the free and perfect instrument of his divine love which desires the salvation of men. Indeed, out of love for his Father and for men, whom the Father wants to save, Jesus freely accepted his Passion and death: "No one takes [my life] from me, but I lay it down of my own accord." Hence the sovereign freedom of God's Son as he went out to his death.
    4. **CCC 1009:** Death is transformed by Christ. Jesus, the Son of God, also himself suffered the death that is part of the human condition.
    5. **CCC 1010:** Because of Christ, Christian death has a positive meaning: "For to me to live is Christ, and to die is gain."
    6. **CCC 1011** In death, God calls man to himself.
    7. **CCC 1014:** The Church encourages us to prepare ourselves for the hour of our death.

- D. We are called to unite our sufferings to Christ for the sake of the world.
1. **Col. 1:24** I am now rejoicing in my sufferings for your sake, and in my flesh I am completing what is lacking in Christ's afflictions for the sake of his body, that is, the church.
  2. **CCC 618:** The cross is the unique sacrifice of Christ, the "one mediator between God and men". But because in his incarnate divine person he has in some way united himself to every man, "the possibility of being made partners, in a way known to God, in the paschal mystery" is offered to all men. He calls his disciples to "take up [their] cross and follow [him]", for "Christ also suffered for [us], leaving [us] an example so that [we] should follow in his steps." In fact Jesus desires to associate with his redeeming sacrifice those who were to be its first beneficiaries. This is achieved supremely in the case of his mother, who was associated more intimately than any other person in the mystery of his redemptive suffering.
  3. **CCC 793:** Christ unites us with his Passover: all his members must strive to resemble him, "until Christ be formed" in them. "For this reason we ... are taken up into the mysteries of his life, ... associated with his sufferings as the body with its head, suffering with him, that with him we may be glorified."
  4. **CCC 1499:** "By the sacred anointing of the sick and the prayer of the priests the whole Church commends those who are ill to the suffering and glorified Lord, that he may raise them up and save them. And indeed she exhorts them to contribute to the good of the People of God by freely uniting themselves to the Passion and death of Christ."
- E. Suffering can have a salutary penitential aspect to it, both now and eternally.
1. **CCC 1473:** The forgiveness of sin and restoration of communion with God entail the remission of the eternal punishment of sin, but temporal punishment of sin remains. While patiently bearing sufferings and trials of all kinds and, when the day comes, serenely facing death, the Christian must strive to accept this temporal punishment of sin as a grace.
  2. **CCC 1502:** The man of the Old Testament lives his sickness in the presence of God. It is before God that he laments his illness, and it is of God, Master of life and death, that he implores healing. Illness becomes a way to conversion; God's forgiveness initiates the healing.
  3. **CCC 1505:** Moved by so much suffering Christ not only allows himself to be touched by the sick, but he makes their miseries his own: "He took our infirmities and bore our diseases." But he did not heal all the sick. His healings were signs of the coming of the Kingdom of God. They announced a more radical healing: the victory over sin and death through his Passover. On the cross Christ took upon himself the whole weight of evil and took away the "sin of the world," of which illness is only a consequence. By his passion and death on the cross Christ has given a new meaning to suffering: it can henceforth configure us to him and unite us with his redemptive Passion.
- F. Need to confront those who find no meaning in suffering and therefore want to end it at all costs.
1. Our culture's attitudes toward dying have changed (EV 64).
    - a. Life today is valued often only when it brings pleasure and well-being.
    - b. Suffering is rejected at all costs.
    - c. Sudden death is "senseless" and euthanasia a "liberation."
    - d. The man who denies God thinks himself a god: "Furthermore, when he denies or neglects his fundamental relationship to God, man thinks he is his own rule and measure, with the right to demand that society should guarantee him the ways and means of deciding what to do with his life in full and complete autonomy."
    - e. It is especially people in the developed countries who act in this way. They feel encouraged to do so also by the constant progress of medicine and its ever more advanced techniques. By using highly sophisticated systems and equipment, science and medical practice today are able not only to attend to cases formerly considered untreatable and to reduce or eliminate pain, but also to sustain and prolong life even in situations of extreme frailty, to resuscitate artificially patients whose basic biological functions have undergone sudden collapse, and to use special procedures to make organs available for transplanting.
    - f. There's a temptation to "take control of death" and bring it about "gently."
      - i. In a social and cultural context which makes it more difficult to face and accept suffering, the <temptation> becomes all the greater <to resolve the problem of suffering by eliminating it at the root>, by hastening death so that it occurs at the moment considered most suitable.

