

# Catholic Spirituality and Medical Interventions in Dying

By JAMES F. BRESNAHAN

*As of Dec. 1, 1991,  
all health care  
institutions receiving  
Medicare or Medicaid  
funds will be required  
by Federal law to pro-  
vide information ena-  
bling the patient to  
prepare advance  
directives for accepting  
or refusing medical  
care when that patient  
may have become  
incompetent to  
authorize or refuse a  
particular kind of care.*

**S**HOULD CATHOLICS in the United States prepare advance directives governing the kind of medical care they would want at the time of their dying? This question entails a fundamental but neglected issue of Catholic spirituality: How should Catholics and other Christians, and persons without formal religious affiliation too, prayerfully prepare for their dying within our contemporary high-technology medical culture? What attitudes and dispositions toward our inevitable dying should we seek to cultivate through prayer and reflection—given the power of modern technology to manage, delay and prolong that dying?

These questions require us to face the realities of our North American first world culture, our way of resisting mortality and our frequently superstitious faith in technology. We must ask how we should respond to the prevailing preoccupation of many care-givers who emphasize aggressive use of cure-oriented medical treatment over the alternative medical treatment, comfort care, even when confronted with inevitable dying. How shall we respond, as well, to the proposals now being made legally to authorize assisted suicide or active euthanasia as a kind of technological “quick fix” for the kinds of suffering that accompany dying?

Finally, can we regard advance directives, the Living Will or Durable Agency for Health Care as practical measures to express these spiritual attitudes and dispositions toward dying that we have sought in prayer? Dare we regard legal provisions for specifying the kind of terminal care we want and do not want as “merely secular” and legalistic measures, perhaps even as irreligious temptations? Or can we make of such a document a personal spiritual testament?

JAMES F. BRESNAHAN, S.J., is professor of clinical medicine at Northwestern University Medical School, Chicago, Ill.

### ***Mandatory Information About Advance Directives.***

All of us will be increasingly unable to avoid these questions. As of Dec. 1, 1991, all health care institutions receiving Medicare or Medicaid funds will be required by Federal law (the Danforth provision of the Omnibus Budget Reconciliation Act of 1990) to provide information on the law of the local jurisdiction enabling the patient to prepare advance directives for accepting or refusing medical care when that patient may have become incapable of personally authorizing or refusing a particular kind of care. This, in turn, will force all prudent physicians to discuss human dying and advance directives with their patients *before* they are admitted to a hospital or nursing facility—under penalty of finding their patients unduly alarmed or confused or even panicked by the information provided to them by the institution. The Federal law, therefore, forces us to deal with our North American disposition to avoid thinking about or discussing our dying and what it means for Christian believers to be cared for in a high-technology milieu.

The short answer to these questions about the religious meaning of human dying is familiar to all of us who are Catholics. We are to hold a crucifix. We are to pray to follow Christ in his dying. But this short answer does not reach far enough. We need to think through prayerfully all that this implies in the concrete for each one's dying under high-technology medical care. This was not necessary when medical treatment was comparatively impotent. It is necessary now.

### ***Christian Dying as a Dying with and in Christ.***

We are called by the empowering grace of Christ to live our lives, each of us uniquely, in the likeness of Jesus' own life among us. As Jesus lived for others, so must we. But following the way of Jesus leads "up to Jerusalem." Finally, that is to say, we are called, each one, to die our deaths in the likeness of Jesus' own dying.

Hence we must wrestle with the religious meaning of dying. It is fundamental to our understanding of our baptism, in which we are plunged into the dying of the Lord and also into His risen life. And this same calling is equally fundamental to our regular celebration of the Eucharist, in which we relive over and over again our union with Christ's life, death and Resurrection.

The late German Jesuit theologian, Karl Rahner, in his *Theology of Death*, elaborates this spirituality of Christian dying as a manifestation of our fundamental faith. Just as we receive and respond to the gift of living a life of love in Christ's likeness, so too are we to be drawn eventually to receive and enter into the grace of sharing in the dying of Christ. Our dying, like our living, is a work of freedom under grace. In our final attitude toward death, then, we are called and empowered to replicate Jesus' own free, redeeming self-surrender to the Father. As St. Paul insists, we are to fill up in our own bodies the suffering of Christ for His body, the church. By freely accepting our dying, we come to participate personally

and finally in the fullness of that redemption which Christ has prepared for us in His own passion and dying.

