Now *and at the* Hour *of Our* Death

A PASTORAL LETTER FROM THE
ROMAN CATHOLIC BISHOPS OF WISCONSIN
ON END OF LIFE DECISIONS

WISCONSIN CATHOLIC CONFERENCE

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I am the resurrection and the life; whoever believes in me, even if he dies, will live, and everyone who lives and believes in me will never die.
Jn 11:25–26

Holy Mary, Mother of God, pray for us sinners now and at the hour of our death. *Amen.*

Dear Friends in Christ:

As followers of Christ, we know that death is not final, for Our Lord Jesus promised all His followers that we will see Him face to face and share eternal life with Him. Yet, despite our hope in Christ, we know that dying can present great difficulties, not only to us, but to our loved ones as well.

Part of the difficulties will have to do with the physical dying process itself. Others will be more spiritual. Intertwined in all of these are the many decisions that we and our loved ones will have to confront.

We pray that you do not wait until you or a loved one is near death to reflect on the issues we must all confront at the end of life. Now is the time to talk through these issues with your family and anyone you might designate to make end of life decisions on your behalf. We know from our experience at the bedside of countless individuals that great serenity can come from honest and open conversations and advance care planning.

This fourth revision of our pastoral letter, *Now and at the Hour of Our Death*, is designed to give Catholics the Church's moral guidance, helpful resources, and practical tools to prepare for the end of life and to relieve some of the pain, sadness, and anxiety that dying entails. We also seek to provide guidance to those in the health care profession who face these questions daily, as they strive to serve those who are experiencing suffering and death.

The need for a fourth revision stems from new developments in the disposition of human remains (especially alkaline hydrolysis and human composting) and from Church teaching that has been published since the third revision was published in 2013. This new edition also contains new resources, such as a new legal document we have issued, the Catholic Authorization for Final Disposition, which can ensure that believers receive a Catholic funeral and are laid to rest in a sacred space.

This pastoral letter and all the *Now and at the Hour of Our Death* resources and forms are available on our website at wisconsincatholic.org/endoflife.

This project could not have been possible without a generous grant from the Knights of Columbus Wisconsin State Council. We are deeply indebted to them.

We thank you for reading this and we pray that you experience comfort, peace, and hope at the end of your journey on earth. We pray that the hope which banishes fear will bring you and all the faithful confidently to place their own lives, and the lives of their loved ones, in the hands of the Lord now and at the hour of death.

ALL SOULS' DAY • NOVEMBER 2, 2024

Signs *of the* Times

Our society is blessed by advances in science and technology. This is especially true in medicine and health care. Medical science presents a vast array of treatments and procedures that offer both cure and care to those who suffer from illness and infirmity. At the same time, these medical procedures present individuals and their families with agonizing questions regarding the use of this technology to sustain human life. In a society where nearly 70 percent of us will die in some kind of institutional setting,[1] we are all likely to face difficult decisions regarding treatment and care at the end of life.

Some people, including a number of Catholics, respond to these challenges by expressing support for euthanasia or assisted suicide as a "merciful" way to deal with the reality of death. Contrary to Church teaching, they argue that individuals have a "right to die" or at least a right to choose how and when death will come. The alternative, they suggest, is to watch as our loved ones face a painful or agonizing death prolonged by medical therapy. Other people choose euthanasia or assisted suicide because they do not want to burden their families or as an exercise of personal freedom. In both instances, the words of St. John Paul II ring true, "The temptation is becoming ever stronger to take possession of death by anticipating its arrival, as though we were masters of our own lives or the lives of others."[2]

The progress of healthcare technology increasingly emptied of moral values, an ever greater push for efficiency, and a deteriorating understanding of the human person have eclipsed the defense of human life and consequently created a growing "culture of euthanasia." This "culture of euthanasia" seeks to control or master death and reflects a false understanding of the gift of life and personal freedom. As Pope Benedict XVI noted, "The freedom to kill is not true freedom, but a tyranny that reduces the human being to slavery."[3]

This "culture of euthanasia" is also nurtured by a misguided understanding of human dignity as the opposite of suffering and sacrifice. According to this view, someone lives a "life with dignity" only when freed from suffering. As the Vatican explained,

