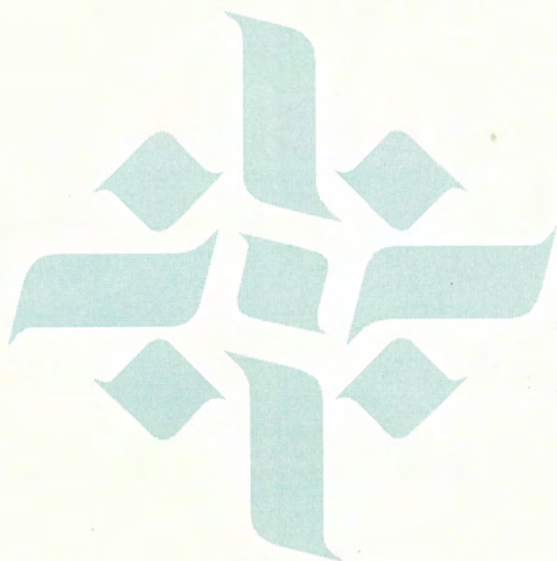


A VISION OF LIFE, HEALTH,
SICKNESS, AND DEATH
FOR RELIGIOUS



a reflection paper
prepared by the
Joint CMSM/LCWR Task Force
on Health Care for Religious

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I came that you might have life and have it in abundance.
(Jn 10:10)

INTRODUCTION

In late 1993, the leaders of the Conference of Major Superiors of Men (CMSM) and the Leadership Conference of Women Religious (LCWR) created a joint Task Force on Health Care for Religious. The task force was asked to develop a document to help congregations as they struggle with health care decisions affecting their members. Congregational leaders, like others who have studied religious life, have experience discrepancies between the ideal of religious life and religious life as it is lived.¹ This has been especially true regarding our call to simplicity and a preferential option for the poor on the one hand and the choices that medical technology demands of individuals and congregations on the other. Community members ask whether they are making these types of decisions because of their religious values or for more pragmatic reasons. Congregations themselves are forced to make ever more costly medical decisions just when they are dealing with the aging of their members and the diminishment of personnel and resources.

¹ See, for example, David J. Nygren, CM, and Miriam D. Ukeritis, CSJ, *The Future of Religious Orders in the United States: Transformation and Commitment* (Westport, Connecticut: Praeger Publishers, 1993).

We offer this document as a response to these questions. What follows is not a set of rules but rather an instrument for reflection and discernment. We hope that it will be of help not only for those members of congregations who face illness but also for those who care for them, those still graced with the gift of health, and those leaders of congregations who may need to develop policies regarding health care for members of their communities.

PART ONE

LIFE, HEALTH, SICKNESS, AND DEATH IN THE CATHOLIC PERSPECTIVE

Men and women religious share in the human condition. Like others, we encounter life as gift and as burden; we experience illness and suffering; we confront death. Yet we face the mystery of life, suffering, and death as people of faith and of hope. Through faith, we understand life itself as a precious and sacred gift, created and redeemed by God. We see that it is a *fundamental* good: "the basis of all goods and . . . the necessary source and condition of every human activity. . . . A gift of God's love, which [believers] are called upon to preserve and make fruitful."² Furthermore, as Genesis reminds us, we have been created in the very image and likeness of God (Gn 1:26). We can therefore appreciate life itself as revelatory of the very God who desires to be in relation with us.³

² Congregation for the Doctrine of the Faith, "Declaration on Euthanasia," *Origins* 10, no. 10 (August 14, 1980): 155.

³ See, for example, Germain Grisez, *Living a Christian Life* (Quincy, Illinois: Franciscan Press, 1993), pp. 461-64.

As life is a gift to be cherished, so is *health*.⁴ Health is not merely the absence of disease. Rather, our faith tradition has understood it to mean wholeness⁵ and well-being,⁶ the very fullness of life. Thus, the 1994 Ethical and Religious Directives for Catholic Health Care Services explain that health care "is not limited to the treatment of a disease or bodily ailment but embraces the physical, psychological, social, and spiritual dimensions of the human person."⁷ In our Christian understanding, health is truly a multifaceted phenomenon.

By the very fact that we see life and health as *gifts*, we acknowledge that they come from another. They are not ours to do with as we please. If they have been given to us in trust, we have a responsibility to preserve and foster them. Because such divine gifts are oriented to the building up of the people of God, they entail a task that is both social and individual.⁸ Life itself propels us to move in relationship to others. We are called to work not only to prevent illness but to create healthy communities.

