Love is stronger than death

As I wrote in my last column, there is truly no question about what God thinks of us. Each of us is of incomparable value to him, and he loves each of us infinitely.

Our bodies, though subject to death, are destined for eternity with our souls. Their intricate workings are a sign of both God’s creativity and our destiny. As a physician friend once told me, “The human body is always striving to live.” When wrecked by illness, the body does everything possible to overcome it.

At the same time, human life is subject to suffering, to dreadful illnesses that cannot be cured, and to the aging process which inevitably and naturally leads to death. Human suffering is difficult both for the one who bears it and for loved ones who witness it. Illness and suffering never make a person less worthy, or she always retains God-given dignity and sanctity of every life as created and redeemed by God.

Catholic teaching is not based on a subjective concept of “quality of life” but on the dignity and sanctity of every life as created and redeemed by God. The prayerful consideration we give to weighty decisions regarding health care always has as its basis the sanctity and God-given dignity of life.

We treat those who suffer in a way that is in keeping with the dignity that is always theirs, the dignity illness or suffering cannot erase. We owe them our love, comfort and companionship. In fact, the Lord Jesus reminds us that “when I was ill you cared for me” (Matthew 25). That’s how close he is to those who suffer.

The term “quality of life” can be very problematic because it is open to interpretations which attribute a certain “value” to one life and not another. History is full of tragic examples of cultures that sanctioned judgments regarding the worth of a life made on the basis of illness, mental or physical incapacity, age or sex.

Even when Church teaching speaks of the “burdens” which accompany human suffering, we never imply that a person who suffers is a burden. Illness is burdensome, and some medical treatments can be unnecessarily burdensome, but the suffering person is never a burden; he or she always retains God-given dignity and deserves to be treated in a way that befits that dignity.

As I wrote several weeks ago, Christian faith also reminds us that there is a crucial spiritual dimension to suffering, one that joins us to the Lord Jesus on the cross. Through Christ, our suffering can be not only a source of blessing for us — it can also be a source of fruitfulness for others, a spiritual gift we offer on their behalf.

Suffering can be so great that a person feels desperate, even hopeless. Blessed John Paul II referred to this experience when he wrote in “The Gospel of Life”:

“The request which arises from the human heart in the supreme confrontation with suffering and death, especially when faced with the temptation to give up in utter desperation, is above all a request for companionship, sympathy and support in the time of trial. It is a plea for help to keep on hoping when all human hopes fail.” (no. 67)

Suffering can strain or cloud hope, but the love of others can sustain and revive it. We who are disciples of Christ owe it to those who suffer to be their companions, friends and support.

Pope Benedict XVI has written, “The true measure of humanity is essentially determined in relationship to suffering and to the sufferer … A society unable to accept its suffering members and incapable of helping to share their suffering and to bear it inwardly through ‘com-passion’ is a cruel and inhuman society” (“In Hope We Were Saved,” no. 38).

Always a tragedy

The Ethical and Religious Directives for Catholic Health Care Services remind us that “The task of medicine is to care even when it cannot cure.” Among many other things, this statement implies that a patient suffering from painful illness has the right for palliative (pain-relieving) care. Pain should be managed in a way that allows patients to prepare for death while fully conscious, the dying process should be kept as free of pain as possible. Medicines capable of relieving pain may be given to a dying person, even if those medications indirectly shorten his or her life, as long as it was never the intention to directly hasten death.

In our own state some people want all of us to blur the distinction between the use of medication to manage pain and the deliberate administration of a lethal overdose of medication as a kind of “compassionate” killing. Any treatment directly intended to cause or hasten death is always morally unacceptable. Tragically, since 2008 it has been legal in Washington for physicians to prescribe lethal drugs to terminally ill patients who request them.

Let there be no mistake: Suicide is always a tragedy, and we must do all in our power to help those who consider the desperate possibility of suicide; we must also show deep compassion for families whose loved ones have taken their own lives. However, it is never morally right to take one’s own life or assist in the suicide of another. We are the stewards, not the owners, of the lives God has given us. We are to cherish our lives and take care of ourselves, for our lives are not ours to dispose of. Only God, the Master of Life, can determine when our earthly life will end.

Moreover, as we American Bishops taught in “To Live Each Day With Dignity” (released during our meeting in Seattle this past June):

“Catholics should be leaders in the effort to defend and uphold the principle that each of us has a right to live with dignity through every day of our lives … We should join with other[s] … including disability rights advocates, charitable organizations, and members of the healing professions, to stand for the dignity of people with serious illnesses and disabilities and promote life-affirming solutions for their problems and hardships. We should ensure that the families of people with chronic or terminal illness will advocate for the rights of their loved ones, and will never feel they have been left alone in caring for their needs.

“The claim that the ‘quick fix’ of an overdose of drugs can substitute for these efforts is an affront to patients, caregivers and the ideals of medicine. When we grow old or sick and we are tempted to lose hope, we should be surrounded by people who ask, ‘How can we help?’ We deserve to grow old in a society that views our cares and needs with a compassion grounded in respect, offering genuine support in our final days … We can help build a world in which love is stronger than death.”