



Now and at the Hour of Our Death



A PASTORAL LETTER FROM THE ROMAN CATHOLIC BISHOPS OF WISCONSIN
ON END OF LIFE DECISIONS





WISCONSIN CATHOLIC CONFERENCE
MARCH 2006

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*I am the resurrection and the life; whoever believes in me, even if he dies,
will live, and everyone who lives and believes in me will never die.*

John 11:25b–26

*Holy Mary, Mother of God, pray for us sinners
now and at the hour of our death. Amen.*

DEAR FRIENDS IN CHRIST:

In our role as pastors, we often have walked into a room and looked into the eyes of people who are facing their own death or present at the bedside of a dying loved one. There have also been times when we have found ourselves grieving over the death of someone dear to us. During this time of pain and sadness we call upon our God in faith. We do so sustained in the belief that ultimately we shall all be together, united with the Lord Jesus.

With the constant developments in medical technology, each of us can expect to face difficult decisions regarding the use of life-sustaining medical measures. The difficulty of these decisions may be compounded when we have not spoken about these questions with our loved ones. As Bishops of Wisconsin, we write this pastoral letter to help people become clearly informed of the Church's teaching regarding questions related to the end of life and more aware of the importance of discussing various treatment options before critical decisions are needed.

We also seek to provide guidance to those in the health care profession who face these questions daily as they strive to serve God's people who are confronting suffering and death. It is our hope that this letter brings the comfort and guidance which comes from our belief in Christ who is the resurrection and the life. We pray that the hope which banishes fear will bring all the faithful confidently to place their own lives and the lives of their loved ones in the hands of the Lord now, and at the hour of death.

MARCH 20, 2006

SOLEMNITY OF ST. JOSEPH,

FOSTER FATHER OF JESUS, HUSBAND OF THE VIRGIN MARY, PATRON OF A HAPPY DEATH



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Signs of the Times

In this, the third millennium, our society is blessed by advances in science and technology. This is especially true in the area of medicine and health care. Medical science presents a vast array of treatments and procedures that offer both cure and care to those who suffer from illness and infirmity. At the same time, these medical procedures present individuals and their families with agonizing questions regarding the use of this technology to sustain human life. In a culture and society where an estimated 80% of us will die in some kind of institutional setting, we are all likely to face difficult decisions regarding treatment and care at the end of life.

Some people, including a number of Catholics, respond to these options by expressing support for euthanasia or assisted suicide as a “merciful” way to deal with the reality of death. Contrary to Church teaching they argue that individuals have a “right to die” or at least a right to choose how and when death will come. The alternative, they suggest, is to watch as our loved ones face a painful or agonizing death prolonged by medical therapy. Pope John Paul II, in his Christmas message of 2000, describes this situation most accurately in stating, “The temptation is becoming ever stronger to take possession of death by anticipating its arrival, as though we were masters of our own lives or the lives of others.”

These efforts in our culture to control or master death reflect a false understanding of the gift of life and personal freedom by exalting “personal freedom as an absolute value so that authentic freedom is equated with mere permission to do what one wishes.”¹ This view of personal freedom and individual rights leads to a devaluing of life itself.

The Church teaches that life is given to us by God and that we are its steward, not its master, hence accountable.

We begin by looking at what the Church teaches regarding these issues. Within this teaching we hear the message of Jesus who offers us the words of everlasting life.



The Church's Teaching

Flowing from Sacred Scripture as well as the Church's living Tradition, the Church proclaims its belief in the sacred continuum of life: life that is sacred, social, and eternal. Death is a natural part of this continuum. Touched by the hand of God it is a moment of grace as an individual enters into final union with God, the Creator.

We are entrusted with the responsibility to serve as stewards of our own lives and to respect and protect human life at all its stages.

LIFE IS SACRED

The Church is consistent in its teaching regarding the sacredness of life. In his encyclical, *The Gospel of Life*, Pope John Paul II reaffirms the fundamental principle that each human being has unique sacredness, worth, and dignity. The consistent ethic of life asserts that human life is sacred from the moment of conception to the moment of death. As Church, we believe that human beings are created in the image and likeness of God (Genesis 1:26–27) and that life is a gift from God. As recipients of this gift of life, we are entrusted with the responsibility to serve as stewards of our own lives and respect and protect human life in all its stages.