⁴ See, for example, *Catechism of the Catholic Church* (Vatican City: Libreria Editrice Vaticana, 1994), p. 2288.

⁵ National Conference of Catholic Bishops, "Pastoral Letter on Health and Health Care," *Origins* 11, no. 25 (December 3, 1981): 398.

⁶ Richard A. McCormick, *Health and Medicine in the Catholic Tradition* (New York: Crossroad, 1984), p. 30.

⁷ National Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services* (Washington, DC: United States Catholic Conference, 1995), p. 9.

⁸ *Catechism of the Catholic Church*, p. 2003-04.

Yet, our experience of life and health remains ambiguous. They are gifts from a loving God, but bad health does not mean lack of blessing. As we confront illness and suffering, our faith can find meaning in them. Our Christian story is one of creation, fall, and redemption. Through it we are able to understand life as "an act of continuing creation, a struggle with evil, and a personal campaign for the victory and prospering of good."⁹ We recognize the "terrible power of suffering,"¹⁰ and we may try to manage it by means of silence, denial, outrage, resistance, or acceptance.¹¹ Yet, in faith we are challenged to affirm that, although illness and suffering will always be part of human life, they must not demean the preciousness of the gift of life itself and the dignity of the divine image in human beings.¹² We acknowledge that suffering is an evil, but we also believe that the cross and resurrection of Christ have already conquered this evil. We trust that it is possible to find in suffering the grace of Christ.¹³ In fact, we believe that grace finds *us* in our suffering. It is in the mystery of the death and resurrection of Christ that we find the model for integrating suffering and hope.¹⁴

⁹ McCormick, *Health and Medicine in the Catholic Tradition*, p. 106.

¹⁰ Juliana Casey, IHM, "Suffering and Dying with Dignity," in *Suffering and Dealing in Our Day*, ed. Francis A. Eigo, (Villanova, Pennsylvania: Villanova University Press, 1990), p. 154.

¹¹ *Ibid.*, pp. 149-158.

¹² *Ibid.*, p. 158.

¹³ Pope John Paul II, "Salvifici Doloris," *Origins* 13, no. 37 (February 24, 1984): 621.

¹⁴ J. Christian Beker, *Suffering and Hope* (Philadelphia: Fortress Press, 1987), pp. 68-79.

Ambiguity is also inherent in the present state of medicine and health care. The growth of medical technology in this country during the past fifty years has been nothing short of phenomenal. We have come to accept as commonplace therapies that were unheard of a generation ago. We have seen many diseases come under control, one by one, that once meant certain death. The very success of science and technology has heightened our expectation that one day we can and will eradicate all disease. Yet our acceptance is not without a paradox. We are also aware of the horror stories of contemporary medicine: "Efforts to prolong life can intensify suffering and diminish human dignity, while measures directed toward the alleviation of suffering may actually shorten one's life. Multiple resources and careful planning used in order to end suffering and assure a dignified death can result in a macabre series of miscalculations."¹⁵ In the midst of medical progress there remains what the philosopher Daniel Callahan calls the "ragged edge" of medicine: outcomes poorer than anticipated, partial cures that create new problems, and the continuing decline of the human body.¹⁶

The greatest of life's ambiguities is death itself. It is part of life; it is the enemy of life. In its "Pastoral Constitution on the Church in the Modern World," the Second Vatican Council describes this paradox of death as a torment that forces us to face "the dread of forever ceasing to be." Because we bear "the seed of eternity," humans rebel against death. We remain restless. Even with the ability to prolong our lifespan, there remains a "heartfelt longing, one that can never be stifled, for a life to

¹⁵ Casey, "Suffering and Dying with Dignity," p. 139.

¹⁶ Daniel Callahan, *What Kind of Life: The Limits of Medical Progress* (New York: Simon and Schuster, 1990), pp. 132-33.

come."¹⁷ Similarly, Karl Rahner suggests that it is only in standing before "that abyss of death which puts everything into question" that we experience the "final and free abandonment of self in faith, hope, and love" into the mystery of God.¹⁸

Questions:

- ▶ How do I honor my life as gift? In what ways do I share my gift of life with others?
- ▶ How do my culture's attitudes toward health, illness, suffering, and death affect my respect for life?
- ▶ What are we doing, individually and as a community, to promote health in all its facets?

¹⁷ See *Gaudium et spes*, par 18.

¹⁸ Karl Rahner, *The Great Church Year* (New York: Crossroad Publishing Co., 1993), pp. 160-8161.