

Understanding Hospice From a Catholic Viewpoint



Table of Contents

A Note to our Readers	1
Catholic Principles of Care for the Dying.....	2-4
Celebration of Life	2
Summary of Address of Pope John Paul II.....	3
Role of Hospice Care	3
Moral Appropriateness of Pain Medications	3
Necessity of Palliative Care	4
Catholic Concerns Regarding Hospice	4-7
Suffering as Penance	4
Ending Treatment When No Longer Useful	4-5
Pain Control	5
Unrelieved Pain Can Itself Hasten Death.....	5
Medically Assisted Nutrition and Hydration.....	6
The Sacraments at the End-of-Life	6
Catholics and Cremation	7
Catholic Funeral Rites	7
Pontifical Council for Health Pastoral Care: 19th International Conference - Pope John Paul II	7-11
True Compassion Always Respects God's Gift of Life...7	
Medicine is Always at the Service of Life.....	8
Human Dignity Does not Depend on Age or Health	9
Refusal of Aggressive Treatment is not a Rejection of the Patient	9-10
Making Suffering Bearable	10-11
Prayers.....	12
For a Peaceful Death.....	12
Remember our Frailty and Mortality.....	12
Footnotes	13
Additional References	13

A Note to our Readers

The following is offered without any intention of supplanting the authoritative teaching of the Catholic Church and is humbly offered in summary and supplementary fashion as an invitation to Catholics that they may see that hospice care is a permissible option to consider at the end of life.

“The Christian who unites his (her) own death to that of Jesus views it as a step toward him and an entrance into everlasting life” (CCC, 1020). Because “death puts an end to human life as the time open to either accepting or rejecting the divine grace manifested in Christ” (CCC, 1021), it is an inevitable reality which is neither to be sought nor fled and is to be indicative of our Faith in the human person being God’s creation and Temple of the Holy Spirit.

Each person’s circumstances at the end of life are unique to that person and that time and yet are necessarily informed by the timeless nature of Sacred Scripture and Sacred Tradition (the consistent teaching of the Church). The person with such a well formed conscience is aware of these two mainstays of the Faith when he or she confronts the choices available at the end. These persons themselves or their next of kin should readily consult their local pastor, or an appropriately trained person, when in doubt as to any one procedure or set of procedures (protocol) which are proposed for treatment. It is the dialogue with the Church’s experience which will bring in the depth of knowledge and beauty of two millennia of facing our inevitable mortality. In this dialogue, the critically ill and their loved ones can achieve some consolation and peace.

Catholic Principles of Care for the Dying

The discussion of one's own death is difficult for people of all religions. Confusion and controversy over church teachings have led well meaning families to consent to painful treatments for loved ones for fear they were consenting to euthanasia. Terminally ill people, wanting only a natural death and the promise of eternal life, are often treated as though they are committing the mortal sin of suicide if they refuse futile attempts to extend their lives. A conscious, competent person is generally the best judge of whether a particular burden or risk is too grave to be tolerated. The use of Advanced Directives is an important tool to insure that one's wishes are known and documented. A discussion regarding end of life issues with a priest or hospice pastoral care counselor will help address the many issues that can arise at the end of life.

Celebration of Life

The Judeo-Christian moral tradition celebrates life as the gift of a loving God and respects the life of each human being because each is made in the image and likeness of God. Christians also believe in redemption by Christ and the call to share in eternal life with Him. From these roots the Catholic church has developed a distinctive approach to fostering and sustaining life. Catholics have a duty to preserve life, while recognizing certain limits to that duty.

Everyone has the duty to care for his or her own life and health and to seek necessary medical care, but this does not mean that all possible remedies must be used in all circumstances. Catholics are not obliged to use either "extraordinary" or "disproportionate" means of preserving life; that is, means which are understood as offering no reasonable hope of benefit and/or as involving excessive burdens.

In the final stage of dying, one is not obliged to prolong the life of a patient by every possible means: "When death is imminent in spite of the means used, it is permitted in conscience to take the decision to refuse forms of treatment that would only

secure a precarious and burdensome prolongation of life, so long as the normal care due to the person in similar cases is not interrupted.”^[1]

While affirming life as a gift of God, the Church recognizes that death is unavoidable and that it can open the door to eternal life. Thus, the dying person and their loved ones, should accept its reality and prepare for it emotionally and spiritually.

