

Into the Father's Arms

Catholic Teaching & Guidance for Medical Decisions & End-of-Life Care



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Front Cover: “The Death of St. Joseph” bas-relief in the north transept of the Cathedral of St. Joseph, Sioux Falls, South Dakota

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INTRODUCTION



“For if we live, we live for the Lord, and if we die, we die for the Lord; so then, whether we live or die, we are the Lord’s. For this is why Christ died and came to life, that he might be Lord of both the dead and the living.”
~ Romans 14:8-9

The topic of death is one many of us try to avoid. Some believe that end of life issues are something to worry about in the future. Others are frightened at the prospect of dying and choose not to talk about it at all. However, with death being the only sure thing in this life, we are called to continually prepare ourselves spiritually, for we know not the hour when we will be called home. In addition, it is vital that we make practical preparations.

Most will plan for the distribution of material wealth and possessions following death, typically in the form of a Last Will and Testament. As much diligence should be put into planning for health care needs in the event that a serious illness or injury renders us unable to speak for ourselves, no matter our current age.

With advancements in medicine, scientists and doctors are continually finding new ways to prevent, treat, and conquer many illnesses and diseases. We have medical options available to us today that were the subject of science fiction just a few years ago. With technology comes challenges, especially in the areas of ethics and morals. Situations can be complex and difficult. The practice of medicine is an art, not a perfect science. It is our role as Catholics to carefully consider the health care options available to us and our loved ones and to make sound choices in accordance with the teachings of our faith.

This guide is meant to assist you in planning for unexpected health complications and for your end of life here on earth. Taking the time to plan ahead is a great gift to the loved ones who will care for you, providing them with the tools necessary to fulfill your desires in light of Catholic teachings and in conformity with South Dakota law.

Chapter 1

Applying Our Faith to Life and Death Decisions



“The first Christians were united around the image of death with hope, and they used as a symbol the anchor. So, hope was the anchor that one had dug into the shore, and they held on to the rope in order to advance without losing their way.”

~Pope Francis

Church Teaching on Life and Death

Death can be painful. It can be full of suffering. It may be feared because what comes after is unknown until God’s judgment. But we have hope because our faith teaches us that death is only the end of our pilgrims’ journey here on earth, that death does not conquer, and by his suffering on the Cross, “death is transformed by Christ.”¹ It is the gateway to eternal life and God willing the glorious beginning of our eternal presence with our Lord and Savior in Heaven. “In death, God calls man to himself.”²

The Catholic Church encourages us to “prepare ourselves for the hour of our death.”³ In every Hail Mary we ask for the Blessed Mother to “pray for us, now and at the hour of our death”. We entrust ourselves to good St. Joseph, the patron saint of a happy death. On the cover of this guide is a picture of the beautiful ceiling relief in the Cathedral of St. Joseph, depicting Joseph’s death with Jesus and Mary at his side. There are few artistic renditions of this event because it is not described in Scripture. We look to this relief with confidence and hope in what God has planned for each of us.

Respect for Life

The Gospel accounts of Christ’s special concern for the sick and dying are clear. His Church continues to offer helpful and comforting guidance to those experiencing a serious illness or imminent death, teaching compassion and respect for every human life from the moment of conception to the moment of *natural* death. (The word “natural” here is important, as you will learn in the following sections.)

1 *Catechism of the Catholic Church (CCC)*, 1007-1009.

2 *Ibid.*, 1011.

3 *Ibid.*, 1014.

“Human life is sacred because from its beginning it involves the creative action of God and it remains for ever in a special relationship with the Creator, who is its sole end. God alone is the Lord of life from its beginning until its end: no one can under any circumstance claim for himself the right directly to destroy an innocent human being.”⁴ God’s gift of human life is the foundation for all His other gifts and each person has the innate right to preserve his or her life.