### ***Spirituality of Dying and Catholic Medical Ethics.***

Our calling to make our dying a freely accepted fate, not just something forced upon us, is a major presupposition of current Catholic moral theology when it comes to making decisions about medical treatment in the face of death. Catholic ethicists such as Richard McCormick, S.J., John Paris, S.J., and Dennis Brodeur have eloquently expressed this moral theology in *AMERICA* (3/28/87). Less attention has been paid, however, to the roots of this moral theology in Catholic spirituality and dogmatics. Catholic moral theology rejects what Richard McCormick has called "medical vitalism," a clinging to biological existence at all costs, precisely because not only our living but also our dying is to be the object of our freedom. We are called to make decisions not only about preserving life and health but also about accepting our dying. We have to take a responsible moral stand about dying as well as living.

On the one hand, therefore, we reject the use of medical measures that are deliberately aimed at precipitating death, or that initiate a new lethal process to short-circuit a process of dying already underway from disease or injury. We rule out, therefore, the technological quick fix of lethal injection or deliberate overdose even though the subjective motivation of such acts may be to relieve suffering.

On the other hand, we affirm that measures needed to relieve suffering are always morally justified, and often morally demanded, even though death may occur sooner as a result of them—as long as we are not seeking to cause death but are trying prudently to measure the dose of analgesic to the needs of the suffering patient. And, though we reject deliberately planned, active euthanasia and assisted suicide, we strongly affirm that as death approaches we are allowed, sometimes even required, to refuse cure-oriented treatment that merely prolongs our dying.

The best Catholic moral theology thus requires us to strike a balance. We have a moral right and even in some circumstances the duty to reject "excessively burdensome" medical treatments even though death will follow from that decision. We may never simply reject our dying, and, finally, we must take responsibility for the way of our dying. The contemporary hospice movement (well described by William F. Carr in *AMERICA* 3/25/89) provides a practical expression of this moral theology of dying. This approach, of course, does not satisfy advocates of euthanasia and assisted suicide, for whom human autonomy is an absolute. At the other extreme, it is rejected as homicidal interference with God's providence by advocates of medical vitalism (who include a fringe of ultraconservative Catholics acting in the name of what they understand to be a "pro-life" ethic). Nonetheless, to many people in our society the well-known

---

---

***Catholic moral theology rejects what Richard McCormick has called "medical vitalism," a clinging to biological existence at all costs, because not only living but also dying is the object of our freedom.***

---

Catholic *via media* between precipitately causing death and hanging desperately onto mere biological existence appear to be utterly reasonable.

Within these moral boundaries, therefore, the Catholic moral theology of dying implies that each one of us is called to exercise responsible, discerning freedom in preparation for our dying. Each of us is to make a decision about the burdensomeness of proposed treatments and about the qualitative acceptability of the outcome of such treatments in our time of dying. Each of us must weigh burdens against benefits, not only for ourselves but for those we love and for our community. Graced freedom will be finally expressed by each one of us in our dying—Rahner's theological point. This implies that we will exercise spiritual discernment in preparing for and making this decision, a discernment that is rooted in prayerfully seeking to be ready to enter into Christ's dying when the time of death approaches for each of us.

***Catholic Spirituality and Medical Ethics in Ecumenical Perspective.***

This Catholic rejection of excessively burdensome treatment even though death follows has been widely influential in shaping a consensus in contemporary discussions of medical ethics. The basic human wisdom of this approach is widely shared not only by other Christians, but also by those of other religious convictions and of no religious affiliation. The reasonableness of being able to refuse excessively burdensome treatment and to respond affirmatively and adequately to the needs of those who suffer while refusing to precipitate death deliberately appeals to the moral experience of many persons involved in medical care-giving. Along with Catholics they endorse a hospice approach to dying that promises spiritual and psychological support as well as pain control rather than torturously prolonging the dying process in the name of cure. And they do so because they find a reasonable approach to dying too often absent in our medical culture—too few care-givers who are well trained in the hospice technique, too few who believe that it is really "respectable" medical care.