> [T]here is a widespread notion that euthanasia or assisted suicide is somehow consistent with respect for the dignity of the human person. However, in response to this, it must be strongly reiterated that suffering does not cause the sick to lose their dignity, which is intrinsically and inalienably their own. Instead suffering can become an opportunity to strengthen the bonds of mutual belonging and gain greater awareness of the precious value of each person to the whole human family.[4]

The Church teaches that life is given to us by God and that we are its steward and not its master. Hence, we are accountable for how we accept and nurture the gift of life. As Pope Francis has said, "We must accompany people towards death, but not provoke death or facilitate any form of suicide. . . . Life is a right, not death, which must be welcomed, not administered."[5] Let us begin this pastoral letter by looking at what the Church teaches regarding these issues. Within this teaching, we will hear the message of Jesus who offers us the words of everlasting life.

The Church's Teaching

Flowing from Sacred Scripture, as well as the Church's living Tradition, the Church proclaims its belief in the sacred continuum of life: sacred, social, and eternal. Death is a natural part of this continuum. Touched by the hand of God, it is a moment of grace as an individual enters into final union with God the Creator.

LIFE IS SACRED

The Church is consistent in its teaching regarding the sacredness of life. In his encyclical, *Evangelium Vitae* (The Gospel of Life), Saint John Paul II reaffirms the fundamental principle that each human being has unique sacredness, worth, and dignity. The consistent ethic of life asserts that human life is sacred from conception to death. As the Church, we believe that human beings are created in the image and likeness of God (Gn 1:26-27) and that life is a gift from God. As recipients of this gift of life, we are entrusted with the responsibility to serve as stewards of our own lives and respect and protect human life in all its stages.

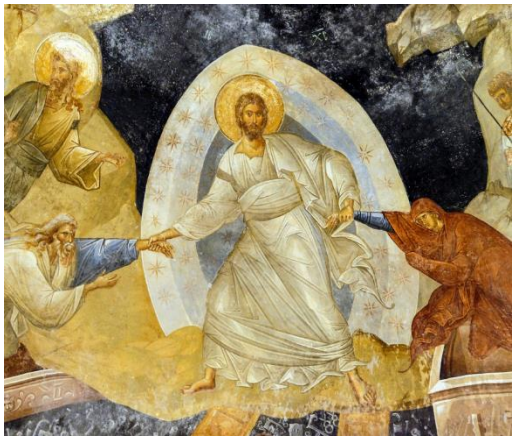
LIFE IS SOCIAL

Human life is not only sacred; it is social. St. Paul constantly reminds us that we are the Body of Christ (1 Cor 12:27). Human life is interconnected. It is difficult to remember this in a culture that continually stresses the importance of the individual and promotes self-interest. Individuals risk losing their sense of solidarity with one another, and in particular their solidarity with those who are suffering. In a culture that so values productivity, the community can easily begin to view individuals who are older, infirm, or disabled as being a burden on families and society. Tragically, some individuals may begin to feel useless and think that their families would be better off if they would simply die.

Catholics offer a different vision. As persons who are one body in Christ, we are called to carry on a stewardship of caring not only for our own lives, but also the lives of those around us. As the Church and as a society, we must never allow anyone to feel or believe that his or her life is without dignity or value. The care that we give to the dying is a profound way of reaffirming our belief in the dignity of the life of one who is suffering. In this encounter, Christ comes to both the one who gives and the one who accepts the care, which is offered and received in His name.

LIFE IS ETERNAL

Human life, given by God, has an eternal destiny. Our Lord at the Last Supper made this clear to His Apostles: "In my Father's house there are many dwelling places. . . . I will come again and take you to myself so that where I am, there you may be also" (Jn 14:2-4). Therefore, with a firm faith in the resurrection, and its promise of eternal life, each of us faces the reality of death as a part of life. For those who live a faithful life and repent for their sins, death is not the ultimate end. In the preface of the Funeral Mass we pray, "Indeed for your faithful, Lord, life is changed not ended."



