END OF LIFE

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the expected outcome can be legitimate; it is the refusal of 'over-zealous' treatment. Here one does not will to cause death; one's inability to impede it is merely accepted. The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected" (2278).

Sister of St. Joseph Patricia Schoelles, a theological ethicist and president of St. Bernard's School of Theology and Ministry in Pittsford, said the teachings fall between two extremes.

"We want to avoid the extreme of directly killing patients because they're sick, suffering, limited. At the same time, there's a group called 'absolute vitalists' who say you must retain the biological organism no matter what," she said. "Catholics have never been absolute vitalists. We don't want to keep people alive and prolong the dying, but we don't want to kill people just because they're sick."

Sister Schoelles added that the pope's March 20 statement "is in the context of this document (the ethical and religious directives), which is very sound. He doesn't make pronouncements outside of it."

"I think it's maybe a clarification and, in some ways, an expansion," Armantrout remarked, adding that the pope was emphasizing the possibility, however small, of recovery for persons in persistent vegetative states. "Some of them do recover after months, years," she said.

Armantrout added that the pope's presentation was consistent with the tenor of the Vatican symposium. "It was a real reflection of the 90 presentations that were given during the course of the conference," she said. "There was a great deal of unanimity and solidarity."

Reuters/CNS

Protesters hold up signs Oct. 15, 2003, outside Florida's Pinellas Park Hospice, where by order of a circuit court judge, Terri Schiavo's feeding tube was removed that afternoon. The tube was later restored by order of Gov. Jeb Bush, but in May a Florida judge overturned the law on which the order was based. Schiavo continues to be the subject of a legal battle between her husband, who wants artificial nutrition and hydration ended, and her parents and other relatives, who are fighting to keep her alive.

His words could be influential in such cases as the well-publicized struggle over the treatment of Terri Schiavo, a Florida woman whose parents continue legal battles to maintain the feeding tube that has kept her alive since 1990. Schiavo's husband has sought to have the tube removed, saying his wife would not have wanted to be kept alive artificially.

Father Place indicated that the pope's statement also could be expanded to include "practical implications for those patients who are not in a vegetative state." And some critics charge that the pope's statement of "moral obligation" ignores the need to weigh a treatment's burden against the benefit it offers.

But Sister Schoelles said the pope "wasn't giving us a mandate or a rule that governs every person's care," noting that his comments actually focus on a very small percentage of the population.

"The secular press is saying, 'The pope said nobody can ever die.' But we're not talking about people in the active process of dying," added Armantrout. "We're talking about people with profound disabilities."

Even so, she said reporting about Pope John Paul's statement has led some people to worry that their advance directives (specific instructions outlining what types of medical treatment a person wants if he or she becomes incapacitated) and health-care proxies (which designate a specific individual to make medical decisions on behalf of someone who becomes incapacitated) are in conflict with church teachings.

"I've got a few calls from elderly people (asking), 'Did I do the wrong thing by not putting Joe on dialysis?'" Armantrout said.

Yet Sister Schoelles said she does not see "any obligation of the people whose proxies have been faithfully completed to change them."

DISCUSSION NEEDED

Sister Schoelles also doesn't foresee a revision of the U.S. bishops' ethical and religious directives, noting that they were 50 years in the making. Armantrout added that Pope John Paul's March 20 statement "was issued in principle — as an allocution, not an infallible statement."

Nonetheless, both agreed that discussion will be needed to link the pope's statement with the current directives. For instance, Sister Schoelles said, it may be difficult to untangle the potential contradiction entailed in the pope's defining such devices as a feeding tube as natural means, not a medical act.

Armantrout emphasized that issues addressed by the pope "raise questions for each person that all mankind must deal with. It is not just a Catholic question."

Sister Schoelles, meanwhile, suggested that answers to the following questions can shed light on the issue:

- How is death brought about?
- Why are we allowing a person to die?
- By whom are these decisions being made?
- At what cost?

In regard to who makes the decisions, Armantrout voiced concern about medical and political forces in society that favor euthanasia, physician-assisted suicide and other actions opposed to Catholic teaching. She said a dangerous precedent would be set by relaxing moral standards on treatment for people in persistent vegetative states, where administering of life-sustaining treatment is based on the quality of life. Such a relaxation eventually could lead to use of quality-of-life criteria in making treatment decisions for people who are sick but not dying, those with disabilities, and the elderly.

"Are we going to start saying, 'It's really time for Mabel to go; what's she really contributing?'" Armantrout asked.

The pope addressed that very point March 20, saying, "Considerations about the 'quality of life,' often actually dictated by psychological, social and economic pressures, cannot take precedence over general principles ... the value of a man's life cannot be made subordinate to any judgment of its quality expressed by other men."

ALONG THE WAY

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minister of viaticum, our documents say "If no priest is available, viaticum may be brought to the sick by a deacon or by another of the faithful...appointed by the bishop to distribute Holy Communion to the faithful."

It seems to me that this confusion of sacraments has created great pastoral problems for us, particularly at a time of fewer priests. Many people are deeply disappointed when no priest is available at the time of death.

I know that most of our parishes offer opportunities for the sick to gather for the sacrament of anointing when their families can be present and the community of believers can support them. If in our common understanding, this sacrament could be celebrated only during the period of illness, then we could be surer that all who are in need of this sacrament would receive it.

Likewise, if in our common understanding we can recognize viaticum as the sacrament of the dying, then we could be content that our loved ones are fully prepared to leave this world in the embrace of our Savior when they receive viaticum from the hands of a pastoral administrator, a deacon, a pastoral associate, or one of our faithful extraordinary ministers of holy Communion.

This, too, is one of my dreams.

I have other thoughts and about health-care and ministry to the sick and dying, but time and space do not allow me to elaborate at this time. Suffice it to say I am very proud of our diocesan Catholic hospitals, nursing homes, hospices, group homes and agencies that, even in these times of great financial stress, continue to care for the old, the sick and the vulnerable. I deeply admire the work that they do. Moreover, I am very grateful to God for all the ministers and volunteers who day in and day out fulfill the command of Christ to visit the sick and take care of the poor.

Together we form a community of love, carrying on the mission Jesus committed into our hands.

May his Kingdom come.

Peace to all.