LIFE IS SOCIAL

Human life is not only sacred; it is social. St. Paul constantly reminds us that we are the Body of Christ. (1 Corinthians 12:27) Human life is interconnected. It is difficult to remember this in a culture that continually stresses the importance of the individual and promotes self-interest. Individuals risk losing their sense of solidarity with one another, and in particular their solidarity with those who are suffering. In a culture that so values productivity, the community can easily begin to view individuals who are older, infirm, or disabled as being a burden on families and society. Even worse are situations where individuals begin to feel useless and think that their families would be better off if they would simply die.

Catholics offer a different vision. As persons who are one body in Christ, we are called to carry on a stewardship of caring not only for our own lives but also the lives of those around us. As Church and as a society we must never allow anyone to feel or believe that his or her life is without dignity or value. The care that we give to the dying is a profound way of reaffirming our belief in the dignity of the life of one who is suffering. In this encounter, Christ comes to both the one who gives and the one who accepts the care, which is offered and received in His name.

LIFE IS ETERNAL

Human life, given by God, has an eternal destiny. Our Lord at the Last Supper made this clear to his Apostles. "In my Father's house there are many dwelling places...I will come again and take you to myself that where I am, there you may be also." (John 14:2–4) Therefore, with a firm faith in the resurrection, each of us faces the reality of death as a part of life. Death is not the ultimate end. In the preface of the Funeral Mass we pray, "Lord, for your faithful people, life is changed, not ended."



MORAL DECISION-MAKING AT THE END OF LIFE

Crucial to understanding the Church's teaching on the use of medical therapy in sustaining human life is the distinction between euthanasia and the decision to forego overly aggressive medical treatment. While it is never permissible to directly choose to bring about one's own death or the death of another in order to relieve pain or suffering, the Church has never taught that the faithful are obliged to use all available means to sustain life.

Pope Pius XII spoke to this in 1957 in an address in which he spelled out the principles to use in making this decision. The Holy Father stated that "...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." Pope Pius went on to say that life, health, and all temporal activities are subordinated to spiritual ends. Finally he said, "A more strict obligation would be too burdensome for most people and would render the attainment of the higher, more important good too difficult."² The higher, more important good that Pope Pius refers to is final union with God.

While subsequent statements, such as the *Vatican Declaration on Euthanasia* (June 26, 1980), have used terms such as "proportionate and disproportionate means" rather than "ordinary and extraordinary measures," the Church's teaching remains constant.

The fact that one can foresee that death will occur if certain measures are withheld or withdrawn because they are useless or excessively burdensome is not the same thing as directly causing the death.

The question a person must ask is, "Am I bringing about death or allowing death to occur naturally because continuing therapy is not beneficial for the patient?" When a means of life support is removed because it has been judged not to be of benefit to the patient, the cause of death is the pathology that required the initiation of life support in the first place. It is the removal of an obstacle that was placed there to prevent the natural consequences of the pathology.

Another question is whether or not there is a difference between withholding and withdrawing life sustaining measures, e.g., ventilators. Many people think that while it is morally acceptable to refrain from initiating the use of a ventilator, it is illegal or immoral to withdraw the treatment. Even some health care providers have expressed that opinion. In fact, the same moral principles apply to withdrawing treatment as to withholding, although it may be more difficult emotionally to withdraw than to withhold.

While some families would feel more comfortable emotionally with having "tried everything," there is no moral obligation to do this if in the best clinical judgment such measures may be useless or result in a burden disproportionate to the anticipated benefit. In those situations where there is a question of the usefulness of such treatment, it would be appropriate to try it for at least a period of time. If later the treatment fails to benefit the person's recovery, does not provide comfort, or even increases their discomfort, it is morally acceptable that these measures be discontinued.



There continues to be debate regarding the moral obligation of artificially providing nutrition and hydration. The *Ethical and Religious Directives for Catholic Health Care* (United States Conference of Catholic Bishops, 2001) states in Directive 58 that, “There should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to the patient.” This assessment should be carefully carried out on a case-by-case basis.* It is critical to draw a distinction between this situation and intentionally causing the person’s death. Whatever decision is made, it is important to make the dying person as comfortable as possible, providing care and proper hygiene as well as companionship and appropriate spiritual support.

Measures aimed at pain management should always be used. One of the fears people express about facing their death involves the question of pain or suffering. In recent years, with the development of more effective medications and with the growth of the hospice movement, health care professionals have become increasingly skillful in the area of pain management or palliative care. The *Ethical and Religious Directives for Catholic Health Care* state that “patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die.” (*Ethical and Religious Directives*, No. 61) The same teaching is found in an earlier statement of Pope Pius XII (“Anesthesia: Three Moral Questions,” February 25, 1957). While pain management is to be encouraged, a person should not be deprived of consciousness without a compelling reason, so as to allow him or her to make whatever preparations are needed before death.

