

# READING RESOURCES

*Cherishing the Evening of Life 2005*

## Day for Life 2005



## Cherishing the Evening of Life

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The annual Day for Life was called for by Pope John Paul II. He wanted to encourage a greater awareness within the Church of the crucial importance of the Church's teaching on the gift of life.

Our theme this year celebrates that gift in the lives of older people, and the witness the Church gives by working to enable older people to age with grace. In the way he approached his own death earlier this year Pope John Paul II taught us all a wonderful lesson about the dignity of old age, and the way in which death can be faced with courage and dignity, even in the face of great suffering. So today is an opportunity for the parish to reflect on and to celebrate this particular aspect of the Gift of Life.

This booklet includes an introductory selection of material relating to pro-life issues; it is not intended to be comprehensive. Additional material may be found on the web sites opposite

Important websites you will want to mark

*Cherishing Life*

[www.catholic-ew.org.uk/cherishinglife](http://www.catholic-ew.org.uk/cherishinglife)

What the Catholic Church in England & Wales says about Euthanasia

[www.catholic-ew.org.uk/topics/euthanasia.htm](http://www.catholic-ew.org.uk/topics/euthanasia.htm)

Day for Life

[www.dayforlife.org](http://www.dayforlife.org)

Caritas

Social action policy overview *Vulnerable Older People 2005*

[www.caritas.org.uk](http://www.caritas.org.uk)

The fifth commandment – thou shalt not kill

[www.vatican.va/archive/catechism/p3s2c2a5.htm](http://www.vatican.va/archive/catechism/p3s2c2a5.htm)

Respect for Human Life

[www.vatican.va/archive/catechism/p3s2c2a5.htm#I](http://www.vatican.va/archive/catechism/p3s2c2a5.htm#I)

Respect for the Dignity of Persons

[www.vatican.va/archive/catechism/p3s2c2a5.htm#II](http://www.vatican.va/archive/catechism/p3s2c2a5.htm#II)

Magisterial texts on euthanasia can be found on The Social Agenda web site published by the Pontifical Council for Justice and Peace:

[www.thesocialagenda.org/index.html](http://www.thesocialagenda.org/index.html)

the evil of abortion and euthanasia

[thesocialagenda.org/article3.htm#6](http://thesocialagenda.org/article3.htm#6)



## **Cherishing the Evening of Life** **Day for Life 2005**

### **Living with Dying**

*People who are dying want to know that, even though there is no prospect of recovery, they will not be abandoned*

*It is important that the kind of care a sick person receives is not dictated by the fears or the convenience of others*

### **Controlling Pain**

Nowadays, it is possible in most cases to keep pain within reasonable limits, by the use of drugs. The drugs which are used to control pain do have side effects. They can affect the appetite and depress the breathing. While the patient's quality of life is improved he or she may die a little sooner due to these side-effects. Under the traditional moral Principle of Double Effect, such drug treatment is perfectly legitimate from a moral point of view, provided that:

- there is no intention to end the life of the person who is dying, and
- the reduction in the patient's length of life is not out of proportion to the pain-relief he or she experiences.

Pain-relief is a normal part of medical treatment. It is not euthanasia. Ideally every general hospital should have a palliative care specialist among its staff.

### **Euthanasia**

Respect for life is fundamental to the ethos of medicine and nursing. We depend on doctors and nurses to respect life. Euthanasia would greatly undermine the relationship of trust between patients and healthcare professionals. The integrity of doctors and nurses would be placed at risk, just as it has been in many places through the legalisation of abortion.

Under serious emotional pressure, a person might easily say 'I wish I were dead'. It would be strange if people who are terminally ill did not, at least occasionally say 'I wish I were dead'. But we need to recognise that there is a difference between feelings and decisions. Usually what a person means is 'I wish I didn't have to go on living like this'.