Moral Decision-Making *at the* End of Life

ORDINARY AND EXTRAORDINARY MEASURES. Crucial to understanding the Church's teaching on the use of medical therapy in sustaining human life is the distinction between assisted suicide/euthanasia and the decision to forego overly aggressive medical treatment. While it is never permissible to directly choose to bring about one's own death or the death of another in order to relieve pain or suffering, the Church has never taught that the faithful are obliged to use all available means to sustain life.[6]

Pope Pius XII spoke to this in a 1957 address in which he spelled out the principles to use in making this decision: "normally one is held to use only ordinary means—according to circumstances of persons, places, times, and culture—that is to say, means that do not involve any grave burden for oneself or another." Pope Pius XII went on to say that life, health, and all temporal activities are subordinated to spiritual ends. Finally, he said, "A more strict obligation would be too burdensome for most men and would render the attainment of the higher, more important good too difficult."[7] The higher, more important good that he refers to is final union with God.

The U.S. bishops, in their *Ethical and Religious Directives for Catholic Health Care Services*, provide a clear distinction between ordinary and extraordinary means to sustain human life:

> A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community (no. 56).
>
> A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community (no. 57).[8]

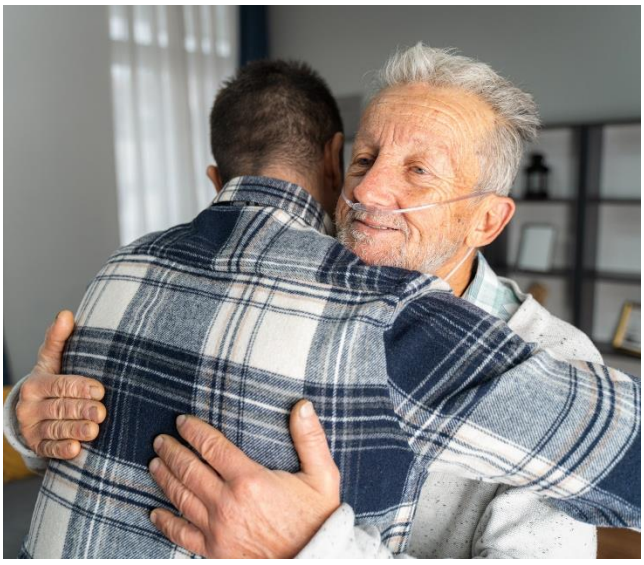
While other Church statements, such as the Vatican's *Declaration on Euthanasia*, have used terms such as "proportionate and disproportionate means" rather than "ordinary and extraordinary measures," the Church's teaching remains constant.[9]

The fact that one can foresee that death will occur if certain measures are withheld or withdrawn because they will have no reasonable hope of benefit or are excessively burdensome is not the same thing as directly causing the death.

The questions a patient or decision maker must ask are: "Am I bringing about death?" or "Am I allowing death to occur naturally because continuing therapy is not beneficial or too burdensome for the patient?"

MEASURES WITHHELD OR WITHDRAWN. Another question is whether there is a difference between withholding and withdrawing life sustaining measures, e.g., ventilators. Many people think that it is morally acceptable to forgo the use of a ventilator, but that it is illegal or immoral to withdraw treatment once it has begun. Even some health care providers have expressed that opinion. In fact, the same moral principles apply to withdrawing treatment as to withholding it, although it may be more difficult emotionally to withdraw than to withhold. When a clinical means of life support is removed because it has been judged not to be of benefit or too burdensome to the patient, the cause of death is the pathology that required the initiation of clinical means of life support in the first place. In this instance, removing life support is removing an obstacle that was placed there to prevent the natural consequences of the pathology.[10]

While some families may feel more comfortable emotionally with having "done everything possible to sustain their loved ones' life," there is no moral obligation to do this if, in the best clinical judgment, such measures would be clinically non-beneficial or result in a burden disproportionate to the anticipated benefit. In those situations where there is uncertainty regarding the usefulness of such treatment, it may be appropriate to try it for at least a period of time. If later the treatment fails to benefit the person's recovery, does not provide benefit, or even increases burden, it is morally acceptable that these measures be discontinued.



