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End-of-life decisions require respect for human life

Bishop Gregory Aymond
Diocese of Austin

April 15, 2007

The heart-wrenching situation regarding Emilio Gonzales, a 17-month-old child at Children’s Hospital, has garnered national attention. Beside the heavy emotions, the issue of determining the use of extraordinary medical treatment in the face of such difficult situations is not a new dilemma. In my own family, I have been part of making end-of-life decisions for both of my parents and for my 24-year-old nephew, who was involved in a traumatic vehicle accident a few months ago. I empathize with Emilio’s mother as she attempts to do what is best for her child and I remember her in prayer daily.

The terms “extraordinary” (disproportionate) and “ordinary” (proportionate) care are used by Catholic moral theologians in defining ethically required medical care and ethically optional medical care. Generally, if a medical procedure carries little hope of benefit and is excessively burdensome, Catholics—and Catholic institutions—are not morally obligated to pursue that procedure. Even Pope John Paul II was adamant that he would not accept extraordinary medical care as his health declined.

Suicide, euthanasia and assisted suicide are not morally acceptable. These actions violate the very sacredness of human life. We hold the teaching on the sacredness of life as fundamental. At the same time, we believe that our lives do not end with death, that we are called to everlasting life. Catholic moral teaching on ethically required medical care states that we realize that all reasonable means must be used to preserve human life and to promote the profound dignity that belongs to it. At the same time, we recognize that sometimes we should not use modern technology if it inflicts greater suffering on our loved one, and holds them back from being able to go home to God.

The decision to forego extraordinary medical care must be made by the patient or the patient’s proxy with a great deal of prayer and consultation with ethicists, spiritual mentors and health care professionals. There are some situations in which we would be obligated to use extraordinary medical care. There is no “one size fits all,” as modern science progresses and as each person’s situation carries its own complexities.

Numerous physicians have stated that Emilio's condition is irreversible and will result in his death. There is also great concern that continued extraordinary treatment will only result in greater pain for Emilio, without curing or improving the condition from which he suffers. Based on this information and a review of the case by ethicists, moving to a "comfort care" plan for Emilio would be morally acceptable. Emilio would continue to receive food, water, pain medication and other "ordinary" treatment to provide as much comfort as can be given by a loving and vigilant team. Some have compared Emilio's situation to Terri Schiavo's. They are very different; in the Schiavo case ordinary means—food and water—were withdrawn, which caused her death.

Pope John Paul II wrote in his famous 1995 encyclical on life, "The Gospel of Life," that "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.' ... 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."

The late pope's teaching is carefully reflected in the "Ethical and Religious Directives for Catholic Health Care Services," a document used by Catholic hospitals in the United States.

Our first concern must be the well-being of Emilio, both physically and spiritually, and that appropriate pastoral and spiritual care is offered to his family, especially his mother, during this very difficult time. I have offered to meet with Catarina Gonzales to offer my support and to explain the teachings of the Catholic Church regarding end of life issues. I ask everyone to join me in praying for Emilio, his mother Catarina and those who are responsible for his care.

I can not imagine the pain that Catarina experiences as she faces these terrible questions that no mother wants to face. As Catholics, we believe in the sacredness of life from the moment of conception to natural death. The journey leading to death is sacred, but often it is also painful and lonely.

Perhaps the most important gift that Emilio and his family offer to the rest of us is an opportunity to reflect on our own beliefs and concerns for how we – and our loved ones – live the last days of our natural lives and prepare to return to the loving God who created us.

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