End of Life Fact Sheet

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Right to Life of Northeast Indiana.

RIGHT TO LIFE
OF NORTHEAST INDIANA

General Definitions:

Natural Death - Death caused by natural processes such as old age, organ failure or disease, as opposed to external factors such as accident, injury, or homicide.

Euthanasia - A third party decides that a person's life is no longer worth living and takes direct action, such as giving the person a substance, with the intention of ending the person's life. Can be further broken down into "voluntary" and "involutary". Currently not legal in the U.S.

Physician Assisted Suicide: Also known as medical aid indying (MAiD) or death with dignity. Individual requests a life-ending drug prescription from his physician. Physician prescribes, individual fills, and administers to self to end life. Currently legal in 10 states in the US and being considered in 7 others.[1]

Suicide: Individual takes action to end his own life.

Feeding Tubes and Fluid IVs - These are delivery methods of essential substances for a person who can no longer nourish himself without aid. The person is still responsible for the bodily tasks that integrate these substances into his system as needed to sustain health and life. A feeding tube doesn't digest and deliver nutrients for a person, it only makes them available. An IV doesn't integrate fluids into tissues and cells, it only makes them available for the person to do that.
EWTN provides a helpful summary:
1. Food and water are natural means of sustaining life, not medical acts, even if delivered artificially.
2. Nutrition and hydration are ordinary and proportionate means of care.
3. Food and water are morally obligatory unless or until they cannot achieve their finality, which is providing nutrition and hydrating and alleviating suffering.
4. The length of time they are, or will be, used is not grounds for withholding or withdrawing artificially delivered nutrition and hydration.
5. If the result of withholding or withdrawing nutrition and hydration is death by starvation and dehydration, as opposed to an undying disease or dysfunction, it is gravely immoral.
In summary, nutrition and hydration, like bathing and changing the patient's position to avoid bedsores, is ordinary care that is owed to the patient. This is true even if it is delivered artificially, as when a baby is bottle-fed or a sick person is tube-fed.[2]

Ventilator: Ventilators are often defined as replacing breathing/respiration but they only replace inhalation.[3] This is considered extraordinary care in part because of the burden it puts on the patient.

Quality of Life: As defined by Oxford Dictionary, quality of life is the standard of health, comfort, and happiness experienced by an individual or group.

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[1] https://deathwithdignity.org/states/
[2] https://www.ewtn.com/catholicism/library/end-of-life-decisions-ordinary-versus-extraordinary-means-12733
[3] https://www.ichooselife.org/resources/past-episodes/brain-death/comas-and-brain-death-32721

Note: This idea is flawed and its definition shows it. Who creates the standard? Why must everyone follow/achieve it? Happiness serves poorly as a goal for someone's life and yet here it is being used as the watermark as to whether or not to kill someone. Quality of life is often cited as a reason to abort children with disabilities, abnormalities, diseases or whose parents are impoverished. There is a considerable amount of ego and eugenics blended into the use of "quality of life" as a justification for euthanasia. We can also raise the question, what is the solution to low quality of life situations? To kill the person or to find ways to better their quality of life? Studies have been done comparing people's perceived quality of life and people who have Down Syndrome consistently reported themselves as having a better quality of life than the general population.[4]

Suffering: Enduring situations which cause pain physically or emotionally. Our hedonistic culture currently sees suffering as the ultimate experience to be avoided because it seems to be the opposite of happiness/pleasure. Christians take a very different view. While suffering is a result of corrupt human nature, and so not good in and of itself, God uses it for our good. When we suffer well, suffering produces perseverance, which produces character, which produces hope.[5] Suffering well draws us closer to God because we cannot manage alone. Suffering strips away the facade and makes us honest about our ultimate dependency on God.

Refusing care, except nutrition and hydration, is morally permissible: Do Not Resuscitate Orders and refusal of treatment for disease are always ethical. In these cases, it is the disease or internal issue that is ending the life of the person which makes it a natural death.
"We must, therefore, ask the question 'will the withdrawal of nutrition and hydration allow the person to die, or kill the person?' When it allows a person to die from an underlying condition, rather than unnecessarily prolonging their suffering, it may be removed. So, for example, in the last hours, even days, of a cancer patient's life, or if a sick person's body is no longer able to process food and water, there is no moral obligation to provide nutrition and hydration. The patient will die of their disease or their organ failure before starvation or dehydration could kill them. However, when the withdrawal of nutrition and hydration is intended to kill the person, or will be the immediate and direct cause of doing so—quite apart from any disease or failure of their bodies, then to withdraw food and water would be an act of euthanasia..." [6]