While some families would feel more comfortable emotionally with having “tried everything,” there is no moral obligation to do this if in the best clinical judgment such measures may be useless or result in a burden disproportionate to the anticipated benefit.

Some have asked whether the use of medicines such as morphine, which can at certain dosages suppress the respiratory system, constitutes euthanasia. The bishops respond that “medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person’s life so long as the intent is not to hasten death.” (*Ethical and Religious Directives*, No. 61) This is an application of the principle of double effect. The action must objectively bring about a morally good result (e.g., relief of pain or discomfort) while at the same time seeking to avoid directly causing the harmful effect (the death of the person). This is in contrast to using immoral means, such as is the case with euthanasia or

*In March 2004, Pope John Paul II in commenting on a particular type of case, that is, care for patients who are diagnosed as permanently (often referred to as a permanent vegetative state or PVS) indicated in regards to the use of artificial nutrition and hydrations: “Its use, furthermore, should be considered in principle ordinary and proportionate, and as such morally obligatory insofar as and until it is seen to have attained its proper finality, which in the present case consists in providing nourishment to the patient and alleviation of his suffering.” His comments refer specifically to the case of PVS and not other cases when death is close at hand. Pope John Paul II further made it clear that even a person in a “vegetative state” retains his or her dignity and never becomes a “vegetable.”

assisted suicide. While it is not always easy to understand the distinction between the two cases, there is a clear moral difference.

While the principles stated here embody the teaching of the Catholic Church, it is important to note that they also reflect the values of other Christian traditions, as well as people of other faith traditions or even people who have no explicit religious faith. The philosophical underpinnings of these principles are accepted by a wide range of individuals and groups.

REDEMPTIVE SUFFERING

Suffering is always a trial. The suffering of those who feel alone or unloved may well be greater than any physical pain they experience. Not all suffering can be relieved. What sustains all of us in the midst of our suffering is our belief that the Lord loves us, embraces us, and never abandons us. This is the Lord who says to us, “Come to me all you who are weary and find life burdensome and I will refresh you.” (Matthew 11:28)

The room of a dying person can become a chapel where pain, suffering, and death are met with faith, hope, and love.

Cardinal Joseph Bernardin in his book, *The Gift of Peace*, writes beautifully of his own death. At one point he observes, “Notice that Jesus did not promise to take away our burdens. He promised to help carry them.” (p.126) Joining our suffering to Christ becomes redemptive for ourselves and others. The room of a dying person can become a chapel where pain, suffering, and death are met with faith, hope, and love.

However, a dying person may take whatever measures are needed to relieve pain. At the same time, in our suffering, the Paschal Mystery is lived out in each one of us as we accept our own mortality and, inspired by our faith, echo the words of Christ, “Father, into your hands, I commend my spirit.” (Luke 23:46)

DEFINING DEATH

When does death occur? Advances in medical technology that improve our ability to sustain human life have made this question more complicated. With the advance in surgical techniques and organ transplantation, the question has become more critical. The Pontifical Academy of Sciences in 1985 issued a report on prolonging life and determining death. According to the report, death occurs when: 1) the spontaneous cardiac and respiratory functions have definitively ceased or 2) an irreversible cessation of every brain function is verified. From the report it emerged that brain death is the true criterion of death, since the definitive arrest of cardiorespiratory functions, heart beating and breathing, leads very quickly to brain death. Pope John Paul II subsequently reaffirmed the findings of this report in his “Address to the International Congress on Transplants,” August 29, 2000.



This report has been extremely important in support of the donation of organs for transplantation or research. Pope John Paul II speaks of organ donation in *The Gospel of Life* as a praiseworthy example of a gesture that builds up an authentic culture of life. From this perspective, organ and tissue donation is a profound way in which all people can live out the Gospel command to love our neighbor. Respect for the human person and the sacredness of life demand that the donor as well as the recipient be treated with dignity. As medicine advances we must continue to pose the ethical, legal, and social questions raised by these procedures.

Spiritual Needs and the Support of a Loving Community of Faith

Often when the issue of end-of-life decision-making is addressed, a great deal of focus is placed on the questions and concerns regarding health care or medical decisions. However, these issues should not overshadow the importance of providing spiritual support to the dying person. There may be no greater test of faith than confronting one's own mortality. Medical science can deal with physical pain. One who is seriously ill or dying experiences suffering that goes to the depths of his or her soul. The Lord reminded his apostles that prayer is needed in these situations.