- III. Growth of the acceptance of euthanasia and false mercy
- A. God is the author and Lord of life, and hence God and life must be respected at all stages.
  - B. God is a God of love. We cannot love others more than he does.
  - C. Terry Schiavo case. After Karen Quinlan (1975) and Nancy Cruzan.
  - D. Definition of euthanasia – an act or omission which of itself or by intention causes death to eliminate suffering. CCC (2277) calls this “murder”
    1. Active
      - a. Cooperation in the killing of another is terribly wrong, even if they ask for it.
        - i. **EV 66:** To concur with the intention of another person to commit suicide and to help in carrying it out through so-called "assisted suicide" means to cooperate in, and at times to be the actual perpetrator of, an injustice which can never be excused, even if it is requested.
        - ii. In a remarkably relevant passage Saint Augustine writes that "it is never licit to kill another: even if he should wish it, indeed if he request it because, hanging between life and death, he begs for help in freeing the soul struggling against the bonds of the body and longing to be released; nor is it licit even when a sick person is no longer able to live."
        - iii. Even when not motivated by a selfish refusal to be burdened with the life of someone who is suffering, euthanasia must be called a <false mercy>, and indeed a disturbing "perversion" of mercy.
      - b. It's incalculably worse when they don't ask for it.
    2. Passive
  - E. To be distinguished from “aggressive medical treatment.” EV 65.
    1. Euthanasia must be distinguished from the decision to forego so-called "aggressive medical treatment", in other words, 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.
    2. 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".
    3. **CCC 2278:** Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous" treatment. Here one does not will to cause death; one's inability to impede it is merely accepted. The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected.
  - F. Status of Euthanasia in the Netherlands
    1. Doctors receive training in how to kill
    2. 80% of Dutch doctors have killed through direct, active euthanasia
    3. Lack of pain management techniques
    4. 68% of elderly Dutch fear being killed by doctor without their knowledge
    5. No prosecution for Mass killings.
- IV. Palliative care
- A. This is a positive good.
  - B. Can be taken, even if it accelerates the dying process, under the principle of double effect. One cannot will the death.
    1. **CCC 2279** Even if death is thought imminent, the **ordinary care** owed to a sick person cannot be legitimately interrupted.
    2. However, the use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable.
    3. Palliative care is a special form of disinterested charity. As such it should be encouraged.
    4. Pius XII affirmed that it is licit to relieve pain by narcotics, even when the result is decreased consciousness and a shortening of life, "if no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties".

- V. When is it possible to stop treatment for a loved one?
- A. Life does not have to be sustained at all costs.
  - B. Ordinary versus extraordinary, proportionate versus disproportionate.
    1. This distinction is the one mentioned above: one is obliged to employ ordinary means of treatment, but one is not obliged (although he or she is allowed) to employ extraordinary means to sustain one's life.
    2. Exactly what is "ordinary" and "extraordinary" depends on several factors, the disease, the treatment proposed, the dangers, the prospects for success, the pain involved, the financial capabilities of the family, etc.
    3. This distinction between ordinary and extraordinary has become more complicated with the rise of insurance coverage, x-rays, and all types of medical techniques and machinery.
    4. 1980 CDF decree on Euthanasia: Is it necessary in all circumstances to have recourse to all possible remedies? In the past, moralists replied that one is never obliged to use "extraordinary" 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 means 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.
    5. CDF also mentions proportion/disproportion: It is also permissible to make do with the normal means that medicine can offer. Therefore one cannot impose on anyone the obligation to have recourse to a technique which is already in use but which carries a risk or is burdensome. Such a refusal is not the equivalent of suicide; on the contrary, it should be considered as an acceptance of the human condition, or a wish to avoid the application of a medical procedure disproportionate to the results that can be expected, or a desire not to impose excessive expense on the family or the community.
  - C. Artificial resuscitation
    1. Under normal circumstances, when resuscitation is possible and ordinary, the person should be resuscitated.
    2. DNR (Do Not Resuscitate)
      - a. May be appropriate in cases where it is known in advance that resuscitation will secure only a short-term, precarious and burdensome prolongation of life.
  - D. Artificial nutrition and hydration.
    1. Presumption always in favor.
    2. Not obligatory if death is truly imminent as a result of another cause. Extraordinary.
    3. JP II, March 20, 2004
    4. Pope likened denial of food and water to euthanasia.
    5. "I feel the duty to affirm energetically that the intrinsic value and personal dignity of every human being does not change, regardless of the circumstances of his life," the Pope said Saturday when receiving the 400 participants of an international congress.
    6. "A man, even if he is gravely ill or limited in the exercise of his higher functions, is and always will be a man, he will never become a 'vegetable' or an 'animal,'" the Holy Father stressed during a lengthy address to the congress's participant.
    7. "Our brothers and sisters who are in the clinical condition of 'vegetative state' preserve all their human dignity," he said. "God the Father continues to look upon them lovingly, recognizing them as his children, especially in need of assistance."
    8. "Doctors and health agents, society and the Church have moral duties toward these persons, of which they cannot exempt themselves without betraying the demands of professional deontology and of human and Christian solidarity," John Paul II stressed.
    9. "Therefore, the sick person, in a vegetative state, awaiting recovery or his natural end, has the right to basic health care, and to the prevention of complications linked to his state," the Pope continued.
    10. The prolongation of the vegetative state "cannot justify ethically the abandonment or interruption of the minimal care of the patient, including food and water," he said. "Death by hunger or thirst, in fact, is the only possible result should these be suspended."

