Letter to the Editor

A guide for religious for end-of-life decision making

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Dear Editor,

Recently, my community, the “Fraternidad Misionera Verbum Dei,”¹ has been engaging in a lively dialogue with its missionaries worldwide regarding end-of-life issues. To assist them, I produced a one-page document that hopes to summarize the main areas of concern. In it, the pertinent points are formulated for the religious, taking into consideration our vow of obedience that figures into end-of-life decisions. There are obviously some points for further reflection. One of our missionary sisters mentioned that perhaps we should choose burial over cremation, so that if we become candidates for future sainthood we can check if the body is still uncorrupted! Another wondered whether it would be appropriate for a consecrated person, having given their body to God during life, to give their body to science after death. There is clearly space for ongoing discussion.

What is presented in the following is a document that could be used (even as a basis) for end-of-life decision making. The salient features are the emphasis on the moral categories of proportionate/disproportionate (or ordinary/extraordinary) means and the importance of making the decision at the time rather than beforehand.

Many approaches to such decision making can fall into error if only future

treatments are specified. A simple example would be that if I state “No assisted ventilation,” I may be envisaging a situation when I will be 99 years old, with widespread metastases and multiple organ failure. However, what happens when, after declaring this, tomorrow I fall over and sustain a closed head injury requiring two days of ventilation? Please put me on a ventilator!

To avoid such confusion, the Church in her wisdom as Mother, with the assistance of the medical sciences, gives us the very practical principles of proportionate/disproportionate means to be applied in the actual medical and moral situation.

I hereby present the proposed form (see Appendix) regarding the end-of-life for the Religious, and in this way open it up for further perusal and possible discussion. It is hoped that this form can assist religious orders to better live the dying process and, in doing so, continue to give witness to their love for Christ and fidelity to the Catholic Church and her teachings.

In Christ, the good Doctor.

NOTE

1. The Verbum Dei community was founded in Spain in 1963 by Rev. Fr. Jaime Bonet. “Verbum Dei” (Latin for “Word of God”) is

dedicated to prayer and ministry of the Word in the spirit of the first disciples (see Acts 6:4). It is composed of missionary women, missionary men (priests and brothers), and married couples working in conjunction with the Verbum Dei lay family

members. It received pontifical approval in the year 2000 and is working in the five continents in the field of evangelization with the goal of forming apostles of Christ from among people of every age, culture, and social condition. See www.verbumdei.org.

APPENDIX

End of Life Decisions

Name: _____ DOB: _____

I, _____, am grateful for the gift of being able to consecrate myself to God and to the mission of my Religious order. As in life, also in my dying and death, I would like to give testimony of my Catholic faith and love for Jesus, the “good Doctor.”

If able, I will make all decisions regarding treatment in dialogue with my Religious order, my family and the doctors. My autonomy as a patient should be respected within the bounds of my vow of obedience.

I appoint a healthcare proxy to make decisions for me should I become incapable of making decisions for myself. This named person is _____; otherwise I ask my Religious order to appoint someone on my behalf.

I firmly desire to give witness to my love for Mother Church even in the moment of my death. I would not wish to do anything against Church teaching and thus reject in advance euthanasia or physician assisted suicide even if it were legal in my country of residence. I also decline all means that are futile or over aggressive and result only in therapeutic obstinacy and the prolongation of the dying process.

I desire to use all ordinary and proportionate means of healthcare to sustain my life.

The decision about whether a treatment, medicine or intervention is ordinary, and therefore morally obligatory, shall be made at the time. If the means are extraordinary or disproportionate they are optional, and that decision will be made by me or my healthcare proxy in consultation with my physicians and my Religious order.

I note that assisted nutrition and hydration (ANH) are considered, in principle, ordinary, and proportionate means.

I request anointing of the sick.

After death, I desire burial in _____ (specify country). I wish /do not wish to be cremated.

My organs can/cannot be donated as follows (pick one):

- ☐ All appropriate ones e.g., heart, lungs, liver, kidney, cornea OR
☐ Only the following _____

I wish /do not wish my body to be donated to medical science.

Any property/goods/finances in my name or in my possession belong to my Religious order according to my vow of poverty.

Date _____ Place _____

Signed _____ Witness _____