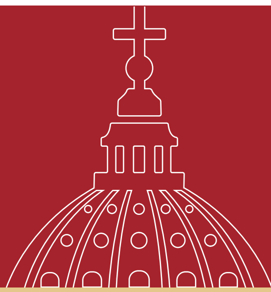

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Respecting the Dignity of the Terminally Ill

Rev. Zachary Jones

As is sometimes the case in ethics and morality, words can shift meaning and eventually mean the opposite of their original definition. Words like *justice* are used to defend injustices, *progress* is a term used to describe moral regression, and euthanasia is used to describe an attack on the dignity of the person and a slightly veiled form of suicide, which is never a morally licit option. The word euthanasia comes from *eu-* meaning easy and *-thánatos* meaning death.[1] So in etymological terms, *euthanasia* means a good death. However, the practice of euthanasia now simply refers to "an act or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated."[2] There has been a sharp increase in both the acceptance of euthanasia at a societal level and the legislative approval of the act on judicial terms. An increasing number of people around the globe each year are ending their life by euthanasia or physician-assisted suicide under arguments of autonomy and quality of life. In this essay, I will address the issue of euthanasia and the ways in which its claim of providing a good death is actually a lie and the truth that the process of dying well never includes the active killing of the patient.

Caring for the Terminally Ill and Ministry of Presence

Care for terminally ill patients must focus not simply on the biological pathologies but on the entire person. For a long period of time, a dying patient was seen as a loss or defeat by medical professionals, and therefore the terminally ill were shunned and disregarded.[3] Dr. Elizabeth Kubler-Ross did much to change the modern perception of terminal patients, and thanks to her work care has improved. However, there are still distinct deficiencies as we attempt to truly meet the needs of dying patients. The dying person is in a unique position of need, and we are called to respond in a unique way of love. If these needs are not met, the patients can frequently fall into paths of despair, loneliness, and extreme anxiety. The Congregation for the Doctrine of the Faith (CDF) wrote in *Samaritanus bonus*, "Every individual who cares for the sick has the moral responsibility to apprehend the fundamental and inalienable good that is the human person."[4] The process of dying is something we can only truly undergo once in our life. With the distancing of society from the reality of death, more people begin the process in extreme denial, and some never escape from this.

Kubler-Ross, in her groundbreaking work, lays out the path from denial to acceptance and gives practical advice in assisting the dying towards this acceptance. The *Ethical and Religious Directives* also lay this out as an important principle as it says that healthcare providers should "provide [the terminal patient] with appropriate opportunities to prepare for death."[5] This preparation for death involves the whole human person, body and soul, and entails emotional, psychological, and relational processing.

It is true that a person must undergo the process of death oneself. No one can die in the place of another, yet one should never die alone. The CDF in *Samaritanus bonus* states, "While essential and invaluable, palliative care in itself is not enough unless there is someone who 'remains' at the bedside of the sick to bear witness to their unique and unrepeatable value."[6] This remaining is often coined a "ministry of presence" when all that is necessary is the knowledge that another person is close by. Words are often not needed, but rather a listening ear and a compassionate heart.

In this remaining, the person recognizes the true dignity of the patient even in their time of great need and vulnerability. *Samaritanus bonus* states, "Whatever their physical or psychological condition, human persons always retain their original dignity as created in the image of God."[7] It is in this recognition of human dignity that the caretaker steps into the fearful arena of death. One must first recognize the apprehensions and fears of death to properly minister to the dying. Kubler-Ross says most physicians struggle to interact with dying patients as they spend their time fighting death and never truly confront it (Ross, *On Death and Dying*, 237–243).They hide away their fears of death and attempt to control it through medicine, and when they no longer have control, they flee.

Death as an *Actus Humanus*

One of the most common fears and anxieties concerning death regards the passivity of the process. Death is seen as something that will happen *to the patient*, a process in which the person is simply along for the ride. It is something which attacks you and that will inevitably overcome you and something in which the person has very little say. In a way, this is correct. The process of death will strike a person at some point in life, although the circumstances vary greatly. For some, death will come after many decades on the earth, while for others it will come in the spring of youth. For some there will be long months and years of illness preceding death, while for others it will spring up seemingly out of nowhere and catch the person blindsided. No matter the circumstances, death will come to the person.

Yet, the dying process is not simply a passive course that the person is pushed down. The German philosopher and theologian Robert Spaemann argues that dying is an *actus humanus* and may be the most important human act that we will ever take part in.[8] In