



Now and at the Hour of Our Death



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



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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 are 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.

MAY 2013

MONTH OF MARY, MOTHER OF GOD

QUEEN OF HEAVEN, OUR LADY OF GOOD HEALTH, AND COMFORT OF THE AFFLICTED



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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 75–80% 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, described 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.”

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 Pope Benedict XVI noted that “The freedom to kill is not true freedom, but a tyranny that reduces the human being to slavery.”² 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 we are accountable for how we accept and nurture the gift of life.

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, and its promise of eternal life, 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, "Indeed for your faithful, Lord, life is changed not ended..."



MORAL DECISION-MAKING AT THE END OF LIFE

ORDINARY AND EXTRAORDINARY MEASURES

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 a 1957 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."³ 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 will have no positive effect or are 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.

MEASURES WITHHELD OR WITHDRAWN

Another question is whether or not there is a difference between withholding and withdrawing life sustaining measures, e.g., ventilators. Many people think that it is morally acceptable to forgo the use of a ventilator, but that it is illegal or immoral to withdraw treatment once it has begun. Even some health care providers have expressed that opinion. In fact, the same moral principles apply to withdrawing treatment as to withholding it, 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 uncertainty regarding 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.

NUTRITION AND HYDRATION

Normally we are obliged to provide nutrition and hydration artificially to a patient who cannot take food orally, yet there are times when this, too, can be optional. The *Ethical and Religious Directives for Catholic Health Care Services* (United States Conference of Catholic Bishops, 2009) states in Directive 58 that, "In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the "persistent vegetative state") who can reasonably be expected to live indefinitely if given such care." This assessment should be carefully carried out on a case-by-case basis as Directive 58 continues, "Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be 'excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed.'"^{*} 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.

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PAIN MANAGEMENT

Measures aimed at pain management may 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 "[p]atients 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.

^{*} Quoting from the Congregation for the Doctrine of the Faith, commentary on "Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration."

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 “[m]edicines 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, which is when a person may perform an action that he or she foresees will produce both good and bad effects provided four conditions are met: 1) the act itself, apart from the intention and the circumstances (which includes the effects) must be morally good or at least neutral (e.g., relief of pain or discomfort); 2) the acting person’s intention must be morally good; 3) the good effect must not be attained by means of the evil effect – one cannot perform an evil act in order to achieve a good; and 4) the good effect that is desired is greater than, or at least no less than, the good lost by the evil effect. This is in contrast to using inherently immoral means, such as euthanasia or 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)



ORGAN DONATION

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. Organs must not be removed until after the donor has died, unless it is a situation in which the donor may continue to live with one of the organs, for example, the donation of one kidney. 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. While 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.

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.

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 physical 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.

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 reflect prayerfully upon our individual lives 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.”⁴

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. Whenever possible, the body should be present at the Funeral Mass, with cremation occurring afterwards.

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 ongoing 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.

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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.

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 extraordinary means to sustain your life;
- 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; and
- 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.



ADVANCE DIRECTIVES

POWER OF ATTORNEY FOR HEALTH CARE

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 four forms of advance directives: the power of attorney for health care, the declaration to physicians (living will), the power of attorney for finance and property, and the authorization for final disposition of human remains. 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. We encourage all persons age 18 or older to complete a power of attorney for health care.

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LIVING WILL

The other health care 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 to receive or forgo if you were in a stated medical condition (such as a persistent vegetative state or terminal illness) 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 does not always require you to designate a person to make decisions on your behalf. In addition, it is difficult to make detailed instructions for your medical treatment without knowing what your future medical condition will be and how a given treatment might benefit or burden you.

This is precisely why the “power of attorney for health care” is the preferable means for recording your advance directives. The person you designate in this document becomes the only one authorized by law to interpret whatever written advance directives you may have signed. This ensures that interpretation of your directives 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)

CHURCH OPPOSITION TO THE POLST MENTALITY

REASONS TO AVOID POLST

POLST, which stands for Physician (or Provider) Orders for Life-Sustaining Treatment, is an advance planning mentality that has emerged in Wisconsin and is intrinsically flawed as a Catholic model for end-of-life decision making. POLST is a preset form that establishes medical orders to withhold or administer life-sustaining treatments, and because it is a medical order, becomes effective as soon as it is signed by a health practitioner. Like living wills, a POLST spells out in advance what forms of treatment or care will be provided, making it difficult to determine in advance whether specific medical treatments, from an ethical perspective, are absolutely necessary or optional. From a Catholic perspective, a morally sound decision regarding end-of-life care flows from informed consent in actual circumstance and the medical conditions present at that moment. However, POLST does not anticipate the circumstances of a person's medical condition, which are critical for properly evaluating the morality of end-of-life treatments.