PRAYER

Prayer helps the one who is suffering know how dear they are to the Lord and to His Church. The Lord himself showed great concern for the bodily and spiritual welfare of the sick and commanded his followers to do likewise. So often it is easy to begin to think that sickness is somehow a punishment from God. Prayer can reassure those who are ill that their sickness is not a punishment inflicted for sin. (John 9:3) Indeed, Christ himself, fulfilling the words of the prophet Isaiah, took on all the wounds of his passion and shared in all human pain, yet was without sin. (Isaiah 53:4–5) The prayer of the Church for the sick and dying is to be seen as part of the continuing ministry of Christ who healed the sick and reached out with love to the suffering.

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SACRAMENTS

The Sacraments are particularly important to this spiritual ministry and support. Opportunity should be made for individuals who are sick and who may not be able to come to church to receive the Sacrament of Reconciliation, Anointing of the Sick, and above all the Eucharist. Pastors should make a point of providing for communal



celebrations of the Anointing of the Sick in their parishes. Days such as the World Day of Prayer for the Sick, which coincides with the Memorial of Our Lady of Lourdes, allow the Church the opportunity to reflect upon the meaning of human illness and suffering, and give thanks for the countless dedicated individuals in health care ministry.

Facing death gives us the opportunity to prayerfully reflect upon our individual life including our need to seek from God forgiveness for our sins. The Sacrament of Reconciliation provides such an opportunity whereby the individual asks for and receives the forgiveness of God and is reconciled to God and the Christian community. The priest, acting in the person of Christ and representing the Church, says, “Through the ministry of the Church, may God give you pardon and peace, and I absolve you from your sins in the name of the Father, and of the Son, and of the Holy Spirit.”

ORDER OF CHRISTIAN FUNERALS

The Church offers the opportunity to make final farewells through the *Order of Christian Funerals*. The Vigil for the Deceased, Funeral Liturgy, and Rite of Committal provide a means to commend to the Lord those who have shared in life here on earth, asking the angels to receive their souls and present them to God Most High. It is most appropriate for individuals to discuss their wishes regarding the funeral with family members and their pastor. The selection of readings, prayers, and hymns can ensure that the Funeral Mass will reflect the Church’s faith and sure hope in the resurrection of the body on the last day, as well as the faith of the one who has died. In many ways this process reminds all of us to “prepare ourselves each day for our own death, praying that it may be happy and may bring us safely home to the Father.”³

A common question is, “What is the teaching of the Church regarding cremation?” While the Church believes that interment or entombment of the body gives fuller expression to the Christian faith, cremation is permitted. Cremated remains must be placed in a worthy vessel, and they must be interred or entombed.



Vital Conversations: Making Decisions And Communicating Your Wishes

In our society some people find it difficult to talk about death with family and friends. We strongly encourage people to have these conversations and make their wishes known before a crisis occurs. The decisions addressed in this statement are agonizing for individuals and for families, particularly when individuals have not made their wishes known to those who may have to decide on their behalf. As difficult as these conversations might be, even more painful are situations when the family is asked by the physician, "What are the patient's wishes?" and the family can only respond, "We never talked about it."

You may find it difficult to bring up this subject with your loved ones. ... Please do not be discouraged. These conversations are vitally important for you and those you love.

As bishops, in our care for the people God has entrusted to us, we turn now to speak with you personally, whether you are currently suffering from illness, are a family member of one who is ill, or are planning and preparing for the health care decisions that we have discussed here. You may find it difficult to bring up this subject with your loved ones. As difficult as these issues may be for you, your spouse

or children may find it more troubling still. Please do not be discouraged. These conversations are vitally important for you and those you love.

PERSONAL REFLECTION AND PRAYER

How and where do you begin these conversations? You begin in your heart and with prayer. In these moments of prayer you become more aware of your own humanity and frailties. In prayer you can review your life and converse with God about where you are going in life: How do I feel about my declining health? What are my fears? What are my hopes? What are my desires for my family? What do I wish to say to them? These are but a few of the questions you need to address to God before beginning your conversation with your family and friends.

TALKING WITH YOUR PHYSICIAN

You need accurate information regarding your medical condition, prognosis, and treatment options. The primary source of this information is your physician. Ask your physician to address your questions. You may wish for someone to come with you for assistance and support. This kind of conversation is never an imposition on your



physician's time. Your physician wants to help you understand your condition to make an informed decision regarding your on-going care.