Assisted Suicide & Euthanasia: Rejecting God’s Gift of Life

Some choose to reject God’s gift of life by various means. The Church defines euthanasia as “an act or omission which, of itself or by intention, causes death in order to eliminate suffering.”⁵ No matter the motives or means, no matter if the person is handicapped, incapacitated, terminally ill or dying, euthanasia is “morally unacceptable” and “constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his creator. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded.”⁶

An act of euthanasia can take many forms. For example, a doctor could set up a mechanism for a patient to push a button to administer a lethal dose of medication. This is primarily referred to as “physician assisted suicide”. The physician or another person could also administer the medication. Or a doctor or loved one could deliberately fail to administer a necessary medication or food or water, with the intent that death would be the result of their inaction.

Persons at risk of being euthanized are not just the dying but also those suffering from cognitive or physical disabilities, brain damage, dementia or other debilitating diseases and conditions. Oftentimes, a loved one simply wants the suffering to end, which is an understandable emotion.

Unfortunately, in today’s culture, described by Blessed John Paul II as “a culture of death”, assisted suicide and euthanasia are described as “mercy killings” and a “compassionate” effort to take control of death. Another claim is that these forms of killings allow people to “die with dignity” by ending their suffering or pain before it takes over their lives, renders them disabled, deformed or in some other manner less desirable.

The language used to defend these actions will utilize terms such

4 *Ibid.*, 2258.

5 *Ibid.*, 2277.

6 *Ibid.*

as “quality of life”, implying that some lives are not worth living or that a person would not choose to live his or her life a certain way. Bluntly, some believe that the person is “better off dead”.

These views are not from God, for how and when we die is not for us to decide. “It is God who remains the sovereign Master of life. We are obliged to accept life gratefully and preserve it for His honor and the salvation of our souls. We are stewards, not owners, of the life God entrusted to us. It is not ours to dispose of.”⁷

Euthanasia is becoming more widely accepted in the United States, and may even be disguised as a “treatment” option. The key question that must be answered definitively is whether the intent of the action or inaction is to cause death.

On the other hand, Church teachings on preserving life do not require us to do everything humanly possible to keep ourselves or a loved one alive. Discontinuing burdensome, dangerous, or extraordinary medical treatment is different from intentionally taking life. (Guidelines for determining what constitutes extraordinary care are discussed in more detail in Chapter 2.)

Redemptive Suffering

Defenders of euthanasia often accuse opponents of lacking compassion or condemning people to suffer in vain. But the truth is shared in Romans 5:3-5, where St. Paul tells us: “[W]e even boast of our afflictions, knowing that affliction produces endurance, and endurance, proven character, and proven character, hope, and hope does not disappoint, because the love of God has been poured out into our hearts through the Holy Spirit that has been given to us.” Suffering not only has the practical outcome of producing endurance, proven character and hope, but when joined with the suffering of our Lord on the cross it can be a powerful spiritual tool.

This is because the method Christ chose to accomplish our redemption was by being rejected, ridiculed, spat upon, stripped of his clothing, scourged, beaten, crowned with thorns, and forced to carry the cross to which he was then nailed and crucified. He chose to die an excruciatingly painful death, experiencing every kind of suffering imaginable - physical, emotional and spiritual. By doing this, by using suffering to save the world, Jesus gave new meaning to human suffering. And He calls us to unite our sufferings to His, to unite ourselves to Him for the sake of others.

7 *Ibid.*, 2280.

As Anthony DeStefano explains, “when you accept the suffering that comes to you from God in a trusting, faithful way, you’re doing something that’s totally contrary to the philosophy of the world and the devil. You’re acting in a purely selfless manner. In other words, you’re being Christ-like.”⁸ Far from being in vain, redemptive suffering is life giving for the person suffering and useful to those for whom the suffering is offered. In fact, because God exists outside of time and space as we understand it, we can offer up our sufferings for people half way around the world and even those who haven’t been born!⁹

This includes those who suffer greatly themselves watching their loved ones endure pain and anguish in their battles with disease, injury, illness, and while nearing death. As Blessed John Paul II reminds us:

It is especially consoling to note—and also accurate in accordance with the Gospel and history—that at the side of Christ, in the first and most exalted place, there is always his Mother through the exemplary testimony that she bears by her whole life to this particular Gospel of suffering. In her, the many and intense



8 DeStefano, Anthony. *Angels All Around Us: A Sightseeing Guide to the Invisible World*. New York: Crown Publishing Group, 2011. Print, p.156.

