

an essay:

ON THE GRACE OF A PEACEFUL DEATH AND END-OF-LIFE CARE

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6/27/2010

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I. INTRODUCTION

The hospital Chaplain is constantly called upon to support patients, families and staff as difficult decisions are made to withhold and/or withdraw extra-ordinary life support from loved ones in apparently hopeless situations. The Catholic Church teaches a very reasonable application of maintaining the absolute sanctity and dignity of human life and absolutely prohibiting euthanasia. The Catholic Church calls for palliative (comfort) care and Hospice care at end-of-life that is guided by the understanding that all human life is precious from conception to natural death because all human life is a Divine Gift.

Withdrawal and/or withholding of extra-ordinary care, while providing appropriate ordinary care, in the face of clearly hopeless situations is clearly allowed by The Church. Such care does not seek to end life, but anticipates the inevitability of death and seeks to minimize suffering while maximizing quality of life. It is vital for Catholic patients, families and caregivers to be clear of what The Catholic Church teaches in such difficult matters.

II. THE DIGNITY AND WORTH OF HUMAN LIFE

Guarding human dignity and worth begins by understanding that all human life is precious and to be respected. Why? Because The Creator makes all human persons in His very Image. So Moses records in GENESIS 1:27, “GOD created man in His Image; in The Divine Image He created him; male and female He created them.”¹ It is The Almighty Who instills the breath of life into us. As Moses records further in GENESIS 2:7, “The LORD GOD formed man out of the clay of the ground and blew into his nostrils The Breath of Life, and so man became a living being.”² And by Divine Mercy, we are redeemed by The very Son of GOD. So St. John records in JOHN 3:16, “For GOD so loved the world, that He gave His only Son, so that everyone who believes in Him might not perish, but might have eternal life.”³

The “NESHAMAH,” The very Breath of GOD, by the The HOLY SPIRIT is instilled into man to give life, joining the human body with the human spirit.⁴ And so the prophet declares in JEREMIAH 1:5 The Almighty speaking to us, “Before I formed you in the womb I knew you, before you were born I dedicated you...”⁵ Therefore Moses declares GOD’s directive to mankind in EXODUS 20:13, “You shall not murder!”^{6 7 8} As GOD alone gives life, it is His to take it up again according to His will from physical conception to natural physical death.

¹ 1, NAB, GENESIS 1:27.

² 1, NAB, GENESIS 2:7.

³ 1, NAB, JOHN 3:16.

⁴ 2, Strong’s Data, 5397 [Hebrew] NESHAMAH. Meaning: 1) breath, spirit 1a) breath of GOD; 1b) breath of man; 1c) every breathing thing; 1d) spirit of man.

⁵ 1, NAB, JEREMIAH 1:5.

⁶ 3, NKJV, EXODUS 20:13, “You shall not murder.”

⁷ 1, NAB, EXODUS 30:13, “You shall not kill.”

⁸ 2, Strong’s Data 7523 [Hebrew] RATSACH. Meaning: 1) to murder, slay, kill...

As The Catechism of The Catholic Church teaches us in CCC 2258, “Human life is sacred because from its beginning it involves the creative action of GOD and it remains forever in a special relationship with The Creator, Who is its sole end. GOD alone is The Lord of life from its beginning until its end: no one can under any circumstance claim for himself the right directly to destroy an innocent human being.”⁹ And further in CCC 2280, “...It is GOD Who remains The sovereign Master of life. We are obliged to accept life gratefully and preserve it for His honor and the salvation of our souls. We are stewards, not owners, of the life GOD has entrusted to us. It is not ours to dispose of.”¹⁰

III. PALLIATIVE AND HOSPICE CARE VERSUS EUTHANASIA

Palliative Care aims to “...reduce the violence of a disease; to ease symptoms without curing the underlying disease... To moderate the intensity of...” human suffering.¹¹ The National Cancer Institute defines “comfort care,” i.e. “palliative care,” as “Care given to improve the quality of life of patients who have a serious or life-threatening disease. The goal of comfort care is to prevent or treat as early as possible the symptoms of a disease, side effects caused by treatment of a disease, and psychological, social, and spiritual problems related to a disease or its treatment...”¹²

Thus, palliative care aims to lessen symptoms, increase comfort and maximize end-of-life quality in the physical, emotional, relational and spiritual/religious realms. In many cases physical death is expected as imminent or within a short time. In other cases physical death becomes more far off. In all cases, minimizing suffering and maximizing quality of life calls for teamwork between caregivers of many disciplines.

