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End of Life

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According to Father Richard Farrell, director of pastoral care at St. Joseph's Hospital, the secular view of death is often that of "preserving life at all costs, as if physical life is the final good."

"Because we believe in a life in the here-after," Father Farrell said, "we're not pressured to preserve life here on earth at all costs."

Indeed, it may surprise many Catholics to know that the church does not require that every means to preserve life be employed.

For example, in their 1994 document, "Ethical and Religious Directives for Catholic Health Care Services," the National Conference of Catholic Bishops noted that "the duty to preserve life is not absolute, for we may reject life prolonging procedures that are insufficiently beneficial or excessively burdensome."

Thus, Sister Mann observed, Catholics may legitimately and morally choose to dispense with some treatments or medications if the harm they would cause is disproportionate to the good they might produce. Catholic patients may in some instances decide not to undergo chemotherapy, use a respirator, or receive artificial nutrition (food) and hydration (fluids).

Her own family faced that issue early this year when her father was diagnosed with cancer. He chose not to have surgery because the probable negative effects of the operation — and the small chances of success — outweighed the potential good.

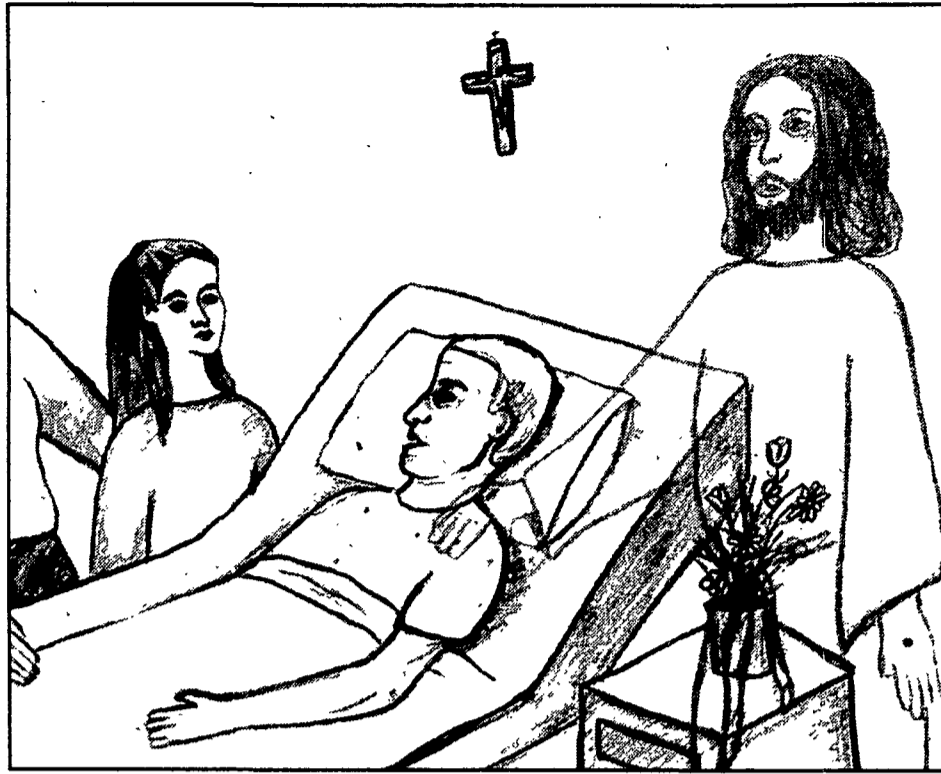
"The church says you don't have to do everything, especially if you can't get better," she said.

And her faith helped her to ready for his death March 23. She found comfort "just knowing that my dad was going on into a far better life and that I would see him some day." In his 1995 encyclical, *Evangelium Vitae*, Pope John Paul II also addressed the use of means of preserving life that are extraordinary or disproportionate to any expected results or that impose an excessive burden on the patients and their families.

"To forgo extraordinary or disproportionate means is not the equivalent of suicide or euthanasia; it rather expresses acceptance on the human condition in the face of death," the pope wrote.

"Many people are unsure what the church teachings are about," Quinlan acknowledged. "Church teachings are compassionate and loving." Those teachings move beyond addressing the technical issues of medical treatment.

One of the key factors in this debate is the issue of dignity, Father Mulligan ob-



served.