9 *Ibid.*, p.157.

sufferings were amassed in such an interconnected way that they were not only a proof of her unshakeable faith but also a contribution to the redemption of all. In reality, from the time of her secret conversation with the angel, she began to see in her mission as a mother her “destiny” to share, in a singular and unrepeatable way, in the very mission of her Son.

.....

And again, after the events of her Son’s hidden and public life, events which she must have shared with acute sensitivity, it was on Calvary that Mary’s suffering, beside the suffering of Jesus, reached an intensity which can hardly be imagined from a human point of view but which was mysterious and supernaturally fruitful for the redemption of the world. Her ascent of Calvary and her standing at the foot of the Cross together with the

Beloved Disciple were a special sort of sharing

in the redeeming death of

her Son. And the words

which she heard from

his lips were a kind

of solemn handing-

over of this Gospel

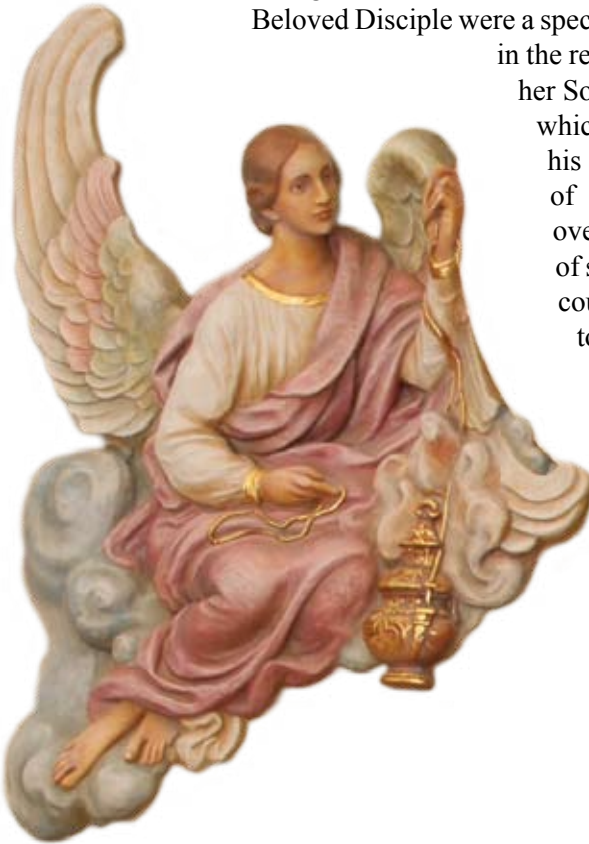
of suffering so that it

could be proclaimed

to the whole

community of

believers.¹⁰



Chapter 2

Medical Considerations



Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of “over-zealous” treatment. Here one does not will to cause death; one’s inability to impede it is merely accepted.
~ Catechism of the Catholic Church 2278

To Treat or Not to Treat

A fundamental question families face when a loved one is seriously ill or injured or nearing death is whether to provide treatment for the patient or “let nature take its course”. Medical advances continue at a remarkable rate. New discoveries and techniques have led to cures or the promise of cures for disease and illness that in the past would have resulted in sure death.

The Church recognizes that it is impossible and imprudent to simply provide a list of scenarios and the appropriate action. Each person’s individual medical situation will have unique circumstances that can change quickly making such scenarios limitless. Instead, the Church has wisely laid down guiding principles to apply to each unique circumstance. Blessed John Paul II provided us with much guidance in this area:

Euthanasia must be distinguished from the decision to forego so-called “aggressive medical treatment”, in other words, medical procedures which no longer correspond to the real situation of the patient, either because they are by now disproportionate to any expected results or because they impose an excessive burden on the patient and his family. In such situations, when death is clearly imminent and inevitable, one can in conscience “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”. Certainly there is a moral obligation to care for oneself and to allow oneself to be cared for, but this duty must take account of concrete circumstances. It needs to be determined whether the means of treatment available are objectively proportionate to the prospects for improvement. To forego extraordinary or disproportionate means is not the

equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death.¹¹

The Bishops of the United States Conference of Catholic Bishops provide us with further guidance:

A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.

