



DIOCESE OF ROCKVILLE CENTRE  
OFFICE OF THE BISHOP

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Dear Friends in Christ,

We believe in the sanctity of all human life, from conception to natural death. Pope John Paul II gave an example to the world during his dying process that affirmed what he taught us throughout his life –this witness was profound and inspiring!

As Catholics our decisions regarding end of life issues need to be formed and conform to the teachings of our faith. Of particular importance are the questions regarding nutrition and hydration of persons in compromised health situations.

We are surrounded by what John Paul II called the “culture of death: which disregards the dignity of the human person, the sanctity of life and the process of dying. We believe in a culture of life –one that celebrates the dignity of the human person, honors the sanctity of life and sees dying as an integral part of life and eternal life.

I am happy to re-issue the pastoral letter, *Comfort My People*, written by Bishop John McGann in 1997. Since that letter was written, science and theology has progressed in our understanding of life issues as well as with new possibilities for treatment and care. Because of these developments, it is important to add to the pastoral our further developed understanding of these complex issues.

To accompany *Comfort My People*, I am including six (6) fundamental principals that will serve as guideposts for our decisions regarding nutrition and hydration.

Most especially, we need to continue to immerse ourselves in the Gospel values of dignity, respect and compassion as we move forward in faith, hope and love in our care for those most vulnerable.

Sincerely yours in Christ,

Bishop of Rockville Centre

## NUTRITION AND HYDRATION

1. Nutrition and hydration are normal care for the nourishment of the body and are not to be seen as medical treatment.
2. Even when a tube or another means of aiding nutrition and hydration are used, they still constitute normal care and in principle are always to be provided.
3. Therefore so long as nutrition and hydration can achieve their goals – food and water to maintain human life – they are to be maintained.
4. More often than not, questions about nutrition and hydration arise within the context of a patient with terminal illness or in a critical condition. In those cases the kind of medical treatment needs to be examined carefully. Extraordinary medical means are permissible but are not necessary. It may then be permitted to remove extraordinary means according to the usual ethical guidelines.
5. In those cases in which nutrition and hydration can no longer achieve their goal of feeding and maintaining the body, e.g. the body cannot tolerate or accept such, then it is permissible to remove feeding tubes or cease providing nutrition and hydration to the patient.
6. In all these circumstances, decisions should not and cannot ethically be made in order to end the patient's life but only in order to cease providing care or treatment that no longer can serve the ends for which they were commenced.

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# Comfort My People

## A Pastoral Letter On Care For The Sick And Dying

### Part 1: In The Chaos Of Serious Illness...

*What if it happens to you or me? What if you or I were to discover that we were sick and dying? How would we deal with the heartache, the chaos of serious illness?*

**O**ur hearts break at the thought of leaving all that we know and love, of causing loved ones to suffer, of leaving "unfinished business."

But we probably fear dying more than death itself. Though we all fear prolonged pain and suffering, many of us are terrified of losing control or independence. We dread becoming useless, a burden to those who take care of us, and a financial drain on our own resources and those of our loved ones.

In the face of serious illness, it is natural to struggle with grief, anger and self-doubt. Describing his reaction to the news that he had terminal cancer, my brother bishop **Cardinal Joseph Bernardin** of Chicago wrote, "Initially I felt as though floodwaters were threatening to overwhelm me. For the first time in my life, I truly had to look death in the face. In one brief moment, all my personal dreams and pastoral plans for the future had to be put on hold... I found the nights to be especially long, a time for various fears to surface. I sometimes found myself weeping..."<sup>[1]</sup>

Facing his own death, **Jesus** himself prayed, "My Father, if it is possible, take this cup of suffering from me." His sorrow was "so great," he told his disciples, "that it almost crushes me."<sup>[2]</sup>

Like Jesus on the Cross, our very being might cry out, "My God, my God, why have you abandoned me?"<sup>[3]</sup>

If we feel only helpless and abandoned in this torment, could suicide seem to be an answer?

And what if someone we love were sick and dying?

Is there anything we would *not* do to relieve their suffering? And yet, we fear that we can not really do anything, or do enough. We feel defeated, and at times utterly alone and without hope.

My broken-hearted brothers and sisters, you are not alone.

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## Part 2: There Is Hope!

*"In the darkness, a light has shone, and the darkness has not overwhelmed the light!"*<sup>[4]</sup>

May this light help us to see:

- **The hope** that physicians, counselors, caregivers and sick and dying people of all faiths have to share with us from their years of direct encounter with illness, dying and death.
- **The hope** that comes with recognizing that people who ask for help to commit suicide are almost always really longing for something *else*: not death but *relief*. They are asking for relief from physical pain, relief from the depression that so often comes with serious illness, relief from the social pain caused by isolation and relief from spiritual suffering.<sup>[5]</sup> They are asking for *help*.
- **The hope** that comes with knowing that when relief is provided, most sick and dying people *no longer ask for help to die*.<sup>[6]</sup>
- **The hope** that comes with the knowledge that our society can offer such relief. With our care, our love and our prayer, we as individuals, institutions, society and Church have the ability to provide relief of pain and suffering. For physical pain associated with terminal illness, physicians tell us that modern medicine can now provide substantial relief *in* virtually all cases.<sup>[7]</sup>

Indeed, there are witnesses all around us who testify **to the greatest hope**, to what happens when people confront their illness and dying together with others. So many sick and dying people and their caregivers-people of all faiths-have told me, in voices hushed with awe, of their unexpected encounter with pure grace, of intimate family histories which in the last days were shared for the first time, of precious reconciliations, of coming to appreciate that lives were lived and loved and could be let go. People whose lives were forever changed, even transfigured in the process, some in their final days; healed if not cured-and at peace.

I share this great hope. In my own family, and as a priest and bishop, I have accompanied dying people and their families as they discovered profound peace in the care, love and support they gave to one another.

Moreover, I witness to this hope because I myself have experienced its power: during my own battle against life-threatening illness, I have been lifted, at times carried, by the care, the love and the prayers of many friends and supporters-many of you.

This hope speaks with unusual power because it is not just a promise, it is not just a dream, it is not just for the future; it is now.

So to those who in pain and desperation might see suicide as the only answer for them or someone they love, I say: there are alternatives, there is relief, there is hope.

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### **Part 3: We Are A People of Hope.**

**A** people of all races and faiths, we Americans have struggled for over two hundred years to build our society on ideals and traditions that call us to *care* for one another. But today voices are being raised that promote suicide rather than hope for some of our sick and dying. As I write to you, the U.S. Supreme Court is deciding, for the first time in our nation's history, whether physician-assisted suicide is a right protected by the Constitution.<sup>[8]</sup>

In this public debate, some good people are moved by what I believe is a sincere but misguided compassion. They look for a law that will offer assisted suicide specifically to those few of our terminally ill brothers and sisters whose pain they think modern medicine cannot relieve. They argue that such a law can limit assisted suicide to only these few, only with the help of a physician, and only as a last resort.

Some say that the question of assisted suicide is a private matter that affects only the individual who makes the decision.

Experience and reflection tell us otherwise.

## Relief of Pain

*I*s assisted suicide the only way to end pain caused by terminal illness? As a President's Commission reported, no; advances in recent years have "allowed pain to be reduced to acceptable levels in virtually all cases."<sup>[9]</sup>

In exceptional cases, terminal pain can be difficult to treat, but many pain specialists say that with close attention even extreme pain can be relieved.<sup>[10]</sup>

As **Dr. Milton R. Beyers**, Medical Director of Good Samaritan Hospice explains, "If the medical community and the lay public could be educated to the fact that pain can be controlled with relative ease, there would be no need for the time and effort now being expended on the subject of physician-assisted suicide."<sup>[11]</sup>

## Risks To Health Care

*I*s assisted suicide simply an option that improves our nation's health care by adding a choice to end-of-life decisions? No; it lets our society and health care system replace better care for the dying with quicker death. This is the opposite of improving health care in America. We must strengthen, not weaken our nation's health care system.

