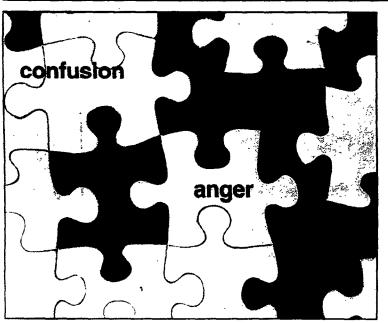
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GRIEF & BEREAVEMENT MINISTRY CATHOLIC COURIER DIOCESE OF ROCHESTER, N.Y.



Institutions

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uses homeroom schoolteachers to deal with the students, she said, pointing out the familiar relationship that develops between the students and their homeroom teacher allows for emotional sharing. She also said the school has instituted discussion of grieving as part of its junior high curriculum.

Discussing bereavement has been a method of choice for many years at diocesan parishes, many of which have sponsored bereavement groups to help Catholics deal with the emotions surrounding the death of a loved one. One such parish is St. Rita's in Webster whose "Companions in Grief" program holds prayer and sharing sessions for people mourning a loved one every six weeks in the parish and at such neighboring parishes as Holy Trinity and St. Paul's. Sister Judy Whalen, SSJ, St. Rita's pastoral minister, said the group encourages its members – non-Catholics included – not to bury their grief, but to celebrate the memory of their loved ones through such rituals as family ceremonies with everyone recalls a favorite anecdote about the deceased.

Referring to the Old Testament Book of Job as an example, she also said it's important for grieving people to know it's okay to'get angry with God, as Job did, even at the same time he invoked God's support. But most importantly, grieving people need to know that they have a right to mourn a person for as long as necessary, she said.

"If people are saying 'You should be through this now', and I'm saying that 'You shouldn't,' they totally understand that," she said of the group's members.

End-of-life precepts explained

By Gerald M. Costello Catholic News Service

Catholics do have answers on "the right to die" question, a catch phrase that covers a variety of end-of-life choices. The answers might not be all that well known, as such issues tend to get wrapped up in medical and technological discussions and distinctions that blur their sharp focus.

Fundamental to all such issues is the church's consistent teaching that all human life is sacred, a gift of God's love. Because of that, the church further teaches that suicide and euthanasia, the act of deliberately putting to death someone who is ill, are always wrong.

Such teachings reflect not indifference to suffering nor insensitivity to pain, but a deep and consistent respect for God as the author of all life. The church believes that just as it is God's life to give, it is God's to take.

Yet, with this in mind, are Catholics called to let life go on and on as long as modern medicine can keep it going?

The landmark modern teaching on this issue came in 1957 from Pope Pius XII, who distinguished between ordinary and extraordinary means of sustaining life. Ordinary means must be used, the pope said, but extraordinary treatment need not be applied in every case.

The Vatican's 1980 document, "Declaration on Euthanasia" expanded on that teaching, asserting that medical therapy or technology need not be used if it is excessively burdensome or provides no benefit to the patient. The use of a respirator, for example, would be an "extraordinary treatment" if it served as a means of prolonging life artificially with no hope of recovery.

Attention has focused more recently on "nutrition and hydration," the feeding and providing water to a patient. While fundamental teachings apply, the distinctions become trickier to spell out.

Bishop James T. McHugh of Camden, N.J., former director of the U.S. bishops' Office for Pro-Life Activities and an internationally recognized authority on life issues, said that feeding or giving water to a patient is not medical treatment at all, but rather "basic means of sustaining life, without which anyone will die."

"Nutrition and hydration should be provided as part of a patient's normal care, even if provision of such requires medical technology," he said in a 1989 statement on the topic. Yet, he added a proviso that requires specific interpretation: "unless or until the benefits of nutrition and hydration are clearly outweighed by a definite danger or burden, or they are clearly useless in sustaining life."

So how, then, is a patient's family to know if a particular set of circumstances applies? To help people resolve such serious questions, Bishop McHugh offers guidelines covering four specific situations:

1. When a patient is unconscious and "imminently" dying – where there is "progressive and rapid" deterioration. "The dying process has now begun and cannot be reversed. Nutrition and hydration are now useless and, all things considered, no longer a reasonable burden." 1

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2. When a patient is imminently dying but is still conscious. "Nutrition and hydration are useless, possibly burdensome and need not be artificially provided, but may be if desired by the patient."

3. When a conscious patient is irreversibly ill but is not imminently dying. "Nutrition and hydration sustain life (and) should be provided unless or until there is clear evidence that (their) provision constitutes an unreasonable burden for the patient."

4. When a patient is unconscious but is not dying. Nutrition and hydration should be supplied. Their withdrawal is not morally justified unless there is some other indication that they are an unreasonable burden for the patient.

Catholics who want to make sure that guidelines are carried out according to church teaching should they become ill have two options:

- Prepare in advance a "living will," a legal document specifying the medical treatment they want to receive and forbidding any act considered as euthanasia.

- Have a lawyer draw up a durable power of attorney, allowing a specific person, usually a family member or trusted friend, to make medical decisions according to the patient's known wishes.

In either case, Catholics should discuss these options with a parish priest, hospital chaplain or some other trusted adviser.