This interdisciplinary teamwork is fully evident in Hospice, “...a facility or program designed to provide a caring environment for meeting the physical and emotional needs of the terminally ill.”¹³ It is “...special care for people who are near the end of life and for their families, either at home, in freestanding facilities, or within hospitals.”¹⁴ Therefore, Hospice may be seen as a wider and more organized end-of-life care of patient and family in all human realms.

⁹ 4, CCC, # 2258, p 602.

¹⁰ 4, CCC, # 2280, p 609.

¹¹ 5, Merriam Webster Dictionary, “palliate,” verb. Etymology: Late Latin palliatus, past participle of palliare, (to cloak, conceal), from Latin pallium (cloak). Definitions 1, 3.

<http://www.merriam-webster.com/dictionary/palliate>

¹² 6, National Cancer Institute, U.S. National Institute of Health, definition “comfort care.” Retrieved 4/24/2009.

http://www.nci.nih.gov/Templates/db_alpha.aspx?searchTxt=comfort+care&sgroup=Starts+with&lang=

¹³ 5, Merriam Webster Dictionary, “Hospice,” noun. Etymology: Old French hospice, from Latin hospitium (host). Definition 2. <http://www.merriam-webster.com/dictionary/hospice>

¹⁴ 6, National Cancer Institute, U.S. National Institute of Health, definition “Hospice.” Retrieved 4/24/2009.

http://www.nci.nih.gov/Templates/db_alpha.aspx?searchTxt=Hospice&sgroup=Starts+with&lang=

Of note is that U.S. Medicare Hospice insurance eligibility requires that the patient's "...Doctor and the hospice medical director certify that you have a life-limiting illness and if the disease runs its normal course, death may be expected in six months or less..."¹⁵ Hospice care is not curative, but rather seeks to manage the symptoms of physical, emotional, relational and spiritual/religious distress where death is expected to be imminent or within six months or less.

Contra wise, a secular definition of "Euthanasia" is "The act or practice of killing or permitting the death of hopelessly sick or injured individuals... in a relatively painless way for reasons of *mercy* [emphasis added]." ¹⁶ But in Catholic Church teaching, there is no such thing as "mercy killing" of human beings. As The Church states in CCC 2277, "Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable. Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to The living GOD, his Creator..."¹⁷

IV. ORDINARY VERSUS EXTRA-ORDINARY CARE

In the care of the sick and impaired, The Church states in CCC 2276, "Those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible."¹⁸ However, care that is disproportionate and futile, impeding inevitable death, may on the other hand be stopped" or withheld. And in 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."¹⁹

Ordinary care may not be reasonably denied. However, the relief of suffering, done with respect for human life and dignity, is fully acceptable and desirable, as long as death itself is not the intended goal. CCC 2279, "Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted." But "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. Palliative care is a special form of 'Disinterested Charity.' As such it should be encouraged."²⁰

¹⁵ 7, Caring Connections, "Hospice – Paying for Hospice, Who is Eligible for Medicare Hospice Benefits?" Retrieved 4/24/2009.

<http://www.caringinfo.org/LivingWithAnIllness/Hospice/PayingForHospice.htm>

¹⁶ 5, Merriam Webster Dictionary, "euthanasia," noun. Etymology: Greek, "easy death," from "euthanatos," eu- (good) + thanatos (death). <http://www.merriam-webster.com/dictionary/euthanasia>

¹⁷ 4, CCC, # 2277, p 608.

¹⁸ 4, CCC, # 2276, p 608.

¹⁹ 4, CCC, # 2278, p 608.

²⁰ 4, CCC, # 2279, p 608-609.

V. DISINTERESTED CHARITY AND THE GRACE OF A PEACEFUL DEATH

Saint John declares in I JOHN 4:8, "...GOD is love."²¹ "Disinterested Charity" here means to apply The Standard of Divine Love to palliative care, objectively and unconditionally, towards the incurably infirmed or dying without an overt or covert agenda of the mortal sin of "mercy killing." Such "Disinterested Charity" at end-of-life upholds The Perfect Charity of CHRIST in the care of patients that never violates the value and dignity of human life, does not have the objective of causing death, and is always in conformity to The Teachings of The Catholic Church.

