

2.4. The sick person - the end of life

2.4.1 Absolute respect for human life

The life of every person is a gift of God and the direct consequence of a creating act of God: the creation of the individual human soul, the immaterial principle of life of every human being.

God creates every human being out of love, for the sake of that human being, with the ultimate purpose that he or she will one day be united with Him in His Glory. Death is part of the nature of man, not as a purpose in itself, and not as the end of man's existence, but as a transition to his final destination, the fulfillment of which comes to God. It is therefore out of the question that man could dispose of his own life or let anyone dispose of it.

2.4.2 Maintaining human life

This depends on the circumstances. Human life should be supported and maintained as far as possible with reasonable available means. The principle of proportionality should be considered. One should always try to make sure that the person can prepare himself consciously for his impending death, which is everyone's fate.

2.4.3 Role of the human person concerning the suffering of sick people

The commandment of charity urges us to alleviate and mitigate the suffering of the sick as much as possible with the appropriate means, without the intention of shortening life. The Christian is aware of the fact that it is impossible to take away all suffering, which came into the world as the consequence of sin. The sick and their neighbours should be conscious that a faithful surrender to suffering and its acceptance with the intention to join in the suffering of Christ is salutary and prepares man for his encounter with God.

2.4.4. Criteria for the care of patients approaching death

1. Care should be characterized by a charitable presence and should aim at an accompaniment of the sick person to his/her natural death and at a dignified preparation for the encounter with God.
2. To render the situation as comfortable as possible for the patient, measures should be taken to prevent or to combat hunger and thirst, pain, oppression, the formation of bedsores, anxiety and restlessness.
3. With any measure or treatment that is to be put in place one should consider if it is proportionate to the goal of the care process without however falling into defeatism. One should never omit a measure with the intention of bringing death nearer.
4. When a sick person is no longer able to eat or drink he/she should be offered adequate help. If necessary artificial means (gastro nasal tube, intravenous infusion) should be used. However, one should always consider if such measures still are proportionate to the sole remaining goal of the care that is being given: allowing the sick person to die in a dignified way.

2.4.5 Euthanasia

Euthanasia is the direct and intentional ending of a human life to terminate a situation of life that is unacceptable to the person involved.

One cannot consider as euthanasia the death of a sick person that is not intended but occurs as the consequence of a measure that was meant to alleviate suffering. In such a case the principle of double effect obtains.

N.B. The omission or the discontinuation of a treatment that is not proportional to the purpose of maintaining life is not to be seen as euthanasia.

2.4.6 Rejection of euthanasia by the Church in all circumstances

The Catholic Church rejects euthanasia in all circumstances because it is contrary to the respect for human life as a gift of God. It is also contrary to common sense to take away a person's *being* as a means to end the *circumstances* wherein he is living. Such an act can in no way serve a positive purpose for the sick person and is therefore opposed to the commandment of charity.

The principle of double effect is sometimes inappropriately invoked as a justification. This is false since the ending of the suffering is achieved through an intrinsically wrong act: the killing of a person. The purpose of the act by itself is killing, while the ending of suffering is aimed at, as a secondary effect

2.4.7 Palliative sedation

Palliative or terminal sedation is the reducing or removal of consciousness by pharmacological agents so that the patient is no longer conscious of the pain and discomfort that his disease brings about, without aiming in any way at the shortening of his life. Frequently however, the consequence will be that the patients dies during sedation, in a state of unconsciousness.

2.4.8 The Catholic Church and palliative sedation

The Church accepts palliative or terminal sedation as an ultimate means to alleviate the suffering of a patient on certain conditions; these are:

1. The possibilities of proportional treatment must have been exhausted;
2. Sedation has to be carried out with the clear understanding and completely free consent of the sick person and should be performed according to actual professional standards;
3. Before sedation is started the sick person should have had the opportunity to prepare for the approaching end of his life, by receiving the last sacraments and the fulfillment of social duties.
4. All normal human care should continue to be given to the patient until the moment of natural death, including protection against desiccation, cold and bed sores. This also includes the administration of fluids, by enteral or parenteral way, when the sedation is expected to go on for more than a few days. Personal presence and attention are also among these duties.

2.4.9 Administration of a treatment alleviating suffering that shortens life as a side effect

It is acceptable to give a treatment for the alleviation of suffering even if it brings about a risk of shortening the patient's life, provided that this shortening is not aimed at but is only accepted as an unintended but inevitable side effect. A reasonable proportion between the intended effect and the non-wanted side effect is required. In such a situation the principle of double effect obtains.