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Rejoice in the Lord

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Dying with dignity on our journey 'to the house of the Father'

On March 31, 2005, the Vatican confirmed that Pope John Paul II was near death. Tens of thousands gathered in St. Peter's Square to pray with and for the dying pope—now St. John Paul II. On Saturday, April 2, at about 3:30 in the afternoon, the Holy Father spoke his final words, "Let me go to the house of the Father." A few hours later, he died.

The pope's suffering and death were as open and public as one person's life could be. In fact, during the course of his 27 years of papal ministry, the whole world witnessed his progression from an extremely active 58-year-old man in excellent health, who was unquestionably the most athletic and "fit" pope in modern history, to an infirm and feeble old man who could not walk, who shook uncontrollably from the effects of Parkinson's disease, and who was barely able to speak.

St. John Paul showed us by his personal example what it means to surrender the gifts of youth and vibrant health. Over time, he became totally dependent on others for his every human need. He could not feed himself, bathe himself or dress himself. He who had been so active, so independent and so strong became—before the eyes of the world—weak and immobile and helpless.

Our hearts are filled with sadness when we see someone suffering the way St. John Paul did. But as Pope Francis recently noted, we need to be careful not to give in to "a false sense of compassion."

People of faith believe that suffering can be redemptive. We only have to consider the cross of Christ to be reminded that God himself chose not to avoid painful suffering and humiliation, but to accept it—for our sake.

Christians believe that suffering can be an occasion of grace—for those who suffer and for those who are called to care for them. Those who care for the aged and infirm in our Archdiocese, and throughout the world, quietly proclaim their belief that "dying with dignity" comes not through the avoidance of suffering, but with its humble acceptance.

St. John Paul II wanted us to see that the painful, often humiliating process of turning over our lives to God can be redemptive when conformed to the cross of Christ. He wanted us to experience the truth that people who are old, sick and severely handicapped matter more than ever. They are not "useless" or disposable. On the contrary, he wanted us to see that we can support them and learn from them as they take their final steps in the journey to "the house of the Father."

Some would say that, toward the end, the pope's life had lost its meaning and should have been terminated mercifully. John Paul would have none of that. He taught, by his example, that life is always worth living even when it appears to be most unproductive and without purpose.

St. John Paul II knew that end-of-life decisions are often painful and complicated. Life should not be prolonged by means that are "dangerous, extraordinary or disproportionate to the expected outcome" (*Catechism of the Catholic Church*, #2278). With the Church's blessing, he refused to accept "overzealous" treatment. He chose to die with dignity—not by taking matters into his own hands, but by allowing God alone to specify the day and the hour.

Our Church has many reasons to be grateful to St. John Paul II, including for the way he suffered and died. He didn't make it look easy or painless. He didn't hide his frustration or his helplessness. Instead, he showed us one man's way of taking up his cross and following Christ.

During this Year of St. Joseph, patron of a happy death, may we all grow in appreciation for what "dying with dignity" truly means.

Sincerely yours in Christ the Redeemer,

+ Joseph W. Tobin, C.Ss.R.

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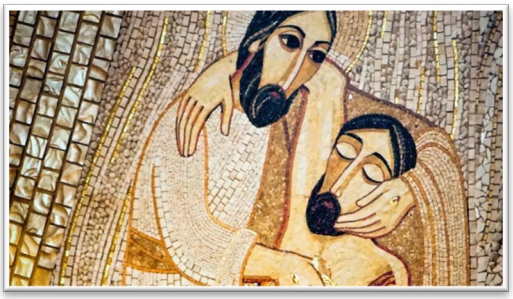
The Good Samaritan: Care for One's Neighbor



A selection from a letter from the Congregation for the Doctrine of the Faith entitled Samaritanus Bonus (The Good Samaritan): On the care of persons in the critical and terminal phases of life.

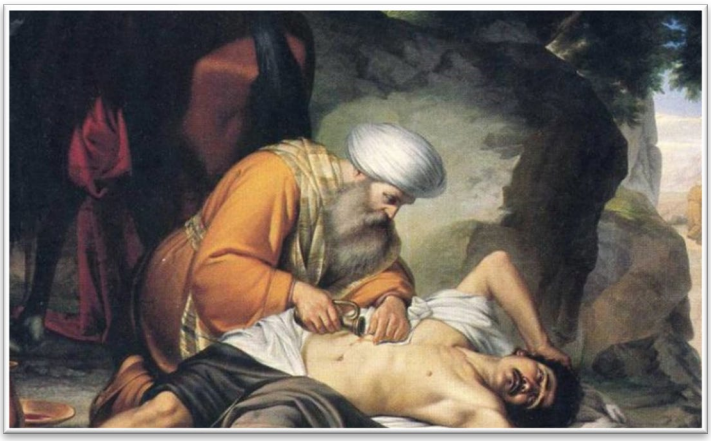
Despite our best efforts, it is hard to recognize the profound value of human life when we see it in its weakness and fragility. Far from being outside the existential horizon of the person, suffering always raises limitless questions about the meaning of life.[6] These pressing questions cannot be answered solely by human reflection, because in suffering there is concealed the immensity of a specific mystery that can only be disclosed by the Revelation of God.[7] In particular, the mission of faithful care of human life until its natural conclusion [8] is

entrusted to every healthcare worker and is realized through programs of care that can restore, even in illness and suffering, a deep awareness of their existence to every patient. For this reason, we begin with a careful consideration of the significance of the specific mission entrusted by God to every person, healthcare professional and pastoral worker, as well as to patients and their families.

