



THE CARE OF THE DYING

The following is a Pastoral Teaching Message from Bishop Philip to the priests and people of the Diocese of Portsmouth. It was issued on 8th December 2012, the Solemnity of the Immaculate Conception of the Blessed Virgin Mary.

Dear Brothers and Sisters in Jesus Christ,
and all people of good will,

I wish to consider how we care for the dying and also to express some concerns about the Liverpool Care Pathway (LCP) and its practice in our NHS hospitals and care-homes. I am not condemning the LCP but I do have some unresolved reservations. Moreover, its application in practice needs reconsidering and I wish here to propose some guidelines *ad interim* for Catholic patients. I express these opinions not as a definitive act of episcopal Magisterium but as the prudential judgment of a pastor.

Spiritual Care of the Dying: Praying for a Happy Death

As Catholics, we pray for a happy death, that is, a death in a state of grace, aided by the sacramental care of Mother Church and supported, as was the Lord Jesus himself, by family and friends¹. We are taught from youth to pray for the grace of a happy death, and to call on the help of Our Lady and St. Joseph, Patron of the Dying². We never know "the day or the hour"³ nor the circumstances in which the Lord will summon us to judgment and our eternal reward. We accept whatever death the Lord has prepared for us, conscious that united with Christ, all our sufferings and sickness can be of infinite value as an oblation for self and others⁴. On the other hand, we ask the Lord to protect us "from a sudden and unforeseen death"⁵ because we naturally wish to be well prepared and able sincerely to say what St. Teresa of Avila said: "I want to see God and, in order to see him, I must die"⁶. As disciples of Christ, we prepare ourselves for that last hour by persevering in the practice of our Faith, by attending Mass and making a regular confession, by daily prayer and study of the Scriptures, and by living a good life in justice and charity.

Indeed, as a child, I was taught every night to pray the following prayer, which I also commend to you:

"Jesus, Mary and Joseph, I give you my heart and my soul.

Jesus, Mary and Joseph, assist me in my last agony.

Jesus, Mary and Joseph, may I breathe forth my soul in peace with you".⁷

Each morning, the Church praises Christ the Saviour who gives "light to those in darkness, those who dwell in the shadow of death."⁸ The care of the dying is the responsibility of the whole Christian community, which seeks to help those facing death to embrace it in union with the crucified and risen Lord⁹. When a Catholic is dying, at home, in hospital, in a nursing home or wherever, relatives and medical staff should take care to summon the priest so that s/he can be offered the saving sacraments of penance, anointing and viaticum. Indeed, chaplains should systematically visit all the Catholic patients in their care, not just those who 'opt in', so that, as with the sinners crucified on Calvary next to the Lord¹⁰, those on their death-beds may be offered spiritual succour. Then, when the end is nigh and if circumstances suggest, the Prayers of Commendation of the Dying may be said, and, after "that departure which is death"¹¹, the Prayers after Death. To help ensure that you and I receive all this sacramental care and spiritual support, it would be good if every Catholic carried on their person a simple card identifying themselves and the need in an emergency to call a priest.

Medical Care of the Dying: the Liverpool Care Pathway

In 1997, the LCP was launched as a framework to improve the care of the dying.¹² It comprises procedures intended to alleviate suffering, and to assist the medical staff set appropriate goals, avoid invasive treatments and follow recognised patterns of palliative care. In theory, all parties are involved: medical staff, patients and relatives. In practice, the LCP is dependent on the skills and experience of the members of the multidisciplinary teams applying it. Staff must reach a judgment that the patient is dying and once made, the patient is put on the pathway. The intention is to relieve symptoms. Often clinical care is suspended, heavy sedation and then terminal sedation administered, patients put to sleep, and eventually life-prolonging treatments and drips withdrawn, even feeding and hydration¹³. Sometimes beforehand, the elderly, the frail or those with complications are asked if they wish to sign a DNR or 'Do Not Resuscitate' order, in case they suffer cardiac arrest or cease breathing.

