The Faces of Easter 2005

Your family, Terri Schiavo, and Jesus. by Fr. Dave Heney

This Easter we see the wounded face of Jesus ,Terri Schiavo, and perhaps a suffering face in your home. All are compelling. Some are controversial. How can we understand these faces in a way that makes good common sense, safeguards the health of our family, and expresses our faith in God?

The face of Terri Schiavo evokes strong emotions precisely because God designed us to respond with compassion at the sight of any innocent person in trouble. We even use a poignant phrase to describe our experience when we say; "Our *heart goes out* to her and her family" Compassion for an injured and innocent person gets our attention and fires up feelings. I am confident today that everyone I know on both sides of her case is driven by sincere compassion for her tragic situation. But God also designed us to use that emotional energy to do the next step well; which is to *use our head and think carefully about the right thing to do.*

This happens every day in our faith too. For Catholics, gazing at the face of the wounded and crucified Jesus on the cross re-energizes our thoughtfully made decision to follow Him and live our life courageously with faith, hope, and love. That commitment for Christ comes from clear thinking about the consequences too. The feelings Terri evokes can fire up our thinking as well so that passion *and* intelligence will guide our actions. We will need passionate and clear thinking because the stories of both Jesus and Terri are a complex mix of legal, moral, and political issues. To make sure we live wisely and morally before God we start with (a) strong emotions, then (b) use careful thinking, then (c) make a courageous and confident decision for action, and finally (d) stay open and ready to re-evaluate our decision should new information become available. We believe God designed us to live in this four-step way.

The Schiavo case is complex. Because of her unconsciousness many people claimed to have a say in what should happen: her husband, her parents and family, even her state and nation. While she was not dying with a feeding tube she would definitely die without it so people were inflamed because of the short time-scale. Let's use those feelings to energize our own thinking about this issue. Here are some ideas, questions, and comments for your thoughtful consideration.

A Basic Catholic Idea of Life

We did not cause ourselves to be born but at some point in our past we "discovered" ourselves alive, at this time, in this place, and for some noble purpose of God. Therefore, we believe each person is responsible for returning to God the life he or she was given, and in good spiritual shape, (and even good physical shape to the extent we can control). This is why we cannot accept euthanasia, suicide, (or even an unhealthy lifestyle). We should leave clear *and detailed* healthcare instructions in case of incapacitation, but which do not instruct loved ones to do anything disrespectful of our life which, in truth, belongs to God.

When a person is dying….

- If we are sliding rapidly and irrevocably toward death we do not need to use extraordinary means to prevent what will happen to us anyway. The key idea is the irrevocable and inevitable certainty of impending death. "Extraordinary" means that harm from a procedure will outweigh any good, in the judgment of the patient.

- If our major organs are not working we do not have to prop them up with machines such as respirators or heart machines that

take over for organs that cannot operate on their own.

- If medicines or any other procedures are no longer treating an illness or are causing more harm than good, then they may stop.

- Food and water are not actually considered medicine and have been historically part of normal care for anyone, however, if they are no longer metabolizing or nourishing the body they may stop too.

- We must always and in all cases ensure basic human comforts, such as pain relief, warmth, respect, and companionship.

In general, the benefits or good prospects of care can be weighed against the burdens or harm done, which can be very subjective and different for each person or family. What one family may consider a horrific burden may not be for another. *That is why it is difficult to compare cases*. But burden cannot simply mean inconvenience or irritation, especially when it comes to preserving human dignity, or if the consequences are living and dying.

What does it mean to be "dying?"

Dying does not mean what it used to. Some people exist *between* living and dying, as those in a coma, Alzheimer's, or a Persistent Vegetative State (PVS). These people are not dying but have either severely limited or decreasing ability to think or *interact* with the world. A person in a coma is totally unconscious but in PVS may be just slightly aware. There is a sense with PVS that the real person we love is really no longer "there." But how can we be sure of another's subjective experience and who decides that he or she is "out of it?"

Doctors can certainly measure brain activity and the courts can determine legal authority but where there is little or no communication with patients everyone is left with having to make educated guesses about the subjective experience of these very sick people. PVS is a new diagnosis not fully understood yet by either medical science or the church. Because of simple feeding tube technology, people who would have died from coma or PVS years ago can now be easily sustained. But do PVS patients know what is going on and just cannot speak? Do they feel pain? How can we really know what is their subjective experience? Reactions to even simple stimuli can be the same whether in PVS or not so we shouldn't jump to conclusions about awareness. These cases invite us to ponder what level of brain activity should we define as necessary to confidently say a person is still a person, is alive, or "still there?"

What about hope of recovery?

Coma and PVS have different chances of recovery based on the statistics of many cases. While people have come out of even long term comas with only minor disabilities, the longer someone has PVS the less chance there seems to be for recovery. Terri's condition lasted 15 years but there is still massive disagreement among professionals about her actual diagnosis. Did her PVS mean limited or total non-interactivity? Was she actually brain-dead or not? Hope for recovery for any patient remains a medical judgment so different professionals may come to different conclusions, which certainly happened in her case. It's difficult to know what her situation actually was because accurate information remains heavily biased or controlled by fiercely held agendas of some of the parties involved. Moral decision-making requires truth.

When passions are inflamed, thinking can be obscured. Normally polite people project their own situations onto the face of Terri and shut down respectful dialogue. Jumping to conclusions becomes the only exercise.

Therefore, I believe it is almost impossible for us to come to a reasonable moral conclusion about her particular case from our distance here in Thousand Oaks, which makes thinking clearly and acting wisely about our own personal case so much more important. Our family is something we do know.

What about our "Quality of Life?" and "End of Life" instructions?