What resonance, we may ask, does the Catholic spirituality of dying evoke in those who agree with our moral theology but do not share our specific Catholic convictions about dying with Christ? The answer will be found in our shared moral experience, in the practical wisdom contained in this spirituality. That is, those who are not Catholic or even Christian, and who do not share the explicitly Catholic spirituality of dying, but who agree with our moral practice, do so because they recognize that human mortality must be met by something other than blind protest.

What resonates is the Catholic realism about dying as a normal event of human living. The spirituality of people who are not Catholic involves a fundamental piety about the struggle of the human person to come to terms not only with living but also with dying. All of us who seek to discern and decide about the role of medical treatment at the time of dying confront dimensions of human experience common to all persons of good will. We confront the mystery of suffering, of anticipatory grief, of seeking even in this extremity to care well for those we love and will leave behind. Each of us dies in relationship to others, with concern for those whom we seek to make loving even unto the end. The "secular" piety that accepts these realities need not find a thoroughly Catholic spirituality of dying wholly strange.

Some, of course, are puzzled at the readiness of Catholic moral theology to permit, though not to inflict, death, to forgo "life-prolonging" treatments when one reasonably judges them to be excessively burdensome—even though death results. The puzzle is solved by understanding that freely submitting to death can mean dying in Christ. While life and health are to be cherished as a gift of God, a Christian's dying is also the final gift of God's calling us to be conformed to Christ. Our dying is thus seen and accepted as the final gift of redemption in Christ. While persons who are not Christians will not ordinarily see their dying in these precise terms, many do experience a basic human need to exercise their autonomy by coming to terms with the ultimate limit of mortality.

***Dying with Christ and Freely Dealing with Mortality.***

Yet, for many, Karl Rahner's emphasis on graced freedom in entering into our dying with Christ presents a still deeper puzzle. How can we be "free" in this ultimate experience of limitation, of necessity, of unavoidable fate? Dying is what is inexorably imposed upon us by our mortal nature. We suffer death, and in faith we recognize that this reflects the mystery of human sinfulness that implicates us all—and Christ's redemptive transformation of the consequences of that sinfulness in his dying. But can we really claim to be free in what we do not, finally, control?

Christ suffered precisely this death of ours—He whom "the Father made sin though He was without sin." And Christ in his agony prayed to be delivered from the hour of His execution. Yet Jesus also states that He has come freely to "this hour." All four Gospel accounts of His passion and death underline Jesus' willing surrender of Himself in death into the hands of His Father "for us and for our salvation." So it must be possible for a follower of Jesus to join Christ's free self-surrender in dying.

In our culture generally, but especially in contemporary medical ethics, the exercise of human autonomy tends to be thought of almost exclusively as *control*. Patient autonomy is considered almost exclusively in terms of the patient's sharing control of diagnosis and treatment with the physician. Yet, in the patient/care-giver relationship there is always an element of free self-entrustment and submission to what is not and cannot be controlled. A patient's autonomy, therefore, contains an unavoidable dimension of submission, of willing self-surrender to the expert judgment and skill of the care-giver in the therapeutic alliance. Necessarily we exercise our freedom not only in controlling what is done to us but also *in submitting to it*.

In facing the advent of human dying, both patient and care-giver confront what cannot, in the end, be wholly controlled and manipulated. For all of us must die. The challenge is to live out the human meaning of this final event of life by an exercise of freedom that is not simply "in control." Pierre Teilhard de Chardin, the French Jesuit paleontologist and theologian, gives us insight into the spirituality that grasps this mystery of human freedom as not only active but also and necessarily passive.

***Graced Freedom in Submission to Death.***

In his *Divine Milieu*, Teilhard's primary concern was to encourage Christians to see their free initiative in worldly activity as creative, as truly a "building of the earth" which has permanent significance in the fullness of human redemption. But he insists that such a positive spiritual vision of human effort would be incomplete without recognizing and accepting what he calls God's "divinization of our passivities." We are to recognize both passivities of growth and passivities of diminishment as fundamental dimensions of the finite human sharing in God's creativity.