*Should our society give its physicians the power to intentionally cause death?* As the **American Medical Association** has said for many years, no.<sup>[12]</sup> At the heart of our society's medical care is the trust in our physician-patient relationship. We have trusted our physicians to keep their focus unambiguously on saving life, not causing death.<sup>[13]</sup> We must preserve this focus and trust; the AMA believes that physician-assisted suicide would increase patient fears of medical care, particularly in hospitals, and "distort the practice of medicine itself."<sup>[14]</sup>

## Ineffective Controls

*I*s it possible for laws to limit assisted suicide for use only in exceptional cases? The experience of the Netherlands during the past twenty years tells us, *no*. There, in the *one* country whose national law has authorized physicians to assist in suicide, what was supposed to be a carefully controlled right to *physician-assisted suicide* at the request of *terminally ill* patients quickly became a right to physician-assisted suicide at the request of *chronically and mentally ill* patients; then a practice of *voluntary euthanasia*, where the

physician himself or herself kills the patient with the patient's consent; and finally *non-voluntary euthanasia*, where the physician kills the patient without the patient's consent. <sup>[15]</sup>

This happens because once a law permits intentionally caused death even for exceptional cases of suffering, it is difficult to deny it-or discourage it-for other cases and reasons. <sup>[16]</sup> At the same time, the confidential *and often dependent* nature of the physician-patient relationship makes it nearly impossible for any law to protect patients from those who, even with good intentions, would expand their power. <sup>[17]</sup> In fact, neither the initial regulations in the Netherlands nor subsequent amendments have been able to control such expansion.

In America, we have already seen a number of cases of physician-assisted suicide administered to patients who were not terminally ill. <sup>[18]</sup>

This is not where we want our country to go.

## Economic Pressures

**C***an laws regulate assisted suicide enough to prevent mistaken, discriminatory, and coerced deaths?*

As the **New York State Task Force on Life and the Law** unanimously concluded in 1994, *no*. <sup>[19]</sup> An interfaith panel of medical, legal and moral leaders, the Task Force warned that "no matter how carefully any guidelines were framed," it would be impossible to close all the loopholes. <sup>[20]</sup> In fact, the Task Force said, a law that permitted assisted suicide would be "profoundly dangerous," especially "for those who are elderly, poor, socially disadvantaged or without access to good medical care." <sup>[21]</sup>

**Pope John Paul II** tells us that when "the life of the person who is weak is put into the hands of the one who is strong in society, the sense of justice is lost, and mutual trust, the basis of every authentic interpersonal relationship, is undermined at its root." <sup>[22]</sup>

I fear that in a society where health care is increasingly expensive and controlled, certain people might choose- or even be manipulated into choosing- suicide rather than care because it is *cheaper and more available*. <sup>[23]</sup> As **U.S. Solicitor General Walter Dellinger** put it recently, "The least costly treatment for any illness is lethal medication." <sup>[24]</sup> People with costly chronic or terminal illnesses might suddenly feel that they have to justify, to themselves and to others, wanting to continue to live. <sup>[25]</sup>



We cannot let our most vulnerable brothers and sisters become economic targets of assisted suicide.

### **You Matter; We Care**

**C**alled to care, called by justice, we as a people know that assisted suicide is not an answer. We know that in the face of illness and dying, every one of us needs to have, and offer, *hope*. Where there is no cure, we long for peace- and the real dignity that comes with it.

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## **Part 4: How We Die With True Human Dignity.**

*"How precious in the eyes of the Lord is the death of his faithful ones."* [26]

**I** have been deeply moved to hear so many people express their insistence on dignity in the face of illness and dying, and how much others have helped them to achieve it. While all of us worry about losing dignity when we are sick, these people have seen-as I have- that in the face of suffering, relying on others for help is often the only way to *preserve* dignity. For it is when we are suffering that we need others most. Indeed, many people have told me that it is the *height* of dignity for a person to accept being cared for, especially if the person being cared for was used to being the caregiver in the past.

For what is true human dignity but an assertion of our fundamental-we say God-given-worth, *whatever* our physical or mental condition.

### **Avoiding The Extremes**

**A**s Catholics we reject the extreme that claims for ourselves the role of God and the extreme that denies our fundamental godliness. The first extreme can lead us to try to control all aspects of dying-*even to intentionally caused death*, as in assisted suicide or euthanasia. For all of our history, our nation and Church have strongly rejected this extreme as wrong for individuals and extremely dangerous for society.

The second extreme is one that can lead to *abandoned dying*. There are many ways in which we can abandon those who are seriously ill and dying.

Sometimes, in our most desperate attempts to save them, we abandon dying people to *too much* treatment and technology, where they are endlessly subjected to medical interventions over which they have no control. Although at times this can be life-saving, *in* some circumstances it is futile agony. Over and over I have been disturbed by stories of how awful the treatment becomes when it loses sight of the *person* involved. In anger, some of the sick and their caregivers have described this to me as an assault that simply prolongs the dying process and adds nothing but more pain and suffering to the lives of the dying person and his or her loved ones.

Other people are abandoned to *too little* medical care, especially those who are poor, those immigrants who are denied access to health services, and an increasing number of the middle class who are underinsured or who have no health insurance at all.

Finally, we know that some people are abandoned to *no* human care or contact in their final days. Brothers and sisters, in our midst and to our shame, in this land of abundant blessing, they die alone.

As human beings, we know that these extremes are all terribly wrong.

### **The Human, Middle Way**

I commend to you the *middle ground*: a *letting go* with the true dignity that comes with adequate treatment of the physical, emotional, social and spiritual suffering of the dying person. This very wide middle ground avoids the extremes: death is not directly caused and dying is not unnecessarily prolonged.

Our Church teaches that when it is time for us to die we deserve to die *as human beings*, in peace and with dignity. Like many religious and spiritual traditions, the Catholic tradition embraces the dying and their caregivers with compassion as they prepare for the very natural, human and inevitable passage from one stage of life to another. For while dying is a natural part of life, our tradition teaches that death is a passage into new life.

Let me say in new words what the Christian image of dying is.

## Our Call And Commitment To Relieve Pain

**A**lthough suffering can have meaning, the Church does *not* teach that suffering for its own sake is good. The Church does not want people to suffer. Jesus himself did not want to suffer. Moreover, being "sensitive to every human suffering, whether of the body or of the soul,"<sup>[27]</sup> Jesus again and again relieved the suffering of others-often by the simple gesture of touch.<sup>[28]</sup>

We salute those who provide comfort to others in pain!<sup>[29]</sup> When used with a skillful respect for the patient's perception of his or her condition, current techniques of pain control can provide great relief of most physical pain associated with terminal illness.<sup>[30]</sup>

Physicians are morally and professionally obligated to treat pain adequately.<sup>[31]</sup> Further, it is morally acceptable for physicians to adequately treat pain even though in exceptional cases the treatment indirectly hastens death.<sup>[32]</sup> Such treatment is different from assisted suicide because the purpose of the treatment is to relieve pain, not cause death.

## Letting Go

**O**ur tradition also recognizes that though there are constant advances and breakthroughs in science-and prayer above all can move mountains-it is *not* necessary for sick and dying people to exhaust every medical possibility or wait for miracles.<sup>[33]</sup> In the words of the Lutheran theologian **Reinhold Niebuhr**, it is important to ask, "*Lord, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.*"<sup>[34]</sup>

Then may I state clearly: it is morally acceptable-and often an act of love-to forego or withdraw technologies and treatments aimed at prolonging life (including medically-assisted respiration, dialysis, nutrition and hydration) when the patient or health care agent comes to the conscientious judgment that it offers little reasonable benefit, or is an unreasonable burden to the patient. *This is a long-standing teaching of the Catholic Church.*<sup>[35]</sup>

It is important to recognize what distinguishes this teaching from assisted suicide. First, in foregoing or withdrawing burdensome treatment or technological assistance, the *disease* causes the death; in assisted suicide, *people* cause the death. Second, a person who decides to forego treatment or have it withdrawn is not necessarily choosing death. Rather, he or she chooses life without the burden of disproportionate medical intervention, accepting the

inevitability of the dying process.<sup>[36]</sup> This was the choice that Cardinal Bernardin made when he terminated the chemotherapy that no longer offered him any reasonable benefit against inoperable cancer.