The LCP is fast becoming the NHS way of dying, with the government offering financial incentives for its adoption. Already in some areas, 1 in 2 terminally ill patients die on the pathway. Its intentions are benign, yet as a pastor, my own experience, together with anecdotal evidence, suggests that what should be supported dying becomes blurred with assisted dying. Medical wards are often congested and busy. It is not easy to make the clinical judgement that a patient is about to die – this is the nub of the issue – although once on the pathway, death usually occurs in an average of 29 hours. There is no legal requirement to obtain patient consent and evidence

suggests that relatives are not always informed. Most controversial of all is the withdrawal of feeding and hydration. True, this is not needed in the very last hours of a person's life. But to withdraw feeding and hydration to bring about death, even if permitted by law for those in a so-called persistent vegetative state, is a heartless act of cruelty towards the weakest and most defenceless, effectively starving a patient to death. It is in effect, as Blessed John Paul said, euthanasia¹⁴. In my own ministry I have heard of patients lasting for days before passing away, whilst stories are told of relatives feeding fluids to patients who later recover. All these are reasons for a careful re-evaluation of the LCP and its application in practice.

The Care of Catholics who are Dying

If you are terminally ill, consider whether it might be practicable to die at home with dignity and comfort. If you are asked to sign a DNR, reflect in prayer on what might be God's will. Ask whether it is possible for drugs to be used that do not deprive you of consciousness and a chance to pray and to commune with your loved ones. If you are a next of kin and you hear people speaking about "quality of life," be on your guard¹⁵. Insist on being notified before the patient is placed on the LCP and that you are involved in the decisions being taken. When the medical team suggests there is little more they can do, that is the moment, if not done already, to call the priest to offer the sacraments, which often have physically therapeutic effects. It might be appropriate afterwards to ask the medical staff for a second opinion and a re-evaluation of treatment.¹⁶ Life cannot be prolonged indefinitely, but it is morally right to prevent the withdrawal of feeding and hydration until the very last¹⁷. At the end, gathered around the death-bed, relatives should keep vigil, like Mary at the foot of the Cross, saying prayers from time to time such as the Rosary and the short exclamations from the *Pastoral Care of the Sick*.

To conclude, life from conception to natural death is God's gift. It is sacred. We believe this on the basis of the natural law and the teaching of Christ¹⁸. Let us turn to the Lord Jesus, asking him to bless all our doctors, nurses and health-care professionals and the work they do, as they share in the Lord's own healing ministry¹⁹. Let us pray for those who will die today, and for ourselves too that we will receive from the compassionate Heart of Jesus the grace of a happy death. Indeed, helped by Jesus, Mary and Joseph, may we merit to hear in that hour those thrilling words from the Saviour: "Today, you will be with me Paradise"²⁰.

In Corde Iesu,
+ Philip
Bishop of Portsmouth

¹ John 19: 25-26

² The *Catechism of the Catholic Church*: Second Edition (Rome, Libreria Editrice Vaticana, 1997) 1014

³ cf. Mark 13: 32

⁴ *Catechism* 1505f.

⁵ *Litany of the Saints* (PNAC *Manual of Prayers* Rome, 1998) 127

⁶ *Libro de la Vida* 1, cited in *Catechism* 1011

⁷ *Everyday Catholic Prayers* (London, CTS, 2012)

⁸ From the Cantic of Zechariah, Luke 1: 79: see Morning Prayer from the Liturgy of the Hours

⁹ See "Pastoral Care of the Dying" in *Pastoral Care of the Sick* (London, Geoffrey Chapman, 1983) 161-174

¹⁰ See Luke 23: 39-43

¹¹ Philippians 1:23

¹² See J. Ellershaw and D. Murphy *LCP Briefing Statement March 2011* available on-line at <http://www.mcpcil.org.uk/media/livacuk/mcpcil/documents/March-2011-LCP-Briefing-Paper.pdf> (December 2012)

¹³ For a discussion of this, see the article by Dr. Philip Howard, consultant physician and chairman of the joint ethics committee of the Catholic Medical Association and Catholic Union *Not so Peaceful an End* in *The Tablet* 15th September 2012, 8-9

¹⁴ John Paul II *Address to the Participants in The International Congress on "Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas"* (20th March 2004) available on-line at www.vatican.va (December 2012).

¹⁵ As a pastor, I have occasionally heard people use this phrase to mean "They are better off dead."

¹⁶ Cf. *Treatment and Care Towards the End of Life* (GMC 2010), 109-111: available on-line at www.gmc-uk.org/guidance/ethical_guidance/end_of_life_care.asp (December 2012)

¹⁷ From the *Catechism*:

"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."

For a further exploration of the moral issues surrounding the end of life, see Catholic Bishops Conference of England and Wales *A Practical Guide to the Spiritual Care of the Dying Person* (London, CTS: 2010), also available online at www.cbcew.org.uk/document.doc?id=65

¹⁸ See *Catechism* 2258f

¹⁹ See *Pastoral Care of the Sick* 4

²⁰ Luke 23: 43