When a decision is taken to terminate the life of a person who is sick or elderly, on the grounds that his or her life is no longer worth living, this is euthanasia. Whether it is by doing something, or by doing nothing when something should be done; be it with or without the consent of the person who is killed, euthanasia comes down to the same thing in moral terms. It is the deliberate killing of a human being, and it is contrary to the law of God. God is the giver of life, and he alone has the right to decide when a life should end.

*God is the giver of life, and he alone has the right to decide when that life should end*

It is always a painful thing for a family to be involved in the decision to switch off a life-support system. They depend on doctors to give them accurate medical information, in language

which they can understand. Before medical interventions can be discontinued relatives need to be assured either that death has already occurred or that the patient's condition is such that these interventions do not offer hope of benefit to him or her.

A similar problem arises when a person who appears to be dying is being fed or hydrated artificially by tube. Once the process of sustaining life in this way has been begun, we need to seriously question any decision to remove the tube. In many cases, the removal of the tube would be intended to end the life of the sick person. This is a form of euthanasia, and is incompatible with our duty to respect life.

In a small number of cases, however, as death approaches, tube feeding may unnecessarily increase suffering with no benefit to the patient or may even inadvertently hasten death. If the tubes are removed, not in order to hasten death, but because the tube feeding is not beneficial or may even be harmful to the patient, this would not be euthanasia.

This raises another important question, namely that doctors and nurses sometimes feel that they have to do 'everything possible' even if it is not in the best interests of the patient. People, understandably, want the best possible care for their relatives who are sick. Sometimes the 'best possible care' is to recognise that life is coming to an end, and to make the sick person as comfortable as possible in the last hours and days, without any dramatic medical interventions.

### Spiritual and Sacramental Care

A person who is dying is more than just a sick body. Every person is created for relationship with God. The last days and weeks of life are the closing stages in a lifelong journey. We Christians, in common with many others, believe that this journey finds its fulfilment in eternal happiness with God. Once the initial shock of life-threatening illness has been dealt with, people who are sick can often be drawn to reflect on the meaning of their lives and on their relationship with God. This is often a time for giving thanks, and for reconciliation. Good palliative care, because it frees the sick person from excessive anxiety or pain, facilitates good pastoral and sacramental care.

### Our prayer

*May He support us all the day long,  
till the shades lengthen and the evening comes,  
and the busy world is hushed, and the fever of life is over and our work is done!  
Then in His Mercy may He give us a safe lodging  
and a holy rest and peace at the last.*

Cardinal Newman

*Acknowledgement: Irish Bishops Conference 2002*



## **Cherishing the Evening of Life** **Day for Life 2005**

### **Euthanasia**

#### **Definition**

The word 'euthanasia' comes from two Greek words whose literal meaning is "well death". Today it is also referred to as "mercy killing" and is understood as causing or bringing about a person's death painlessly, usually because the person is suffering greatly, terminally or irreversibly ill or severely mentally or physically disabled. It means doing something (or omitting to do something) with the intention of causing death: the intention is a very important element.

#### **History**

While presumably mercy killing has been practised throughout history and in different cultures, attempts to make it legal have been made only fairly recently. In England in 1936 the Voluntary Euthanasia Society sponsored a bill in the House of Lords for the legalisation of euthanasia. The bill was defeated, and similar attempts have also failed. In 1940 the Catholic Church officially condemned the administering of euthanasia to a person with physical or mental defects or for economic or racial reasons. The Church has repeated its opposition many times since then.

#### **The Church's position: the right to life**

The Church's opposition to euthanasia is founded on the principle that all human life is sacred, and no one has the right to take that life - there are exceptional circumstances when the Church would accept that life might be taken deliberately, but these are only self-defence and capital punishment. Even in the case of capital punishment, however, the Church would argue that there would appear to be very few cases when some other sort of punishment might not be found as an alternative to capital punishment.

