

## A CATHOLIC TEACHINGS ON END-OF-LIFE ISSUES VERSUS EUTHANASIA

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ST. PHILIP CATHOLIC CHURCH  
GREENVILLE, RI



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## ST. MOTHER TERESA OF CALCUTTA:

“If we have no peace, it is because we have forgotten that we belong to one another.”



- ✘ We all depend on and need each other
- ✘ We are all vulnerable
- ✘ God set it up this way!

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## FOUNDATIONAL QUESTION:

Is the sick or dying person placed at the center of attention?

OR

Is the sick or dying person abandoned, isolated, ignored?

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## TWO CAUSES OF DEATH

- ✘ Natural Death
  - + Old age/illness/organ failure/disease/injury/accident
- ✘ Death by killing
  - + One person killing another person
  - + A person killing themselves

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## RHODE ISLAND

- ✘ The Lila Manfield Sapinsley Compassionate Care Act would make PAS/MAiD legal in RI
  - + SB126/HB5210 (2023).
- ✘ Would make it legal for doctors to prescribe a lethal dose of medicine to some patients for the express purpose of enabling them to use it to kill themselves, including at home.
- ✘ On Oct. 19 we will look at the contents of the Bill

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## EUTHANASIA/PAS

- ✘ Both sides agree:
  - + Euthanasia and PAS are death by killing.
    - ✘ Terminology: Euthanasia vs. PAS and "killing"
- ✘ Disagreement:
  - + **Prolife:** Killing a person because they are sick is always morally wrong; never justified.
  - + **Pro-euthanasia/Pro-choice:** Killing a person because they are sick is not always wrong; sometimes justified; sometimes even morally obligatory.

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## 3 TYPES OF PAS/EUTHANASIA

- ✘ *Voluntary PAS/Euthanasia* – Patient asks to be killed. (SB126/HB5210).
- ✘ *Nonvoluntary Euthanasia* – patient has not indicated whether or not s/he desires to be killed and is euthanized.
- ✘ *Involuntary Euthanasia* – The patient is euthanized against his or her own or care giver's/proxy's will (Charlie Gard/"Duty to Die")

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## HIPPOCRATIC OATH, 500BC

- ✘ "I will neither give a deadly drug to anybody who asks for it, nor will I make a suggestion to this effect."
- ✘ (180)
- ✘ The suggestion

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## DEFINITION OF EUTHANASIA:

An **action** or **omission** which of itself or by intention causes death in order that suffering may be eliminated.

Euthanasia's terms of reference are to be found in the **intention of the will** and in the **methods used (the moral object)**

Source: CDF, *Declaration on Euthanasia* (1980) Vatican.va

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## 2 WAYS TO PERFORM EUTHANASIA

**Euthanasia by Action** – Deliberately killing administering an overdose

Brittany Maynard (d. Nov. 1, 2014)



**Euthanasia by Omission** – Withholding or withdrawing ordinary/proportionate care.

Terri Schiavo (d. Mar. 31, 2005)



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## THREE POSITIONS ON EUTHANASIA

- ✗ Catholic/Pro-life
- ✗ Pro euthanasia/Pro-choice
- ✗ Vitalist
  
- ✗ Many people wrongly equate the **Catholic** view and the **Vitalist** view. They are **not** the same.

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## FUNDAMENTAL DISTINCTION

- + Extraordinary Treatment
  - ✗ Medical treatment: If removed pathology will kill patient.  
Example: 3<sup>rd</sup> or 4<sup>th</sup> round of chemotherapy (futility<sup>1</sup> and <sup>2</sup>)
- + Ordinary Care
  - ✗ Medical treatment or basic care giving: If removed a patient who is not dying will die.  
Example: Hand feeding

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## IMPORTANT KEY QUESTION:

- ✘ Is it morally acceptable to refrain from or cease medical intervention?
- ✘ Catholic/Pro-life Response:
  - + **Morally Obligatory:** ordinary/proportionate care
    - ✘ For doctor and patient
    - Example: *immoral to discontinue nutrition/hydration if starvation*
  - + **May forego:** extraordinary/disproportionate treatment
    - ✘ Morally optional
    - Example: Stop chemo *or* try another round of chemo

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## WHY MAY WE FOREGO DISPROPORTIONATE TREATMENT?

