



Facing Death in Solidarity and Hope

"Fostering a humanly enriching environment for those facing death often means giving explicit attention to human presence and human contact, even in the midst of a plethora of technology that may surround a patient."



When I make presentations on end-of-life decision making, audience members will sometimes approach me afterwards with comments like, "You know, Father, when my mom died 6 years ago, and I look back on it, I'm not sure my brothers and I made the right decisions about her care." Remarks like these serve to remind us how the circumstances surrounding death are important not only for the person who passes on but also for those who remain behind.

A "good death" generally involves the confluence of many elements and events: dying surrounded by our loved ones; receiving proper pain management; making use of reasonable medical treatments (and avoiding unduly burdensome treatments); making peace with family and friends; making peace with God (and receiving the last sacraments); and uniting ourselves with Christ in his hour of suffering.

As we take care of those who are sick and suffering, we face the dual challenge of making ethical treatment decisions for them and ensuring a supportive and humanly enriching environment as they approach their last days and hours.

By providing a supportive and nurturing environment for those who are dying, we aid them in important ways to overcome their

sense of isolation. Sister Diana Bader, O.P. has perceptively described this modern health care challenge:

"In the past, death was a community event. Those closest to the patient ministered in a variety of ways: watching and praying with the patient, listening and talking, laughing and weeping. In solidarity, a close community bore the painful experience together. Today, because of the medicalization of the healthcare setting, death is more often regarded as a failure of medical science. The dying find themselves isolated from human warmth and compassion in institutions, cut off from access to human presence by technology which dominates the institutional setting in which most details occur."

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Making Sense of Bioethics

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For example, thanks to the remarkable development of feeding tubes, it has become a relatively simple matter to nourish and hydrate someone who is having trouble swallowing. Such a tube, particularly when inserted directly into the stomach, is a highly effective means of providing nutrition and hydration in various institutional settings. But the ease of injecting food and liquids through a so-called PEG tube into the stomach means that medical staff can quickly and efficiently move on to the next patient after a feeding, perhaps neglecting to meet the very real human need for companionship. Staff members may prefer the efficiency that such a tube affords, but human contact may be diminished in the process.

If a patient is still able to take small amounts of food orally, it may be preferable to feed him or her by hand, rather than relying on a feeding tube. The rich human contact that occurs whenever one person devotes time, energy and love to hand-feed another should not become a casualty to our efforts to streamline medicine or to save money. This focused effort on our part to be present to those who are dying maintains human solidarity with them, it affirms their dig-

nity as persons, it manifests benevolence towards them, and it maintains the bond of human communication with them. It also goes a long way towards helping to overcome their sense of loneliness and their fear of abandonment.

When we show compassion towards others in their suffering, we do far more than express a detached pity towards them. Rather, we manifest a willingness to enter into their situation. The word *compassion* (from Latin and French roots: *com* - “with” + *pati* - “to suffer”) means, “to suffer with,” to suffer alongside, to participate in suffering. Pope Benedict XVI perhaps stated the importance of compassion most directly in 2007 when he wrote,

“A society unable to accept its suffering members and incapable of helping to share their suffering and to bear it inwardly through “com-passion” is a cruel and inhuman society. ... Indeed, to accept the “other” who suffers, means that I take up his suffering in such a way that it becomes mine also. ... The Latin word *con-solatio*, “consolation”, expresses this beautifully. It suggests *being with* the

other in his solitude, so that it ceases to be solitude.”

When we suffer alongside our loved ones, we become aware of the abiding inner truth that a part of ourselves suffers and dies whenever another who is near to us suffers and dies. Our solidarity with them in their struggles and sorrows invariably leads us to a deeper communion with them in our shared humanity, and leads us to more fully participate in the mysterious and enduring graces of a good death.

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