Prove State

資源

## **COLUMNISTS**

## Recent headlines prove Synod prophetic

It was not by accident, it seems, that our diocesan Synod adopted the Consistent Life Ethic as one of its priorities. At the time, this initiative seemed to come from nowhere, and many who were present at the closing that Sunday in the Rochester War Memorial will remember a sense of genuine surprise when it was announced.

Now, not even three years later, we look back at our corporate decision to adopt this priority with some new concerns and some further reflection as a church. For one thing, events in New York state have drawn us to think more about our commitment to a life ethic that connects all the ways in which life is threatened. In 1993, New York state did not have a death penalty; now it does. In 1993, New York state did not permit assisted suicides; now it does.

Some people accuse the Catholic Church of being completely out of touch with reality. They think our moral teaching is archaic and out of date. They believe popes, bishops, priests, religious and other spiritual leaders ought to restrict their attention to purely "spiritual issues" and stay out of political and public debates.

I believe that we do need to rethink and revise some of our positions on some issues, and that we are in the process of doing so right now - however painful that struggle may be. But I think that our ethic has a great deal to



contribute to the public debate on issues that recently have become so critical in our state.

On the topic of assisted suicide, for example, our tradition is long and welldeveloped: We reject actions that directly intend to kill people because they are sick and cannot improve. At the same time, we do not think it is necessary to use every means possible to keep a person alive if those methods will not reasonably benefit the patient. This is a lovely teaching, really, and could be enormously helpful in public discussions of this matter.

I think many people assume that there are only two options for people who suffer from terminal illnesses at the end of their lives. One apparent option is to be "kept alive" in great pain and beyond any possibility of living a beneficial life - beneficial even to oneself!

The other option appears to be Dr. Kevorkian's solution: Let us kill ourselves or let us kill one another when our situations seem to be beyond hope.

From news coverage and some discussions today, these two extremes appear to be the only alternatives. But this is precisely where the wisdom of the church's centuries of reflection on this matter can help us. These are NOT the only options available as we face decisions affecting our care and treatment at the end of life. Pope John Paul II's encyclical Evangelium Vitae ("The Gospel of Life") manifests what I call the wiser way through the extremes our society prèsents.

The pope wrote: "In such situations, when death is clearly imminent and inevitable, one can in conscience 'refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted.' Certainly there is a moral obligation to care for oneself and to allow oneself to be cared for, but this duty must take account of concrete circumstances. It needs to be determined whether the means of treatment available are objectively disproportionate to the prospects for improvement. To forgo extraordinary or disproportionate means is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death.

These words deliver us from the position of "absolute vitalists" in our society who would claim that human beings ought to be kept alive no matter what. They also help us to move beyond thinking that we have wronged ourselves or a loved one by rejecting treatments we believe will have no lasting or long-term benefit for the patient.

They also help us to avoid thinking that we ought to kill ourselves because we are sick or because we need care. Discussing a "choice" to directly end life in case of terminal illness and disability denies our connectedness to one another and our obligation always to care for one another - even when we cannot cure one another. Such talk opens us to imposing an unspoken obligation on one another not to be sick and not to need care. It opens us to having some day to mistrust physicians because they have become not just agents of life, but also agents of death.

We should be grateful, I think, for the church's corporate wisdom exercised on an October Sunday afternoon in 1993. We all have a great deal to think about in relation to being consistent about an ethic that supports life. Our church has some important contributions to make in this arena.

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