Summary of Address of Pope John Paul II

On November 12, 2004, Pope John Paul II gave an address “*To Participants in the 19th International Conference of the Pontifical Council for Health Pastoral Care.*” In his address the pope highlighted the role of chaplains and pastoral care workers in the Catholic Church’s mission of continuing Jesus’ healing presence in the world. The beloved pope also underlined the role of hospice and palliative care within that healing mission of the church.

Role of Hospice Care

In his address, John Paul II, stated that neither suffering, old age, nor disability can diminish the intrinsic dignity of the human person created in God’s image and calls upon medicine to direct all its possibilities toward the alleviation of suffering, when it is unable to defeat a serious disease and a cure is no longer possible.

Regarding refusal of life-sustaining medical treatment, the Pope highlighted the fact that refusal is ethically appropriate when that decision is based on an analysis of the effects of treatment. The Holy Father states: “Indeed, the object of the decision on whether to begin or to continue a treatment has nothing to do with the value of the patient’s life, but rather with whether such medical intervention is beneficial for the patient.”

Moral Appropriateness of Pain Medications

Giving all Catholics an idea of the traditional nature of this teaching, the address goes on to reiterate the teachings of Pope Pius XII regarding the moral appropriateness of using medications in managing the pain of dying persons.

Necessity of Palliative Care

The address emphasizes the necessity of palliative care, or hospice teams, to carry out the central task of the church's healing mission, providing spiritual support to people living with a life-threatening illness.

*This document can be read in its entirety at the end of this booklet

Catholic Concerns Regarding Hospice

Suffering as Penance

Suffering as a penance for the sins of the past is valid for the healthy person. Many healthy people may think they will be perceived as weak or they may fear "addiction" to pain medication. Many think that pain is to be expected and nothing can be done about it. God does not require us to bear suffering that can be alleviated. The life of Jesus was spent relieving the pain and suffering of others. We may come to accept suffering as a reminder of our solidarity with Christ and with other people in their suffering, as well as the unshakable assurance that we will not be abandoned by God.

Catholic teaching condemns euthanasia as "an action or omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated."^[2] As hospice providers we fully concur with this moral principle.

Ending Treatment When No Longer Useful

The word *omission* in the above paragraph has caused confusion and controversy in the minds of many Catholics and will be explored in more detail. The purpose of the omission (such as artificial feeding or respirators) may be to relieve the person of a procedure that would be of limited usefulness, would not affect the final outcome, and is painful and unreasonably burdensome to the person and family. This kind of omission should not be equated with a decision to kill or suicide. Catholic tradition recognizes that when treatment decisions are made, "account will have to be taken of the reasonable wishes of the patient and

the patient's family, as also of the advice of the doctors who are specially competent in the matter."^[3] The Life Choice Hospice pastoral care counselor can provide valuable personal and spiritual support to persons and families facing difficult decisions regarding end of life care.

Pain Control

Many people fear the use of narcotics almost as much as they fear pain. When administered for pain, drugs such as morphine, are taken up first by the patient's pain receptors. In fact, patients regularly receiving morphine for pain quickly build up a resistance to side-effects such as respiratory suppression, so they can easily tolerate doses that would cause death in other people. Fortunately they build up a tolerance to the side-effects far more quickly than to the drugs' analgesic effects—so doctors need not hesitate to increase dosages when needed to relieve pain. The question, "What is the maximum dose of morphine for a patient in pain?", has one answer: "The dose that will relieve the pain." As long as a patient is awake and in pain, the risk of hastening death by increasing the dose of narcotics is virtually zero. Persons whose unrelieved pain is affecting the quality of their lives need adequate pain control the way a diabetic needs insulin to function properly.

Unrelieved Pain Can Itself Hasten Death

Only recently has the medical profession begun to appreciate that unrelieved pain can itself hasten death. It can weaken the patient, suppress his or her immune system, and induce depression and suicidal feelings. The Catholic Health Association says in its 1993 guide *Care of the Dying: A Catholic Perspective*: "Unrelieved agony will shorten a life more surely than adequate doses of morphine."