Core Moral Concern:
Methods used to actively end the life of a person, by themselves or others, attempt to avoid suffering and assume we know the future. Suffering is not good, in and of itself, but it builds character both in the person suffering and in the people called to help and serve the person suffering. We should be looking for ways to alleviate suffering, but that cannot include killing the individual who is suffering or who we think is likely to. If we begin determining whose life is worthy of being lived and whose is not, there is no solid line that can be drawn. It is a subjective test that will always be turned against the vulnerable by those with power, as history witnesses. We also see this intersection clearly with prenatal care where couples are being offered termination of pregnancy for their children who are diagnosed with a life-limiting condition. Physicians who are asked to end someone's life or prescribe a lethal drug are violating the Hippocratic Oath by which they swore to do no harm.[7]

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[4] https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2022.957876/full
[5] Romans 5:3-5
[6] https://www.ewtn.com/catholicism/library/end-of-life-decisions-ordinary-versus-extraordinary-means-12733
[7] https://www.britannica.com/topic/Hippocratic-oath

Alternatives:

- Refuse treatment, create a DNR order, express your wishes and moral guidelines to power of attorney, when at all possible, choose physicians who align with your morals.
- Learn to suffer well - as individuals and as a society.
- Find better ways to help people who are suffering - hospice, meds for pain, watching for depression and loneliness in the elderly, support from loved ones and communities, such as church communities.
- Raise our children with character to appreciate caring for their grandparents, parents or others who need extra support, regardless of age.
- Encourage large families - population inversion has contributed to suicide in older people in nations such as Japan because the elderly have no one to love and care for them.[8]
- Ask people to minister to you in your suffering. Much good comes from being vulnerable inside the Body of Christ.

Discerning Questions:
Are we working with and inside of God's Design for human life and dignity or asserting ourselves over and against it? Are we displaying God's created order?

Are we seizing power that is God's alone or are we acting within the sphere of influence He gave us? Has something become an idol (we think we are dependent on it for our wellbeing and/or happiness)?

How do I maximize care in this situation?

Is what I am considering permanent and/or irreversible for the people affected?

Is this decision being made in the midst of a crisis?

Would I accept for myself what I am proposing for others?

Does this pattern create the kind of society I want to live in? That I want my children to live in?

ProLife Position:
Right to Life of Northeast Indiana opposes the practices of euthanasia, medical aid in dying and suicide.

Because we recognize that every human being has value, regardless of age, ability, health, intelligence or other factors and, in humility, recognize that we cannot see what the future holds, we conclude that every human life should be protected from conception until natural death. Death should never be expedited by human actions. Presumed quality of life for an individual is not grounds to end his life nor deny him treatments that would extend his life if he desires them. Life itself is something to be pursued and we, as a community, should strive to support people who are suffering and alleviate that suffering, while maintaining and promoting the dignity of the individual throughout his life.

Suggested Reading:
National Right to Life map of states who have legalized or are considering MAiD
https://nrlc.org/medethics/assisted-suicide-euthanasia/

[8] https://en.wikipedia.org/wiki/Aging_of_Japan

Dr. Paul Byrne in the Linacre Quarterly:
https://epublications.marquette.edu/cgi/viewcontent.cgi?article=2203&context=lnq
Companion podcast episode: Comas and Brain Death

Waiting with Gabriel by Amy Kuebelbeck A family's experience carrying a baby to term who had been diagnosed with a life-limiting (lethal) fetal anomaly.

Controlled Burn: Rising From the Ashes to Forge an Unshakable Faith by Brooke Martin
Companion podcast episode: Controlled Burn

Kids and Funerals, podcast episode with Pastor Eric Kilmer

Culture of Death: The Age of Do Harm Medicine by Wesley J Smith

Living Wills, podcast episode with Christina Shourds, Attorney

Blessings at the End of Life Part 1,and Part 2, podcast episodes with Leanne Gibbs, Right to Life of Northeast Indiana Board Member

Suffering, podcast episode with Dr. Jeffery Pulse

Press ReleaseMar | 21 | 2024 - Study Shows that United States and other Countries Can Do More to Improve Quality of Life for People with Down Syndrome Massachusetts General Hospital

Walking With God Through Pain And Suffering by Timothy Keller

He Leadeth Me by Father Walter Ciszak SJ