A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.¹²

Following this magisterial teaching, the question to consider is whether the treatment being considered is an ordinary (proportionate) means, and therefore obligatory, or whether it is an extraordinary (disproportionate) means, and therefore not obligatory. This question invites



11 John Paul II, Encyclical Letter *Evangelium Vitae*, 65.

12 United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services (ERD)*, 5th Ed., 56-57.

us into a journey involving much prayer and discernment, consultation with healthcare professionals, possible input from family, friends, a priest, and in some very complicated situations, perhaps consultation with a Catholic ethicist or moral theologian.

“In any case, it will be possible to make a correct judgment as to the means [whether proportionate or disproportionate] 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.”¹³

Applying these principles may seem like a daunting task, especially considering the stress and anxiety that often accompanies a loved one who is very sick or dying. Spend time in prayerful discernment and join your suffering with Christ’s Passion, and our loving Father, by the power of the Holy Spirit, will provide the graces necessary to help you make the right decisions.

Church Teaching on Artificial Food and Water

In addition to deciding whether certain treatments are ordinary or extraordinary, there has been much discussion on the ethics of providing or denying food and water to the very sick or dying. The Bishops of the United States asked the Congregation for the Doctrine of the Faith to clarify Church teachings on this issue, posing two important questions. Following are those questions and the responses received:

Question: Is the administration of food and water (whether by natural or artificial means) to a patient in a “vegetative state” morally obligatory except when they cannot be assimilated by the patient’s body or cannot be administered to the patient without causing significant physical discomfort?

Response: Yes. The administration of food and water even by artificial means is, in principle, an ordinary and proportionate means of preserving life. It is therefore obligatory to the extent to which, and for as long as, it is shown to accomplish its proper finality, which is the hydration and nourishment of the patient. In this way suffering and death by starvation and dehydration are prevented.

13 Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (1980), Part IV.

Question: When nutrition and hydration are being supplied by artificial means to a patient in a “permanent vegetative state”, may they be discontinued when competent physicians judge with moral certainty that the patient will never recover consciousness?

Response: No. A patient in a “permanent vegetative state” is a person with fundamental human dignity and must, therefore, receive ordinary and proportionate care which includes, in principle, the administration of water and food even by artificial means.

To summarize, food and water are to be considered ordinary and proportionate means of patient care and administered in almost every case. Only in exceptional cases where death is imminent or the patient is no longer able to assimilate the food or water, causing greater suffering or complications if administered, would either be considered extraordinary or disproportionate.



Controlling Pain

Suffering and pain are part of the human condition. As mentioned, in offering up our suffering, we can join with

Christ’s redemptive suffering on the Cross. However, this does not mean that we must deny ourself or a loved one the benefit of modern medicine that may provide comfort and alleviate pain. Hospice and palliative care programs have pioneered a wide range of helpful treatments.

The Bishops of the United States have stated: “Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason.”¹⁴ Their directive goes on to say, “Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person’s life so long as the intent is not to hasten death.

Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering.”¹⁵

The intention motivating the action is fundamental. Is the intent to hasten death or to control pain? In some hospitals a “treatment” practice is to administer high doses of strong pain killers causing sedation, while food and water are also withheld. While it seems like the patient slowly dies a peaceful death, the reality is that the person is drugged and allowed to die from dehydration and/or starvation and not the underlying pathology. This is euthanasia and is always forbidden.

Blessed John Paul II summarized it this way: “While praise may be due to the person who voluntarily accepts suffering by forgoing treatment with pain-killers in order to remain fully lucid and, if a believer, to share consciously in the Lord’s Passion, such “heroic” behaviour cannot be considered the duty of everyone. Pius XII affirmed that it is licit to relieve pain by narcotics, even when the result is decreased consciousness and a shortening of life, “if no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties”. In such a case, death is not willed or sought, even though for reasonable motives one runs the risk of it: there is simply a desire to ease pain effectively by using the analgesics which medicine provides.”¹⁶

15 *Ibid.*

16 *Evangelium Vitae*, 65.