Therefore Pope John Paul II has said, "The possible decision either not to start or to halt a treatment [of extra-ordinary care] will be deemed ethically correct if the treatment is ineffective or obviously disproportionate to the aims of sustaining life or recovering health. Consequently, the decision to forego aggressive treatment is an expression of the respect that is due to the patient at every moment..."²²

When there is no reasonable hope for recovery, or as death becomes imminent and unavoidable, no matter what extra-ordinary care is offered, the patient or his agents may decline such treatments "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."²³ Such a gift of palliative care is a blessing, fully in accord with The Teachings of Mother Church, appropriately minimizes needless suffering in body, mind and spirit, and thus enabling The Grace of a peaceful death. This is, in fact, exactly what we pray for as the spiritual fruit of The Fourth Glorious Mystery in The Holy Rosary.²⁴

VI. A CASE IN POINT

Mr. Smith is an 81 year old man slowly dying of respiratory failure, now having markedly increased shortness of breath related to end stage heart disease. There is no curative treatments, medicines, machines or surgeries the Doctors can offer. He is breathing on his own, but struggling and gasping with each breath. His oxygen levels are dropping in spite of supplemental oxygen. He is fading in and out of consciousness. The only alternative is to place him on a ventilator, which has no chance of being curative, and promises only to prolong his suffering with futile extra-ordinary life support.

I was called by Nursing to support the struggling wife and family of this patient. A warm and trusting pastoral relationship had already grown between Mr. and Mrs. Smith and myself over several months. The couple have been happily married for 60+ years. Mr. Smith has been very lovingly protective of his wife over the decades, and she very lovingly devoted to him. They have been the center of each other's life together as one. She is at his hospital bedside

²¹ 1, NAB, I JOHN 4:8.

²² 8, Mindling, "Pope John Paul II: Dying With Dignity," paragraph 7. United States Conference of Catholic Bishops. <http://www.usccb.org/prolife/programs/rlp/Mindling05.shtml>

²³ 8, Ibid., paragraph 8.

²⁴ 9, Marians of The Immaculate Conception, "Pray The Rosary," The "Fourth Glorious Mystery – The Assumption" of Mary. "The Fruit of The Mystery: Grace of a Happy Death."

daily from early morning until late at night. I have spoken to the only daughter and son-in-law, who visit on weekends from out-of-state, several times to update them.

The patient is Protestant and the wife is Catholic. They have alternated between their two Churches through the years. Mrs. Smith was worried that she would “be a bother” to their Pastors. As the patient deteriorates and his suffering grows, his wife has become increasingly distraught and fragile. When Mrs. Smith emerged from her denial that her beloved husband was deteriorating, and that no curative care could be given, she gave me permission to call their Pastors, who provided further support, Sacraments and prayer.

Now the patient is suffering so much that the wife must face the question of what to do. Palliative care staff have offered a care plan to make the patient more comfortable and reduce his suffering if placed on comfort care. The family has just met with the attending Doctor. The daughter and son-in-law report to me they have elected palliative care for Mr. Smith to facilitate his comfort. They directed me to meet with Mrs. Smith alone in a conference room. Mrs. Smith had a very clear agenda. She asks, “Tell me as a Catholic, am I murdering my husband by putting him on palliative care for his comfort? And why do I have to be the one to make the decision? Why doesn’t GOD just take him Home now?”

VII. THE PASTORAL CARE

To the first question I replied, “Mrs. Smith, The Catechism of The Catholic Church teaches us that, on the one hand there is the call to respect the value and dignity of all human life. And on the other hand, there is the very reasonable call to make the suffering comfortable, and – when extra-ordinary care is clearly futile and death is inevitable – the room to withdraw or withhold that extra-ordinary care.” She answered, “So I am not murdering my husband by putting him on palliative care for his comfort?” I was able to answer clearly, “No, Mrs. Smith, you are in no way murdering your husband by choosing to provide him with comfort care.”

To the second question I replied, “Mrs. Smith, I don’t have the answer to your ‘Why, GOD?’ question. But I hear the burden and weight you are carrying before GOD in having to make this decision.” She then shared how difficult it will be to live without her beloved husband. I affirmed her feelings and that it will indeed be difficult for her to live without her husband. I answered further, “But what I do know that The Lord is listening to your cry. And I see that you are not carrying this burden alone. I see that GOD has sent your family to be with you to help carry this burden with you. And I see that our Lord is walking with you, and when necessary, He will carry you through this difficult time.”