In short, when dosages of painkilling drugs are adjusted to relieve patients' pain, there is little if any risk that they will hasten death. This fact alone should put to rest the myth that pain control is euthanasia by another name.

Medically Assisted Nutrition and Hydration

Catholic teaching provides that a person in the final stages of dying need not accept “forms of treatment that would only secure a precarious and burdensome prolongation of life,” but should still receive “the normal care due to the sick person in similar cases.”^[4] It is, however, essential to remember that assisted nutrition and hydration protocols, once installed, may not be removed. The removal may take place when harm is caused.

The benefit of sustaining life is fundamental, because life is our first gift from God. But sometimes even food and fluids are no longer effective in providing this benefit, because the person has entered the final stage of a terminal condition. A person in the end stage of life may lose all desire for food and drink and even be unable to digest them. Initiating medically-assisted feeding or intravenous fluids in this case may increase the person’s discomfort while providing no real benefit; ice chips and good mouth care may instead be appropriate to provide comfort. At such times, the hospice team will support the family to make the dying person as comfortable as possible by providing pain and symptom control, companionship and spiritual support.

The Sacraments at the End-of-Life

The Catholic Sacrament of Anointing of the Sick, formerly known as Last Rites or Extreme Unction, is a ritual of healing appropriate not only for physical but also for mental and spiritual sickness. Those two elements – prayer and anointing with oil – are the essence of the sacrament. Usually when one is close to death, they are offered the Sacrament of Penance, (forgiveness), anointing with oil for spiritual strength, and the Holy Eucharist (Viaticum), spiritual food for the journey into eternity. Viaticum, the food for the way from this world to the next, is Holy Communion administered to those able to receive it and is the proper sacrament for the journey. The priest may distribute Communion to the person being anointed and anyone else who wants to receive. Finally, he may merely end the service with a simple prayer and blessing. The sacrament can be administered almost anywhere people need the healing touch of Christ, from homes to nursing facilities to hospitals.

Catholics and Cremation

In 1963, the Vatican lifted the ban on cremation for Catholics. In doing so, the Church allowed cremation in certain circumstances provided the reasons for choosing it did not counter Christian beliefs.

However, no allowances were made for any prayer or rituals to be used with the cremated remains. This meant all funeral services were to occur in the presence of the body, with cremation taking place afterwards.

On March 21, 1997, this changed. The Vatican granted permission for the cremated remains of a body to be brought into church for the liturgical rites of burial. It is still, however, the Church's preference to have the full complement of funeral rites take place with the body present and have cremation afterwards.

Catholic Funeral Rites

Catholic funeral rites offer us the opportunity to praise and thank God for the love and mercy He has shown the deceased person. It is also a time where the community of believers pray for the repose of the soul of the deceased, and offer consolation to the surviving family and friends.

“Christians celebrate the funeral rites to offer worship, praise, and thanksgiving to God for the gift of life which has been returned to God, the author of life and the hope of the just. The Mass, the memorial of Christ's death and resurrection, is the principal celebration of the Christian funeral.”^[5]

Pontifical Council for Health Pastoral Care: 19th International Conference - Pope John Paul II

True compassion always respects God's gift of life

On Friday, November 12, 2004, the Holy Father spoke to participants in the 19th International Conference of the Pontifical Council for Health Pastoral Care. The Pope focused on the problem of suffering and the importance of alleviating pain, but made it quite clear that “all forms of euthanasia” must be avoided. When “proportionate and effective treatment is no longer possible”, he noted, it is necessary “to avoid every

kind of persistent or aggressive treatment” and instead have recourse to “methods of ‘palliative care’.” The following is a translation of the Holy Father’s Address, which was given in Italian.

Your Eminence,

Venerable Brothers in the Episcopate,

Dear Brothers and Sisters,

I am pleased to welcome you on the occasion of the *International Conference of the Pontifical Council for Health Pastoral Care* which is taking place at this time. With your visit, you have wished to reaffirm your scientific and human commitment to those who are suffering.

I thank Cardinal Javier Lozano Barragan for his courteous words on behalf of you all. My grateful thoughts and appreciation go to everyone who has made a contribution to these sessions, as well as to the doctors and health-care workers throughout the world who dedicate their scientific and human skills and their spirituality to relieving pain and its consequences.