### **The Good Fight Fought** <sup>[37]</sup>

“**T**here is an appointed time for everything,” **Ecclesiastes** tells us, “a time to be born, and a time to die.”<sup>[38]</sup> When, in the words of **St. Paul**, “the good fight has been fought, and the race finished,” when a natural death awaits only our final act of surrender, it is truly our time to let go—our “time to die”—and to go to our eternal home. For as the Catholic theologian **Karl Rahner** assures us, “now the time for enduring is past. Now you can put everything and yourself into the hands of the Father. Everything. Those hands are so gentle and so sure. They are like the hands of a mother. They embrace your soul as one would lift a little bird carefully and lovingly into his hands...”

“And everything is safe and secure in the heart of God, where one can cry all anguish out, and the Father will kiss away the tears from the cheeks of His child.”<sup>[39]</sup>

Friends, may we go in peace, comforted, as the theologian-writer Shusaku Endo suggests, by Psalm 31's timeless declaration of absolute trust: “*Father, into your hands I commend my spirit.*”<sup>[40]</sup>

### **Love To The End** <sup>[41]</sup>

**H**ow difficult it is to let our loved ones go! But letting go is neither abandoning our loved one nor in any way causing his or her death. For when the human condition demands that we let go, when we end life support that would have only prolonged the dying process, then we are submitting to the natural course of life. This is both mercy *and* wisdom. Even more, in the sacred moment of letting go, we express a love most tender and selfless. With our blessing, we gently let our loved one go; finally he or she feels *free* to go.

I have been moved by so many stories. In one, an elderly man attached to several pieces of medical technology said to his daughter, “Tell them to detach the equipment. Then, come and sit by me, touch me, hold my hand.”

There is dignity where mastery yields to mystery, and where grief embraces acceptance, *grace*.

### **Preparing for End-of-Life Decisions**

**I** know that these decisions are extremely difficult and deeply personal and are often required at moments of tremendous stress. Turn to your caregivers, chaplains, clergy and religious, deacons and parish outreach personnel. Thank God they give counsel in such moments; I commend them to you.

However, as your pastor, I encourage you to prepare *ahead* for these end-of-life possibilities. Discuss with your loved ones how you feel about dying and how you would like to be cared for at that time. Caregivers quite properly urge us to use a health care proxy to express directly how we wish decisions to be made for us if we become unable to make them ourselves. [42]

Take steps to protect your true dignity. Many tell me that dignity has become even more important to them in dying than ever before. We must respect our own dying and demand that others respect it. Above all, we must not surrender the definition of our dignity in such circumstances to those who speak from darkness or despair. As the writer **Henri Nouwen** recognized, "our dying can be as much our own as our living." [43] I have heard so many people describe how much they gained *when it most mattered*, how much they were able to share, to learn, to repair, to heal by taking the middle path of dignity. For that is the path that transfigures suffering and dying. That is the path to peace.

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## **Part 5: Moving From Suffering To Peace.**

**W**e all know that suffering is a part of life. We have all suffered or been witness to suffering of one kind or another, whether physical or emotional, social or spiritual. As **Pope John Paul II** has observed, "suffering, in fact, is always a trial-at times a very hard one-to which humanity is subjected." [44]

## **The Mystery of Suffering**

**I**n the Hebrew Scriptures, **Job** learns that suffering is a mystery, not a punishment for something he did or did not do. <sup>[45]</sup> But with or without faith, like Job it is often difficult for us to imagine what the meaning or purpose of suffering could possibly be, or what "good" could possibly come out of it. <sup>[46]</sup>

When Job asks God, "Why?," God's response is not an explanation but a presence: He gives Himself. <sup>[47]</sup>

As in Job, you will not find in this letter an answer to the question, "Why do we suffer?" This letter does not suggest a way to avoid all suffering. For as Job discovered, there is not an answer, but a response: presence. <sup>[48]</sup>

I witness to a quiet truth, a beautiful path that people of all ages and faiths are choosing: one of reaching out to help one another to live through suffering.

So many of you have described to me moments of immeasurable grace when loved ones transcended their suffering by reaching out to you and to others, both to give and receive in the closing days of life.

What holy ground.

What powerful witness you are.

## **Special Message to Long-Term Sufferers And Their caregivers**

**P**owerful witness too, are you who battle with chronic or mental illness. In the unrelenting grip of degenerative disease, on the roller coaster of recurrent illness and remission, of alcohol or drug dependencies, life can be a day-to-day trial. Recently a woman who works with chronically ill people described how the suffering on all sides can be so personal and constant that others do not realize, and at times even forget, how much their help is needed.

It can be heart-rending for all, particularly for those who experience the suffering as family. Compassion, which means to "share another's suffering," is never more perfectly defined than when we open our lives to the long-term suffering of a child, a spouse, a friend, a patient, someone that time or chance or work-and God-brought us to cherish.

But when challenge and sacrifice weigh upon us, when the rewards seem to be hidden from us in this life and the next, it is easy to lose hope and heart, especially if we feel alone.

Steadfast but careworn, many of you have told me that *this* is where hope and dignity-which spring from community, from *presence*-are most needed.

We must be present to one another. Together we share the hope and dignity that endure.  
Be not afraid.

## The Good News

*This is the Good News: We are not alone.*

**F**or just as suffering is a fact of life, as Christians we believe that it is part of human nature to reach out, to our God and to one another, in order to help one another make it through suffering. As members of the human family, we instinctively, universally build relationships, communities and our society to help and sustain us in the struggle, from the first moment of our lives until the last. They are our allies, on whom we depend constantly.

## The Individuality of Response

**A**lthough we are not alone in the struggle, suffering is different for everyone, and it calls for a deeply personal response. Of course it is natural to fight suffering. Suffering should be fought, with spirit, and overcome to the greatest extent possible. From **Helen Keller** to "**Bill and Lois W.**," the couple that started Alcoholics Anonymous and Al-Anon, from the most public of people and stories to those perhaps known to us alone, it is not only the triumphs but the efforts to respond to all kinds of suffering that encourage us.<sup>[49]</sup>

For some, the response is heroic. I am reminded of **Mary Fisher**, the young mother who publicly shared her own battle with HIV/AIDS in order to fight widespread ignorance and intolerance of the disease-in her own words, to be a messenger and not just a victim. "I was as terrified of going public as I had been of being HIV-positive," she said, but "I was eager to be, as **Mother Teresa** once said, "*a pencil in the hand of God.*"

Like many heroes, Mary acted on the conviction that "an ordinary person, given some moral courage, can make a difference." She has exemplified, however, the special heroism of those who decide to turn their suffering into an offering for others. "Since we cannot save our own lives," she resolved, "we would be wise to contribute them for some purpose."<sup>[50]</sup>

As Jesus said, "There is no greater love than this: to lay down one's life for one's friend."  
[51]

Nonetheless, we are not all called to be heroes, and I am not calling you to heroism any more than I may be called to or capable of that. I am simply calling all of us to continue to respond with hope.

