

# Catholic Conversations: Death with True Dignity

15 January 2022

## ***Catholic End of Life Teaching—Theological and Ethical Basics***

8:15 to 8:35 am

Fr. David Tedesche and Dr. Jean B. Parker

### ***Dispelling Urban Legends***

#### **Urban Legend #1: “Doctor says Mom has only hours to live. Now’s the time to call the priest.”**

##### *The kernel of truth*

- The sacraments are still of value even if the person is *unconscious*.
  - You can’t know for sure if they are truly unconscious.
  - Still has value even if they are truly unconscious (interacts with the previous state)
- The last sacraments are a way of saying goodbye. The family is ministered to.
  - This all holds true for dementia patients, especially.

##### *The plain truth*

- The last sacraments, by their nature, are intended for the conscious.
- They are three: Confession, Anointing, Communion (Viaticum)
- The prayers are flexible, according to where the person is at in the process.

#### **Urban Legend #2: “We don’t do ‘Extreme Unction’ anymore. It’s called ‘anointing of the sick’.”**

##### *The kernel of truth*

- The change in how the sacrament is commonly referred to took place in conjunction with an attempt to place the sacrament within more flexible pastoral boundaries.
  - “In danger of death” is stretched to its most remote possible significance.

##### *The plain truth*

- The name change also accompanied an attempt to overcome the first urban legend.
  - Don’t wait until the very last moments to call the priest.
  - “Extreme Unction” and “Last Rites” are still meaningful and valid names.

#### **Urban Legend #3: “Don’t call the priest yet. It will upset Mom.”**

##### *The kernel of truth*

- It is true that the priest is a reminder of the four last things, including death. The family’s protective instinct is often based on an intuition that the person is not ready for death.

##### *The plain truth*

- If the person is approaching death and is not ready for it, justice requires us to inform them of this and charity requires us to help them get ready.
- There is no harm in person receiving the last rites, even if the person recovers. The last sacraments, by nature, are repeatable.
- Often times, it’s *the family* that has a hard time letting go and saying goodbye and facing their own mortality. (Often the loved one knows they are dying, and remember, “If it’s mentionable, it’s manageable.” —Mr. Rogers)

#### **Urban Legend #4: “Mom is a saint. She doesn’t need to see a priest before she dies.”**

##### *The kernel of truth*

-A priest *could* be the difference between heaven and hell, but in many cases, when it comes to conscientious Catholics, we trust the person is in a state of grace. In the event of death, we trust the person would be saved even without the help of the sacraments.

##### *The plain truth*

- Avoid presumption. The grace of final perseverance can’t be merited but only prayed for.
- Children often have a limited and idealistic understanding of their parents.
- Confession is a flexible sacrament. Always take advantage of it as death draws near.
- Receiving the sacraments is important from the perspective not just of salvation but also in terms of trying to attain the highest degree of love and glory as possible.
  - Your degree of glory and nearness to God for all eternity is based on the degree of grace and intensity of supernatural charity when you die.

#### **Urban Legend #5: “I don’t want to take Mom off the vent because I don’t want to kill her.”**

##### *The kernel of truth*

-Many conscientious Catholics want to follow the Church’s pro-life message. Certainly, if we can help nature maintain life, then we have an obligation to do so.

##### *The plain truth*

- Ultimately, the power of life and death is not in our hands.
  - Life and death are only in the hands of “Mother Nature” and God.
  - We can *help* the body heal itself, but ultimately, it’s nature that does the healing.
  - Every medical intervention imposes a burden on the person’s body, on their family, and on the community.
    - If that burden is going to pay off in the end, it makes sense to impose it.
    - If the burden ceases to promise any benefit, it is OK to remove it.
- Ordinary care vs. extraordinary care.
  - Ordinary care is that which, in the given circumstances, offers a reasonable ‘hope of benefit’ and would not entail excessive burden on us, our family or the community. Ordinary care is morally obligatory.
  - Extraordinary care is that which, in the given circumstances, is morally optional because its burdens and consequences are not proportional to the beneficial results anticipated.
    - Withdrawal of extraordinary care is not euthanasia since the intent is to relieve the patient of a burdensome treatment, or one having little benefit.
    - Depending on the circumstances, extraordinary care might include the ventilator, dialysis, chemotherapies, radiation treatments, etc.
- May we ever cease medically assisted hydration and nutrition? These are often considered “ordinary care”. However, in many situations, even these can be withdrawn.
- If we ever withdraw extraordinary care, we are lifting a burden from the person, but we are not withdrawing care altogether. When the body begins to shut down and move into the dying stage, the care we continue to provide takes on a different form—comfort care. And even after death, our care for our loved one never ceases as we take care of their body and bury it and pray for their soul and offer masses for them.