Medicine is Always at the Service of Life.

Even when medical treatment is unable to defeat a serious pathology, all its possibilities are directed to the alleviation of suffering. Working enthusiastically to help the patient in every situation means being aware of the inalienable dignity of every human being, even in the extreme conditions of terminal illness. Christians recognize this devotion as a fundamental dimension of their vocation: indeed, in carrying out this task they know that they are caring for Christ Himself (cf. Mt 25:35-40).

“It is therefore through Christ, and in Christ, that light is thrown on the riddle of suffering and death which, apart from his Gospel, overwhelms us”, the Council recalls (*Gaudium et Spes*, n. 22).

Those who open themselves to this light in faith find comfort in their own suffering and acquire the ability to alleviate that of others. Indeed, there is a *directly proportional relationship between the ability to suffer and the ability to help those who are suffering*. Daily experience teaches that the persons most sensitive to the suffering of others and who are the most dedicated to alleviating the suffering of others are also more disposed to accept, with God’s help, their own suffering.

Human Dignity Does not Depend on Age or Health

Love of neighbor, which Jesus vividly portrayed in the Parable of the Good Samaritan (cf. Lk 10:2ff.), enables us to *recognize the dignity of every person*, even when illness has become a burden. Suffering, old age, a comatose state or the imminence of death in no way diminish the intrinsic dignity of the person created in God's image.

Euthanasia is one of those tragedies caused by an ethic that claims to dictate who should live and who should die. Even if it is motivated by sentiments of a misconstrued compassion or of a misunderstood preservation of dignity, euthanasia actually eliminates the person instead of relieving the individual of suffering.

Unless compassion is combined with the desire to tackle suffering and support those who are afflicted, it leads to the cancellation of life in order to eliminate pain, thereby distorting the ethical status of medical science.

True compassion, on the contrary, encourages every reasonable effort for the patient's recovery. At the same time, it helps draw the line when it is clear that no further treatment will serve this purpose.

Refusal of Aggressive Treatment is not a Rejection of the Patient

The refusal of *aggressive treatment* is neither a rejection of the patient nor of his or her life. Indeed, the object of the decision on whether to begin or to continue a treatment has nothing to do with the value of the patient's life, but rather with whether such medical intervention is beneficial for the patient.

The possible decision either not to start or to halt a treatment 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.

It is precisely this sense of loving respect that will help support patients to the very end. Every possible act and attention should be brought into play to lessen their suffering in the last part of their earthly existence and to encourage a life as peaceful as possible, which will dispose them to prepare their souls for the encounter with the heavenly Father.

Making Suffering Bearable

Particularly in the stages of illness when proportionate and effective treatment is no longer possible, while it is necessary to avoid every kind of persistent or aggressive treatment, methods of “palliative care” are required. As the Encyclical *Evangelium Vitae* affirms, they must “seek to make suffering more bearable in the final stages of illness and to ensure that the patient is supported and accompanied in his or her ordeal.”

In fact, palliative care aims, especially in the case of patients with terminal diseases, at alleviating a vast gamut of symptoms of physical, psychological and mental suffering; hence, it requires the intervention of a team of specialists with medical, psychological and religious qualifications who will work together to support the patient in critical stages.

The Encyclical *Evangelium Vitae* in particular sums up the traditional teaching on the licit use of pain killers that are sometimes called for, with respect for the freedom of patients who should be able, as far as possible, “to satisfy their moral and family duties, and above all... to prepare in a fully conscious way for their definitive meeting with God.”

Moreover, while patients in need of pain killers should not be made to forego the relief that they can bring, the dose should be effectively proportionate to the intensity of their pain and its treatment. All forms of euthanasia that would result from the administration of massive doses of a sedative for the purpose of causing death must be avoided.

To provide this help in its different forms, it is necessary to encourage the training of specialists in palliative care at special teaching institutes where psychologists and health-care workers can also be involved.

Science and technology, however, will never be able to provide a satisfactory response to the essential questions of the human heart; these are questions that faith alone can answer. The Church intends to continue making her own specific contribution, offering human and spiritual support to sick people who want to open themselves to the message of the love of God, who is ever attentive to the tears of those who turn to Him (cf. Ps 39:13). Here, emphasis is placed on the importance of *health pastoral care* in which hospital chaplaincies have a special role and contribute so much to people's spiritual well-being during their hospital stay.