"The Catholic perspective would be very much rooted in the dignity of the person," he said.

"Our tradition begins with an assumption that the human is created in the image of the creator God," observed Sister Jean deBlois, vice president for mission services at St. Louis-based Catholic Health Association of the United States. That means, she explained, that the individual is imbued with "inalienable dignity. No matter what the condition, they are still a being of unparalleled dignity."

The Christian approach to death is a holistic one, taking into account medical, spiritual, emotional and psychological issues, Quinlan noted.

Indeed, death can have its positive aspects, she added.

"It can be very graced," Quinlan noted. "So many people say life never had been so full of meaning until that moment." Moreover, in her nearly nine years at Isaiah House, she has witnessed "some beautiful healing of spirit and relationships."

Father Farrell pointed out that when dealing with dying patients and their families, "often, it's the family issues you're dealing with, not those of the person who's dying."

Thus he frequently finds himself asking family members frantic to keep an ailing relative alive through extraordinary, often uncomfortable and ultimately unproductive means, if they thought the ill person would like to live like that. When the question is posed and when the family members realize what the church permits, they are often relieved and find peace, he reported.

One of the policies at St. Joseph's Hospital, he said, is to check if incoming patients have advance health directives to explain what they do and do not want done, and if they have designated health care proxies — people empowered to make treatment decisions for them. Hospital officials suggest these measures if they haven't been taken.

Having advance directives and a health care proxy make it easier on family members when they have to make decisions, Father Farrell said, "because they know they are carrying out their husband's or wife's decision."

One "decision" not permitted by the church, however, is physician-assisted suicide. Nor does the church allow euthanasia, which Pope John Paul II emphatically described in his encyclical as "a grave violation of the law of God."

If approved in the United States, euthanasia and physician-assisted suicide may have broad societal consequences, Father Mulligan noted.

"My concern if we move toward doctor-assisted suicide — socially legislated suicide, socially validated suicide — is what happens to those who are developmentally disabled, the poor, the vulnerable?" Father Mulligan said. "What is presented as a choice becomes a social obligation."

"Once you allow physician-assisted suicide, what's to protect the people on the margins?" Father Farrell said. "It's a slippery slope. In the Netherlands, where euthanasia is legal, they've already seen areas where people have been killed without their consent."

"We're a society now where we have rights over every thing," Father Farrell

continued. "The church says we don't have that right over life. Life is God-given — we have a right to preserve life, not take it. In light of the consistent life ethic, I don't think we have a right to take a life, even our own."

"I'm very convinced that the movement toward assisted suicide is created because of the vacuum of good care for the dying," Sister deBlois said.

Moreover, she added, "I think the whole movement toward assisted suicide is just another way in our American society to say, 'You know what, you're on your own.'" In that sense, she explained, people are saying that they are concerned more about their own comfort than they are about the patient's.

Advocates of euthanasia and physician-assisted suicide are missing key points about life and human nature, Sister deBlois observed.

"The person who is dying is still living and many goods can come to the people while they are alive," she said. Those goods include the ability to love and be loved, to enjoy and interact with family and friends.

"Once you are dead," she said, "you can't enjoy the goods that come to you in life."

In light of the current debates over such issues as euthanasia and physician-assisted suicide, the church in Rochester is pursuing several initiatives beyond battles over legislation and court rulings.

As part of its ongoing series of adult education packets, the diocese will release one this fall on the spirituality of dying.

Meanwhile, the Catholic Physicians' Guild has planned a Sept. 16 workshop entitled "Euthanasia and Compassion?"

Father Mulligan is currently pulling together an informal group in the Finger Lakes region with the hope of developing a team of clerics, lawyers, medical personnel and other affected individuals to examine end-of-life issues.

St. Bernard's Institute, the diocesan Public Policy Committee and the consistent life ethic goal coordinators are planning a Dec. 4 workshop at SBI on designing a compassionate end to one's life.

And as part of Project Life Sunday Jan. 19, 1997, the diocese will promote education about health care proxies.

Sister deBlois pointed out that the Catholic approach to death is indeed one that is filled with hope.

"When we are baptized, we are participants in the death and resurrection of Jesus," she said. "We are baptized into a vision of life beyond this one."

"I think people can have a great sense of hope that this is not all there is," she continued. "This passage is a passage to that for which we were created, and that is union with God."

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