



Living Toward Death

In freely accepting the agony of the Cross, Jesus made a lasting *gift* of His dying. “Take this, all of you,” He says to us 2,000 years later at Mass. “For this is My Body, which will be *given up* for you.” United with Him Who gave Himself for us to the end, we too can make our last days an unforgettable gift to those we leave behind.

As we learn from the Passion of the Lord, suffering is not good in itself (“Father, let this chalice pass me by!”). Anguish of mind and agony of body distort and diminish us; they can destroy us. But they cannot prevent great good from following upon their cruel visitation. Surprisingly, people emerge from disastrous failure purified, renewed, and strengthened; under the crushing weight of grievous illness others build up unimagined reservoirs of patience, courage, and confidence.

“What shall we answer when we come to be examined by pain?” Thomas Merton asked. None of us can say for sure, but if we look ahead to the end of our days we can chart a path for ourselves to die our death in Christ and verify anew the enduring power of His Resurrection for those who believe.

An important step on this path of preparation is to put our wishes in writing for those who will decide for us if we cannot decide for ourselves. The *Advance Medical Directive* from the National Catholic Bioethics Center (NCBC) provides very clear language which we can make our own. “I direct that those caring for

me avoid doing anything that is contrary to the moral teachings of the Catholic Church. If I fall terminally ill, I ask that I be told of this so that I might prepare myself for death, and I ask that efforts be made that I be attended by a Catholic priest and receive the Sacraments of Penance and Anointing as well as Viaticum.”

The *Directive* goes on to specify fundamental Catholic principles that are to guide others in caring for us: “I want those making decisions on my behalf to avoid doing anything that intends or directly causes my death by deed or omission”—that is, they are not to consider physician-assisted suicide or euthanasia. “Medical treatments may be forgone or withdrawn if they do not offer a reasonable hope of benefit to me or if they entail excessive burdens or impose excessive expense on my family or the community. In principle, I should receive nutrition and hydration so long as they are of benefit to me and alleviate suffering. . . . I have no moral objection to the use of medication or procedures necessary for my comfort even if they may indirectly and unintentionally shorten my life.” If the attending physician judges that death is imminent, “I direct that there be foregone or withdrawn treatment that will only maintain a precarious and burdensome prolongation of my life,” unless in the judgment of a health-care proxy “special and significant reasons” come into play at the time which warrant continuation of what would otherwise be futile care.

The NCBC has also developed a *Health Care Proxy* form that echoes the wishes expressed in its advance directive. I encourage you to get copies of these two documents from your parish, adapt them to fit your particular

circumstances, and have them ready when they'll be needed. That would be a good way to observe the Month of the Dead.