The position was stated most recently in the Pope's Encyclical Letter *Evangelium Vitae* (Latin for "The Gospel of Life") of March 1995. The document takes as one of its starting points what it calls "the incomparable value of every human person" (EV n. 2). This means that each human life is to be valued from its very beginning (which the Church regards as the moment of conception) to the moment of natural death. Nobody has the right to take that life from another person, even if the person has appeared to give consent. Since it would be premeditated killing, the pope says that (depending on the circumstances) it is the same as murder.

The pope suggests that a prevailing tendency today sees life as something that should bring pleasure and well-being, and that suffering is seen as a setback that people cannot accept. In this case death becomes a 'liberation' from suffering. He also speaks of a culture which sees people in terms of their 'productivity' or efficiency: when people grow old they then become a burden on society and so their lives lose their value.

#### **Euthanasia and the treatment of the dying**

The Church makes an important distinction between euthanasia and what it calls "aggressive medical treatment" to prolong the life of a terminally-ill person. Sometimes a person's life can be prolonged for a short period by medical treatment. If, however, that treatment is both costly (in terms of resources) and distressing for the patient (and family), it may be judged better to allow the patient to die naturally. Clearly, nothing can be done that will deliberately cause or hasten the death of the patient. In all cases ordinary medical treatment (especially pain-relief) should be

continued. In some cases, the use of large doses of pain-killers can actually bring on or speed up the death of the patient.

Pope Pius XII in 1957 said that it is acceptable to relieve pain with drugs even if this leads to lower levels of consciousness and accelerated death. He did stress that it is not right to deprive people of consciousness without good reason, because people need to be able to respond to others, especially family, and (if they are religious) prepare themselves to meet God.

There is an important point to be made here with regard to what 'medical treatment' means. In some cases of what is called 'persistent vegetative state' (PVS), patients have had not only medical treatment but also food and water withdrawn from them. This of course leads to their death. The Church would not accept that food and water are medicine, and to withdraw this basic ordinary sustenance is effectively to kill someone by starving them to death.

### Consent

It is argued sometimes that the patient's own consent or request for euthanasia should be the most important consideration. There is a serious risk, however, that if people say while they are healthy that they want to be 'put to sleep' if ever they become a burden etc. they might actually feel very differently about it when they are in that condition; the problem is all the more difficult if they are no longer able to communicate their wishes clearly.

Similarly, if I am in great pain or suffering from mental problems, for example, I am not in a position to make a free and balanced decision.

Decisions left in the hands of doctors or relatives are very risky also. It might not always be clear that relatives or doctors are always acting in the patients' best interests. A doctor may be waiting for an organ for a transplant, for instance, or for a bed to become free, and relatives may simply wish to be relieved of the burden of an ill member of the family.

Consent alone, however, would never justify the taking of another person's life.

There have been recent examples of people that have been diagnosed as PVS (see above), and when doctors have been able to communicate with them and ask them if they want to live, the answer 'yes' has come back clearly. This has led to calls for more research into PVS.

*Acknowledgement: Briefing Document, Bishops' Conference, Scotland*



## **Cherishing the Evening of Life Day for Life 2005**

### **Euthanasia and Assisted Suicide**

#### **What is euthanasia?**

Euthanasia is the deliberate killing of a sick or disabled person (who may or may not have asked to be killed).

#### **What is assisted suicide?**

Assisted suicide is giving a person something (e.g. a drug) with which to kill him/herself.

#### **What's wrong with suicide/euthanasia?**

Suicide and euthanasia assume that it's acceptable to end a life which has 'no value'. However, all human lives have value: God does not create worthless lives. We should never agree with any suicidal person that his or her life is not worth living. Instead, we should do all we can to help that person appreciate the value and meaning of his or her life (which in practice will often mean treating the pain or depression that is making the person despair).

In Holland, the legal acceptance of voluntary euthanasia has led to large amounts of non-voluntary euthanasia of mentally disabled people and children whose lives are also seen as 'not worth living'.

#### **Is it euthanasia to stop treating or feeding a patient?**

Yes, if the aim of stopping treatment or feeding is to make the patient die. If a friend or relative is going into hospital, make sure that person gets the right support – including spiritual support from a chaplain. Ask to see the case manager if necessary. Be demanding, especially if the patient is depressed, in pain or otherwise neglected.