PASTORAL CONVERSATIONS AND SUPPORT

Along with clinical information from your physician, you need spiritual and ethical guidance. Your parish or diocesan offices are available to serve as a spiritual resource and guide. It is important not only to have good clinical information, but moral guidance consistent with Church teaching in your decision-making process.

Whether death is distant or imminent, you need the spiritual support of the Church. The Eucharist, the Sacrament of Reconciliation, and the Sacrament of Anointing of the Sick, as well as the spiritual support and companionship of the faith community, offer a tremendous source of strength as you move forward on this stage of your life's journey.

CONVERSATIONS WITH FAMILY AND FRIENDS

The most difficult conversation you will have is with your loved ones. Family and friends may try to avoid discussing these issues. This is understandable; it is very painful to think about the death of those we love. At the same time, it is essential to your tranquility—emotionally and spiritually—that you make known your need for their love. These are matters that will not go away and cannot be avoided. Failing to talk about such things as your wishes will leave you feeling more isolated, frustrated, and possibly more afraid. Find the courage to make clear to loved ones your wishes. Help your loved ones by addressing these critical issues together ahead of time through advance care planning.

It is important not only to have good clinical information, but moral guidance consistent with Church teaching in your decision-making process.

Other important conversations center on forgiveness for past hurts or injuries. At such moments forgiveness is mutually offered and received. With open and honest conversation there are precious moments experienced, which, after the loved one has died, will serve as a lasting memory, bringing great comfort to those left behind. Many times the greatest regrets people have are over thoughts and feelings left unspoken. It is important to tell one another of your love as you say your goodbyes.



Beyond Conversations: Advance Care Planning

It is never too early to begin planning for your care. In fact, these conversations are most helpful if you have them now instead of waiting for the hour of death. Engaging the reality of your death now affords you the time to reflect on the necessary detailed questions and to communicate your wishes not only through conversations but also in writing.

The details to address in preparation for the time when death is imminent include, but are not limited to, your preferences regarding:

- The use of various life support measures such as ventilators and feeding tubes;
- The place where you will spend your final days and hours (i.e., home, hospice, hospital, nursing home);
- The use of CPR should your heart stop;
- Organ donation.

These medical considerations are only some of the critical issues to discuss. Other issues regarding spiritual support, financial welfare of your family, and matters surrounding your funeral are also important issues to talk about with your family and close friends.

It is very important to ensure that your wishes are respected when due to injury or illness you are unable to communicate them yourself. Preparing an advance directive is an effective way to address this problem.

ADVANCE DIRECTIVES

It is very important to ensure that your wishes are respected when due to injury or illness you are unable to communicate them yourself. Preparing an advance directive is an effective way to address this problem. At the present time the State of Wisconsin has approved two forms of advance directives: the power of attorney for health care and the living will. The instrument most recommended is the *Power of Attorney for Health Care*. This document, which is available free of charge through your local hospital, nursing home, clinic, or social services office, allows you to appoint someone as your health care agent with the legal right to make health decisions should you become incapacitated and unable to participate in making health care decisions. By this document you appoint a health care agent to serve as your spokesperson. It is the most effective way for your wishes to be expressed and respected at a time when you are not capable of representing yourself.

The other tool is a document commonly known as a *Living Will*. This document allows you to spell out in advance what forms of treatment you would want if you were declared by a physician to have a terminal condition and were unable to make your wishes known to the health care professionals providing care. While such a document does provide some guidance, it has many limitations. Among the most serious of these limitations is that the living will fails to give any one person the legal right to make decisions on your behalf. This is precisely why the “power of attorney for health care” is the preferable means for recording one’s advance directives. The advance directives expressed in writing are to be interpreted by the person who



is designated the health care agent, who has these written directives in his/her possession and presumably has also discussed them with the individual for whom he or she holds the health care agent. This health care agent then becomes the one authorized by law to interpret whatever written advance directives may exist, so that such interpretation is not unwittingly yielded to outside third parties such as the civil courts.

Fundamental to either of these legal documents is the assumption that you have spoken with family, loved ones, physicians, clergy, and other appropriate persons regarding your concerns and wishes. In articulating these wishes you are obligated to heed the teachings of the Church. The surrogate decision-maker in turn “should be faithful to Catholic moral principles and to the person’s intentions and values.” (*Ethical and Religious Directives*, No. 25)

Comments to Specific Groups

Finally we, the bishops, would like to address ourselves to individuals who have a special role in caring for the sick and dying.