For many people, a response of hope is rooted in faith and spirituality. For Christians, this involves a profound appreciation of our vocation to share in the Passion, Cross and Resurrection of Jesus. **Cardinal Bernardin** is a recent example, learning gradually, in the words of **Henri Nouwen**, to befriend his approaching death so that the way of his dying could become his gift to those he loved and who loved him. [52]

For those who do not hold any religious belief, there are hope-filled responses rooted in human nature which, like those grounded in religious tradition, are also profound and intimate. The use of humor; even a momentary appreciation of beauty in nature, art or song; the recollection of past experiences; these are human responses to suffering that cross all cultures and faiths.

Are they effective responses? In his book *Man's Search for Meaning*, the psychotherapist **Viktor Frankl** describes how he and other prisoners used *precisely those* responses to deal with horrific suffering in Auschwitz and other concentration camps-where Frankl lost his wife, parents and brother.

Dr. Frankl and his fellow prisoners defied the hopelessness of the camps-"for a few seconds" at times-by using the two things that "no power on earth could take" from them: their *memories* and the inner, spiritual freedom to *choose their own attitude* in every situation. Frankl concluded that "any person can, even under such circumstances, decide what shall become of him or her-mentally or spiritually. He or she may retain dignity even in a concentration camp."  
[53]

Frankl himself chose to focus on the love he had for his wife; a love which both reflected and reminded him of the meaning in his life, a love he found he could summon, savor, and keep safe at the core of his being. In one passage he recounts, "The dawn was gray around us...gray the rags in which my fellow prisoners were clad, and gray their faces. I was again conversing silently with my wife, or perhaps I was trying to find the *reason* for my sufferings, my slow



dying. In a last violent protest against the hopelessness of imminent death, I sensed my spirit piercing through the enveloping gloom. I felt it transcend that hopeless, meaningless world...

"More and more I felt that she was present, that she was with me; I had the feeling that I was able to touch her, able to stretch out my hand and grasp hers. The feeling was strong: she was *there*." [54]

Although as Christians we have a special appreciation of the power of transcendence, Frankl found it to be a *universal* element of humanity. "Being human always points to something or someone other than oneself," he observed. In fact, "the more a person forgets himself-by giving himself to a cause to serve or another person to love-the more human he is..." [55]

### Response In Community

**T**his sacred individuality of response is especially evident among people who are sick and dying. We know that adequate treatment helps them to cope with their suffering. More than that, we see again and again how the interdependent efforts of sick and dying people, their caregivers, their loved ones and others help them-often simply by being present-to find meaning despite all kinds of suffering, to find real peace as life ends, and then to freely let go.

This comfort is found in *community*. "If I could," **Mary Fisher** said, "I would offer healing and a cure. I would promise health. I would laugh at the virus and invite you to join in the laughter. But the only healing I have to offer is prayer. The only cure I know is to be surrounded by a family of people full of compassion, ready to love you, sick or not, cured or not." [56]

Indeed, we find *peace* in the care, love and prayer we experience with others.

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## Part 6: Find Peace In Proper Care.

*"I cry out in grief like a swallow,*

*I moan like a dove.*

*My eyes look wearily to heaven,*

*Take care of me, Lord!"* [57]

How critically important good health care is to our search for peace!

### **Relief Of Physical Pain And Depression**

**W**e all fear physical pain, for our loved ones if not for ourselves. How critically important it is to treat pain!

Medical professionals report that virtually all terminally ill patients could have their pain adequately controlled with medications such as morphine, which keep the patient awake, alert and reasonably free from both pain and the risk of addiction.<sup>[58]</sup> Yet studies report that only about 50 percent of those patients are receiving adequate pain management!<sup>[59]</sup> Clearly, we are able to do better. *We must stop the needless suffering now.*

It should be no surprise that as many as three quarters of the people with advanced illness experience severe depression.<sup>[60]</sup> Unfortunately, medical and mental health professionals warn that such depression is widely undiagnosed or under-treated.<sup>[61]</sup> How critically important it is to vigilantly watch for and treat depression!

A number of recent studies show that when it occurs, the desire for death among terminally ill patients is "closely associated with depression, and that pain and lack of social support are contributing factors."<sup>[62]</sup> Studies also show that people stop asking for help to die when their pain and depression are adequately managed and other symptoms are controlled.<sup>[63]</sup> When someone is suffering, the answer is not to kill the sufferer but to relieve the suffering.

### **From Cure To Care**

**A**t times we all must reach out for short or long-term assistance with health care for ourselves or for a loved one. This can be achieved with at-home care or in a nursing care facility where skilled care is provided around the clock. In collaboration with the family or health care agent, home care agencies and nursing homes try to attend to the physical, emotional, social and spiritual needs of the frail elderly and chronically ill people of all ages.

There comes a time as well in the course of an illness when aggressive treatments might no longer be appropriate. Such decisions, while terribly difficult for the sick and their loved ones, can bring peace. In advanced stages of terminal illness in particular, when there is very little possibility of a cure, treatment can shift from care aimed at cure to care aimed at providing a comfortable death. The term "*palliative care*" describes the approach that focuses on relieving all

forms of suffering-physical, emotional, social and spiritual-without seeking to cure the patient's incurable disease. As **Henri Nouwen** observed, "when we have the courage to let go of our need to cure, our care can truly heal in ways far beyond our own dreams and expectations." [64]

### **Hospice Care**

**D**uring the past thirty years, *hospice* programs have become the principal instrument of palliative care. Hospice programs provide teams of professional caregivers who attend to dying patients and their families, *most often in the patient's own home*.

While management of physical pain is the initial goal, hospice also offers emotional, social and spiritual support to help people cope with the pain and the loss that come with facing death. As expressed by **Dame Cicely Sanders**, founder of the first modern hospice in London in 1968, "You matter until the last moment of your life, and we will do all that we can, not only to help you die peacefully, but to help you live until you die." [65]

### **Instruments of Peace**

**T**o those among us who are sick, see your physicians and nurses, counselors and other caregivers as instruments of peace! See *yourselves* as instruments of peace to one another and all those around you. Even from bed, reach out. As so many caregivers have told me, recognize the undying gift that you offer your loved ones and others *simply by letting them* care for you.

If only you knew how much you touch others-and *teach*.

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## **Part 7: Find Peace In Love.**

*Remember: In the chaos, in the quiet,*

*He holds you in the palm of His hand.* [66]

**I**stand in awe at the love and grace showered on people who are seriously ill and dying. One person described serious illness as offering a life-changing opportunity to share *unconditional* love. How powerful and holy, and how true. Where some would send a false

signal that a less than "perfect life" is not worth living, our love says for all to hear: "Though your life seems diminished, you are precious-to us, as well as to God."

### **Be Loved**

**B**rothers and sisters, know that your illness raises you to a place of honor in the lives of others-in the lives of your family, your friends, your caregivers, other sick and dying people! It is normal to feel alone- but you are not. Touch each other's pain. Say those things that have been unsaid. Tie up loose ends. Remember the good times and struggles. Affirm life; touch the mystery of life and death.

If you feel especially alone, estranged from loved ones or without family, reach out! Accept the love *that will come to you* from those around you. You are more than you imagine. Tell your story-people will listen. Become instruments of *peace to one another!*

### **Love Now**

**D**o you realize how much those around you need your love-especially now? I am reminded of an 82-year-old mother, a proud, independent and courageous woman who suffered a debilitating stroke. She was completely paralyzed except for the movement of her eyes. Fully conscious, her eyes became her sole form of communication. Her final days were a time of reconciliation and communion. Her sons, who had long drifted their separate ways, grew close in loving care for their mother. Each forgot past hurts in a united effort to be present to her as her life ended. With the rest of the family, the brothers found peace as they, and she, let go.