Then how can we forget the precious contribution of volunteers, who through their service give life to that *creativity in charity* which imbues hope, even in the unpleasant experience of suffering? Moreover, it is through them that Jesus can continue today to exist among men and women, doing good and healing them (cf. Acts 10:38).

Thus, the Church makes her own contribution to this moving mission for the benefit of the suffering. May the Lord deign to enlighten all who are close to the sick and encourage them to persevere in their different roles and various responsibilities. May Mary, Mother of Christ, accompany everyone in the difficult moments of pain and illness, so that human suffering may be raised to the saving mystery of the Cross of Christ.

I accompany these hopes with my Blessing.

Taken from:
L'Osservatore Romano
Weekly Edition in English
November 24, 2004, page 6

Prayers

For a Peaceful Death

Go forth, Christian soul, from this world
in the name of God the Almighty Father,
Who created you, in the name of Jesus Christ,
the Son of the living God,
Who suffered for you,
in the name of the Holy Spirit,
Who was poured out upon you.
Go forth, faithful Christian!

May you live in peace this day,
May your home be with God in Zion,
With Mary, the Virgin Mother of God,
With Joseph, and all the angels and saints

May you return to your Creator
Who formed you from the dust of the earth.
May Holy Mary, the angels and all the saints
come to meet you as you go forth from this life...
May you see your Redeemer face to face.

Remember Our Frailty and Mortality

O God, great and omnipotent judge of the living
and the dead, we are to appear before You after
this short life to render an account of our works.
Give us the grace to prepare for our last hour by a
devout and holy life, and protect us against a
sudden and unprovided death. Let us remember our
frailty and mortality, that we may always live in the
ways of Your commandments. Teach us to “watch
and pray” (Luke 21, 36), that when Your summons
comes for our departure from this world, we may
go forth to meet You, experience a merciful
judgment, and rejoice in everlasting happiness. We
ask this through Christ our Lord. Amen.

Footnotes

1. Declaration on Euthanasia, Part IV; United States Catholic Conference, *Ethical and Religious Directives for Catholic Health Facilities* (1971).
2. *Declaration on Euthanasia, Part II.*
3. *Declaration on Euthanasia, Part IV.*
4. Questions about Medically Assisted Nutrition and Hydration; Pro-life Activities, United States Conference of Catholic Bishops, 3211 4th St, N.E., Washington, DC 20017-1194 (2/24/06).
5. Order of Christian Funerals, Paragraph 5.

Additional References

Killing the Pain, Not the Patient: Palliative Care vs. Assisted Suicide; Richard M. Doerflinger and Carlos F. Gomez, M.D., Ph.D. retrieved from <http://www.usccb.org/prolife/programs/rlp/98rlpdoe.htm>.

On Our Own Terms; retrieved from <http://www.pbs.org/wnet/onourown/terms/final/index.html>.

Ethical Directives for Health Care Institutions
<http://www.usccb.org/bishops/directives.shtml>.

Are Feeding Tubes Required or Not?; Father Richard Benson, C.M.; retrieved from <http://.the-tidings.com/2006/0210/benson.htm>.

National Bioethics Center, www.ncbcenter.org.

The Papal Allocution on Pastoral Care, A Summary and Analysis; John Paul Slosar, PhD; retrieved from careofdying.org.

Becoming an Advocate for Cancer Pain Management; Barbara Schaefer Bitros, R.N.; *Journal of American Osteopathic Medicine*; Supplement 5 Volume 105 Number 11 2005.

Spirit to Heal, A Journey to Spiritual Healing with Cancer; Michael Torosian, M.D.; Veruska Biddle, PhD; Wayne, Pa: Spirit Press International; 2004.

More Humane Medicine: A Liberal Catholic Bioethics; James F. Drane, Edinboro, Pa. 16444; Edinboro University Press 2003.



437 Pennsylvania Avenue
P.O. Box 249
Fort Washington, PA 19034

Philadelphia, PA 19103
Allentown, PA 18104

1-800-557-7570
www.lifechoicehospice.com