HEALTH CARE PROFESSIONALS

First, we wish to acknowledge and give thanks to God for the gifts and talents he has given you who unselfishly share those gifts in the service of our brothers and sisters in need. We particularly give thanks to those who carry out their work in our Catholic health care facilities or live out their Catholic values in other health care settings. “The work of health care persons is a valuable service to life. . . . It is carried out not only as a technical activity, but also as one of dedication and love of neighbor.”⁴

Physicians, nurses, chaplains, and other health care professionals are given the privilege of caring for the vulnerable members of society. In doing so, you are obligated to carry out your responsibilities not only with technical proficiency, but also with loving hearts and adherence to the highest of ethical standards. It is important that you take the time to answer patients’ questions. Even when cure is not possible, you must always show care to those who are suffering and dying. The respect for human dignity shown to the most vulnerable members of our society reflects the values of the society.

Relieving the suffering of others must never lead to actions that intentionally cause someone’s death. This misplaced sense of mercy must never lead to denial of the sacredness of life and the truth that God himself is the giver of life. Therefore, health care professionals must never become agents of a culture of death.

Catholic health care should continue to reflect the vision and set the standard of care for the physical and spiritual needs of the dying.

PRIESTS

To our brother priests, as we give our thanks for your dedicated service to God’s faithful people, we remind you that it is your responsibility to assist in meeting the needs of those

entrusted to your care. In a particular way the sick and dying hold a special place. Please make your ministry to those in hospitals, nursing homes, assisted care settings, hospice, and homebound a priority. To assist in this important ministry, you are encouraged to direct and support a parish program dedicated to the care of the sick.

Never forget the unique opportunity you have to bring Christ to them through your presence, prayer, and the celebration of the Sacraments. In your homilies and the liturgy, as well as the parish bulletins, you can educate your people on the teaching of the Church regarding appropriate care of the dying. The Church's ethical and moral teaching needs to receive wide and accurate presentation if we are to counteract the attitude of those who support attacks on human life, such as euthanasia and assisted suicide.

PASTORAL MINISTERS

We also wish to thank the many dedicated members of religious congregations and lay people who work in a wide range of ministries in our institutions. Your work as parish nurses, hospice counselors and volunteers, parish ministers and volunteers, parish bereavement committee members, along with many other ministries, provides a powerful witness to God's love for those who most need concern and compassion.

We encourage all of you in your continuing ministry and challenge you to work collaboratively with neighboring parishes, local community organizations, and hospitals. Network with one another to share your gifts and your experiences, so that all of our brothers and sisters in need of support and prayer will feel the loving presence of the faith community.

PUBLIC POLICY MAKERS

We thank you for the conscientious efforts you make in your work. Legislators serve a special role in society as you strive to develop policies that serve the common good. The most fundamental common good is that of the nurturing of human life itself. Therefore, we pray that in your work you never forget that life is sacred and endowed with a dignity—to be protected from the moment of conception until natural death—that transcends any illness, infirmity, or disability. We affirm existing laws that provide for advance directives, granting individuals the legal and moral right to refuse overly aggressive medical treatment in certain cases.

Advance care planning and progress in the area of pain management truly enable us to serve the dying in a manner that respects their dignity and eases their fear regarding physical suffering. In spite of these advances, we continue to see efforts to legalize the intentional taking of human life. Proponents of physician assisted suicide claim to put these proposals forward in the name of mercy and compassion. However, this is a false sense of mercy. In reality these proposals prey on our fears instead of promoting the common good. We oppose such efforts and reaffirm our position that compassionate care for the dying never involves intentionally taking human life.



FAMILY

Finally, we wish to speak to those who find themselves at the bedside of a loved one who is dying. We offer to you the peace of Christ. This is a peace that the world cannot give. The Lord is with you in this sacred time as you say farewell. In opening your hearts to one another, may the Holy Spirit help you to know what to say and how to truly listen. Please know that there are resources in your parish and in your community. We encourage you to reach out and let them know what you are going through. The prayer and support you experience within your family is also to be found in your parish and in the larger Church. Guidance for making decisions regarding the care of your loved one is available to you as well. Many times we find ourselves having to make these decisions at times when emotionally we are most troubled. In making these decisions remember that it is difficult to see clearly through the tears. Do not hesitate to seek out an objective voice to help you.

Remember, as they mourned the death of their brother Lazarus, the Lord comforted Mary and Martha, reminding them that He is the resurrection and the life. (John 11:25) May your faith sustain you in these days and in the days to come.

