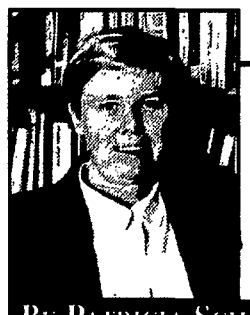
Church offers clear guidance on 'right to die'



the moral life

By Patricia Schoelles, SSJ

Events making their way into the media recently surfaced a number of questions regarding Catholic teaching on an individual's "right to die." For clarity's sake, a few principles from the Roman Catholic tradition might help us all as we reflect on this matter. I arrange my own thoughts on this issue around a few key questions, and will use those to help organize this column, too.

First: How is death brought about?

On this, Catholics reject active euthanasia, suicide and assisted suicide. That means that we do not perform actions intended to directly kill ourselves or others because we are sick or likely to die shortly.

But rejecting this option does not mean that we embrace its opposite extreme, either. Thus, Roman Catholic tradition has never taken the position that people must be "kept alive" at all costs. For centuries we have recognized a patient's right to refuse treatments in situations when a proposed medical procedure is likely to impose a burden beyond the help it is likely to offer. This can happen even when refusing a given treatment is likely to hasten death. Thus, we do "allow patients to die."

Which brings us to a second organizing question:

Why do we allow patients to die?

For centuries Roman Catholics have recognized a distinction between what we have called "ordinary" and "extraordinary" means. This distinction has helped us to separate treatments that we ought to accept as obligatory from those that are only optional. Responsible moral decision-making means that we recognize an obligation to accept and use medical treatments that are likely to help us and prolong our lives.

At the same time, however, we have long been aware that some treatments can impose real hardship on patients, such that the burdens of receiving a treatment actually outweigh the help that it is likely to offer. In these cases patients or those acting on their behalf can refuse treatment. This is true even when such refusal is likely to hasten death.

Many of those reading this column have probably weighed decisions like this regarding a loved one. We know that we have an obligation never to abandon another when he or she is sick. We always have an obligation to care for those who are dying.

But we recognize that sometimes we simply cannot cure people. When that happens, we must weigh the potential benefits and burdens of treatments that are offered, acknowledging the very real limitations that characterize the human condition. Ultimately, every single one of us will die. Sometimes, medical treatments actually serve to prolong someone's death rather than prolonging that person's life.

We who live in the 20th century have a different relationship to death from that of our ancestors. We are likely to face decisions about our own care or the care and treatment of a loved one that will have tragic results. That this is so is simply another "fact of life." We are enormously fortunate to have a solid, centuries-old body of teaching to help us avoid the extremes of direct euthanasia on the one hand, and keeping people alive beyond the point when medical treatment will actually benefit a given patient.

A third question asked about this issue is: Who decides?

Obviously, whenever a patient is conscious and competent and can make decisions for him or herself, that is precisely where the decision rests. We all know better than anyone else our own histories, our own goals and values, the requirements of our relationships and commitments. We also know better than others what our attitude toward health is, and what we need in order to face death. Clearly, we need to consult others and explore areas of our "unfreedoms" as we make the critical decisions regarding accepting and continuing with medical treatments when our health or our very lives are at stake.

Nevertheless, few would dispute that the patient is the one to be charged with making decisions about his or her own care. In cases in which a patient is unconscious or incompetent, a proxy must be appointed to take over this responsibility. Such cases require that the proxy make the decisions that the patient, were she or he competent, would be likely to make about her own care.

In my opinion, Catholic teaching in this matter is truly wonderful because it is so "common sense." We recognize that sometimes the decisions we must make will, in fact, let death take its course. As Christians we are able to make even these serious decisions with the kind of confidence that comes from our abiding trust in human reasoning well-done, and our abiding faith in the resurrection that awaits us because of Jesus Christ.

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