



APPROACHING THE END OF LIFE AS CATHOLICS: SPIRITUAL AND BIOETHICAL PRINCIPLES

“
Then the LORD God formed the man out of the dust of the ground and blew into his nostrils the breath of life, and the man became a living being.
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Genesis 2:7
”

Upholding Human Dignity and Respecting Life

Whether we are facing the end of life at home or in a health care setting, the Catholic Church teaches that everyone deserves compassionate health care, especially those on the margins of society, regardless of health condition or status in society.[1]

To affirm and respect patient decision-making, patients should give free and informed consent prior to the start of medical treatments or procedures.[2] This involves health care entities making available all relevant information about a proposed treatment, including its risks, benefits, and alternatives.[3]

You may use an advance directive (a living will) to communicate your health care wishes and to identify a person empowered to make medical decisions for you (often called a “surrogate” or “agent”) when you are unable to communicate your own values and decisions.[4] Your health care providers and those who may be called upon to help you in times of medical crisis should know about your advance directives and how to access them.

Church teaching distinguishes between ordinary and extraordinary medical means. We are morally obligated to provide and to receive “ordinary means” to preserve health and life.[5] In most circumstances, this includes providing food and water, even when medically assisted. [6] We are morally free to decline or discontinue “extraordinary means,” which are those interventions that “in the patient’s

judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.”[7]

Patients at the end of life should receive the best pain and symptom management to allow for a comfortable and dignified death. [8] At the same time, we believe that because euthanasia and physician assisted suicide intentionally end a human life, they are in fact violations of human dignity and are impermissible.[9]



Catholics may participate in organ donation when desired, as long as the organs are not retrieved until after a medical determination of death has been made.[10]

Caring for the Soul

As Catholics, we believe that the human person is a body-soul unity. Care for the person would be incomplete if we only cared for the body but neglected the soul.

The Catholic Church places a special emphasis on the need for spiritual care for all patients, and sometimes hospital chaplains collaborate with local parishes and clergy to ensure patients receive that care.[11]

We are called to be stewards of the gift of life. This attitude of stewardship defines the way Catholics approach medical decisions, especially at the end of life. This document outlines Church teaching and moral principles for Catholics to consider when evaluating medical services offered by a health care provider to themselves or a loved one facing a terminal illness.

Many Catholic hospitals have Catholic priests on staff to make the sacraments readily available to patients.[12] If at home or in a secular health care setting, it may be necessary for you to contact your parish in advance to arrange to receive the sacraments.

Catholic patients should be able to receive the sacraments of Penance, Holy Communion, and Anointing of the Sick.[13] Sometimes referred to as Extreme Unction, Anointing of the Sick is NOT limited to the final moments of a person's life. Rather, patients who are seriously ill or weakened by advanced age should receive this sacrament, ideally while they are fully conscious.[14]

For those preparing for death or who are in danger of death, the Church provides these additional sacramental and spiritual aids:

- Viaticum is a special form of receiving Holy Communion (often for the last time) to receive spiritual nourishment for the final journey through death into eternal life. Ideally, it is administered while the Catholic is still conscious.[15] Often, it is paired with the final reception of Anointing of the Sick.
- The Apostolic Pardon is a plenary indulgence imparted by a priest and is often connected with the last celebration of the Sacrament of Penance.

- Emergency baptisms may be performed in the absence of a priest or deacon by any adult who pours water three times on the head of the one to be baptized, saying, "[Name], I baptize you in the name of the Father [pour], and of the Son [pour], and of the Holy Spirit [pour]."[16] This applies especially to newborns in danger of death, including those miscarried.
- Confirmation may be administered by any priest to baptized Catholics in danger of death who have not yet received that sacrament of initiation.[17]

Conclusion

Whether we reach the end of life suddenly or expectedly, preparation is important. At the most fundamental level, we prepare for death by living as disciples of Jesus Christ. Through virtue, prayer and the sacraments, we seek to live a life progressively united with Christ on earth with the hope that our loving God will unite us to himself forever in heaven.

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www.wacatholics.org

For More Information

Please refer to the Washington State Catholic Conference's *Catholic Guide to Making Good Decisions for End of Life* for more information on ordinary vs. extraordinary means, and to access advance directives forms such as the Durable Power of Attorney for Health Care and Directives to Physicians (Living Will) at: [Catholic Guide to Making Good Decisions for End of Life](#) or wacatholics.org

For additional details, you can read *Ethical and Religious Directives for Catholic Health Care Services*, sixth edition (2018) (ERDs). This United States Conference of Catholic Bishops (USCCB) document provides authoritative guidance for Catholic health care. The endnotes below cite relevant directives as "ERD n. #." You can read the full document at: [Ethical and Religious Directives \(ERDs\)](#) or usccb.org

Ethical and Religious Directives

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| 1 ERDs nn. 1-3, 23. | 13 ERD nn. 13-15. |
| 2 ERD n. 26. | 14 ERD n. 15. |
| 3 ERD n. 27. | 15 ERD n. 16. |
| 4 ERDs nn. 24-25. | 16 ERD n. 17. |
| 5 ERDs nn. 32, 56. | 17 ERD n. 18. |
| 6 ERD n. 58. | |
| 7 ERDs nn. 32, 57. | |
| 8 ERD n. 61. | |
| 9 ERD n. 60. | |
| 10 ERDs nn. 62-64. | |
| 11 ERDs nn. 10-11. | |
| 12 ERD n. 12. | |