As POLST bears the real risk that an indication on the form could be followed in contradiction to Church teaching as regards the provision of care and treatment, we encourage all Catholics to avoid using such documents. Further insight surrounding the use of POLST is outlined in our statement "Upholding the Dignity of Human Life: A Pastoral Statement on Physician Orders for Life-Sustaining Treatment (POLST) from the Catholic Bishops of Wisconsin."

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."⁵

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 a 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 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. This can be especially challenging when you are asked to do something that goes against your conscience or Church teaching. Acting in accordance with the truth is necessary, but not always easy. 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.*

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 prayers 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.”

ENDNOTES

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

² Pope Benedict XVI, *Homily at Mass of Possession of the Chair of the Bishop of Rome* (May 7, 2005), http://www.vatican.va/holy_father/benedict_xvi/homilies/2005/documents/hf_ben-xvi_hom_20050507_san-giovanni-laterano_en.html.

³ 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.

⁴ *Ibid* p. 20.

⁵ 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 should he/she become incapacitated.

assisted suicide: Euthanasia, assisted suicide, or physician-assisted suicide entails intentionally helping someone to take his or her own life.

authorization for final disposition of human remains: A document that allows an individual to declare his or her wishes regarding final disposition of their remains, and/or delegate the authority to do so to another person.

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)

cremation: The incineration of a dead body.

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 or she 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 person’s intention must be morally good; 3) the good effect must not be attained by means of the evil effect – one cannot perform an evil act in order to achieve a good; and 4) the good effect that is desired is greater than, or at least no less than, the good lost by the evil effect. (Joseph T. Mangan, 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 medical, 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, 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 form of advance directive, this document enables individuals to establish what forms of treatment they would want to receive or forgo if in a stated medical condition, such as a persistent vegetative state or terminal illness, and unable to make their wishes known to the health care professionals providing care. In Wisconsin, this is sometimes referred to as a “Declaration to Physicians.”

palliative care: Refers to medical interventions to relieve the pain, suffering, and stress of a patient (also referred to as pain management).

physician (or provider) orders for life-sustaining treatment (POLST): A preset form that establishes medical orders to withhold or administer treatments (also known as physician orders for scope of treatment (POST) or medical orders for scope of treatment (MOST)).

power of attorney for health care: One form of advance directive, 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.)

power of attorney for finance and property: A document by which an individual can legally delegate decision-making authority concerning financial affairs and the management of property to an agent.

right to die: A social movement that, contrary to Church teaching, promotes the right of an individual to take his/her own life or receive assistance to end his/her life prematurely. 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. In this way two extremes are 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.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html

Declaration on Euthanasia (1980)

http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html

Ethical and Religious Directives for Catholic Health Care Services (2009)

<http://www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/Ethical-Religious-Directives-Catholic-Health-Care-Services-fifth-edition-2009.pdf>

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

To Live Each Day with Dignity: A Statement on Physician-Assisted Suicide (2011)

<http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/to-live-each-day/upload/bishops-statement-physician-assisted-suicide-to-live-each-day.pdf>

Living the Gospel of Life: A Challenge to American Catholics (1999)

<http://www.usccb.org/issues-and-action/human-life-and-dignity/abortion/living-the-gospel-of-life.cfm>

Q&A from the USCCB Committee on Doctrine and Committee on Pro-Life Activities Regarding the Holy See's Responses on Nutrition and Hydration for Patients in a 'Vegetative State' (2007)

www.usccb.org/issues-and-action/human-life-and-dignity/end-of-life/euthanasia/upload/q-a-nutrition-and-hydration-patients-vegetative-state.pdf

Upholding the Dignity of Human Life: A Pastoral Statement on Physician Orders for Life-Sustaining Treatment (POLST) from the Catholic Bishops of Wisconsin (July 2012)

http://www.wisconsincatholic.org/Bishops_Statement_home.cfm

A Consistent Life Ethic: A Demand of Discipleship (1980)

http://www.wisconsincatholic.org/archives_home.cfm

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 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 Power of Attorney for Health Care

<http://www.dhs.wisconsin.gov/forms/AdvDirectives/index.htm>

Copies of the Power of Attorney for Health Care are available free to anyone who sends a stamped, self-addressed, business size envelope to: Power of Attorney for Health Care, Division of Health, P.O. Box 2659, Madison, Wisconsin 53701-2659. The document may also be downloaded for free from the website, <http://www.dhs.wisconsin.gov/forms/AdvDirectives/ADFormsPOA.htm>.

Wisconsin Declaration to Physicians (Living Will)

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

Copies of the Declaration to Physicians are available free to anyone who sends a stamped, self-addressed, business size envelope to: Living Will, Division of Health, P.O. Box 2659, Madison, Wisconsin 53701-2659. The document may also be downloaded for free from the website, <http://www.dhs.wisconsin.gov/forms/AdvDirectives/ADFormsPOA.htm>.

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>

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

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

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