#### **Does that mean life should be prolonged at all costs?**

No: excessive treatment may be stopped if the aim is not to make the patient die, but simply to avoid the burdens of the treatment.

#### **What can I do to stop euthanasia?**

Keep informed of developments in Parliament – especially through the Bishops' Conference website ([www.catholicchurch.org.uk](http://www.catholicchurch.org.uk)) and the All Party Parliamentary Pro-Life Group ([www.parliamentaryprolife.org.uk](http://www.parliamentaryprolife.org.uk)). When need arises write to your MP or to your local paper. Use the excellent resources available from the \*Linacre Centre for Healthcare Ethics ([www.linacre.org](http://www.linacre.org)) which is a specialist Catholic bioethics research institute funded by the Bishops' Conferences of Ireland, Scotland and England and Wales. Support Catholic pro-life charities and local hospices.

\*Linacre Centre for Healthcare Ethics, 60 Grove End Rd, London NW8 9NH.  
Visit our website at [www.linacre.org](http://www.linacre.org), or phone us on 020 7806 4088.

## Declaration on Euthanasia (1980) Prepared by the Sacred Congregation for the Doctrine of the Faith

### Introduction

The rights and values pertaining to the human person occupy an important place among the questions discussed today. In this regard, the Second Vatican Ecumenical Council solemnly reaffirmed the lofty dignity of the human person, and in a special way his or her right to life. The Council therefore condemned crimes against life “such as any type of murder, genocide, abortion, euthanasia, or willful suicide” (Pastoral Constitution GAUDIUM ET SPES, no. 27).

More recently, the Sacred Congregation for the Doctrine of the Faith has reminded all the faithful of Catholic teaching on procured abortion.[1] The Congregation now considers it opportune to set forth the Church’s teaching on euthanasia.

It is indeed true that, in this sphere of teaching, the recent Popes have explained the principles, and these retain their full force[2]; but the progress of medical science in recent years has brought to the fore new aspects of the question of euthanasia, and these aspects call for further elucidation on the ethical level.

In modern society, in which even the fundamental values of human life are often called into question, cultural change exercises an influence upon the way of looking at suffering and death; moreover, medicine has increased its capacity to cure and to prolong life in particular circumstances, which sometime give rise to moral problems. Thus people living in this situation experience no little anxiety about the meaning of advanced old age and death. They also begin to wonder whether they have the right to obtain for themselves or their fellowmen an “easy death,” which would shorten suffering and which seems to them more in harmony with human dignity.

A number of Episcopal Conferences have raised questions on this subject with the Sacred Congregation for the Doctrine of the Faith. The Congregation, having sought the opinion of experts on the various aspects of euthanasia, now wishes to respond to the Bishops’ questions with the present Declaration, in order to help them to give correct teaching to the faithful entrusted to their care, and to offer them elements for reflection that they can present to the civil authorities with regard to this very serious matter.

The considerations set forth in the present document concern in the first place all those who place their faith and hope in Christ, who, through His life, death and resurrection, has given a new meaning to existence and especially to the death of the Christian, as St. Paul says: “If we live, we live to the Lord, and if we die, we die to the Lord” (Rom. 14:8; cf. Phil. 1:20).

As for those who profess other religions, many will agree with us that faith in God the Creator, Provider and Lord of life—if they share this belief—confers a lofty dignity upon every human person and guarantees respect for him or her.

It is hoped that this Declaration will meet with the approval of many people of good will, who, philosophical or ideological differences notwithstanding, have nevertheless a lively awareness of the rights of the human person. These rights have often, in fact, been proclaimed in recent years through declarations issued by International Congresses[3]; and since it is a question here of fundamental rights inherent in every human person, it is obviously wrong to have recourse to arguments from political pluralism or religious freedom in order to deny the universal value of those rights.