It is in such moments that we can, as the **Reverend William Sloane Coffin Jr.** said at his young son's funeral, "seek consolation in the love that never dies, and find peace in the dazzling grace that always is."<sup>[67]</sup>

### **Special Message To caregivers At Home And In The Professions**

**B**lessed caregivers, know that you are not alone either. When you feel the wounds of those you heal, in the moments we all experience when love and responsibility bring on exhaustion, anger, even guilt, let us lean on the promise of Isaiah:

*"Don't you know? Haven't you heard?*

*The Lord is the everlasting God;*

*God created all the world.*

*God never grows tired of the weary.*

*God strengthens those who are weak and tired."* [68]

I thank God for you, and the sign you are of God's inexhaustible love in this world. "For I was hungry and you gave me food, I was thirsty and you gave me drink...ill and you comforted me."

[69]

### **Respite Support**

**R**emember that part of taking care of someone else means paying attention to your own needs as well.

**R**enew your strength; refresh your spirits with help from those around you. Many of you have told me what a godsend it was to have someone do something as simple as clean your house or cook a meal for you! Patient, family, friend and neighbor, each can help with something if asked. *Ask!* In addition, take heart that a growing number of parishes and health care institutions provide *respite* services specifically for caregivers. Let these wonderful programs and volunteers offer you, and even the one you care for, a life-giving break by taking over your responsibilities as caregiver for a few hours at home or perhaps a little longer in an institutional setting.

### **Presence Is Love**

**C**aregivers and receivers, family and friends, even if you do not have the answers or a cure, you have yourself to give. This time may be the most important of your lives, not just for you but for all those you love and who love you. *Turn your time into a gift to one another.* Where the boundaries between giving and receiving vanish, accompany one another. Reclaim your lives; remember and laugh. Cry together. Share your needs and your fears, your hopes and your dreams.

Most important of all, take time to listen, deeply. Be still together. Read each other's eyes. Touch. You who hold lives in your hearts, hold hands. [70]

Know the healing power of your love.

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## Part 8: Find Peace In Prayer.

**K**now also the boundless power of prayer.<sup>[71]</sup> "Prayer is conversation," says **John Paul II**, "and we are all aware that conversation can take many forms."<sup>[72]</sup> In preparing this letter, I heard a story of a man whose Jewish tradition leads him to converse with God every morning and night. Simply, directly, he speaks to God about the love and the loss that he has shared with his wife in her years in the wilderness of Alzheimer's disease.

Cling to the Lord; pray in any form. "To you, O Lord, I lift up my soul."<sup>[73]</sup> Read Scripture. Meditate. In this "time for dying," this advent of the soul, pray for the peace that comes to those who wait. Pray for one another. For those especially weary or in darkness, pray: "Watch, O Lord, with those who wake or watch or weep this night."<sup>[74]</sup>

If you are too weak to utter a prayer, know that your weakness is prayer itself.

### Prayer And Transformation

**P**rayer is "not a matter of coming to the Lord with a wish list and pleading with God to give us what we ask for," observes **Rabbi Harold Kushner** in his *book Who Needs God?* "Prayer is first and foremost the experience of being in the presence of God. Whether or not we have our requests granted...we are changed by having come into the presence of God."<sup>[75]</sup>

Prayer lets us encounter the Lord. This encounter, the spiritual writer **Thomas Merton** said, "...liberates something in us, a power we did not know we had, a hope, a capacity for life, a resilience, an ability to bounce back when we thought we were completely defeated, a capacity to grow and change, a power of creative transformation."<sup>[76]</sup>

The relationship between spirituality and healing is not completely understood, but many studies indicate that religion and spirituality are positively associated with both physical and mental healing.<sup>[77]</sup> Perhaps it is no surprise then that many patients ask their physicians to pray with them.<sup>[78]</sup>

## Prayer And Hope

**S**t. **Thomas Aquinas** called prayer "the interpretation of hope," and praying "the language of hope." The Lord "teaches us hope by teaching us his prayer," **Cardinal Ratzinger** tells us; indeed, "the Our Father is the *school* of hope."<sup>[79]</sup>

### "Death, Where Is Your Victory?"<sup>[80]</sup>

**T**hose of us who put our faith in Christ can look to the Cross, "where the greatest weakness and the greatest strength met."<sup>[81]</sup> Jesus knew suffering. He suffered fear and agony even while friends and those who mocked him told him that there was no *need* for the Son of God to suffer.<sup>[82]</sup> For he had come "not to be different but the same, not to take our pain away but to share it."<sup>[83]</sup>

Friends, Jesus knows our suffering and enters it with us. His mother, his friends knew loss-and what could come out of it. At the foot of the Cross that first Good Friday, the disciples of Jesus were not only in deep grief but probably believed that all had failed, that no more was possible. Three days later on that first Easter morning, they saw that more was possible, that even death could be destroyed.

And he will raise us up. "I am the Resurrection and the Life. If you believe in me, even though you die, you shall live forever."<sup>[84]</sup> The Resurrection is the sign of God's everlasting love for us.<sup>[85]</sup> As **Thomas Merton** wrote, "We have been called to share in the Resurrection of Christ not because we have fulfilled all the laws of God and man, not because we are religious heroes, but because we are suffering and struggling human beings."<sup>[86]</sup> St. Paul reassures us, "If we hold out to the end, we shall also reign with Him."<sup>[87]</sup>

Remember, remember that upon his Resurrection, the *first words* of the One who saw both life and death were, "Peace be with you. Do not be afraid!"<sup>[88]</sup>

## The Companion Church

**I**n the footsteps of the One who is Peace,<sup>[89]</sup> the Church offers sacramental, pastoral, and liturgical presence to the sick and dying among us and to their caregivers. This is where those in despair find courage, the helpless, comfort; where the searching find love and the lost *each other* in the arms of the Shepherd who carries us all home.<sup>[90]</sup>

Let the Sacraments of Eucharist and Reconciliation sustain you!<sup>[91]</sup> In particular, let the Anointing of the Sick lift you. For "whenever the Church celebrates this sacrament," **Pope John Paul II** tells us, "she proclaims her belief in the victory of the cross. It is as though we were repeating the words of **St. Paul**: 'For I am certain of this: neither death nor life, nor angels, nor principalities, nothing already in existence and nothing to come, nor any power, nor the heights nor the depths, nor any created thing whatever will be able to come between us and the love of God, known to us in Jesus Christ.'"<sup>[92]</sup>

Look for the special comfort that pastoral visitors, special ministers of the Eucharist, religious, deacons and priests bring.<sup>[93]</sup> Participate whenever possible in days of recollection or retreat experiences, such as the *Gennesaret*, for people who are seriously and terminally ill.<sup>[94]</sup>

Above all else, remember that in prayer, we are never alone.

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## Part 9: Comfort My People!

**N**o one should think that the path to peace is easy or pain-free. From our own experiences, many of us can appreciate Cardinal Bernardin's admission that "to say that I'm at peace is not to say there are not times I wonder why this is happening to me. It's not to say there are not times when I may have doubts about what's going on."<sup>[95]</sup>

Yet though the road is not easy, it is well traveled.<sup>[96]</sup> Let us show one another the way and where it leads.<sup>[97]</sup> "*Come to me all you who are weary and heavily laden. And I will give you rest.*"<sup>[98]</sup>

No institution can fill every need. We are all church. *Every one* of us can offer hope and comfort. *Every one* of us can be a channel of peace. Indeed, we are ministers, every one of us, in a ministry of presence that says:

*"We care. You are not alone."*



*"Comfort my people," says our God.*

*"Comfort them!"* [99]

**A**s Bishop, I call all of us to this obligation and challenge. Individuals, institutions, clergy, religious and laity, let each of us say to those among us who are sick or dying: We recommit ourselves:

- To listen to you, to be more present, and to respond with devotion to your physical, emotional, social and spiritual suffering;
- To uphold the worth and the full human dignity of your life;
- To continue to improve care in our health institutions, particularly palliative care;
- To redouble our efforts at training and research in pain management;
- To expand parish and volunteer participation in hospice and respite services, visitation to the sick and bereavement and support groups for you and your caregivers;
- To broaden education regarding end-of-life decisions, particularly with respect to the value of health care proxies and the Church's teaching on foregoing and withdrawing medical treatments;
- To work closely with people of other communities and faiths to ensure availability of resources basic to living and dying in peace;
- To press with determination for laws and public policies that reflect the fullness of human dignity and lead to better care for you and your caregivers;
- To pray with you.