Chapter 3

Planning Ahead for End of Life Decisions



“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.”

~ Declaration on Euthanasia

Sacred Congregation for the Doctrine of the Faith

Why Plan Ahead?

Regardless of age or marital status, we all have an obligation to adequately plan ahead for the end of our life and to communicate our wishes to our loved ones. Serious illness and death can be a time of great stress. There may be hard feelings among family members. There can be conflicting views about the proper care or treatment plan. Sharing your desires ahead of time helps alleviate conflict between loved ones, can foster peace and security in the decision making process and provide comfort to family and friends because your wishes and values will be known.

It is wise to contact an attorney who understands and respects your faith who will review and finalize your estate plans, including the drafting of a will and other necessary legal documents regarding your estate. But most importantly an attorney can aid you in the proper execution of an advance directive for healthcare to help determine and communicate your wishes should you become incapacitated and unable to speak for yourself.

Advance Directives

An advance directive is a legal document that allows you to make provisions for your future health care decisions. If you are of sound mind during an illness or injury, you will be able to make decisions as the circumstances unfold. However, if you are severely injured in a car accident or you have a stroke or other debilitating disease such as Alzheimer’s and are unable to communicate your wishes, it is vital that someone you trust is able to legally direct your care on your behalf.

If you become incapacitated and there is no advance directive in place, South Dakota codified law establishes a statutory order of who has

the legal right to make decisions for you. This right would first be given to a spouse, if not legally separated; then an adult child; then a parent or an adult sibling; next, a grandparent or an adult grandchild; then an adult aunt or uncle, adult cousin, or an adult niece or nephew; and finally, a close friend.¹⁷

Executing an advance directive helps ensure that the person you trust most with medical decisions is the one speaking on your behalf. However, the type of advance directive you execute is also very important. There are two main types of advance directives recognized in most states, including South Dakota. They are a living will and a durable power of attorney for health care.

The Limitations of a Living Will

A living will is a “declaration” that gives written instruction to your physician or other health care providers “governing the withholding or withdrawal of life sustaining treatment.”¹⁸ There are several reasons why the Church and many others do not recommend executing a living will:

- It is limiting in scope, only becoming operative when dealing with life sustaining treatment, and only when the patient is determined “to be in a terminal condition”, “death is imminent”, and the person “is no longer able to communicate decisions about medical care”.¹⁹
- Because of these statutory limitations, it is unable to address the many other health care decisions that may arise in your individual situation or circumstance.
- It empowers the physician or healthcare provider instead of the patient and his or her family because the physician is the one who decides if or when it goes into affect and also interprets its provisions.
- As a written declaration, direction will be limited to the circumstances contained in the document.
- It is inflexible as most involve a simple checklist or fill in the blank declarations of care and treatment that you may or may not wish to have. Medical treatment does not render itself to such a black and white scenario and it is impossible to draft a declaration to cover all the possibilities that can arise.

17 South Dakota Codified Law 34-12C-3.

18 SDCL 34-12D-2.

19 SDCL 34-12D-5.

The Benefits of a Durable Power of Attorney for Health Care

A durable power of attorney for health care is a document that authorizes another person, called an “attorney in fact” or “agent”, to step into your shoes and make health care decisions on your behalf if and for as long as you are incapacitated. When you execute this legal instrument you are referred to as the “principal” and you appoint as your agent an advocate and trusted confidant. There are several reasons why the durable power of attorney for health care is a far better option and the one preferred by the Church and most others:

- Your agent can actively serve as your advocate and verbally remind and guide your physician according to your wishes - to be your “voice”.
- Your agent will have the ability to make decisions based on the most recent and updated medical information, via real time discussions as the circumstances are unfolding.
- It takes effect immediately upon incapacitation and does not require you to be terminally ill. For example, your agent would be able to speak for you if you are in a coma but your prognosis of recovery is good.
- It authorizes your agent to make all your healthcare decisions, not just those dealing with life sustaining treatment.
- It empowers you and your family, not the physician or healthcare provider.
- You choose who will make decisions on your behalf, instead of leaving this decision to a statutory order determined by the State.

