

**A lesson on end-of-life issues:**

“The Grace of a Peaceful Death.”

Presented to a Franciscan Fraternity  
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**Opening Prayer from “The Canticle of Brother Sun” by St. Francis**

“...Praised be You, My Lord,  
Through those who give pardon for Your Love  
And bear infirmity and tribulation.

Blessed are those who endure in peace,  
For by You, Most High, they shall be crowned.  
Praised be You, my Lord, through our Sister Bodily Death,  
from Whom no living man can escape.

Woe to those who die in mortal sin.  
Blessed are those whom death will find in Your most holy will,  
For the second death shall do them no harm.

Praise and bless my Lord and give Him thanks  
And serve Him with great humility.”<sup>1</sup> AMEN.

**Why This Title - The Fourth Glorious Mystery of The Holy Rosary**

On The Assumption of Mary, Mother of GOD  
We pray for the fruit of This Mystery, “The Grace of a Happy Death.”<sup>2</sup>

**Closing Prayer - The Hail Mary**

Hail Mary, full of Grace!  
The LORD is with Thee!  
Blessed are Thou amongst women,  
And blessed is The Fruit of Thy Womb, JESUS!

Holy Mary, Mother of GOD,  
Pray for us sinners,  
Now, and at the hour of our death. AMEN.

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<sup>1</sup> Saint Francis of Assisi, excerpt from prayer “The Canticle of The Sun.” Ritual of The Secular Franciscan Order, p 81-82. St. Anthony’s Messenger Press, Cincinnati, OH. 1984.

<sup>2</sup> “The Fourth Glorious Mystery, The Assumption.” Pray The Rosary Daily. Marian Press, Stockbridge, MA. 2006.

**Definitions**

\*\*advanced directive – making your end of life care wishes known

\*\*health care proxy – deputizing others in advance to act for you

\*\*POLST – Physician Ordered End of Life Sustaining Treatment

\*\*DNR – Do Not Resuscitate – your wishes if your heart stops

\*\*comfort care – medicine can't always cure, but must always care

\*\*euthanasia – the oxymoron of so called 'mercy killing'

\*\*palliative care – minimize suffering maximize quality end of life

\*\*Hospice care – Physician diagnosed 6 months or less to live

\*\*disinterested charity – comfort care with no hidden agenda to end life

\*\*ordinary care – basic physical, nutritional, hydration care of human person

\*\*extra-ordinary care – giving, withholding, withdrawing and human dignity

**Scriptures of Note**

**GENESIS 1:27**

GOD created mankind in His Image; in The Image of GOD He created them; male and female He created them.

**GENESIS 2:7**

then The LORD GOD formed the man out of the dust of the ground and blew into his nostrils The Breath of Life, and the man became a living being.

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**JOB 1:21b**

The LORD gave and The LORD has taken away; blessed be The Name of The LORD.

**I JOHN 4:8b**

For GOD is Love.

**JOHN 3:16**

For GOD so loved the world, that He gave His Only Begotten Son, that whoever believes in Him shall not perish, but have eternal life.

**Ethical & Religious Directives for Catholic Healthcare Services - US Conference of Catholic Bishops**<sup>3</sup> (*Care for the Seriously Ill and Dying*)

**Part Five Intro, para 1** – CHRIST’s redemption and saving Grace embrace the whole person... [facing] the reality of death with the confidence of faith...that GOD has created each person for eternal life.

**Part Five Intro, para 2** -...One of the primary purposes of medicine in caring for the dying is the relief of pain and the suffering caused by it...

**Part Five Intro, para 3** – the Truth that life is a precious gift from GOD... We are not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for The Glory of GOD. But the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. *Suicide and euthanasia are never morally acceptable options.*

**Part Five Intro, para 4** – The task of medicine is to care even when it cannot cure... The use of life-sustaining technology is judged in light of The Christian meaning of life, suffering and death. In this way two extremes are avoided: on the one hand, an insistence on useless or burdensome technology even when a patient may legitimately wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death.

**Part Five Intro, para 5** – The Church’s teaching authority has addressed the moral issues concerning medically assisted nutrition and hydration. We are guided on this issue by Catholic teaching against euthanasia, which is ‘an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated.’

While medically assisted nutrition and hydration are not morally obligatory in certain cases, these forms of basic care should in principle be provided to all patients who need them... because even the most severely debilitated and helpless patient retains the full dignity of a human person and must receive ordinary and proportionate care.

