

Lord whom he served as a priest for 45 years. Granted, he could have undergone the chemotherapy or radiation; however, these alternatives were extraordinary for they did not offer reasonable hope of benefit. His actions were morally in accord with Catholic teaching.

Another friend of mine was dying of prostate cancer, which had metastasized throughout his body. When I saw him last in the hospital, he had gone into a coma and was being fed intravenously and was breathing with a respirator. His kidneys had failed. The doctors told the family that there was nothing more they could do in providing any hope of recovery or benefit, but rather was merely prolonging the death process. The family decided to turn off the respirator, which had now become an extraordinary means, and minutes later my friend went to meet his Lord. This action was morally permissible and different from purposefully terminating life.

Keep in mind that in both of these cases, if someone had decided to give a lethal injection to the person, or to deny the person ordinary means of health care, like food and water, then that would have been a purposeful act of killing.

Granted, no one enjoys suffering, and no one wants to see loved ones suffer. However, we must remember that each of us was baptized into Christ's passion, death, and resurrection. We all share in our Lord's cross, and that at times may be very painful. This suffering, however, especially at the last moments of one's life, must be seen as a sharing in our Lord's sufferings. By uniting our suffering

with our Lord's, we expiate the hurt caused by our own sins and help to expiate the sins of others, just as some of the early martyrs did who offered their sufferings for sinners. Sometimes, such suffering finally heals the wounds that have divided families. In all, we must look to Christ to aid us in our suffering and guide us from this life to Himself.

None of these cases is easy. For all the good of medical technology and life support systems, families face increasingly tough decisions in these circumstances. However, there is a great difference between purposely killing someone and allowing a person to die peacefully with dignity, while maintaining the ordinary means of health care. With much prayer, families, assisted with the advice of priests and doctors, need to apply the moral principles to each individual situation. Moreover, we must remember that "what a sick person needs, besides medical care, is love, the human and supernatural warmth with which the sick person can and ought to be surrounded by all those close to him or her, parents and children, doctors and nurses" (*Declaration on Euthanasia*).

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# The Church's Teaching on Euthanasia

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Since the mid-20th century, the Catholic Church has strived to give the clearest guidance possible regarding the care of the terminally ill, which is linked with the moral teaching concerning euthanasia and life support systems. Pope Pius XII, who not only witnessed and condemned the eugenics and euthanasia programs of the Nazis but also the beginnings of modern life-support systems, and was the first to explicate clearly this moral issue and provide guidance. In 1980, the Sacred Congregation for the Doctrine of the Faith released its *Declaration on Euthanasia* which further clarified this guidance, especially in light of the increasing complexity of life-support systems and the promotion of euthanasia as a valid means of ending life. More recently, Pope John Paul II, alarmed at the increasing practice of euthanasia, warned in his encyclical *Evangelium Vitae* (#64) against the "alarming symptoms of the 'culture of death'... which sees the growing number of elderly and disabled people as intolerable and too burdensome." The *Catechism* (#2276-2279) also provides a succinct explanation of our Catholic teaching on this subject.

Concerning this issue, the following principles are morally binding: First, the Catholic Church holds as sacred both the dignity of each individual person and the gift of life. We respect the sacredness of the continuum of life from conception to natural death.

Second, each person is bound to lead his life in accord with God's plan and with an openness to His will, looking to life's fulfillment in Heaven. Therefore, the care of our lives is not a matter of mere "physicalism" where we focus so much on the body and the physical life, that we lose sight of the soul, the spiritual life of the individual, and his eternal destiny. Consequently, we must weigh whether a treatment is simply keeping a body functioning and postponing death versus assisting in the strengthening of life and the restoring of health. The time comes for a person to depart from this life and return to our Lord in a new life.

Finally, intentionally committing suicide is a murder of oneself and considered a rejection of God's plan. Also, to make an attempt on the life of or to kill an innocent person is an evil action. For these reasons, Vatican Council II condemned "all offenses against life itself, such as murder, genocide, abortion, euthanasia, and willful suicide..." (*Gaudium et Spes*, #27).

Given these principles, we believe that each person is bound to use ordinary means of caring for personal health. Here one would think of proper nourishment of food, water, and ordinary medical care. Ordinary means would be those which offer reasonable hope of benefit and are not unduly burdensome to either the patient or the family.

A person may, but is not bound to, use extraordinary means (those means which primarily are not considered ordinary medical care or common medical treatments). These means do not offer reasonable hope of benefit

and may be excessively burdensome to either the patient or the family. Factors to consider in determining whether a treatment is extraordinary include the type of treatment, the degree of complexity, the amount of risk involved, its cost and accessibility, and the state of the sick person and his resources. One would weigh the proportion of pain and suffering against the amount of good to be done. Granted, in our world today, however, exactly what constitutes extraordinary medical care becomes harder and harder to define. For instance, accepting an artificial heart is clearly experimental and would be extraordinary, whereas the usage of a respirator or ventilator is oftentimes standard procedure to aid the patient's recovery.

While the Church makes the distinction between ordinary and extraordinary means, it would not sanction any act of euthanasia. Euthanasia, literally translated as *good death* or *easy death*, is "an action or omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated" (*Declaration on Euthanasia*). In other words, euthanasia involves the purposeful termination of life by a direct action, such as lethal injection, or by an omission, such as starvation or dehydration. Note that euthanasia is commonly known as "mercy killing": this term is most appropriate because the act involves an intentional killing, no matter how good the intention may be to alleviate suffering. Pope John Paul II also asserted that euthanasia involves a false mercy, a perversion of mercy: "true compassion leads to sharing another's pain; it does not kill the person whose suffering we cannot bear" (*Evangelium Vitae*, #66).

Therefore, the Holy Father confirmed, "Taking into account these distinctions, in harmony with the Magisterium of my Predecessors and in communion with the bishops of the Catholic Church, I confirm that euthanasia is a grave violation of the law of God, since it is the deliberate and morally unacceptable killing of a human person" (#65).

However, euthanasia must be distinguished from the stopping of extraordinary means of health care or other aggressive medical treatment. The patient -- or guardian in the case of an unconscious patient -- has the right to reject outright or to discontinue those procedures which are extraordinary, no longer correspond to the real situation of the patient, do not offer a proportionate good, do not offer reasonable hope of benefit, impose excessive burdens on the patient and his family, or are simply "heroic." Such a decision is most appropriate when death is clearly imminent and inevitable. Here a person may refuse forms of treatment which at best provide a precarious and burdensome prolonging of life. In these cases, the person would place himself in God's hands and prepare to leave this life, while maintaining ordinary means of health care.

For instance several years ago, a dear priest friend of mine was diagnosed with pancreatic cancer and told he would die from the disease. Rather than undergo painful chemotherapy or radiation which would only give him perhaps 6 months more to live this life, he entered the hospice program which provided nourishment, pain medication, and excellent nursing care. He prepared himself to meet the