The need for medical care is born in the vulnerability of the human condition in its finitude and limitations. Each person's vulnerability is encoded in our nature as a unity of body and soul: we are materially and temporally finite, and yet we have a longing for the infinite and a destiny that is eternal. As creatures who are by nature finite, yet nonetheless destined for eternity, we depend on material goods and on the mutual support of other persons, and also on our original, deep connection with God. Our vulnerability forms the basis for an ethics of care, especially in the medical field, which is expressed in concern, dedication, shared participation and responsibility towards the women and men entrusted to us for material and spiritual assistance in their hour of need.

The relationship of care discloses the twofold dimension of the principle of justice to promote human life (*suum cuique tribuere*) and to avoid harming another (*alterum non laedere*). Jesus transformed this principle into the golden rule "Do unto others whatever you would have them do to you" (Mt 7:12). This rule is echoed in the maxim *primum non nocere* of traditional medical ethics.

Care for life is therefore the first responsibility that guides the physician in the encounter with the sick. Since its anthropological and moral horizon is broader, this responsibility exists not only when the restoration to health is a realistic outcome, but even when a cure is unlikely or impossible. Medical and nursing care necessarily attends to the body's physiological functions, as well as to the psychological and spiritual well-being of the patient who should never be forsaken. Along with the many sciences upon which it draws, medicine also possesses the key dimension of a "therapeutic art," entailing robust relationships with the patient, with healthcare workers, with relatives, and with members of communities to which the patient is linked. Therapeutic art, clinical procedures and ongoing care are inseparably interwoven in the practice of medicine, especially at the critical and terminal stages of life.



The Good Samaritan, in fact, "not only draws nearer to the man he finds half dead; he takes responsibility for him".[9] He invests in him, not only with the funds he has on hand but also with funds he does not have and hopes to earn in Jericho: he promises to pay any additional costs upon his return. Likewise Christ invite s us to trust in his invisible grace that prompts us to the generosity of supernatural charity, as we identify with everyone who is ill: "Amen, I say to you, whatever you did for one of these least brothers of mine, you did for me" (Mt25:40). This affirmation expresses a moral truth of universal

scope: "we need then to 'show care' for all life and for the life of everyone" [10] and thus to reveal the original and unconditional love of God, the source of the meaning of all life.

To that end, especially in hospitals and clinics committed to Christian values, it is vital to create space for relationships built on the recognition of the fragility and vulnerability of the sick person. Weakness makes us conscious of our dependence on God and invites us to respond with the respect due to our neighbor. Every individual who cares for the sick (physician, nurse, relative, volunteer, pastor) has the moral responsibility to apprehend the fundamental and inalienable good that is the human person. They should adhere to the highest standards of self-respect and respect for others by embracing, safeguarding and promoting human life until natural death. At work here is a contemplative gaze[11] that beholds in one's own existence and that of others a unique and unrepeatable wonder, received and welcomed as a gift. This is the gaze of the one who does not pretend to take possession of the reality of life but welcomes it as it is, with its difficulties and sufferings, and, guided by faith, finds in illness the readiness to abandon oneself to the Lord of life who is manifest therein.

To be sure, medicine must accept the limit of death as part of the human condition. The time comes when it is clear that specific medical interventions cannot alter the course of an illness that is recognized to be terminal. It is a dramatic reality that must be communicated to the sick person both with great humanity and with openness in faith to a supernatural horizon, aware of the anguish that death involves especially in a culture that tries to conceal it. One cannot think of physical life as something to preserve at all costs –which is impossible – but as something to live in the free acceptance of the meaning of bodily existence: "only in reference to the human person in his 'unified totality', that is as 'a soul which expresses itself in a body and a body informed by an immortal spirit', can the specifically human meaning of the body be grasped".[12]

The impossibility of a cure where death is imminent does not entail the cessation of medical and nursing activity. Responsible communication with the terminally ill person should make it clear that care will be provided until the very end: "to cure if possible, always to care".[13] The obligation always to take care of the sick provides criteria to assess the actions to be undertaken in an "incurable" illness: the judgement that an illness is incurable cannot mean that care has come at an end. The contemplative gaze calls for a wider notion of care. The objective of assistance must take account of the integrity of the person, and thus deploy adequate measures to provide the necessary physical, psychological, social, familial and religious support to the sick. The living faith of the persons involved in care contributes to the authentic theological life of the sick person, even if this is not immediately evident. The pastoral care of all - family, doctors, nurses, and chaplains - can help the patient to persevere in sanctifying grace and to die in charity and the Love of God. Where faith is absent in the face of the inevitability of illness, especially when chronic or degenerative, fear of suffering, death, and the discomfort they

entail is the main factor driving the attempt to control and manage the moment of death, and indeed to hasten it through euthanasia or assisted suicide.

To read the entire letter and footnotes, see:
http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20200714_samaritanus-bonus_en.html

A Message from Pope Francis: Words of Challenge and Hope

It is important that the doctor does not lose sight of the singularity of each patient, with his dignity and fragility. A man or a woman to accompany with conscience, with intelligence and heart, especially in the most serious situations.

With this attitude, one can and must reject the temptation – induced also by legislative changes – to use medicine to support a possible desire for death by the patient, providing assistance to suicide or causing death directly with euthanasia.

Euthanasia or assisted suicide are "hasty paths," and not an expression of a person's freedom, as they might seem. To be asked to help cause the premature death of a patient is a "discarding of the patient" and "false compassion."

There is no right to arbitrarily dispose of one's life, so that no doctor can be the executive guardian of a non-existent right.

Selections from Pope Francis's comments to doctors during a Sept. 20, 2019, symposium at the Vatican on the health care needs of immigrants.

My Prayer for You

God of love and compassion, help us to care for our neighbors—especially those who are suffering from grave illnesses and are in the critical and terminal phases of their lives. May we be persons of comfort and hope, Good Samaritans who spare no expense in giving our time, talent and treasure to accompany them in their final days. Amen.

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