NUTRITION AND HYDRATION. Normally we are obliged to provide nutrition and hydration artificially to a patient who cannot take food orally, yet there are times when this, too, can be optional. The *Ethical and Religious Directives* state in Directive 58 that, "In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the "persistent vegetative state"), who can reasonably be expected to live indefinitely if given such care."[11] This assessment should be carefully carried out on a case-by-case basis as Directive 58 continues, "Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be 'excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed.'"[12] It is critical to draw a distinction between this situation and intentionally causing the person's death. Whatever decision is made, it is important to make the dying person as comfortable as possible, providing care and proper hygiene, as well as companionship and appropriate spiritual support.[13]

PALLIATIVE CARE AND HOSPICE. In 2015, Pope Francis described palliative care as "an expression of the truly human attitude of taking care of one another, especially of those who suffer. It is a testimony that the human person is always precious, even if marked by illness and old age. Indeed, the person, under any circumstances, is an asset to him/herself and to others and is loved by God. This is why, when their life becomes very fragile and the end of their earthly existence approaches, we feel the responsibility to assist and accompany them in the best way."[14] The Catechism affirms that "those whose lives are diminished or weakened deserve special respect."[15] As such, the Catechism views palliative care as a "special form of disinterested charity [that] should be encouraged."[16] Palliative care offers spiritual, emotional, and medical assistance to alleviate pain.

When death is imminent, family members, friends, and medical and other professionals accompany the patient by respecting his or her suffering and recognizing his or her dignity; this is the journey of hospice. Saint John Paul II explained that the goal of hospice "is to respect the dignity of the elderly, sick and dying by helping them understand their own suffering as a process of growth and fulfilment in their life. Thus what I expressed as the leitmotiv of the Encyclical *Redemptor hominis*, that man is the way of the Church (cf. n. 14), is put into practice in the hospice. Its focus is not sophisticated, high-technology medicine, but man in his inalienable dignity."[17]

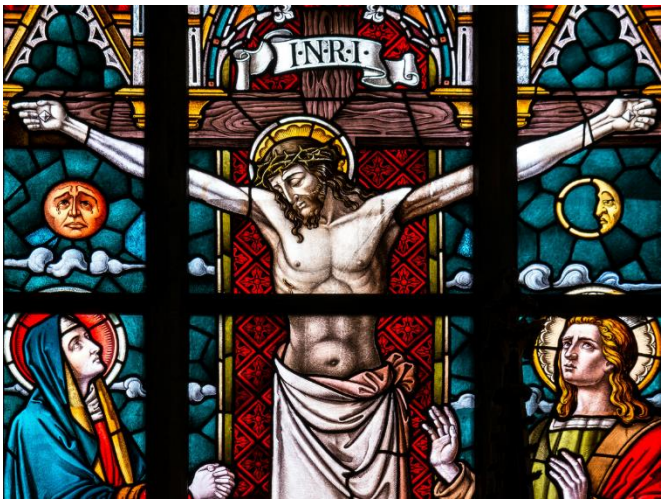
PAIN MANAGEMENT. Measures aimed at pain management may always be used. One of the fears people express about facing their death involves the question of pain or suffering. In recent years, with the development of more effective medications and with the growth of the hospice movement, health care professionals have become increasingly skillful in pain management and palliative care. The *Ethical and Religious Directives* state in Directive 61 that "patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die." The same teaching is found in an earlier statement of Pope Pius XII.[18] While pain management is to be encouraged, a person should not be deprived of consciousness without a compelling reason, so as to allow him or her to make whatever preparations are needed before death.

Some have asked whether the use of medicines such as morphine, which can at certain dosages suppress the respiratory system, constitutes euthanasia. The *Ethical and Religious Directives* respond that, "medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person's life so long as the intent is not to hasten death."[19] This is an application of the principle of double effect, which is that a person may perform an action that he or she foresees will produce both good and bad effects provided four conditions are met: 1) the act itself, apart from the intention and the circumstances (which includes the effects) must be morally good or at least neutral (e.g., relief of pain or discomfort); 2) the acting person's intention must be morally good; 3) the good effect must not be attained by means of the evil effect—one cannot perform an evil act in order to achieve a good; and 4) the good effect that is desired is greater than, or at least no less than, the good lost by the evil effect, that is to say, that the act is undertaken for a proportionately grave reason. This differs from using inherently immoral means, such as euthanasia or assisted suicide.[20] While it is not always easy to understand the distinction between the two cases, there is a clear moral

difference. By properly using the principle of double effect, we ensure that "one may not do evil so that good may result from it."[21] Evil can be tolerated as a consequence or effect—never as part of an intentional act—when those four conditions are met.