Selecting Someone to Act as Power of Attorney

When you assign someone to act as your agent there are several key criteria to keep in mind. Do you trust this person to carry out your wishes? Does this person understand your Catholic faith and the teachings on end of life issues? Does this person possess moral character with practical wisdom and strength to make sound decisions in difficult circumstances? Is this person someone who can act according to your wishes in the face of medical opposition or pressure to do otherwise even from other members of your family?

Serious discussions about your faith, values, and wishes should take place with prospective agents prior to putting your selection in writing. Do not assume someone is willing to act as an agent. Make sure they are fully aware of and accept this responsibility. Be sure to take into account where this person lives and if they are easily accessible in case of

an emergency or long term illness.

Determine whether the person has the ability to handle stress and tension, including possible conflict or pressure from other family members or friends. The agent should be comfortable in hospitals and interacting with the health care community.

This legal document will allow you to name an alternative agent if the first agent named refuses to act on your behalf, is unavailable or incapacitated or no longer living. If possible, avoid naming “co-agents”, as this would provide two people with a legal right to speak on your behalf, creating the possibility of conflict and confusion if the co-agents are in disagreement about your care or treatment.

Drafting Considerations

Medical technology is changing daily. Therefore, it is wise to avoid statements that reject or restrict certain treatment under all circumstances. For example, avoid language such as “no machines” or “no tubes”. Focus instead on principles and general goals rather than specific medical procedures since you cannot predict the future or know the specific circumstances surrounding your future medical condition. Trust that your agent, in consultation with your physician, will give the appropriate care under the current medical standards and based on your actual condition, not something you think could be your situation. In other words, avoid turning your durable power of attorney for healthcare into a living will.



Standard forms found in a book or online are not advised as they are often generic and may allow things not considered morally acceptable by your Catholic faith. Further, they may be missing important provisions that should be included to ensure that the teachings of your faith are respected and followed. Please consult the “Resources” section of this guide for information on how to access a recommended draft of a Catholic durable power of attorney for health care.

Do Not Resuscitate (DNR) Orders

“Do Not Resuscitate” (DNR) orders are a common feature found in advance directives. By means of a DNR order, medical personal are instructed not to use resuscitation techniques in an attempt to save your life, most often by restarting your heart or helping you breath when those functions cease.

You may hear people say that if they are dying, they would not want to be revived. A DNR order may be appropriate in instances where it is clearly known that resuscitation will only secure a precarious and burdensome prolongation of life. In this case it would be considered an extraordinary means and not morally obligatory.²⁰

However, it is not wise for someone to decide in advance with a written directive that they do not want to be resuscitated under any circumstances. The many factors which must be taken into account for this important decision cannot be known in advance, and are often not known until medical personal can fully assess your condition and provide clear direction as to your prognosis for recovery.

Important Follow-up After Execution of the Document

At the time of execution of the document, be sure that your attorney has you execute several copies so that you can give one to your agent, your primary care physician and keep one for your own records. Inform your agents, family, healthcare providers and anyone else close to you that this instrument has been executed. It is helpful to discuss your choice of agent with family members to alleviate or work through any hard feelings before the medical situation arises.

Upon admission into the hospital for any reason you will likely be asked if you have executed any advance directives. You will want to inform them of your durable power of attorney for healthcare and be prepared to provide them with one.

Keep a list of the persons to whom you have given an executed copy in case you later decide to revoke or redraft this important document. You will want to retrieve those copies to avoid any confusion. Finally, if you travel for long periods, or live in another state for part of the year, be sure to carry one with you and inform your agent of your plans.

