

On Death VI

Understanding what is contained in the options of proportionate choice or euthanasia.

Advanced directives often ask us to make provisions for the manner of our final days such as “I request treatment for pain even if it otherwise shortens my life.” Pain management is usually the primary concern as we advance toward death. No one wants to live on in intractable pain, and perhaps this more than any other consideration has spawned the “euthanasia” [assisted suicide] movement in the United States. Effective pain control at the end of life usually involves opiates, that is narcotics. Narcotics have the side effect of slowing breathing and ultimately they can stop our breathing. But narcotics can be “titrated,” that is regulated to maintain effective pain control and still maintain a respiratory rate that is consistent with life. Use of such opiate medications is not the same as euthanasia, and the Church allows for use of these often-merciful drugs. However it is true that heavy use of such legal narcotics can shorten human life to some extent, thus this important question in the advanced directive. Giving permission to caregivers to keep the patient comfortable, is a “proportionate choice” and consistent with Catholic moral ethics. Another irrelevant question at the end of life is “can narcotics lead to addiction?” Some physicians worry about addiction when in my opinion they should be more concerned with the comfort of their “end stage patient.” While euthanasia actively takes the patient’s life, and is immoral for the Catholic, passive pain control that may shorten one’s life briefly is consistent with good medical and good Catholic end of life care. The goal of pain control is comfort. The goal of euthanasia is death; you can see these are not the same thing.

IHM Pray for us.

Fr. Jerry