

Euthanasia reveals culture of death and despair

Following is the text of the homily given by Bishop Rhoades at the White Masses for physicians, nurses, and other health care workers in Fort Wayne and South Bend on October 20, 2015:

As I thought and prayed about what to preach about at this year's White Mass, the theme of hope kept coming to my mind. Saint Paul wrote about hope in our first reading today in reference to the redemption of our bodies. He wrote to the Romans: "For in hope we were saved. Now hope that sees for itself is not hope. For who hopes for what one sees? But if we hope for what we do not see, we wait with endurance."

I was thinking about how the sick come to you who serve in the medical profession with hope, hope for a promising diagnosis, hope for healing and a cure, hope for relief of pain, hope for good news about their physical condition. Sometimes you are able to give them good news. What a joy that is for you! To tell a person that a tumor is benign, that a condition can be successfully treated, that a suspected terminal illness is not really terminal, that a person's pain can be alleviated. There are so many examples where a person in anguish is restored to peace. In such situations, you are truly messengers of hope. This must be such a fulfilling part of your profession.

Then there are other situations where the news you give to your patients is not good news. In these situations, it is very difficult to be a messenger of hope. When you have to tell a patient that his or her condition is not curable, that a tumor has metastasized, that surgery is not possible or is futile, that treatment will not bring a cure or may not even extend life, that it will be difficult to alleviate their pain. It is incredibly difficult to be the bearer of such bad news. But yet, as Christian doctors and health care professionals, you are still called to be messengers of hope, not primarily through your words, but through your deeds, your loving concern, your compassion and sensitivity, your help of a patient in a state of anguish or even despair. As disciples of Jesus, we have hope even in the face of death.

A culture of death is a culture of despair. A culture of life is a culture of hope, even in the face of death. "In hope, we are saved," Saint Paul says. Hope is a theological virtue. The Catechism defines it in these words: "Hope is the theological virtue by which we desire the kingdom of heaven and eternal life as our happiness, placing our trust in Christ's promises and relying not on our own strength, but on the help of the grace of the Holy Spirit" (CCC 1817). I imagine that many of your patients have this virtue. In suffering,

that virtue can grow, keeping the person from discouragement and despair, sustaining him or her in illness and in dying. That hope can even be manifested as joy in the midst of suffering. We see this so often in the lives of the saints. As doctors and nurses and medical workers, you can help your patients to hope, even in what may be called “hopeless cases.” But we’re talking here not about clinical cases, but about human persons created in the image and likeness of God and no person should be considered hopeless, since hope is not anchored in physical health and wellbeing, it is anchored in the spiritual reality. It is anchored in God. Notice how the symbol of hope in Christian art and iconography is an anchor.

On October 5th, California became the fifth state in our nation to legalize euthanasia. The culture of death continues to grow. Euthanasia, like abortion and suicide, reveals what I believe is a culture not only of death, but of despair. At its root, we see what I believe is not only a refusal of love of neighbor or oneself, but a refusal to hope. We have a crisis of hope in our culture. Perhaps this is most obvious in the face of the acceptance of euthanasia.

When a person’s health deteriorates, when suffering and pain increase, when a patient is terminally ill, he or she needs human and Christian accompaniment. Here is where doctors and health care workers are called to respect and protect life in a special way. You are called to accompany your patient, care for him or her, no less than when they were not in a terminal condition. You help the dying patient who is in your care in the final experience of his or her life on earth. This is a profound duty and it is beautiful, caring for a person as he or she prepares for eternity, for the encounter with our merciful and loving God. You provide them, of course, with medical assistance to help alleviate the pain that may accompany death. Most important is your loving presence at their bedside, if only for a time, hopefully not rushed, as you probably also have other patients to attend to. Never underestimate the confidence and hope you give to your patients who are dying, just by your caring attention. You can help a patient whom you inform of a terminal condition or whom you accompany in the final weeks of life in such a way that their anguish gives way to hope, not despair. Of course, you don’t do this alone. There are the chaplain and pastoral care workers and, of course, the family who will also hopefully by their love be agents of hope.

Before the mystery of death, we are ultimately powerless. This can be difficult for you, I imagine, since your profession is centered on treating and curing. But, as people of faith, as disciples of Jesus, you know that death and dying are not meaningless. The witness of

your faith and hope in Christ, of resurrection and life, can be powerful. It humanizes death when you witness to faith and hope by your love of the sick and the dying. You make going to God easier for your patients. Your care for your dying patients can be an instrument of God's peace and help your patients live their final days with serenity.

The euthanasia movement has a different agenda. It does not accept our view of your vocation, that you are to be ministers of life and never agents of death. Euthanasia proponents would reject what I said about helping patients to find meaning in suffering. A euthanasia culture not only leaves God aside, God as the sole arbiter of life, but values human life according to its quality, its efficiency and psychophysical satisfaction, not its innate dignity.

There is a right to die with human and Christian dignity, but there is no right to take another's life or to dispose of one's own life. And no health care worker should ever cooperate with euthanasia. It would not be guarding the right of a dying person because the right to euthanasia, like the right to abortion, is a nonexistent right in the moral order, even if a state legalizes it.

A patient may pray for death to come soon. Filled with anguish, a dying person may even ask for assistance to die. This is often an anguished plea for help and love. The person needs love, needs human and supernatural warmth. He or she must not be left alone. Lack of love and care can lead to depression and anguish. Euthanasia is not the answer. Euthanasia is a defeat, not a victory, for humanity. It's not an act of mercy. It's part of a throw-away culture. It's an escape, a surrender, an insult to the dignity of the dying person. It is never merciful to kill. Euthanasia promotes a false compassion.

My brothers and sisters, it is your indispensable and holy mission to defend, promote and love the life of every patient, of every human being from its beginning until its natural end. May you have the faith and courage to live this mission and to be messengers and witnesses of hope to all whom you care for. May the Holy Spirit guide you in your work and help you to bear witness that human life is always sacred!

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