Conclusion

When an individual faces his or her own death or the death of a loved one, there are many decisions to make. With so many conflicting voices, we felt it important for us to put forth the teaching of the Church in ways that are understandable and thus helpful. This is not a comprehensive statement. Any of the topics that have been raised could require a separate document. We hope and pray that this letter will help.

Death comes to us all. As a people of God, we face it strengthened by our faith in Christ and His resurrection. We face it with the strength gained from the love and concern of our family and friends. We face it with the skilled health care professionals who put those skills at the service of God and neighbor. We face it above all with the strength of our own prayers and the prayer of the Church as we call upon Mary, Mother of the Lord and comfort of the sick. We ask in faith, “Holy Mary, Mother of God, pray for us sinners now and at the hour of our death. Amen.”

Death comes to us all. As a people of God, we face it strengthened by our faith in Christ and His resurrection.

ENDNOTES

¹ Bishop William H. Bullock, *Health Care, Death and Dying*, April 3, 1994.

² Pope Pius XII, *The Prolongation of Life: Allocution to the International Congress of Anesthesiologists* (November 24, 1957), in “The Pope Speaks” 4 (1958), pp. 395–396.

³ *Ibid* p. 20.

⁴ Pontifical Council for Pastoral Assistance, “Charter for Health Care Workers,” 1994.



Glossary

advance directive: A legal document in which an individual declares the health care treatments he/she would desire should that individual be unable to participate in health care decisions due to incapacity. Through an advance directive an individual may also designate a specific individual to make health care decisions on their behalf should they become incapacitated.

assisted suicide: A concept related to euthanasia, assisted suicide or physician assisted suicide entails helping someone to take his or her own life.

consistent ethic of life: Human life is sacred from conception to natural death. “Simply defined, a consistent life ethic directs one to evaluate his or her choices, be they public or private, in light of their impact on human life and dignity.” (*A Consistent Life Ethic: A Demand of Discipleship*, Wisconsin Catholic Conference, 1997)

disproportionate means: Medical treatments may be referred to as “ordinary” (proportionate) or “extraordinary” (disproportionate). Extraordinary or disproportionate means are those “that in the patient’s judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.” (*Ethical and Religious Directives for Catholic Health Care*, #57)

double effect: A person may licitly perform an action that he foresees will produce good and bad effects provided that four conditions are verified at one and the same time: 1) the act itself, apart from the intention and the circumstances (which includes the effects) must be morally good or at least neutral; 2) the acting persons intention must be morally good; 3) the good effect must not be attained by means of the evil effect—one cannot perform and evil act in order to achieve a good; and 4) the good effect which is desired is greater than, or at least no less than, the good lost by the evil effect. (Mangan, Joseph T., SJ. “An Historical Analysis of the Principle of Double Effect.” *Theological Studies* 10, 1 (March 1949): 41–61.)

euthanasia: “An act or omission which, of itself or by intention, causes death, in order that all suffering may in this way be eliminated” (Declaration on Euthanasia, Part II, p.4)

extraordinary means: See *disproportionate means*.



hospice: A service promoting compassionate care of the dying by providing physical and emotional resources for terminally ill patients and their families. Hospice services may be provided in a home setting or in an institutional setting. The mission of hospice is to celebrate life in the face of death by offering medicinal, emotional and spiritual support to the dying and their loved ones.

intention: One of the constitutive elements of moral decision-making. The morality of human acts depends on: the object, the intention, and the circumstances of the act. A morally good act requires the goodness of its object, of its end, and of its circumstances together. It is therefore an error to judge the morality of human acts by considering only the intention that inspires them or the circumstances (environment, social pressure, duress or emergency, etc.), which supply their context. There are acts, which in and of themselves, independently of circumstances and intentions, are always gravely illicit by reason of their object, such as blasphemy and perjury, murder and adultery. One may not do evil so that good may result from it. (*Catechism of the Catholic Church*, 1756–60). (See double effect.)

Living Will: One of two forms of advance directives, this document enables individuals to establish what forms of treatment they would want should they be declared by a physician to have a terminal condition and be unable to make their wishes known to the health care professionals providing care. (See “Resources” for information on accessing the state form.)

palliative care: Also referred to as “pain management,” palliative care refers to medical interventions to relieve the physical pain of a patient.