While the principles stated here embody the teaching of the Catholic Church, it is important to note that they also reflect the values of other Christian traditions, as well as people of other faith traditions or even people who have no explicit religious faith. The philosophical underpinnings of these principles are accepted by a wide range of individuals and groups. Because the proper application of the principle of double effect to a specific situation can be challenging at times, it may be helpful to consult with a Catholic priest, Catholic chaplain, or other trusted Catholic resource before decision-making.

REDEMPTIVE SUFFERING. Suffering is always a trial. The suffering of those who feel alone or unloved may well be greater than any physical pain they experience. Not all suffering can be relieved. What sustains all of us in the midst of our suffering is our belief that the Lord loves us, embraces us, and never abandons us. The Lord says to us, "Come to me all you who are weary and find life burdensome and I will refresh you" (Mt 11:28).



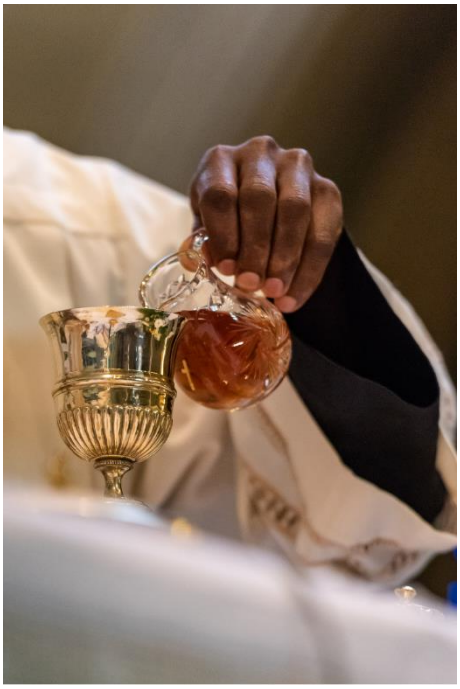
Cardinal Joseph Bernardin in his final book, *The Gift of Peace*, writes beautifully of his own impending death. At one point he observes, "Notice that Jesus did not promise to take away our burdens. He promised to help carry them."[22] Joining our suffering to Christ becomes redemptive for ourselves and others. The room of a dying person can become a chapel where pain, suffering, and death are met with faith, hope, and love. While the dying may take whatever measures are needed to relieve pain, at the same time, in our suffering, the Paschal Mystery is lived out in each one of us as we accept our own mortality. Inspired by our faith, we echo the words of Christ, "Father, into your hands I commend my spirit" (Lk 23:46).

ORGAN DONATION. Saint John Paul II speaks of organ donation in *Evangelium Vitae* as a praiseworthy example of a gesture that builds up an authentic culture of life. From this perspective, organ and tissue donation is a profound way in which all people can live out the Gospel command to love our neighbor. In 2019, Pope Francis spoke clearly about organ donation as an act of charity: "Faced with threats to life, which we unfortunately have to witness almost daily. . . society needs these concrete gestures of solidarity and generous love to make it clear that life is something sacred."[23] Respect for the human person and the sacredness of life demand that the donor, as well as the recipient, be treated with dignity. Organs must be free, not sold, and not removed until after the donor has died, unless it is a situation in which the donor may continue to live with one of the organs, for example, the donation of one kidney. As medicine advances, we must continue to respond to the ethical, legal, and social questions raised by these procedures.

Spiritual Needs *and the* Support of a Loving Community of Faith

Often when the issue of end of life decision-making is addressed, a great deal of focus is placed on the questions and concerns regarding health care or medical decisions. However, these issues should not overshadow the importance of providing spiritual support to the dying person. There may be no greater test of faith than confronting one's own mortality. While medical science can deal with physical pain, one who is seriously ill or dying may experience suffering that goes to the depths of his or her soul. The Lord reminded His apostles that prayer is needed in these situations.

