

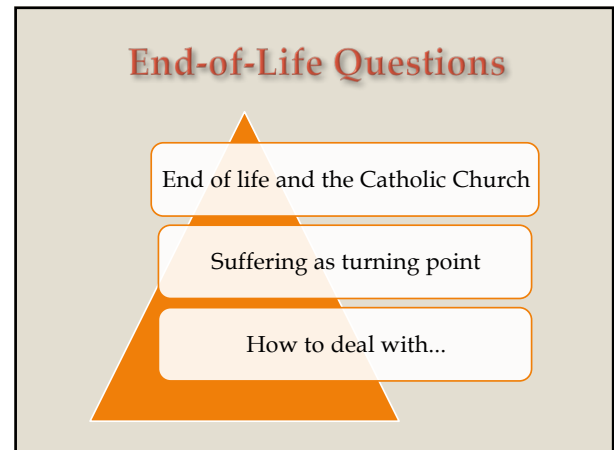




WMA European Region Meeting  
on End-of-Life Questions  
ROME – Vatican - 16-17 November 2017

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

## 1. End of life and the Catholic Church

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- ▣ 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

## 1. End of life and the Catholic Church

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...*

1. End of life and the Catholic Church
2. **Suffering as a turning point**
3. How to deal with...

## 2. Suffering as a turning point

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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 ....

YET

- only a **minority** of people benefit from adequate analgesic treatment
- And **dolorist tendencies** remain perennial in the Catholic Church

## 2. Suffering as a turning point

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.

TABLEAU 2 • Pourcentage de personnes déclarant avoir souffert d'une douleur physique difficile à supporter au cours des 12 derniers mois en 2010

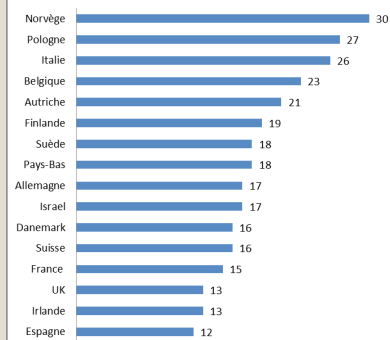
	Ensemble	Hommes	Femmes
15-19 ans	16,4	16,6	16,2
20-25 ans	19,6	22,7	16,7
26-34 ans	24,8	24,7	25,0
35-44 ans	25,9	23,2	28,5
45-54 ans	27,1	26,5	27,7
55-64 ans	26,8	22,3	31,1
65-74 ans	29,8	25,7	33,4
75-85 ans	34,9	26,6	40,3
Total	25,9	23,7	28,0

Champ : France métropolitaine.

Sources : Baromètre santé, INPES, 2010.

## Prévalence de la douleur chronique en Europe

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## 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.

## 2. Suffering as a turning point

At the same time, however, **suffering is interpreted and determined** in its intensity

- by the codes of society itself,
- by the beliefs of the patient
- by the paradigm that proclaims that all end-of-life suffering is accessible to analgesics.

The press release (20 Feb. 2017) supporting the Leonetti Claeys law (2016) in force in France, emphasizes that this law makes it possible to benefit from a dignified end of life, accompanied...by deep and continuous sedation

## 2. Suffering as a turning point

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.

1. End of life and the Catholic Church
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## 3. How to deal with...

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- **Techniques/Technologies** alone do not make life meaningful.
- **Quality of life templates** are not sufficient to evaluate best practices in care...
- **Conscience...** and **autonomy** (relational autonomy) remains a main key-reference in all decision-making.
- **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...

## 3. How to deal with...

**How can people deal with their own paradoxical feelings and contradictory injunctions (from the society, from their experience, from their beliefs...)**

For the Church, 2 helpful remarks :

1. "The Church is useless if she is locked up in herself," says **Cardinal Ladaria Ferrer**. "The Catholic Church has always had a principle that is not the principle of 'either ... or', but the principle of 'both ... and'."

This does not mean that the official position of respect for life has to be changed, but, as *Amoris Laetitia* stated...

## 3. How to deal with...

2. Cultural influences are powerful conditioning that "prevents a constant process of growth" (AL 129); And certain "irregular" situations of AL could also be found in the biomedical context... and there is « **need of special discernment** » (AL 301)

"The Church possesses a solid body of reflection concerning mitigating factors and situations. Hence it can no longer simply be said that all those in any "irregular" situation are living in a state of mortal sin and are deprived of sanctifying grace." (AL 301)

## 3. How to deal with...

**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...

### 3. How to deal with...

**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 ?!!