Be assured, rest assured of my prayers.

Beloved caregivers and receivers, you are not alone.

Be not afraid.

*And may peace be with you.*

Faithfully yours,

Most Reverend John R. McGann, D.D.

Bishop of Rockville Centre

## NOTES

1. Cardinal Joseph Bernardin, "A *Sign of Hope*," Pastoral Letter on Health Care, (Archdiocese of Chicago, 1996.)

2. Matthew 26 : 38 - 39.

3. Matthew 27 : 46, Psalm 22 : 2.

"My God, My God, why have you abandoned me?"

Karl Rahner sees "A heart devastated by suffering becomes in You a solitary call to God: (Karl Rahner, *Prayers for a Ufetime*, Crossroad Publishing, New York, 1995, p. 54.) C. L. Sulzberger, editor of *The New York Times*, described this cry as "the most desperate of prayers... infinite in its bewilderment and bewildering in the infinity of its meaning." Go *Gentle Into The Night*, (Prentice Hall, New York, 1976), p.102.

But Jesus does not die in despair. Shusaku Endo notes that following the cry, Jesus "murmurs in a faltering voice a prayerful verse from still another of the Psalms, 'I thirst,' which in turn is followed by words from Psalm 31: 'Father into thy hands I commend my spirit'. Words like *Lord, I commit my spirit into your hands* are a declaration of absolute trust" (*A Ufe of Jesus*, Paulist Press, New York, 1973, p. 149.)

And Nouwen concludes: "When Jesus spoke these words on the cross, total aloneness and full acceptance touched each other. In that moment of complete emptiness all was fulfilled. In that hour of darkness, new light was seen. While death was witnessed, life was affirmed. Where God's absence was most loudly expressed, God's presence was most profoundly revealed." (Henri J. M. Nouwen, *Reaching Out: The 3 Movements of the Spiritual Ufe*, Doubleday, Garden City, New York, 1975.)

4. John 1 : 5.

5. The New York State Task Force on Life and the Law, *When Death Is Sought: Assisted Suicide and Euthanasia in the Medical Context*, (Health

Education Services, Albany NY, 1996), p. x. Established in 1985 by Mario M. Cuomo, Governor of the State of New York, the Task Force was comprised of eight physicians, two nurses, including one nurse-attorney, three other attorneys, five ministers or priests, two rabbis, two non-physician bioethicists, the state's Commissioner on Quality Care for the Mentally Disabled, and a representative of the New York Civil Liberties Union.

See also S. D. Block and J. A. Billings, "Patient Requests for Euthanasia and Suicide in Terminal Illness," *Psychosomatics*, 1995, 36: 445 - 457.

6. The New York State Task Force, op. cit, ps. x, 178-181.

7. President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, *Deciding to Forego UfeSustaining Treatment*, (Washington, D.C., US Government Printing Office, 1983), p. 51, cited in Robert L. Barry, *Breaking the Thread of Ufe* (Transaction Publishers, New Brunswick, New Jersey, 1994), p. 243.

8. In January, 1997, The US Supreme Court heard arguments in the appeals of the two 1996 Circuit Court decisions that invalidated laws in two states that criminalized assisted suicide. Both courts concluded that under the US Constitution, states could not prohibit physician-assisted suicide for competent, terminally ill people.

The two courts used different constitutional reasoning. In March, the Ninth Circuit (covering nine Western states including California) ruled that physician-assisted suicide was a substantive right, using constitutional interpretations of privacy similar to the abortion cases. In April, the Second Circuit (covering New York, Connecticut and Vermont) ruled that it was unconstitutional discrimination for states to allow people to terminate treatments in order to die but prohibit them from actively provoking their own death, (e.g., with a lethal dose of medicine), saying that there was no difference that could justify such discrimination.

Both states and a host of interested parties joined in appealing those decisions, including the US Catholic Conference, the Catholic Medical Association, the Evangelical Lutheran Church of America, Agudath Israel, the American Medical Association, the American Psychiatric Association, and dozens of other medical and ethical groups.

9. President's Commission, op. cit.

10. Robert L. Barry, op. cit., p. 246.

11. Milton R. Beyers, M.D., *Physicians Update*, Good Samaritan Hospice, Feb. 1996, Vol. 1 : 1, p.2.

12. John Glasson, "Report of the Council on Ethical and Judicial Affairs of the American Medical Association," *Issues in Law and Medicine*, Summer, 1994, p. 91.

13. The American Medical Association reaffirmed its long-standing opposition to physician-assisted suicide at the AMA House of Delegates meeting on June 25, 1996. "Today's overwhelming reaffirmation sends a strong message," said Dr. Nancy Dickey, Chair of the AMA Board of Trustees, "The medical profession will not tolerate being put in a position to judge the value of the lives of the patients we are trained to heal, comfort and care for... When faced with death, we must realize that lives have value and dignity, regardless of our physical state." (AMA News Release, 6/25/96.)

14. The American Medical Association, cited in the New York State Task Force, op. cit., p. 109.

15. Paul Wilkes, "The New ProLifers," *NY Times Magazine*, July 21, 1996, p. 26.

In an article in the *University of Richmond Law Review*, Daniel Callahan and Margot White reported that:

"The best information on this subject comes from a survey commissioned by the Dutch Government's Commission on Euthanasia appointed in January of 1990. The survey, directed by Prof. P. J. Van der Maas, encompassed a sample of 406 physicians, who were guaranteed anonymity in providing information to the researchers.

"Based on the physicians sampled, the official results showed that out of a total of 129,000 deaths, there were 2,300 cases of euthanasia and 400 cases of assisted suicide. Additionally, and most strikingly, there were 1,000 cases of intentional termination of life without explicit request (involuntary euthanasia.)

"The avoidance of suffering seems to have been as much a consideration for many physicians as the relief of suffering." Callahan and White, "The Legalization of Physician-Assisted Suicide: Creating a Regulatory Potemkin Village," *Richmond Law Review*, (30 U. Rich. L. Rev., Jan. 1996), p. 15. This study was also cited by the New York State Task Force, op. cit., p. xv.

For an in-depth analysis of the Dutch experience and the ethical, medical, public policy and legal discussion of physician-assisted suicide and euthanasia in the United States, see Herbert Hendin, M.D., *Seduced By Death: Doctors, Patients and the Dutch Cure*, O.N.W Norton & Company, Inc., New York, 1996.)

16. "While euthanasia is socially more dangerous, the same systemic problems undermine the reliability of any proposed safeguards for assisted suicide. Moreover, assisted suicide and euthanasia are closely linked; as experience in the Netherlands has shown, once assisted suicide is embraced, euthanasia will seem only a neater and simpler option to doctors and their patients." (The New York State Task Force, op. cit., p. 145. See also ps. 131 - 132.)

17. "This risk does not presume that physicians will act malevolently." The New York State Task Force, op. cit., ps. 133 - 134. See also ps. 121 -123.

18. Thomas Maier, Phil Mintz, Arnold Abrams, "The Kevorkian Files," *Newsday*, Sept. 8, 1996, ps. 1, 4-5, 48-53.

19. The New York State Task Force, op. cit., p. vii, xiii.

20. Ibid, p. xiii. See Note 5 Supra.

21. Ibid, p. ix. See also ps. xii, 101, 119-120, 140, 143.

22. Pope John Paul II, *The Gospel of Life (Evangelium Vitae)*, (Random House, Inc., New York, 1995), p. 31.

23. The New York State Task Force, op. cit., p. 123.

24. Linda Greenhouse, "High Court Hears 2 Cases Involving Assisted Suicide," *The New York Times*, January 9, 1997, ps. 1 and B9.