PRAYER. Prayer helps the one who is suffering know how dear he or she is to the Lord and to His Church. The Lord himself showed great concern for the physical and spiritual welfare of the sick and commanded His followers to do likewise. So often it is easy to wonder if sickness is somehow a punishment from God. Prayer can reassure those who are ill that their sickness is not a punishment inflicted for sin (Jn 9:3). Indeed, Christ himself, fulfilling the words of the prophet Isaiah, took on all the wounds of His passion and shared in all human pain, yet was without sin (Is 53:4-5). The prayer of the Church for the sick and dying is to be seen as part of the continuing ministry of Christ, who healed the sick and reached out with love to the suffering.



SACRAMENTS. The Sacraments are particularly important to this spiritual ministry and support. Opportunity should be made for individuals who are sick and who may not be able to come to church to receive the Sacrament of Reconciliation, Anointing of the Sick, and above all, the Eucharist. Pastors should make a point of providing for communal celebrations of the Anointing of the Sick in their parishes. Days such as the World Day for the Sick, which coincides with the Memorial of Our Lady of Lourdes, allow the Church the opportunity to reflect upon the meaning of human illness and suffering, and give thanks for the countless dedicated individuals in health care ministry.

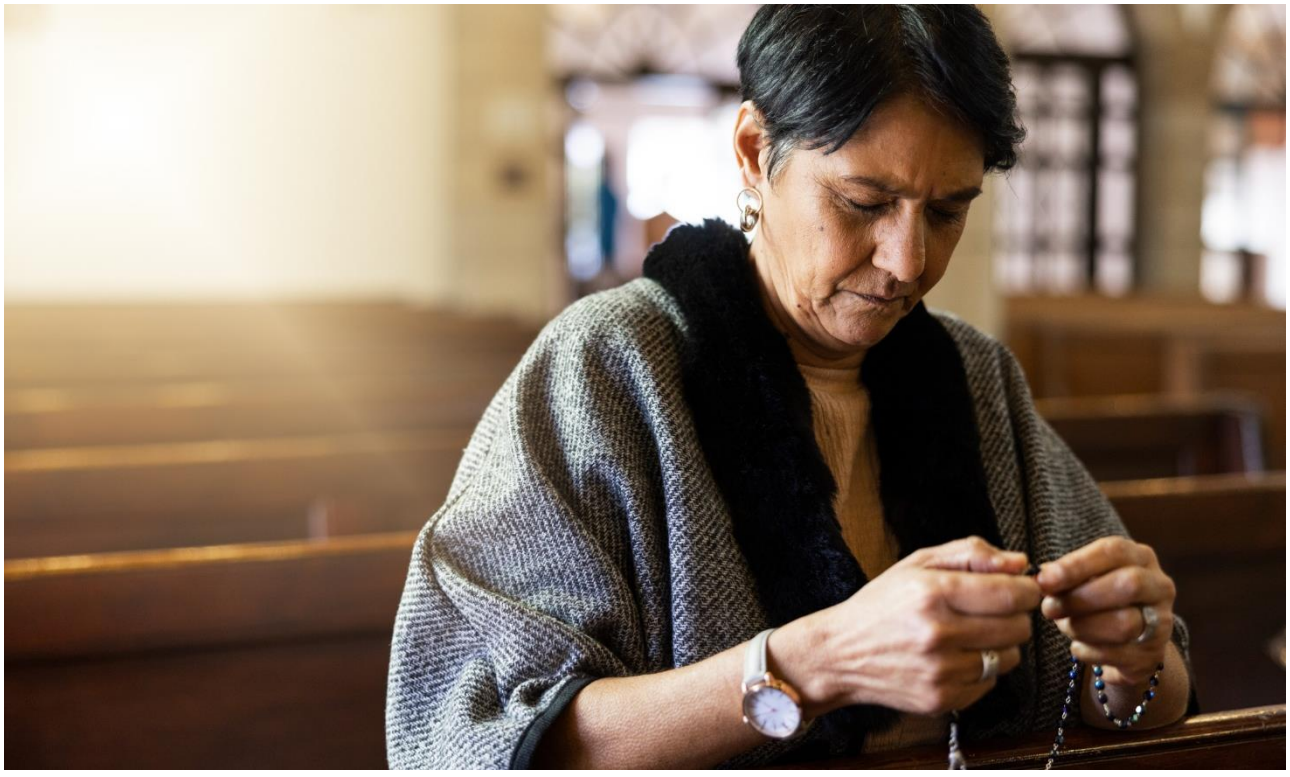
Facing death gives us the opportunity to reflect prayerfully upon our individual lives, including our need to seek God's forgiveness for our sins. When possible, the sacraments of initiation (Baptism, Confirmation, and Eucharist) should be completed for those who are dying. The Sacrament of Reconciliation provides such an opportunity whereby the individual asks for and receives the forgiveness of God and is reconciled to God and the Christian community. The priest, acting in the person of Christ and representing the Church says, "through the ministry of the Church may God give you pardon and peace, and I absolve you from your sins in the name of the Father, and of the Son, and of the Holy Spirit."