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### **I. The Value of Human Life**

Human life is the basis of all goods, and is the necessary source and condition of every human activity and of all society. Most people regard life as something sacred and hold that no one may dispose of it at will, but believers see in life something greater, namely, a gift of God's love, which they are called upon to preserve and make fruitful. And it is this latter consideration that gives rise to the following consequences:

1. No one can make an attempt on the life of an innocent person without opposing God's love for that person, without violating a fundamental right, and therefore without committing a crime of the utmost gravity.<sup>[4]</sup>
2. Everyone has the duty to lead his or her life in accordance with God's plan. That life is entrusted to the individual as a good that must bear fruit already here on earth, but that finds its full perfection only in eternal life.
3. Intentionally causing one's own death, or suicide, is therefore equally as wrong as murder; such an action on the part of a person is to be considered as a rejection of God's sovereignty and loving plan. Furthermore, suicide is also often a refusal of love for self, the denial of a natural instinct to live, a flight from the duties of justice and charity owed to one's neighbour, to various communities or to the whole of society—although, as is generally recognised, at times there are psychological factors present that can diminish responsibility or even completely remove it.

However, one must clearly distinguish suicide from that sacrifice of one's life whereby for a higher cause, such as God's glory, the salvation of souls or the service of one's brethren, a person offers his or her own life or puts it in danger (cf. Jn. 15:14).

### **II. Euthanasia**

In order that the question of euthanasia can be properly dealt with, it is first necessary to define the words used.

Etymologically speaking, in ancient times EUTHANASIA meant an EASYDEATH without severe suffering. Today one no longer thinks of this original meaning of the word, but rather of some intervention of medicine whereby the suffering of sickness or of the final agony are reduced, sometimes also with the danger of suppressing life prematurely. Ultimately, the word EUTHANASIA is used in a more particular sense to mean "mercy killing," for the purpose of putting an end to extreme suffering, or having abnormal babies, the mentally ill or the incurably sick from the prolongation, perhaps for many years of a miserable life, which could impose too heavy a burden on their families or on society.

It is, therefore, necessary to state clearly in what sense the word is used in the present document.

By euthanasia is understood an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated. Euthanasia's terms of reference, therefore, are to be found in the intention of the will and in the methods used.

It is necessary to state firmly once more that nothing and no one can in any way permit the killing of an innocent human being, whether a foetus or an embryo, an infant or an adult, an old person, or one suffering from an incurable disease, or a person who is dying. Furthermore, no one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care, nor can he or she consent to it, either explicitly or implicitly. nor can any authority legitimately recommend or permit such an action. For it is a question of the violation of the divine law, an offence against the dignity of the human person, a crime against life, and an attack on humanity.

It may happen that, by reason of prolonged and barely tolerable pain, for deeply personal or other reasons,

people may be led to believe that they can legitimately ask for death or obtain it for others. Although in these cases the guilt of the individual may be reduced or completely absent, nevertheless the error of judgment into which the conscience falls, perhaps in good faith, does not change the nature of this act of killing, which will always be in itself something to be rejected. The plea of gravely ill people who sometimes ask for death are not to be understood as implying a true desire for euthanasia; in fact, it is almost always a case of an anguished plea for help and love. What a sick person needs, besides medical care, is love, the human and supernatural warmth with which the sick person can and ought to be surrounded by all those close to him or her, parents and children, doctors and nurses.

### III. The Meaning of Suffering for Christians and the Use of Painkillers

Death does not always come in dramatic circumstances after barely tolerable sufferings. Nor do we have to think only of extreme cases. Numerous testimonies which confirm one another lead one to the conclusion that nature itself has made provision to render more bearable at the moment of death separations that would be terribly painful to a person in full health. Hence it is that a prolonged illness, advanced old age, or a state of loneliness or neglect can bring about psychological conditions that facilitate the acceptance of death.

Nevertheless the fact remains that death, often preceded or accompanied by severe and prolonged suffering, is something which naturally causes people anguish.