In his book *Man's Search For Meaning*, Viktor Frankl warns of the danger when a society "blurs the decisive

difference between being valuable in the sense of dignity and being valuable in the sense of usefulness." (3rd ed., Simon & Schuster, New York, 1979), p. 152.

25. M. Cathleen Kaveny and John P. Langan, "The Doctor's Call," *The New York Times*, July 15, 1996.

26. Psalm 116 : 15.

27. Pope John Paul II, *On the Christian Meaning of Human Suffering (Salvifici Doloris)*, 1984, p. 14.

28. For example, Matthew 8: 3 and 15, 18; Mark 1: 25, 30-31, 42; Luke 15: 12 - 17.

29. Vatican Council II, *Decree on the Apostolate of the Laity*, No.8: AAS 58 1966, p. 845.

30. Beyers, M.D., op. cit., p. 2.

31. National Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Services*, 1995, Directive 61, p.23. See also The NY State Task Force, op. cit., ps. 158-159; and Note 32 immediately following.

32. In its *Declaration on Euthanasia* (Part III) 1980, The Congregation for the Doctrine of the Faith instructed:

"It would be imprudent to impose a heroic way of acting as a general rule. On the contrary, human and Christian prudence suggest for the majority of sick people the use of medicines

capable of alleviating or suppressing pain, even though these may cause as a secondary effect semiconsciousness and reduced lucidity. As for those who are not in a state to express themselves, one can reasonably conclude that they wish to take these painkillers and have them administered according to the doctor's advice."

The text then goes on to read:

"At this point, it is fitting to recall a declaration by Pius XII, which retains its full force. In answer to a group of doctors who had put the question: 'Is the suppression of pain and consciousness by the use of narcotics... permitted by religion and morality to the doctor and the patient even at the approach of death and if one foresees that the use of narcotics will shorten life?' The pope said: 'If no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties: Yes.' In this case, of course, death is in no way intended or sought even if the risk of it is reasonably taken; the intention is simply to relieve pain effectively, using for this purpose painkillers available to medicine."

See also the National Conference of Catholic Bishops, op. cit., Directive 61, p. 23.

33. *The Declaration on Euthanasia* (Part IV), 1980 addressed the question:

"... Is it necessary in all circumstances to have recourse to all possible remedies? In the past, moralists replied that one is never obliged to use 'extraordinary' means. This reply, which as a principle still holds good, is perhaps less clear today by reason of the imprecision of the term and the rapid progress made in the treatment of sickness. Thus some people prefer to speak of 'proportionate' and 'disproportionate' means.

In any case, it will be possible to make a correct judgment as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources."

34. Attributed to the Reverend Reinhold Niebuhr

in John Bartlett, *Bartlett's Familiar Quotations*, (Little Brown and Company, Boston, 16 ed., 1992), p. 684. Also Tony Augarde, *The Oxford Dictionary of Modern Quotations*, (Oxford University Press, Oxford, Great Britain, 1996), p.219.

35. As reiterated in *The Catechism of the Catholic Church* (#2278), 1992:

"Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to 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 or she 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."

See also The National Conference of Catholic Bishops, *Ethical and Religious Directives for Health Care Services*, op. cit., Directives 56 59, ps. 22 - 23.

36. In *The Gospel of Life (Evangelium Vitae)*, John Paul II explains, "To forego 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."

37. 2 Timothy 4 : 7.

38. Ecclesiastes 3 : 1 - 2.

39. Karl Rahner, *Prayers For A Lifetime*, op. cit., ps. 58 - 59.

40. Psalm 31 : 6, Luke 23 : 46. See Note 3, supra.

41. John 13 :1.

In his most beautiful epistle on love, St. Paul assures us that "love never dies." (1Corinthians 13 : 8.)

Henri Nouwen elaborates: "Real Love says 'Forever.' Love will always reach for the eternal. Love comes from that place within us where death can not enter." (*A Letter of Consolation*, Harper & Row Publishers, New York, 1982), p. 32.

42. Diocese of Rockville Centre, *Health Care Proxy: A Guide for Catholics*. See also New York State Department of Health, *Planning in Advance for Your Medical Treatment*.

The New York Health Care Proxy law allows you to appoint someone you trust to decide about treatment if you lose the ability to decide yourself. Many believe that this is the best way to protect your treatment wishes and concerns.

You have the right to appoint someone by filling out a form called a "Health Care Proxy." A copy of the form and information about the Health Care Proxy are available from your local health care provider.

If you have no one you can appoint to decide for you, or you do not want to appoint someone, you can also give specific instructions about treatment in advance. These instructions can be written, and are often referred to as a living will. However, states vary in their recognition and regulation of living wills.

43. Henri J. M. Nouwen, *Our Greatest Gift*, (Harper Collins Publishers, San Francisco, 1995), p. *xii*.

44. Pope John Paul II, *On the Christian Meaning of Human Suffering*, op. cit., p. 25.

45. John 9 : 1 - 3. See also Pope John Paul II, *ibid*, p. 9.

46. "But God will make it good .....God, without sparing us the partial deaths, nor the final death, which form an essential part of our lives, transfigures them." Pierre Teilhard de Chardin, *The Divine Milieu*, (Harper & Brothers, Publishers, New York, 1960) p. 58.

47. Frederick Buechner, *Telling the Truth*, (Harper & Row Publishers, New York, 1977), p. 43.

48. "And that was what Job needed above all else--not an explanation of suffering but a revelation that even in the midst of suffering there is a God who is with us and for us and will never let us go." (Frederick Buechner, *The Longing for Home*, Harper Collins Publishers, New York, 1996, p. 158.)

And Job's "final happiness was greater than his first." Pierre Teilhard de Chardin, op. cit., p. 59.

49. See Helen Keller, *The Story of My Life*, (Doubleday, Garden City, New York, 1976), and Lois W, Lois Remembers: *Memoirs of the CoFounder of Al-Anon and Wife of the CoFounder of Alcoholics Anonymous*, (T. H. Best Printing Company Limited, Don Mills, Canada, 1987.)

50. Mary Fisher, *My Name Is Mary: A Memoir*, Scribner, New York, 1996), ps. 205, 211, 277-8. "I want my children to know that their mother was not a victim. She was a messenger. I do not want them to think, as I once did, that courage is the absence of fear; I want them to know that courage is the strength to act wisely when we are most

afraid." (p. 242.)

51. John 15: 13.

52. Kenneth L. Woodward and John McCormick, "The Art of Dying Well," *Newsweek*, November 25, 1996, p. 63. See also Henri J. M. Nouwen, *A Letter of Consolation*, op. cit., Chapter II and *Our Greatest Gift*, op. cit., Epilogue.

53. Frankl, op. cit., p. 76.

54. Frankl, op. cit., p. 51.

Frankl explains, "I did not know whether my wife was alive, and I had no means of finding out... but at that moment it ceased to matter. There was no need for me to know; nothing could touch the strength of my love, my thoughts, and the image of my beloved. Had I known then that my wife was dead, I think that I would still have given myself, undisturbed by that knowledge, to the contemplation of her image, and that my mental conversation with her would have been just as vivid and just as satisfying. 'Set me like a seal upon thy heart, love is as strong as death.' "

55. Frankl, op. cit., p. 115.

56. Address by Mary Fisher at an Ecumenical Memorial Service for those lost to AIDS, St. James Catholic Church, Grand Rapids, Michigan, April 22, 1993. Mary Fisher, *My Name Is Mary*, op. cit., prologue.

57. Isaiah 38 : 14.

58. "The rate of psychological dependence in patients treated with narcotic drugs for pain is less than one percent." (The New York State Task Force, op. cit., p. 44. Also ps. 160 -162.) See also J. Porter and J. Hick, "Addiction Rare in Patients Treated with Narcotics," *New England Journal of Medicine*, (1980), p. 302. See also World Health Organization, "Cancer Pain Relief and Palliative Care: Report of a WHO Expert Committee," (v. 804, 1980), ps. 1 75.