Vital Conversations:
Making Decisions *and* Communicating Your Wishes

In our society some find it difficult to talk about death with family and friends. We strongly encourage everyone to have these conversations and make their wishes known before a crisis occurs. The decisions addressed in this pastoral letter are agonizing for individuals and for families, particularly when individuals have not made their wishes known to those who may have to decide on their behalf. As difficult as these conversations might be, even more painful are situations when the family is asked by the physician, "What are the patient's wishes?" and the family can only respond, "We never talked about it."

As bishops, in our care for the people God has entrusted to us, we speak with you personally, whether you are currently suffering from illness, have a family member who is ill, or are planning and preparing for the health care decisions that we have discussed here. You may find it difficult to bring up this subject with your loved ones. As difficult as these issues may be for you, your spouse or children may find it more troubling still. Please do not be discouraged. These conversations are vitally important for you and those you love.

PERSONAL REFLECTION AND PRAYER. How and where do you begin these conversations? You begin in your heart and with prayer. In these moments of prayer, you become more aware of your own humanity and frailties. In prayer you can review your life and converse with God: How do I feel about my declining health? What are my fears? What are my hopes? What are my desires for my family? What do I wish to say to them? These are some of the questions to ask God before beginning your conversation with your family and friends.



TALKING WITH YOUR PHYSICIAN. You need accurate information regarding your medical condition, prognosis, and treatment options. The primary source of this information is your physician. Ask your physician to address your questions. You may wish for someone to come with you for assistance and support. This kind of conversation is never an imposition on your physician's time. Your physician wants to help you understand your condition to make an informed decision regarding your ongoing care.

PASTORAL CONVERSATIONS AND SUPPORT. Along with clinical information from your physician, you need spiritual and moral guidance. Your parish and diocesan offices are available to serve as a spiritual resource and guide. It is important not only to have good clinical information, but moral guidance consistent with Church teaching in your decision-making process.

Whether death is distant or imminent, you need the spiritual support of the Church. The Sacraments of the Eucharist, Reconciliation, and Anointing of the Sick, as well as the spiritual support and companionship of the faith community, offer a tremendous source of strength as you move forward on this stage of life's journey.

CONVERSATIONS WITH FAMILY AND FRIENDS. The most difficult conversations you will have are with your loved ones. Family and friends may try to avoid discussing these issues. This is understandable; it is very painful to think about the death of those we love. At the same time, it is essential to your tranquility—emotionally and spiritually—that you make known your need for their love. These are matters that will not go away and cannot be avoided. Failing to talk about your wishes will leave you feeling more isolated, frustrated, and possibly more afraid. Find the courage to make clear to loved ones your wishes. Help your loved ones by addressing these critical issues together through advance care planning.

Other important conversations center on forgiveness for past hurts or injuries. At such moments, forgiveness is mutually offered and received. Open and honest conversation with a dying loved one will bring precious and lasting memories to those left behind. Many times, the greatest regrets people have are over thoughts and feelings left unspoken. It is important to tell one another of your love as you say your goodbyes.

Beyond Conversations: Advance Care Planning

It is never too early to begin planning for your care. In fact, these conversations are most helpful if you have them now instead of waiting for the hour of death. Engaging the reality of your death now affords you the time to reflect on the necessary detailed questions and to communicate your wishes, not only through conversations, but also in writing.

The details to address in preparation for the time when death is imminent include, but are not limited to, your preferences regarding:

- the use of extraordinary means to sustain your life;
- the place where you will spend your final days and hours (i.e., home, hospice, hospital, nursing home);
- the use of CPR should your heart stop; and
- organ donation.

