

# END-OF-LIFE ETHICS

**W**ith the onset of serious illness and death on a mass scale during the coronavirus crisis, many Catholics faced urgent life-or-death decisions regarding medical treatments. While the virus has subsided in New York (at least for now), these issues are not going away. We asked **Fr. Thomas Berg, professor of moral theology at St. Joseph's Seminary in Yonkers**, to help us clarify the Catholic approach to the end of life.

*Archways:* What is the difference between secular medical ethics and Catholic teachings?

**Fr. Thomas Berg:** The comparison hinges on distinct ways of reasoning about moral problems. Although the Hippocratic oath sworn by doctors includes the promise to “first, do no harm,” the ethical reasoning employed in health-care institutions can often have the opposite effect. An end-justifies-the-means approach, for instance, can lead health-care professionals to intentionally and directly harm, damage and destroy human life.

Catholic medical ethics uses a different kind of reasoning, anchored in the natural moral law. Among other things, it affirms that some actions (such as abortion or physician-assisted suicide) are always incompatible with the good of persons and the love of God. It offers a way of arriving at medical determinations that prevents us from intending direct harm, damage or destruction of human life and authentic human goods.

*Archways:* Many people create living wills to communicate how they want to be treated in case of an extreme medical situation. Is this a good idea?

**Fr. Berg:** Living wills are almost always problematic precisely because they offer signers options that are not compatible with Catholic faith. For example, a

Catholic should never just check off a box indicating: “I do not wish to receive assisted nutrition and hydration.”

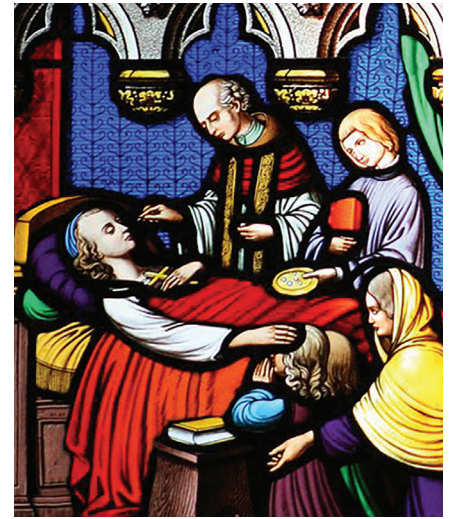
In fact, **Catholics should avoid living wills and instead designate a loved one as their health-care proxy – someone who would make decisions based on Catholic teaching.** Decision-making in these situations is seldom black and white. There are often many prudential determinations that need to be made in light of Catholic principles. In most cases, the health-care proxy will not be thoroughly educated in those principles and how to apply them, and that’s all right. A good Catholic proxy must be committed enough to reach out to someone who has the appropriate training in Catholic medical ethics (usually a priest or deacon) and can give them guidance in accordance with Church teaching.

In New York State, Catholics should be especially cautious about MOLST forms, which convert a patient’s preferences into immediately actionable medical orders. They should be used only with great care.

*Archways:* Is it ever permissible to let a patient die instead of making every effort to save their life?

**Fr. Berg:** This touches the issue of what constitutes an excessive burden for the patient and the concept of morally obligatory versus morally optional care. *Now and at the Hour of Our Death*, a booklet published 10 years ago by the New York bishops, states: “Even if death is thought imminent, ordinary care owed to a sick person cannot be legitimately interrupted. On the other hand, discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate.”

It can get complicated. To again quote the New York bishops’ handbook: “Sometimes the very same



medical intervention can be morally obligatory (ordinary) in one case, but morally optional (extraordinary) in another. For example, a relatively healthy person recovering from a bout with pneumonia may need to be on a ventilator for a few days to restore him to his optimal condition. But for a patient in the final stages of lung cancer, being placed on the same ventilator may be painful, burdensome and only prolong the patient’s dying process without any reasonable benefit.”

*Archways:* Once a patient has been placed on life-sustaining treatment, when is it permissible to pull the plug?

**Fr. Berg:** In simple terms, life-sustaining treatment can be ethically removed when it has become futile (simply delaying the inevitable) or when it is properly judged that continuing life-sustaining treatment constitutes an unreasonable burden to the patient.

*Archways:* Does the Church provide us with doctrinal guideposts to help us make end-of-life decisions?

**Fr. Berg:** *Now and at the Hour of Our Death: A Catholic Guide to End-of-Life Decision-Making*, which I quoted earlier, is still one of the most reliable documents out there. It is clear, concise and covers the most pressing issues on end-of-life care and decision-making. It also includes a sample health-care proxy form. ✱