11. If caused, in a "conscious and deliberate manner," it is "genuine euthanasia by omission," the Pontiff concluded.
12. "The value of the life of a human being cannot be subjected to a judgment on its quality as expressed by other human beings."
13. The Holy Father said that considerations about "quality of life" are "often dictated, in reality, by pressures of a psychological, social and financial character."
14. "To admit that one can decide on the life of the human being in virtue of a recognition of its quality from outside, is equivalent to recognizing that one can attribute to any person from outside increasing or decreasing levels of quality of life and, therefore, of human dignity," he said.
15. In this case, "a discriminatory and eugenic principle" would be introduced "in social relations," the Pope observed.
16. He added, however, that this defense of the fundamental right to life, in particular in the case of patients in a vegetative state, must be accompanied by "positive actions," specifically, by supporting the families of the sick.
17. "They cannot be left alone with their heavy human, psychological and financial burden," the Pope said. "Society must commit available resources to offer them help. In this area, doctors and health agents, as well as volunteers who help with assistance to the sick," play a decisive part, constituting "fundamental support so that the family can emerge from isolation."
18. The Church feels personally committed to helping families of the sick, the Pope said. He emphasized at the same time the "importance of spiritual consultation and pastoral help, as an aid to recover the most profound meaning of an apparently desperate condition."

#### E. Artificial Respiration

1. The Church's magisterium has not spoken definitively on this, but criteria of extraordinary versus ordinary are clear.
  - a. Helps a patient breathe while they are temporarily incapable.
  - b. Number of burdens associated with it: a tube in the windpipe, cannot talk, eat or swallow, blood drawing, suctioning mucous from airways. Often a tracheotomy is given.
  - c. If the need for help is likely to be short, most would consider this ordinary and morally obligatory.

#### F. Persistent Vegetative State

1. One study of 84 people in PVS showed that 41% regained consciousness in six months and 58% within three years.
2. A study of 26 children in comas lasting more than 12 weeks found the 3/4 eventually regained consciousness.
3. Out of 370 PVS patients, 1/3 recovered enough that in a year they were able to return to work.
4. 79-year-old Harold Cybulski of Barry's Bay, Ontario was declared "brain dead and comatose." They were ready to disconnect life-support and his 2 year old grandson shouted, "Grandpa," he woke up and picked up the boy. Six months later he was leading a completely normal life.

#### G. Organ donation

1. Generally praiseworthy.
  - a. **CCC 2296:** Organ transplants are not morally acceptable if the donor or those who legitimately speak for him have not given their informed consent. Organ transplants conform with the moral law and can be meritorious if the physical and psychological dangers and risks incurred by the donor are proportionate to the good sought for the recipient. It is morally inadmissible directly to bring about the disabling mutilation or death of a human being, even in order to delay the death of other persons.
  - b. The "physical and psychological dangers and risks incurred by the donor" who is dead are "proportionate to the good sought for the recipient."
2. Some distinctions
  - a. Autoplastic transplants (from same person) are legitimate on principle of totality.
  - b. Homoplastic transplants (from same species) legitimate from solidarity and charity. This started with blood transfusions. People give of themselves so that others may live.
  - c. Ethically, not all organs can be donated. Not brain or gonads, which ensure personal and procreative identity and characteristic uniqueness of the person, which medicine is bound to protect.