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<sup>3</sup> “Ethical and Religious Directives for Catholic Health Care Services – 5<sup>th</sup> Edition.” U.S. Conference of Catholic Bishops. 2009. <http://www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/Ethical-Religious-Directives-Catholic-Health-Care-Services-fifth-edition-2009.pdf>. 6<sup>th</sup> Edition issued June/2018. See further #32 &33; # 55-62. Section V, “Issues of Care for the Seriously Ill and Dying.”

**Catechism of The Catholic Church - Intentional Homicide**

**2268** The Fifth Commandment forbids *direct and intentional killing* as gravely sinful. The murderer and those who cooperate voluntarily in murder commit a sin that cries out to Heaven for vengeance.

Infanticide, fratricide, parricide, and the murder of a spouse are especially grave crimes by reason of the natural bonds which they break. Concern for eugenics or public health cannot justify any murder, even if commanded by public authority.

**2269** The Fifth Commandment forbids doing anything with the intention of *indirectly* bringing about a person's death. The Moral Law prohibits exposing someone to mortal danger without grave reason, as well as refusing assistance to a person in danger.

The acceptance by human society of murderous famines, without efforts to remedy them, is a scandalous injustice and a grave offense. Those whose usurious and avaricious dealings lead to the hunger and death of their brethren in the human family indirectly commit homicide, which is imputable to them.

*Unintentional* killing is not morally imputable. But one is not exonerated from grave offense if, without proportionate reasons, he has acted in a way that brings about someone's death, even without the intention to do so.<sup>4</sup>

NKJV, EXODUS 20:13 – You shall not murder. This is the more correct translation from the Hebrew Text. See The Catechism of The Catholic Church on when killing may be necessary: justifiable proportional self defense with lethal force when being attacked by lethal force (CCC 2223-2224); a just police officer of civil authority using lethal force to protect the innocent and society from a murderer (CCC 2265-2267); a soldier in a just war following just orders in combat (2307-2314).

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<sup>4</sup> Catechism of The Catholic Church, # 2268 – 2269, “Intentional Homicide.”  
<http://www.usccb.org/beliefs-and-teachings/what-we-believe/catechism/index.cfm>.

**Catechism of The Catholic Church - Euthanasia**

**2276** Those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible.

**2277** Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable.

Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering 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.

**2278** 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. The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected.

**2279** Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable. *Palliative care is a special form of disinterested charity.* As such it should be encouraged.<sup>5</sup>

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<sup>5</sup> Catechism of The Catholic Church, # 2276 – 2279, "Euthenasia."  
<http://www.usccb.org/beliefs-and-teachings/what-we-believe/catechism/index.cfm>.

### A Case Example

An older man has suffered a catastrophic brain event that has rendered him unresponsive, and is on artificial life support, which includes a ventilator. Several days and multiple scans and tests of all types of the man's brain show there is no chance of him waking up, much less recovering in any way.

The couple have been happily married for many decades. A Catholic Priest has been in to give the patient The Sacrament of Anointing of The Sick (CCC 1499-1532), as well as a Protestant Pastor. The wife and adult children have just met with the Palliative Care Doctor. They have decided to make the patient "DNR" and have placed him on "Comfort Care," shifting treatment efforts from cure to comfort. This will involve removing the life support, including the ventilator. The patient is expected to pass on some time thereafter.

The adult children direct you, The Chaplain, to a room to meet in private with their distraught and struggling mother, the patient's devoted wife. Tearfully, she has two questions for you. Firstly, "Chaplain, am I murdering my husband by making him 'Comfort Care?'" And secondly, "Why is GOD letting this happen, that we have to make this decision, and that we'll soon be without him?"

In light of our lesson and the teachings of The Church, endeavoring to answer with all compassion and sensitivity, while speaking in accordance with The Church, what would you say to this dear lady after listening to their story? And how would you comfort her?

Have you ever had to play this role for someone else? Can you see a day when you might have to? Have you spoken to your Priest, your Pastor, your Doctor, your Nurse, your Social Worker about end of life wishes? Have you talked to your family about these things? Have you given copies of your end of life documents to your loved ones and health care providers?

### Article

"The Grace of a Peaceful Death and End-of-Life Care." Robert Baral, MDiv, RN, BCC. 6/27/2010.

<http://www.robertbaral.com/pdf/End%20of%20Life%20Catholic%20Chaplain%208%202012.pdf>