While hope for recovery is important in determining levels of care, it is very different from considering the "quality of life" of patients. People who suffer limited or even no interactive life are still valued. Our human dignity and the respect we deserve from others comes from being created and loved by God and not from our abilities, interactivity level, or skills valued by others. Neither can we determine the quality of life we want maintained in the event of a non-interactive state entirely on our own because our life does not entirely belong to us. While everyone should leave detailed instructions about what care is desired if incapacitation should occur, no one can "will" immoral acts, nor does a family have to follow those that are. Who wants to face God on that?

When treatment is futile and awareness is certainly and forever gone and death is close, then the compassionate *and* reasonable conclusion may be to conclude treatment. When treatment and awareness are in doubt, as may be the case with PVS, the reasonable and compassionate presumption should be for continued comfort care, such as warmth, food and water, and companionship, always taking into account in *both* situations the authentic psychological and financial burdens on caregivers. We can still care for those for whom there is no cure.

There is, perhaps, an interesting parallel in our evolutionary past that may be just "food for thought." In the animal world, the weak and infirm are left at the back of the herd to be killed by predators but are cared for in our human world with convalescent hospitals, hospice, and the like. Perhaps that kind of care is another among several sources of our evolutionary success.

What about politics?

Sometimes the State or the courts intervene to safeguard the lives or civil rights of citizens and to settle disputes peacefully among those involved according to clear rules of law. This is a foundational principle of our country. and the very reason we have a Bill of Rights, a Constitution, and a government to enforce them. Intervention may be necessary to ensure the civil rights of minorities and provide protection from mob rule. There is little privacy in matters of safety or civil rights so the government may choose to intervene as necessary with appropriate review by the courts.

What about my family?

The most compelling faces we see are those of the people we love the most, our family. Each face evokes all our love, concern, and care. In no way would we want any one of them to suffer in any way, so these issues of compassionate care in the face of death are important.

Love grows and prospers in an atmosphere of truth, honesty, and integrity, so we owe each other the truth, not only about what our healthcare wishes are for emergencies but also the truth about who we are as treasured gifts from God.

Listed below are various websites that are provided, as examples only, of where more information is available on how you might give clear, detailed, and hopefully, moral instructions in case your are incapacitated. There are other versions that you might get from your local hospital, family doctor, or even just write yourself. Each can be an exercise in moral responsibility that will provide great relief to those who will face your illness and possible incapacitation with strong and maybe overpowering emotions. Your well written, clear, detailed, and moral instructions are your response in love and can help your family find peace.

Detailed instructions are important. Just saying, "no tubes" as Terri Schiavo apparently did, doesn't help because even simple pain medication is often delivered through tubes. Talking over terminology with your doctor is the best way to avoid ambiguity. It is also good to recognize some of the medical terminology that is

often used in healthcare documents such as DNR (do not resuscitate) or AN/H (artificial nutrition and hydration).

Both you and everyone in your family are from God so our life is not entirely ours to control. Let our "End of Life" decisions reflect both the love God has for us, the wise council of respected family and friends, the teachings of Our Lord, and the true and honest ability of others to care for us.

The following are useful sources about making advanced directives for end of life issues .

- *Sections 2276 to 2296 from the Catechism of the Catholic Church are clear and trustworthy sources for those who want to know what Catholics believe about end of life issues.*

- Family Caregiver Alliance *has an excellent step by step process for organizing your thoughts at, caregiver.org*

- The Catholic Church *has excellent guidelines for writing instructions in line with our faith at, usccb.org/bishops/directives.htm#partfive*

- Aging With Dignity *is a simple website with short guidelines at, Agingwithdignity.org*

- U.S. Living Will Registry *puts your instructions online for retrieval by hospitals at, Uslivingwillregistry.com*

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We are responsible and loving when we take care of the life God gave us, specify authority and the levels and kinds of care and comfort and any other special messages to loved ones.

What did Jesus do?

Several times in the Gospels Jesus gives "advanced directives" to others about His impending death. Peter tries to stop Jesus from going to His crucifixion but Jesus strongly reprimands him to not interfere (*Mark 8: 31-33*). Jesus announces that He has plenty of angels to prevent His arrest in Gethsemane but chooses not use them (*Matthew 26:53*). Jesus also refuses the medicinal offer of wine while on the cross (*Mathew 27:34*). He asks His Father in heaven that "this cup might pass, yet not my will but your be done," in Gethsemane (*Luke 22:42*). In various ways Jesus chooses to accept and not prevent the inevitable death that sinful people inflict on Him. We can never allow harm to come to ourselves if we can prevent it, unless we believe that our courageous facing it will be for some true and authentic greater good. Jesus knew His passion would be the source of our salvation and the salvation of the whole world; the very event we celebrate this week.

Jesus showed that suffering need never be meaningless. It can be experienced and offered for some greater good as only people who have done it well understand. Being open to that possibility is part of what it means to be a follower of Christ, as He predicted for us so often, and the ailing Pope lives an heroic example of now. Facing the end of our life well is hugely important in our faith. The end of our days brings into view perhaps the deeper meaning and significance of our entire lifespan. It can be a time of profound meditation on who and what we are about and especially where we are going. No wonder one of our seven sacraments is specifically for those moments of serious weakness. The Sacrament of the Anointing of the Sick is powerful, soothing, and encouraging. Our weakness reveals from where real strength comes. Not a bad thing to know at such a time.

Facing death brings the face of God before us. We know a lot more about what that face looks like now. Because of Jesus we know it is a face of courage, forgiveness, and healing. It is a face that has conquered Calvary and risen from the dead so that we might have no fear. It is the true face of Easter.

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