- d. The donor must freely consent to removal, personally or through someone legitimately representing him, so that it can be a sincere gift of self. Transplants are a great act of love, which gives life to others even after their death.
3. But it's very important to know that the person is dead.
  - a. There is fear that some people are being declared dead too early in order to harvest their organs.
  - b. Save family financial and personal burdens. Perhaps save companies.
  - c. Not necessarily in interest of person involved.
  - d. Impossible to transplant "unpaired vital organs" after death, because they do not recover from the period of ischemia (an insufficient supply of blood to an organ, usually due to a blocked artery) following the donor's death.
4. Definition of death.
  - a. Pius XII: Doctor's responsibility to give a clear and precise definition of death and moment of death.
  - b. Philosophically: separation of soul from body.
  - c. Generally considered the irreversible cessation of circulation, respiration and reflexes.
  - d. CHCW: "A person is dead when he has irreversibly lost all ability to integrate and coordinate the physical and mental functions of the body. Death comes when (a) the spontaneous functions of the heart and breathing have definitively ceased, or (b) the irreversible arrest of all brain activity." In reality, "brain death is the true criterion of death, although the definitive arrest of cardio-respiratory activity very quickly leads to brain death."
5. Problems with brain death criteria
  - a. 1968 Harvard criteria came within a JAMA article on the Definition of Irreversible Coma.
  - b. 2002 article in Neurology noted that between 1968-1978, 30 different sets of criteria were published; many more since then. They are getting progressively laxer. None is based on scientific method of observation and hypothesis followed by verification.
  - c. Some are alive under some criteria and dead under others.
  - d. Some of the criteria involve:
    - i. That there be total unawareness to externally applied stimuli, with even the most intensely painful stimuli evoking no response whatever.
    - ii. Observations covering a period of at least one hour by physicians are adequate to satisfy the criteria of no spontaneous muscular movements, or spontaneous respiration or response to any stimuli. After the patient is on a mechanical respirator, the total absence of spontaneous breathing may be established by turning off the respirator for three minutes, and observing whether there is any effort on the part of the subject to breathe spontaneously. (The respirator may be turned off for this time, provided that at the start of the trial period the patient's carbon dioxide tension is within the normal range, and provided also that the patient had been breathing room air for at least ten minutes prior to the trial).
    - iii. Irreversible coma with abolition of central nervous system activity is evidence in part by the absence of elicitable reflexes. The pupil will be fixed and dilated and will not respond to a direct source of bright light or to pinching the nose. Ocular movement (to head turning and to irrigation of the ears with ice water) and blinking are absent. As a rule the stretch or tendon reflexes cannot be elicited; i.e., tapping the tendons of the biceps, triceps, and pronator muscles, quadriceps and gastrocnemius muscles with the reflex hammer elicits no contraction of the respective muscles. Plantar or noxious stimulation gives no response.
    - iv. Of great confirmatory value is the flat or isoelectric EEG. A flat electroencephalogram is not an essential determination but may be used if desired by the individual physician.
  - e. Today, after determination of brain death, all vital signs are still present: body temperature, blood pressure, heart beating, functioning liver and kidney, breathing with the help of a ventilator.
  - f. Some people say today, "it is morally permissible to terminate a life to save another," (organ donation, embryonic stem cell destruction), but the CCC clearly states, "It is

morally inadmissible directly to bring about the disabling mutilation or death of a human being, even in order to delay the death of other persons" (2296).

- g. Dr. Conrad Estol, a neurologist from Buenos Aires, at a conference hosted by the Pontifical Academy for Science in February 2005, showed a person who was diagnosed as brain dead attempt to sit up and cross his arms. He assured the audience that the donor was a cadaver, which unsettled many of the participants at the conference.
- h. Pregnant women who have been declared "brain dead" produce breast milk, which can only occur through the anterior lobe of the pituitary gland that stimulates the secretion of milk and breast growth.
- i. The APNEA test — removal of respiratory support.
  - i. Mechanical respiratory support is withdrawn from a patient for up to ten minutes to determine whether he will begin breathing independently.
  - ii. Co2 rises in the body and is a poison to the heart. Blood pressure drops, the blood supply to the brain can cease, causing, rather than diagnosing irreversible brain damage and death.
- j. Use of Harvard criteria (or others) are of no use to the dying patient, but only (contrary to Hippocratic principles) a potential benefit to the recipient of that patient's organs.
- k. The life support is not taken away before transplantation surgery and anaesthesia is generally given.
- l. On donor cards, when the person consents to organs being harvested after death, there is generally no definition of death.
- m. Current technology allows us to monitor only the outer 1-2 centimeters of the brain.
- n. Even if there's any doubt, we give the doubt in favor of life.
- o. Conclusions of PAS symposium:
  - i. Neurological criteria are not sufficient for declaration of death when an intact cardio-respiratory system is functioning. These neurological criteria test for the absence of some specific brain reflexes. Functions of the brain not considered are temperature control, blood pressure, cardiac rate and salt and water balance. When a patient on a ventilation machine is declared "brain dead," these functions not only are present but also are frequently active.
  - ii. There is overwhelming medical and scientific evidence that the complete and irreversible cessation of all brain activity (in the cerebrum, cerebellum and brain stem) is not proof of death. The complete cessation of brain activity cannot be adequately assessed. Irreversibility is a prognosis, not a medically observable fact. We now successfully treat many patients who in the recent past were considered hopeless.

## VI. Advanced Directives

### A. Living Will

- 1. Written instructions authorizing the provision, withholding or withdrawal of life-sustaining procedures if the patient is in a terminal condition and death is imminent, or if the person is in a PVS.
- 2. Static

### B. Health Care Proxy

- 1. Durable power of attorney
- 2. Can also be given with written directives.
- 3. Should obey Catholic teaching.