For Teilhard, therefore, the more ready we are to embrace our worldly tasks as our share in God's work of bringing the Body of Christ to completion, the more we must be ready to exercise graced freedom in accepting limitations, contradictions and disappointments in our activity. This acceptance is no less a freedom than the achievement of freedom through control. The final, decisive passivity of diminishment by which we enter the fullness of union with Christ is death. Ultimately, as humans drawn into the cosmic mystery of the Incarnation, we must be prepared to exercise our freedom in our dying, though this will not involve control, but submission, acceptance, self-surrender.

This spiritual understanding of the exercise of freedom in dying proposed by Rahner and Teilhard resonates

---

***The reasonableness of being able to refuse burdensome treatment and to respond to the needs of those who suffer while refusing to precipitate death appeals to the moral experience of many involved in medical care-giving.***

---

with the common human experience of loss and grief. We are always being trained by the crucial events of life to ask forgiveness of those we love for our defects in serving them in love, and we are being led constantly throughout our lives to that moment when we shall make our last concern the continued living in love of those whom we must leave behind. Over and over again I have seen those dying in hospitals far more concerned for the good of those they love and are leaving than for their own entry into the fearful experience of death. And I have seen those who practice a hospice approach to dying enable this kind of autonomy in the dying.

Those who are experienced in the hospice way of medical care of the dying become aware of the work of love toward those left behind that is inherent in human dying. The "life review," for instance, by which the dying person comes to terms with the meaning of his or her life by telling some personal history testifies to the deep meaning of our final struggle to express ourselves even in what is imposed upon us in our dying. The dying permit themselves to be loved and cared for by dear ones and care-givers. (Sadly, Dr. Timothy Quill's patient, described recently in *The New England Journal of Medicine*, apparently refused to do this.) The faithfulness

of care-givers to one who is dying anticipates each one's own hope to be faithful to those left behind at the moment of death.

*Advance Directives and the Meaning of Dying.*

What, then, does this Christian spirituality of death lead us to do in planning for our dying in a high technology medical culture? In an advance directive we have a means of expressing the prayerful discernment that our spirituality seeks.

Advance directives that express our desire to take free responsibility for our dying include the Living Will and the Durable Power of Attorney (or Agency) for Health Care. These are legal documents explicitly authorized by

---

***In my experience, the success of contemporary medicine in giving us "more time" often, if not always, brings with it the burden of a more difficult and frequently more painful dying.***

---

the laws of many states but also possibly effective under common law in many other states that have not yet legislated their legal status. These documents record a person's wishes about which cure-oriented medical treatments that a person refuses to have initiated or continued under specified circumstances when terminally ill but possibly incompetent, that is, unable any longer to express one's wishes. They focus our thoughts and prayers on our dying as it is likely to be in this culture.

The Living Will expresses for all concerned one's wishes about terminal care—but primarily it is addressed to the physicians who attend one's dying. The Durable Power of Attorney gives similar instructions about what end-stage care one wants, but it also appoints a specified person to act on one's behalf with care-givers to carry out these wishes. Some of the language in the widely noticed 1990 Cruzan decision of the U.S. Supreme Court implies that we have a 14th Amendment right to consent to or refuse medical care right up to the time of our death even when we may have become permanently incompetent. It is widely agreed that the case would have been resolved even under the strict evidentiary requirements of Missouri had Nancy Cruzan executed either a Living Will or a Durable Power of Attorney and indicated that she would not want medically engineered nutrition and hydration to prolong her dying in a permanent vegetative state.

Since the tendency of modern high-technology medicine is to persist in so-called "life-sustaining" treatments rather than shift to care that primarily aims to relieve suffering and enable the terminal patient to interact freely with loved ones and friends, these advance directives are needed to limit those kinds of medical intervention that merely prolong dying. If I am conscious, of course, I can instruct my physician directly and personally. But should I become unconscious or even partially impaired in my ability to instruct my doctor about treatments to be forgone, I will want to have taken responsibility for the impact of my dying on those around me. And since modern medical interventions can extend my dying even in an impaired or unconscious state, advance directives are more and more needed today. Constant progress in medical techniques not only prolongs functional living but also has the effect of unduly prolonging dying. Indeed, in my experience, the success of contemporary medicine in giving us "more time" often, if not always, brings with it the burden of a more difficult and frequently more painful dying.