Power of Attorney for Health Care: One of two forms of advance directives, this document enables individuals to designate a specific person to make health care decisions on their behalf should they become incapacitated. (See “Resources” for information on accessing the state form.)

right to die: A social movement that, contrary to church teaching, promotes the right of individuals to take their own life or receive assistance to prematurely end their life. The Church teaches that we are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of. (*Catechism of the Catholic Church*, 2280)

sacredness of life: We are created in the image and likeness of God. Our lives are a gift from the Creator for us to steward. Therefore we must respect human life in all its stages and forms from conception to natural death.

withholding or withdrawing treatment: The decision to “forgo extraordinary or disproportionate means of preserving life.” (*Ethical and Religious Directives for Catholic Health Care* #57) The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death. Only in this way are two extremes avoided: on the one hand, an insistence on useless or burdensome technology even when a patient may legitimately wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death. (*Ethical and Religious Directives for Catholic Health Care*, Part V) (See *disproportionate means*.)





Resources

THE CHURCH'S TEACHING

Evangelium Vitae: On the Value and Inviolability of Human Life (1995)
<http://www.usccb.org/prolife/tdocs/evangel/evangeli.htm>

Declaration on Euthanasia (1980)
<http://www.usccb.org/prolife/tdocs/euthanasia.htm>

Ethical and Religious Directives for Catholic Health Care Services (2001)
<http://www.usccb.org/bishops/directives.html>

Catechism of the Catholic Church
<http://www.usccb.org/catechism/text/index.htm>

Salvifici Doloris: On the Christian Meaning of Human Suffering (1984)
http://www.vatican.va/holy_father/john_paul_ii/apost_letters/documents/hf_jp-ii_apl_11021984_salvifici-doloris_en.html

Living the Gospel of Life: A Challenge to American Catholics (1999)
<http://www.usccb.org/prolife/gospel.htm>

A Consistent Life Ethic: A Demand of Discipleship (1980)
<http://www.wisconsinatholic.org/statements/consistentlife.htm>
<http://www.wisconsinatholic.org> (Statements)

Many of these documents may be obtained by contacting the USCCB Office of Publishing and Promotion Services at 1-800-235-8722 or the WCC office at 608-257-0004.

ADVANCE CARE PLANNING RESOURCES

As explained in this document, the Durable Power of Attorney for Health Care is the much preferred means of expressing one's advance directives. In part, this is because the template for the living will issued by the State of Wisconsin is not in itself sufficient for one to express his or her advance directives in accord with the teachings of the Catholic Church. In order to use this living will template, you are strongly advised to consult the pertinent sections of "Now and at the Hour of Our Death" and/or the "Catholic Guide to End-of-Life Decisions," provided by the National Catholic Bioethics Center (online at <http://www.ncbcenter.org>). Similar resources prepared by Catholic health care institutions in Wisconsin are also strongly recommended.

Wisconsin Durable Power of Attorney for Health Care
<http://www.dhfs.state.wi.us/guide/legal/index.htm>

Up to four copies of the Power of Attorney for Health Care are available free to anyone who sends a



stamped, self-addressed business size envelop to: Power of Attorney for Health Care, Division of Health, P.O. Box 309, Madison, Wisconsin 53701-0309. You may obtain additional copies of the form by using a photocopy machine or other printing method to reproduce it.

Wisconsin Declaration to Physicians (Living Will)

<http://www.dhfs.state.wi.us/guide/legal/index.htm>

Up to four copies of the Declaration to Physicians are available free to anyone who sends a stamped, self-addressed business size envelop to: Living Will, Division of Health, P.O. Box 309, Madison, Wisconsin 53701-0309. You may obtain additional copies of the form by using a photocopy machine or other printing method to reproduce it.

Catholic Guide to End of Life Decisions, National Catholic Bioethics Center

<http://www.ncbcenter.org>

FUNERAL PLANNING RESOURCES

Check with your local diocesan Office for Liturgy for current funeral planning guides or resources for your diocese.

GENERAL EDUCATION RESOURCES

National Catholic Bioethics Center

<http://www.ncbcenter.org/eol-guide.html>

<http://www.ncbcenter.org>

United States Conference of Catholic Bishops, Secretariat for Pro-Life Activities

<http://www.usccb.org/prolife>



Special thanks to the Catholic Health Association of Wisconsin and the Wisconsin State Council – Knights of Columbus for their financial support for this publication.

Photos provided courtesy of the Archdiocese of Milwaukee Catholic Cemeteries.

Additional copies may be obtained by contacting:

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131 W. Wilson St., #1105

Madison, WI 53703

Phone: (608) 257-0004

<http://www.wisconsinatholic.org>

WISCONSIN CATHOLIC CONFERENCE

FIRST EDITION, APRIL 2002

SECOND EDITION, MARCH 2006

