

CROSSING THE THRESHOLD OF DEATH WITH HOPE

By Sister Constance Veit, I.S.P.

For us Little Sisters of the Poor, death is the warp running through the fabric of daily life. We pray for the dying every day and keep constant vigil at the bedside of our elderly residents as death draws near so that, to the best of our ability, no one dies alone.

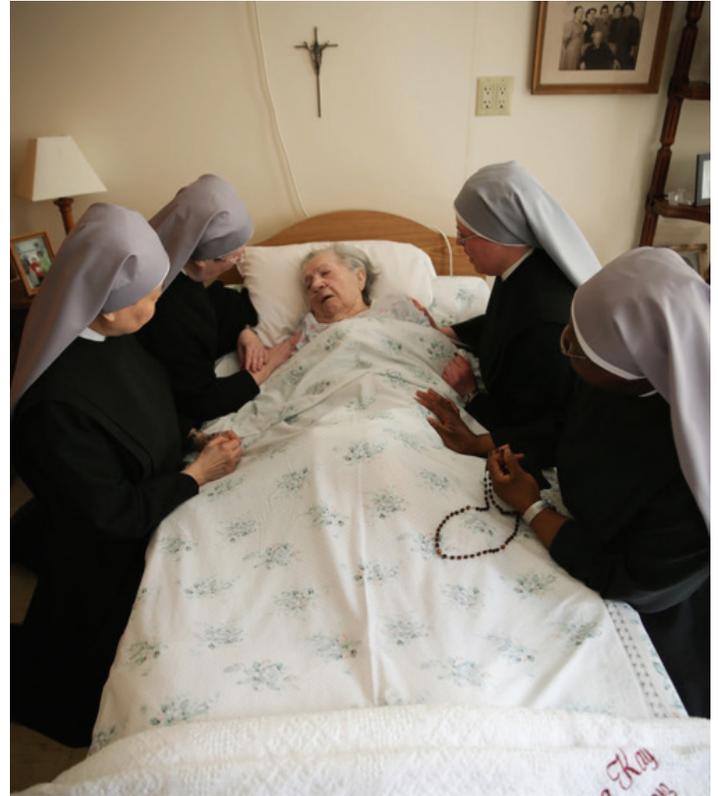
I was first exposed to the care of the dying as a fifteen-year-old volunteer working with the Little Sisters in my hometown. Death did not strike me as something to be feared, but as an inevitable, sometimes longed-for moment in life, its completely natural and even beautiful conclusion. This early and regular contact with death and dying helped to form me into the person I am today.

I owe this positive understanding of death and dying to the hundreds of Little Sisters and elderly persons I have had the privilege of knowing over the past thirty years. They have taught me how to live my life for God and others and, when my time comes, how to lay it down without fear because I know where I have come from and where I am going. If we have tried to grow in our friendship with Christ and to do his will throughout our lives, then our dying will be nothing less than falling “into his love,” as Saint John Paul II once said to a group of older persons.

This thought of John Paul II is worth pondering: “For that is exactly what God intends with death,” he said to the elderly in 1980, “that at least in this one sublime hour of our life we allow ourselves to fall into his love without any other security than just this love of his. How could we show him our faith, our love in a more lucid manner!”

This is precisely the example the elderly have given me. Their loving faith in the face of death reminds me of the words of St. John the Evangelist: “In this is love brought to perfection among us, that we have confidence on the day of judgment because as he is, so are we in this world. There is no fear in love, but perfect love drives out fear...” (1 Jn 4:18-19). The elderly who have sought God their whole lives do not seem to fear death because they know it will not separate them, but rather unite them, with God and with those they have known and loved.

It is often said that most people do not fear death itself, but the dying process, with all its suffering and apparent indignities. Palliative care experts note that pain is not



merely a physical phenomenon. They refer to “existential distress” and “total pain,” which includes physical pain, anxiety, interpersonal conflict and non-acceptance on the part of the sick person and/or caregivers. These experts assert that in most cases optimal end-of-life care can effectively relieve the combination of physical symptoms and existential distress.

The elderly are not immune to physical suffering, but they have taught me that faith in our ultimate destiny in the loving heart of God can help alleviate the pain and “existential distress” associated with dying. Our elders were raised on the Baltimore Catechism, which taught them that God made us “to know him, to love him, and to serve him in this world, and to be happy with him forever in heaven.” It sounds so simple, yet these convictions enable them to “transform fear” and cross the threshold of death with hope.

Six takeaways from “To Live Each Day with Dignity”

1. The Catholic Church opposes physician assisted suicide as a grave offense against the sacred dignity of all human life.
2. “Aid in Dying” is a euphemism for assisted suicide.
3. Individuals requesting suicide during serious illness may suffer from depression; however no evaluation of mental health is done at the time an individual takes drugs causing death.
4. Life is our first gift from an infinitely loving Creator. A society that hastens or facilitates individuals’ deaths will ultimately lose respect for any individuals’ rights and freedom.
5. Respect for life does not demand prolonging life with unduly burdensome medical treatments nor withholding much needed pain medications for fear of shortening life.
6. Severe pain can shorten life; conversely, effective palliative care can enhance the length and quality of a person’s life while simultaneously alleviating fears that may lead to consideration of suicide.

United States Conference of Catholic Bishops

Navigating Advance Directives

Each state provides a legal framework for specifying how healthcare treatment decisions should be made in the event that you are no longer able to make them for yourself. It is important to have an Advance Directive on file. This document should designate an individual (“Health Care Proxy”) to make decisions on your behalf.

- Because we cannot predict every potential future medical condition, it is best to avoid spelling out specifically what treatments you would or would not want at the end of life.
- Instead, allow your Proxy the flexibility to be able to respond appropriately to your actual medical situation.

Other tips:

- Think carefully and pray about your healthcare wishes. Have in-depth discussions with your family, physician, and parish priest.
- Talk with your Proxy to make sure they understand your wishes and are able to carry them out in accordance with Catholic teaching.
- Consider consulting with an attorney to draft your Advance Directive.
- Hospitals or attorneys may provide you with a standard state form, but you are not required to use that specific document.

Health Care Directives: A Catholic Perspective
Maryland Catholic Conference

A sample *Catholic Declaration for Health Care Decision Making* can be found at

transformfear.org