*Planning for Dying: Control or Submission?*

In this medical culture, we need to explore the spiritual meaning of advance directives as an unavoidable challenge to our prayerful reflection and prudent planning. As Catholics we need to ask ourselves how we can use these legally formulated directives to express our faith convictions and commitments. And in this post-Vatican II era, as ecumenically minded Catholics we need to ask how our understanding of the ultimate meaning of such measures may coincide or conflict with that of non-Catholics with whom we live and work and die.

To take up a theme in contemporary Christian ethical discussions, the link between moral theology and Christian spirituality is narrative, the *story* of Jesus of Nazareth and its impact on our personal and communal story. In an advance directive I can give an account of how I wish my living and my dying to take its shape from the living and dying of Jesus.

The impact of Christ's life on our own hinges on discerning what one ought to do and to be. My prayerful reflection on Christ's dying should, first of all, shape decision-making about my own dying. What burdens do I find excessive for me, beyond bounds, or only acceptable if God gives special inspiration for that? How do I wish to avoid rashness and presumption should I become unable to express myself to my care-givers? What burdens do I refuse to see imposed on those whom I love? These points can be added to the standard forms of the Living Will or Durable Power of Attorney. Suffering will be given each of us, and grace will be given to bear it, but we must each take account of the possibilities of being ourselves, or having those we care about, made subject to excessive suffering.

Second, when engaged in confronting our own mortality, our spirituality can and should shape as well our

individual and communal response to others in their suffering and dying. We are called to stand faithfully by those who are dying, to relieve their suffering in all ways possible when the dying person does not forbid us to do so. The greatest fear of the dying is abandonment by loved ones or care-givers. It is true that each of us enters an utterly lonely moment in dying, a moment in which one will echo Christ's own cry, "My God, my God, why have you forsaken me?" Yet as Christians we know that the presence of Mary and John at the foot of the cross models the behavior toward the dying that we should adopt. And we have considered St. Joseph the special patron of the dying because of our well-founded assumption that Jesus and Mary stayed by him in his dying.

Catholic piety and behavior in preparation for dying

and in support of the dying requires stronger emphasis in preaching than it has now. Pastors should be reflecting and praying with their congregations for the purpose of enabling them to write a Living Will or Durable Power as a personal spiritual testament. And in general, the challenge of making advance directives such a testament ought to lead every Catholic parish to participate actively in the hospice movement.

Faithful and appropriate care of the dying and prayerful acceptance of our own dying effectively counter the tendencies of our time to deal inappropriately with dying—both superstitious devotion to an excessively aggressive use of technology to prolong dying and that despairing resort to the technological quick fix of induced death. ■

## *St. John, After His Effort*

*Were there a great tide to wash me out to sea,  
I would go now, so weary I be;  
Were there a small ship to carry my bones away,  
I would not hesitate, but leave this isle today.*

*Ah! and were there a life's task—urgent, bold  
As a new revelation of the old—  
I would feel less the weight of wasted flesh,  
Of sleepless nights when nothing seems to mesh.*

*I see the quiet clamor of new heaven, new earth,  
Yet hear only clamor for it. Sickened earth,  
Mother nation for a herd of hopeless hordes  
That sever love and trust with their killing swords!*

*Were there a great wind to blow debris to sea,  
I who've outlived both friend and enemy  
Would stand within the open, driftwood on the beach,  
And await the airy currents and their sweeping reach.*

*No new revelation, but only the glowing one old.  
No one to tell it to, bells tolled  
Constantly for those who've heard and live it...  
Rung by those to whom they ceaseless try to give it.*

*Oh, I'm much too sorrowful, heavy in my heart,  
To think now of man as a childish upstart!  
The Prince of Darkness flourishes in evilness and sin  
When only emptiness and straw inhabit the waiting inn.*

THARIN WILLIAMSON