Chapter 4

Other Considerations



“Somebody should tell us, right at the start of our lives, that we are dying. Then we might live life to the limit, every minute of every day.”
~ Pope Paul VI

Organ Donation

The teachings of the Church have long supported organ and tissue donation as long as it is carried out in accordance with the natural law. In fact, the Church teaches that it is a “noble and meritorious act and is to be encouraged as an expression of generous solidarity.”²¹

However, it is important to note that a donation is not in conformity with the natural law if the donor or his agent has not given explicit consent. In addition, the donor’s life cannot be ended prematurely simply to expedite organ harvesting, even if it is done with the hope of saving another life.

Be sure to discuss this topic with your agent. Doing so can help avoid potential miscommunication or misunderstandings with family or friends.

Planning Your Funeral

Did you know that in the eyes of the Catholic Church, a funeral is a celebration? The Church teaches that “the Christian funeral is a liturgical celebration” . . . and it “aims at expressing efficacious communion with the deceased, at the participation in that communion of the community gathered for the funeral, and at the proclamation of the eternal life to the community.”²² It is a final farewell to the deceased, and a “final ‘commendation to God’”²³

As such, helping to plan your funeral should not be seen as a gruesome or unpleasant task. Consider contacting a funeral home and inquiring about the planning process. Further, know that there is a specific liturgy for Catholic funerals. Priest are often approached by loved ones to say or do something that is not appropriate. Denying a specific request,

21 CCC, 2296.

22 CCC, 1683.

23 CCC, 1690.

regardless of the likes or desires of the deceased or his or her loved ones, is not meant to be insensitive, but helps maintain the sacredness of the funeral. Planning in advance can help to avoid this during the time of grieving and even provide for bringing the family together in order to prepare for grieving.

The Lord

is my shepherd, I shall not want; he makes me lie down in green pastures. He leads me beside still waters; he restores my soul. He leads me in paths of righteousness for his name's sake.

Psalms 23:1-3



Conclusion



“The true measure of humanity is essentially determined in relationship to suffering and to the sufferer. This holds true both for the individual and for society. A society unable to accept its suffering members and incapable of helping to share their suffering and to bear it inwardly through ‘compassion’ is a cruel and inhuman society.”
~ Pope Benedict XVI, *In Hope We are Saved*

We know that life is a precious gift from God and yet we also realize that death is inevitable. As followers of Jesus Christ, we do not deny the reality of suffering and anxiety that can come as death nears. However, we also know that by Christ’s sacrifice on the cross, sin and death is conquered once and for all, for death is the gateway to the eternal life. How beautiful is it that our end should be our beginning? St. Paul gives us guidance, “If then you were raised with Christ, seek what is above, where Christ is seated at the right hand of God. Think of what is above, not of what is on earth. For you have died, and your life is hidden with Christ in God. When Christ your life appears, then you too will appear with him in glory.” (Colossians 3:1-4).

Our time here on earth is precious because it is a gift; let us spend it well and for the honor and glory of God. Thomas Kempis provides a wonderful insight: “How happy and wise are those who try now to become what they would want to be at the hour of death. A perfect contempt of the world, an ardent desire to progress in virtue, a love of discipline, a prompt obedience, a denial of self and a patient bearing of all adversities for the love of Christ will give you great confidence of dying happily.”²⁴

It is our hope that this booklet will help you seek all these things with confidence and make the proper preparations for the time when, at the hour of His choosing and will, the Holy Spirit comes to bring you home into the loving arms of the Father.

St. Joseph, patron saint of a happy death, pray for us!

Resources



Prayer to Saint Joseph for a Happy Death

O Blessed Joseph, who died in the arms of Jesus and Mary, obtain for me, I beseech you, the grace of a happy death. In that hour of dread and anguish, assist me by your presence, and protect me by your power against the enemies of my salvation. Into your sacred hands, living and dying, Jesus, Mary, Joseph, I commend my soul. Amen.
~ *Manual of Prayers, Pontifical North American College, Rome*



These additional resources are available at:

www.sfcatholic.org/RespectLife

- Prayers
- Church Documents
- Articles
- Sample Durable Power of Attorney for Health Care
- End of Life Planner and Funeral Guide
- Website Links

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