Physical suffering is certainly an unavoidable element of the human condition; on the biological level, it constitutes a warning of which no one denies the usefulness; but, since it affects the human psychological makeup, it often exceeds its own biological usefulness and so can become so severe as to cause the desire to remove it at any cost.

According to Christian teaching, however, suffering, especially suffering during the last moments of life, has a special place in God's saving plan; it is in fact a sharing in Christ's passion and a union with the redeeming sacrifice which He offered in obedience to the Father's will. Therefore, one must not be surprised if some Christians prefer to moderate their use of painkillers, in order to accept voluntarily at least a part of their sufferings and thus associate themselves in a conscious way with the sufferings of Christ crucified (cf. Mt. 27:34). Nevertheless it would be imprudent to impose a heroic way of acting as a general rule. On the contrary, human and Christian prudence suggest for the majority of sick people the use of medicines capable of alleviating or suppressing pain, even though these may cause as a secondary effect semiconsciousness and reduced lucidity. As for those who are not in a state to express themselves, one can reasonably presume that they wish to take these painkillers, and have them administered according to the doctor's advice.

But the intensive use of painkillers is not without difficulties, because the phenomenon of habituation generally makes it necessary to increase their dosage in order to maintain their efficacy. At this point it is fitting to recall a declaration by Pius XII, which retains its full force; in answer to a group of doctors who had put the question: "Is the suppression of pain and consciousness by the use of narcotics ... permitted by religion and morality to the doctor and the patient (even at the approach of death and if one foresees that the use of narcotics will shorten life)?" the Pope said: "If no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties: Yes." [5] In this case, of course, death is in no way intended or sought, even if the risk of it is reasonably taken; the intention is simply to relieve pain effectively, using for this purpose painkillers available to medicine.

However, painkillers that cause unconsciousness need special consideration. For a person not only has to be able to satisfy his or her moral duties and family obligations; he or she also has to prepare himself or herself with full consciousness for meeting Christ. Thus Pius XII warns: "It is not right to deprive the dying person of consciousness without a serious reason." [6]



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### **IV. Due Proportion in the Use of Remedies**

Today it is very important to protect, at the moment of death, both the dignity of the human person and the Christian concept of life, against a technological attitude that threatens to become an abuse. Thus some people speak of a “right to die,” which is an expression that does not mean the right to procure death either by one’s own hand or by means of someone else, as one pleases, but rather the right to die peacefully with human and Christian dignity. From this point of view, the use of therapeutic means can sometimes pose problems.

In numerous cases, the complexity of the situation can be such as to cause doubts about the way ethical principles should be applied. In the final analysis, it pertains to the conscience either of the sick person, or of those qualified to speak in the sick person’s name, or of the doctors, to decide, in the light of moral obligations and of the various aspects of the case.

Everyone has the duty to care for his or her own health or to seek such care from others. Those whose task it is to care for the sick must do so conscientiously and administer the remedies that seem necessary or useful.

However, is it necessary in all circumstances to have recourse to all possible remedies?

In the past, moralists replied that one is never obliged to use “extraordinary” means. This reply, which as a principle still holds good, is perhaps less clear today, by reason of the imprecision of the term and the rapid progress made in the treatment of sickness. Thus some people prefer to speak of “proportionate” and “disproportionate” means. In any case, it will be possible to make a correct judgment as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources.

In order to facilitate the application of these general principles, the following clarifications can be added:

- If there are no other sufficient remedies, it is permitted, with the patient’s consent, to have recourse to the means provided by the most advanced medical techniques, even if these means are still at the experimental stage and are not without a certain risk. By accepting them, the patient can even show generosity in the service of humanity.
- It is also permitted, with the patient’s consent, to interrupt these means, where the results fall short of expectations. But for such a decision to be made, account will have to be taken of the reasonable wishes of the patient and the patient’s family, as also of the advice of the doctors who are specially competent in the matter. The latter may in particular judge that the investment in instruments and personnel is disproportionate to the results foreseen; they may also judge that the techniques applied impose on the patient strain or suffering out of proportion with the benefits which he or she may gain from such techniques.
- It is also permissible to make do with the normal means that medicine can offer. Therefore one cannot impose on anyone the obligation to have recourse to a technique which is already in use but which carries a risk or is burdensome. Such a refusal is not the equivalent of suicide; on the contrary, it should be considered as an acceptance of the human condition, or a wish to avoid the application of a medical procedure disproportionate to the results that can be expected, or a desire not to impose excessive expense on the family or the community.
- When inevitable death is imminent in spite of the means used, it is permitted in conscience to take the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted. In such circumstances the doctor has no reason to reproach himself with failing to help the person in danger.

## Conclusion

The norms contained in the present Declaration are inspired by a profound desire to service people in accordance with the plan of the Creator. Life is a gift of God, and on the other hand death is unavoidable; it is necessary, therefore, that we, without in any way hastening the hour of death, should be able to accept it with full responsibility and dignity. It is true that death marks the end of our earthly existence, but at the same time it opens the door to immortal life. Therefore, all must prepare themselves for this event in the light of human values, and Christians even more so in the light of faith.

As for those who work in the medical profession, they ought to neglect no means of making all their skill available to the sick and dying; but they should also remember how much more necessary it is to provide them with the comfort of boundless kindness and heartfelt charity. Such service to people is also service to Christ the Lord, who said: "As you did it to one of the least of these my brethren, you did it to me" (Mt. 25:40).

At the audience granted Prefect, His Holiness Pope John Paul II approved this declaration, adopted at the ordinary meeting of the Sacred Congregation for the Doctrine of the Faith, and ordered its publication.

Rome, the Sacred Congregation for the Doctrine of the Faith, May 5, 1980.

Franjo Cardinal Seper

PREFECT

+ Jerome Hamer, OP

TIT. ARCHBISHOP OF LORIUM

SECRETARY

## Endnotes

1. DECLARATION ON PROCURED ABORTION, November 18, 1974: AAS 66 (1974), pp. 730-747.
2. Pius XII, ADDRESS TO THOSE ATTENDING THE CONGRESS OF THE INTERNATIONAL UNION OF CATHOLIC WOMEN'S LEAGUES, September 11, 1947: AAS 39 (1947), p. 483; ADDRESS TO THE ITALIAN CATHOLIC UNION OF MIDWIVES, October 29, 1951: AAS 43 (1951), pp. 835-854; SPEECH TO THE MEMBERS OF THE INTERNATIONAL OFFICE OF MILITARY MEDICINE DOCUMENTATION, October 19, 1953: AAS 45 (1953), pp. 744-754; ADDRESS TO THOSE TAKING PART IN THE IXth CONGRESS OF THE ITALIAN ANAESTHESIOLOGICAL SOCIETY, February 24, 1957: AAS 49 (1957), p. 146; cf. also ADDRESS ON "REANIMATION," November 24, 1957: AAS 49 (1957), pp. 1027-1033; Paul VI, ADDRESS TO THE MEMBERS OF THE UNITED NATIONAL SPECIAL COMMITTEE ON APARTHEID, May 22, 1974: AAS 66 (1974), p. 346; John Paul II: ADDRESS TO THE BISHOPS OF THE UNITED STATES OF AMERICA, October 5, 1979: AAS 71 (1979), p. 1225.
3. One thinks especially of Recommendation 779 (1976) on the rights of the sick and dying, of the Parliamentary Assembly of the Council of Europe at its XXVIIth Ordinary Session; cf. Sipeca, no. 1, March 1977, pp. 14-15.
4. We leave aside completely the problems of the death penalty and of war, which involve specific considerations that do not concern the present subject.
5. Pius XII, ADDRESS of February 24, 1957: AAS 49 (1957), p. 147.
6. Pius XII, Ibid., p. 145; cf. ADDRESS of September 9, 1958: AAS 50 (1958), p. 694.

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