

What Is the Church's Teaching on Euthanasia?

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Description

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Larger Work

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Pope Pius XII, who witnessed and condemned the eugenics and euthanasia programs of the Nazis, was the first to explicate clearly this moral problem and provide guidance. In 1980, the Sacred Congregation for the Doctrine of the Faith released its Declaration on Euthanasia which further clarified this guidance especially in light of the increasing complexity of life-support systems and the promotion of euthanasia as a valid means of ending life. The new Catechism (No. 2276-2279) provides a succinct explanation of our Catholic teaching on this subject.

Before addressing the issue of euthanasia, we must first remember that the Catholic Church holds as sacred both the dignity of each individual person and the gift of life. Therefore, the following principles are morally binding: First, to make an attempt on the life of or to kill an innocent person is an evil action. Second, each person is bound to lead his life in accord with God's plan and with an openness to His will, looking to life's fulfillment in heaven. Finally, intentionally committing suicide is a murder of oneself and considered a rejection of God's plan. For these reasons, the Second Vatican Council condemned "all offenses against life itself, such as murder, genocide, abortion, euthanasia and willful suicide...(Gaudium et Spes, No. 27).

Given these principles, we believe that each person is bound to use ordinary means of caring for personal health. Here one would think of proper nourishment -- food and water -- and ordinary medical care. Ordinary means would be those which offer reasonable hope of benefit and are not unduly burdensome to either the patient or the family.

A person may, but is not bound to, use extraordinary means -- those means which primarily are not considered ordinary medical care. In our world today, however, exactly what constitutes extraordinary medical care becomes harder and harder to define. For instance, accepting an artificial heart is clearly experimental and would be extraordinary; whereas the usage of a respirator or ventilator is oftentimes standard procedure to aid the patient's recovery.

To help navigate through this confusing area of extraordinary means, the focus should be on whether the treatment provides reasonable hope of benefit to the patient and what the degree of burden is to the patient and his family. Factors to consider in making this decision would be the type of treatment, the degree of complexity, the amount of risk involved, its cost and accessibility and the state of the sick person and his resources. One should weigh the proportion of pain and suffering against the amount of good to be done.

Given this notion of health care, we can turn to the subject at hand. Euthanasia, literally translated as "good death" or "easy death," is "an action or omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated" (Declaration on Euthanasia). In other words, euthanasia involves the purposeful termination of life by direct action, such as lethal injection, or by an omission, such as starvation or dehydration. Note that euthanasia is commonly known as "mercy killing"; this term is most

appropriate because the act involves an intentional killing, no matter how good the intention may be to alleviate suffering.

However, euthanasia must be distinguished from the stopping of extraordinary means of health care. The patient -- or guardian in the case of an unconscious patient -- has the right to reject outright or to discontinue those procedures which are extraordinary, do not offer a proportionate good, do not offer reasonable hope of benefit or are simply "heroic." Such a decision is most appropriate when death is clearly imminent. In these cases, the person would place himself in God's hands and prepare to leave this life, while maintaining ordinary means of health care.

For instance, several years ago, a dear priest friend of mine was diagnosed with pancreatic cancer and told he would die from the disease; rather than undergo painful chemotherapy or radiation, which would only give him perhaps six months more to live this life, he entered the hospice program, which provided nourishment, pain medication and excellent nursing care. He prepared himself to meet the Lord whom he served as a priest for 45 years.

Another friend of mine was dying of prostate cancer which had metastasized throughout his body. When I saw him last in the hospital, he had gone into a coma and was being fed intravenously and was breathing through a respirator. His kidneys had failed. The doctors told the family that there was nothing more they could do and the situation was not reversible.

At that point, the medical technology was not providing any hope of recovery or benefit but rather was prolonging death. The family decided to turn off the respirator, which had now become an extraordinary means, and minutes later my friend went to meet his Lord. This action was morally permissible and different from purposefully terminating life. Granted, no one enjoys suffering. However, we must remember that each of us was baptized into Christ's passion, death and resurrection. We all share in our Lord's cross and that, at times, may be very painful. This suffering, however, especially at the last moments of one's life, must be seen as sharing our Lord's sufferings. By uniting our suffering with our Lord's, we expiate the hurt caused by our own sins and help to expiate the sins of others, just as some of the early martyrs did who offered their sufferings for sinners. Sometimes, such suffering finally heals the wounds that have divided families. In all, we must look to Christ to aid us in our suffering and guide us from this life to Himself.

None of these cases is easy. However, there is a great difference between purposely killing someone and allowing a person to die peacefully with dignity. We must remember that "what a sick person needs, besides medical care, is love, the human and supernatural warmth with which the sick person can and ought to be surrounded by all those close to him or her, parents and children, doctors and nurses" (*Declaration on Euthanasia*).

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