Suffering at the End of Life. Christian References and their Use
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1. End of life and the Catholic Church
2. Suffering as turning point
3. How to deal with...

1. End of life and the Catholic Church

- The Catholic Church teaches respect for human life
- She refers to general ethical principles (autonomy, justice, human dignity, beneficence; non-maleficence…)
- As well as her own resources (prayer, sacraments, rites…)
- She cares for the sick and dying, by visiting and accompanying them,
- Following the practices and words of Jesus Christ, the true physician, the healer and savior

Consequent general commitments (like many moral systems), the Catholic Church:- forbids killing/murder, committing suicide practicing euthanasia,
- She refuses unreasonable obstinacy, allows withdrawing & withholding treatments according to medical indications
- She recalls the harmful potential of pain and supports the use of analgesic medicine.

This summarizes the position of the Catholic Church but does not exhaust all the teething issues. Theological reflection must go on...

2. Suffering as a turning point

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2. Suffering as a turning point

Turning point both for our present society as well as for the Church...

Suffering at the end of life is as difficult as it is decisive:
- from this point of view, we determine the behavior to be taken and the "solution" to be chosen: palliative care, or euthanasia, or (continuous) sedation or assisted suicide....
- only a minority of people benefit from adequate analgesic treatment
- And dolorist tendencies remain perennial in the Catholic Church

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- only a minority of people benefit from adequate analgesic treatment

According to the “Livre Blanc” issued in Oct.2017 (France):
- 70% of the 12 million French people suffering from chronic pain, do not receive appropriate treatment.
- 61% of cancer patients are under-relieved.

2. Suffering as a turning point

Suffering? Not only physical but also psychological, social, spiritual, etc.
one reinforcing the other, constituting a global pain...
And also: feelings of being a burden to others, loss of a meaningful life, loss of one’s role in a productive society, loss of independence, of « dignity »....
And allowing all kinds of requests...

The last French Case: Anne Bert (ALS)... euthanased in Belgium 2 Oct 2017. Or Hubert O., 80, who has suffocated his wife with Alzheimer's. He was sentenced to five years suspended sentence.
The Teaching of the Catholic Church does not justify suffering…
Nevertheless, it is sometimes trapped…
As we can still observe when visiting the sick: many (?) people have a religious “memory” revived at the end of life about the redeeming power of suffering:
- From there, some reject from the outset any idea of God
- Others think it is not allowed them to be relieved of their suffering, that it is a way to assume the errors and mistakes of their past.

3. How to deal with...

1. Techniques/Technologies alone do not make life meaningful.
2. Quality of life templates are not sufficient to evaluate best practices in care.
3. Conscience… and autonomy (relational autonomy) remains a main key-reference in all decision-making.
4. BUT in a society where euthanasia is allowed, where people are pushed towards assisted suicide (due in part to economic challenges and a misuse of the principle of autonomy), where dying has to be mastered, to be « clean », where hope for religious salvation has become hope in medical salvation, where efficiency has passed from the divine to the physicians and scientists...

Finally how does one deal with all these challenges?
No simplistic position or solution, but a request to deepen the values and norms involved in order to find ways of humanizing death and solving existential quandaries.

Reviving practices of visiting and caring for the sick, corporately discuss and complete Advance Directives (this fosters cohesion, ecclesial community and engages medicalized dying with wisdom)

Asking questions that may challenge key issues… and initiate a real debate…
The doctor has obviously the greatest power over life and death. They connect or disconnect the life support. But, so Lydia S. Dugdale, « when this life is strictly about maximizing the experience of the here and now, patients try to get it all in before they die. (…) They might strive to maximize or influence all aspects of their lives, whether by spending on themselves or giving to others, traveling to exotic places, experimenting with new forms of spirituality, planning their deaths… Clearly this is not all bad… But this life is all there is. »

And when our story is part of a grander narrative, with a legacy centered around faith, hope and love? What’s the difference ?!!