59. The New York State Task Force Report, op. cit., ps. x - xi, 43 - 47.

There are many reasons why people continue to experience physical pain despite the ability of current medicine and treatments to relieve it. As described by the US Department of Health and Human Services in *Clinical Practice Guideline No.9, "Management of Cancer Pain: Adults*, (pub. No. 94 - 0592, March, 1994), the most common barriers to pain control are:

Problems related to patients:

- . Reluctance to report pain (fear that pain means the disease is worsening, concern about distracting the physician from treating the primary disease, desire to be a "good" patient.)
- 'Reluctance to take pain medication (mythbased fears of addiction or of being thought of as an addict, worries about unmanageable side effects, concern that "they won't work when I need them later.")
- Problems related to health care professionals: .Inadequate knowledge of pain management.
- . Poor assessment of pain (and unwillingness to believe the patient's assessment, which is in fact the only valid criteria in patients with chronic pain.)
- . Concern about the regulation of controlled substances.
- 'Myth-based fear of patient addiction. 'Concern about the side effects of analgesics.

Problems related to the health care system:

- . Low priority given to pain treatment. 'Inadequate reimbursement (most appropriate treatment may not be reimbursed.)
- . Restrictive regulation of controlled substances. 'Problems of availability of, or access to, treatment.

In a recent article, Dr. Kathleen M. Foley of Memorial Sloan-Kettering Cancer Center (New York) cited an American Medical Association report that found that "only 5 of 126 medical schools in the United States require a separate course in the care of the dying." Foley, "Competent Care for the Dying Instead of Physician-Assisted Suicide," *The New England Journal of Medicine*, (Vol. 336 : 1, January 2, 1997), p. 55.

60. Ibid. See also the New York State Task Force, op. cit., ps. 126 - 128, 175 - 177.

61. The New York State Task Force, op. cit., p. 175.

62. Foley, "Competent Care for the Dying Instead of Physician-Assisted Suicide," op. cit., p. 55.
63. The New York States Task Force, op cit., ps. x, 178 - 181.
64. Nouwen, *Our Greatest Gift*, op. cit., p. 104.
65. "You Matter to the Last Moment of Your Life," a brochure of the National Hospice Organization, 1996, p. 2.
66. Isaiah 49 : 16.
67. Copy of the homily in the author's files. See also note 41, supra.
68. Isaiah 40 : 28 - 29.
69. Matthew 25 : 35 - 36. See also Henri J. M. Nouwen, *The Wounded Healer: Ministry in Contemporary Society*, (Doubleday, Garden City, New York, 1972.)
70. "Those who can sit in silence... not knowing what to say but knowing that they should be there, can bring new life to a dying heart. Those who are not afraid to hold a hand in gratitude, to shed tears in grief, and to let a sigh of distress arise straight from the heart, can break through paralyzing boundaries and witness the birth of a new fellowship, the fellowship of the broken." Henri J. M. Nouwen, *Out of Solitude: 3 Meditations on the Christian Life*, (Ave Maria Press, Notre Dame, Indiana, 1974), p. 40.
71. James 5 : 13 - 16.
72. Pope John Paul II, *The Way to Christ; Spiritual Exercises*, (Harper Collins Publishers, New York, 1994), p. 86.
73. Psalm 25 : 1.
74. Prayer of St. Augustine. The full prayer reads:  
 "Watch, a Lord, with those who wake or watch or weep this night,  
 and give charge over those who sleep.  
 Tend your sick ones, a Lord Christ. Rest your weary ones.  
 Bless your dying ones.  
 Soothe your suffering ones.  
 Pity your afflicted ones.  
 Shield your joyous ones.  
 And all for your love's sake. Amen."  
 Found in *The Complete Book of Christian Prayer*, (Continuum Publishing Company, New York, 1996), p. 330.
75. Harold Kushner, *Who Needs God?*, (Simon & Schuster, Inc., New York, 1989), p. 148.
76. Thomas Merton, *He Is Risen*, (Argus Communications, Niles, Ill., 1975), p. 15.
77. Kevin Culligan, O.C.D., "Spirituality and Healing in Medicine," *America*, August 31, 1996, Vol. 175 No.5, p. 17.
78. Ibid, p. 18.
79. Cardinal Joseph Ratzinger, *To Look on Christ; Exercises in Faith, Hope and Love*, (Crossroad Publishing Company, New York, 1991), ps. 6364. Emphasis added.  
 "Through prayer," Pope John Paul II tells us, "God reveals Himself above all as Mercy- that is, Love that goes out to those who are suffering, Love that sustains, uplifts and invites us to trust." (*Crossing the Threshold of Hope*, Alfred A. Knopf, Inc., New York, 1994), p. 26.
80. 1 Corinthians 15 : 55.
81. Nouwen, *Our Greatest Gift*, op. cit., p 94.
82. For example, see Matthew 16 : 22 - 23, 27, 39 - 44. See also Philipians 2 : 6 -8.
83. Henri J. M. Nouwen, *Out of Solitude*, op. cit., p.43.

84. John 11 : 25 - 26.

85. Nouwen writes: "The Resurrection is the expression of God's faithfulness to Jesus and to all God's children. Through the Resurrection, God has said to Jesus, 'You are indeed my beloved Son, and my love is everlasting,' and to us God has said, 'You indeed are my beloved children, and my love is everlasting.' The Resurrection is God's way of revealing to us that nothing that belongs to God will ever go to waste." (*Our Greatest Gift*, op. cit., p. 108.)

86. Thomas Merton, op. cit., p. 42.

87.2 Timothy 2: 11 - 12. 88. Matthew 28 : 9 - 10.

89. Ephesians 2 : 14.

90. Psalm 23, Ezekiel 34 : 11 - 12, 14 - 16; Luke 15: 4 - 7, and John 10: 14 - 16, 27 - 28.

91. As explained by Vatican Council II, *Constitution on the Liturgy*, Art. 73 : MS 56, 1964 118-119:

" 'Extreme unction,' which may also and more properly be called 'anointing of the sick,' is not a sacrament for those only who are at the point of death."

Chapter 4, Nos. 97 and 98 of *Pastoral Care of the Sick* continues:

"...the sacrament of anointing is the proper sacrament for those Christians whose health is seriously impaired by sickness or old age. When the priest anoints the sick, he is anointing

in the name and with the power of Christ himself. On behalf of the whole community, he is ministering to those members who are suffering. This message of hope and comfort is also needed by those who care for the sick, especially those closely bound in love to them."

92. Romans 8 : 38 - 39, cited by Pope John Paul II in *Agenda for the Third Millenium*, (Harper Collins Publishers, London, 1996), p. 81.

93. "The family and friends of the sick, doctors and others who care for them, and priests with pastoral responsibilities have a particular share in this ministry. But this ministry is the common responsibility of all Christians, who should visit the sick, remember them in prayer, and celebrate the sacraments with them." (*Pastoral Care of the Sick*, Part 1, No. 43.)

94. The *Gennesaret* retreat, which takes its name from a land where Jesus worked many cures (Matthew 14 : 34 - 36 and Mark 6 : 53 - 56), is organized several times a year by the Office of Catechesis of the Diocese of Rockville Centre.

95. Associated Press, "Cardinal Preaches Last, Best Sermon," *The Long Island Catholic*, November 13, 1996.

96. "The vast movement and agitation of human life opens onto a road which leads somewhere, and that road *climbs upward*." (de Chardin's emphasis.) Pierre Teilhard de Chardin, *The Divine Milieu*, op. cit., p. 77.

97. John 14 : 4.

98. Matthew 11 : 28 - 30.

99. Isaiah 40 : 1.