- ✘ It is the humble acceptance of the approach of death (this is *not* an act of killing)
- ✘ Death is unavoidable/there is eternal life
- ✘ Ordinary care is continued; lovingly!
- ✘ The patient dies a natural death of his or her illness
- ✘ To die is a human act, can be performed well or not (*Ars moriendi*)

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## EXTRAORDINARY TREATMENT IS OPTIONAL

### ***Catechism of the Catholic Church 2278:***

Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate...

It is the refusal of "overzealous" treatment...

Here one does not will to cause death, one's inability to impede it is merely accepted...

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## EXTRAORDINARY TREATMENT IS OPTIONAL

### ***Catechism of the Catholic Church 2278:***

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.

Note: This does not introduce *moral relativism*

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## ORDINARY CARE IS MORALLY OBLIGATORY

### *Catechism of the Catholic Church 2279:*

Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted.

- ✘ [by those attending to the sick person or by the sick person]

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## BASIC HEALTH CARE ORDINARY/PROPORTIONATE

- ✘ Nutrition and hydration; including artificial (CDF 2007)
- ✘ Cleanliness
- ✘ Comfortable room temperature
- ✘ Bed care (Story)
- ✘ Appropriate rehabilitative care
- ✘ Monitoring for signs of recovery
- ✘ Blood transfusions
- ✘ Antibiotics
- ✘ Insulin (*story told by the student*)
- ✘ Some forms and cases of assisted breathing
- ✘ Palliative care (PDE)
- ✘ Most Important: Personal Relating , attention, affection, spiritual

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## IMPORTANT CLARIFICATION ABOUT LEGALIZING PAS

- ✘ Preliminary point: when death is near:
  - + Sometimes difficult to discern extraordinary/ordinary
    - ✘ Intention is not difficult to discern
    - ✘ distinguish from relief
  - + Pray, discern, discuss (family, priest, doctor)....decide
- ✘ **SB126/HB5210** is ***not*** about that situation. It is about legalizing the delivery of a lethal dose to kill. **(180)**

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## THE MEANING OF “PRO-CHOICE”

- ✘ Does the Legalization of PAS and/or Euthanasia increase freedom or decrease freedom?
- ✘ The (legal) “permission” for assisted suicide plants in vulnerable minds the belief that they are a burden. It creates a sense of abandonment and the implication that one should be dead. Soon, the “right to die” begins to feel like a “duty to die.”
- ✘ Autonomy and Consent vs. intrinsically immoral actions

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## THREE OPPOSITES TO LOVE

- ✘ Hatred
- ✘ Use
- ✘ Abandonment, Indifference
- ✘ Pro-life argument against euthanasia/PAS
  - ✘ We abandon the sick when
    - ✘ most in need of love
    - ✘ when most vulnerable
    - ✘ The sick person feels that abandonment and requests

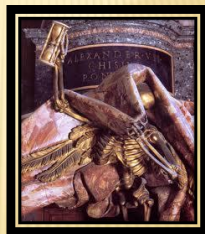
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## WHY IS DEATH A HUMAN ACT?

- ✘ “Oh Lord, deliver me from a sudden death!”
- ✘ Sincere Confession
- ✘ Reconciliation and other words yet unspoken
- ✘ Redemption: earthly, supernatural
- ✘ Consider one’s life more deeply than ever
- ✘ Speak to younger relatives
- ✘ Prepare for; perform well (*Ars moriendi*)
- ✘ Pro-life argument: PAS eliminates all of this

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## ARS MORIENDI AND MEMENTO MORI



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## MEMENTO MORI

- ✘ Tomb of Pope Alexander VII



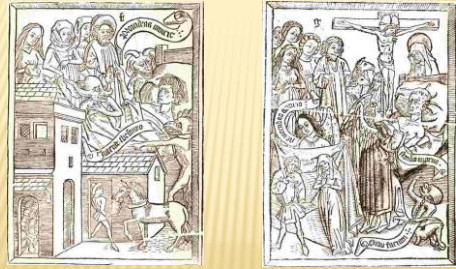
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**THE TEMPTATION TO IMPATIENCE  
THE CONSOLATION IN PATIENCE**



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**THE TEMPTATION: ATTACHMENT TO WORLDLY GOODS  
THE CONSOLATION THROUGH DETACHMENT**



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**THE HOUR OF DEATH**

✘ A Happy End



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**BOOK OF HOURS 1440; DUCHESS OF GUELDERS**



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TODAY:



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