To this Mrs. Smith replied with great relief, “Thank you! I respect your answers!” With her permission, I read from PSALM 34:16-19, “The LORD has eyes for the just and ears for their cry... The LORD is close to the brokenhearted, saves those whose spirit is crushed.”²⁵ She then asked me to pray with her. We offered these things up in prayer to CHRIST together. She held my hand and cried a small river of tears. I let her cry, knowing that GOD was recording all of her tears in His Book of Life. I recall becoming tearful as well. She embraced

²⁵ 1, NAB, PSALM 34:16-19.

me in silence and then rejoined her family. The patient died on palliative care, his comfort greatly enhanced, in The Grace of a peaceful death,²⁶ shortly thereafter.

VIII. IN CONCLUSION

The dignity and worth of the human person – from inception to natural death - derives from the very hand of The Creator, that we are made in GOD’s Image,²⁷ that He gives us the very breath of life,²⁸ and that because of His Divine Mercy He sent our Lord JESUS CHRIST to redeem us as His people both now in this life and in eternity.²⁹ Therefore, it is a grave mortal sin to murder a human person by any means, including via euthanasia. There is no such thing as “mercy killing” of a human person in Catholic Church Teachings. Nor can ordinary care consistent with a patient’s condition be withheld.

However, The Catholic Church also teaches that extra-ordinary care can be withheld or removed when there is no reasonable hope of recovery, when the suffering inflicted is disproportional to the hoped for recovery or when imminent death is only being delayed by advanced interventions that have no apparent hope of being curative. Further, the right application of palliative care – or the more organized gift of Hospice – to minimize patient suffering and maximize quality of life, is fully consistent with human dignity and The Catholic Church’s Teachings when applied with Disinterested Charity.

This demands that all such comfort care is given, never with the intention to directly cause death, but instead anticipates death as a possible unintended side effect. The primary purpose of such palliative or Hospice care is then to increase comfort in the physical, emotional, relational and spiritual/religious realms. Faced with such circumstances, and when requested by patients or families, Catholics caregivers are called by GOD as faithful servants to help patients and families find the physical, emotional, relational and spiritual/religious care for their suffering and dying loved ones that is consistent with The Teachings of The Catholic Church.

Priests, Religious and Deacons speak for The Church by virtue of Ordination. Their presence should be facilitated as needed to support patients and families. The Laity must also be prepared to speak in accordance with The Church. Catholic caregivers in particular should be aware of these vital issues, be knowledgeable of The Catechism of The Catholic Church and – at such end-of-life situations - be prepared to work, advocate and pray for what is promised in The Fourth Glorious Mystery of The Holy Rosary for those in need when requested.

²⁶ 9, Marians of The Immaculate Conception, “Pray The Rosary,” The “Fourth Glorious Mystery – The Assumption” of Mary. “The Fruit of The Mystery: Grace of a Happy Death.”

²⁷ 1, NAB, GENESIS 1:27.

²⁸ 1, NAB, GENESIS 2:7.

²⁹ 1, NAB, JOHN 3:16.

Therefore, let us not hesitate to call in Ordained Ministers of The Church, if so desired, to provide direction for patients and loved ones. Let us not neglect to arrange and provide for The Sacraments and for pastoral support of patients and families. Let us keep in mind that comprehensive palliative care and Hospice care requires caregivers from many disciplines to work together as a team for the best good of patients and loved ones. Let us trust in The Love of GOD, that The Grace of a peaceful death is always ready by His Divine Mercy to be granted at end-of-life.³⁰

And let us not forget that, on the other side of earthly death in CHRIST is eternal life with Him forever in Heaven. As Saint Peter confessed to The Lord in JOHN 6:68-69, "...Master, to whom shall we go? You have The Words of Eternal Life. We have come to believe and are convinced that You are The Holy One of GOD!"³¹ AMEN.

³⁰ 9, Marians of The Immaculate Conception, "Pray The Rosary," The "Fourth Glorious Mystery – The Assumption" of Mary. "The Fruit of The Mystery: Grace of a Happy Death."

³¹ 1, NAB, JOHN 6:68-69.

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