These medical considerations are only some of the critical issues to discuss. Other issues regarding spiritual support, financial welfare of your family, and matters surrounding your funeral are also important issues to talk about with your family and close friends.

ADVANCE DIRECTIVES

POWER OF ATTORNEY FOR HEALTH CARE. It is very important to ensure that your wishes are respected when, due to injury or illness, you are unable to communicate them yourself. Preparing an advance directive is an effective way to address this problem. At the present time, the State of Wisconsin has approved four forms of advance directives: the *Power of Attorney for Health Care*, the *Declaration to Health Care Professionals* (living will), the *Power of Attorney for Finance and Property*, and the *Authorization for Final Disposition of Human Remains*.

The instrument we recommend most is the *Wisconsin Power of Attorney for Health Care*, which is available free of charge online and through your local hospital, nursing home, clinic, or social services office. It allows you to appoint someone as your health care agent with the legal right to make health decisions should you become incapacitated and unable to participate in making health care decisions. By this document, you appoint a health care agent to serve as your spokesperson. It is the most effective way for your wishes to be expressed and respected at a time when you are not capable of representing yourself. We encourage all persons age 18 or older to complete the *Wisconsin Power of Attorney for Health Care*. In addition, in the Resources, we have provided a *Catholic Addendum to the Wisconsin Power of Attorney for Health Care*, which should be appended to your *Wisconsin Power of Attorney for Health Care*, so you can ensure that your wishes are completely in accord with the Catholic faith. A second *Non-Catholic Addendum* is also provided, which can be utilized by non-Catholic loved ones.

LIVING WILL. The other health care tool is the *Declaration to Health Care Professionals* (living will). This document allows you to spell out in advance what forms of treatment you would want to receive or forgo if you were in a stated medical condition (such as a persistent vegetative state or terminal illness) and were unable to make your wishes known to the health care professionals providing care. While such a document does provide some guidance, it has many

limitations. Among the most serious of these limitations is that the living will does not always require you to designate a person to make decisions on your behalf. Decisions regarding treatment and other medical procedures must be made by someone who understands not only the wishes of the patient (often expressed in a living will), but also the concrete (medical, social, and personal) circumstances of the situation and God's will. This is only possible if a living will explicitly identifies a proxy or a surrogate, an appropriately selected agent who will interpret the living will and make heath care decisions for the incompetent patient. In addition, it is difficult to make detailed instructions for your medical treatment without knowing what your future medical condition will be and how a given treatment might benefit or burden you.

This is precisely why the *Wisconsin Power of Attorney for Health Care* is the preferable means for recording your advance directives. The person you designate in this document becomes the only one authorized by law to interpret whatever written advance directives you may have signed. This ensures that interpretation of your directives is not unwittingly yielded to outside third parties such as the civil courts.

Fundamental to either of these legal documents is the assumption that you have spoken with family, loved ones, physicians, clergy, and other appropriate persons regarding your concerns and wishes. In articulating these wishes, you are obligated, as a Catholic, to heed the teachings of the Church. The surrogate decision-maker in turn "should be faithful to Catholic moral principles and to the person's intentions and values."[24]

CHURCH OPPOSITION TO THE "POLST" MENTALITY. In 1991, some ethicists in Oregon developed what is known today as POLST (Physician Orders for Life Sustaining Treatment). POLST is a preset form that establishes medical orders to withhold or administer treatments. These documents are also referred to by other names, such as Physician Orders for Scope of Treatment (POST) or Medical Orders for Scope of Treatment (MOST). Because this document is a medical order, indications regarding treatment become effective as soon as the form is signed by a health practitioner (the version used in Wisconsin requires a physician or nurse practitioner's signature).

These types of forms propose a "planning mentality" that has emerged in Wisconsin and is intrinsically flawed as a Catholic model for end of life decision-making. Like living wills, these forms spell out in advance what type of treatment or care will be provided, making it difficult to determine in advance whether specific medical treatments, from an ethical perspective, are necessary or optional. From a Catholic perspective, a morally sound decision regarding end of life care flows from informed consent in the actual circumstances and medical conditions present at that moment. These forms do not anticipate the circumstances of a person's medical condition, which are critical for properly evaluating the morality of end of life treatments.

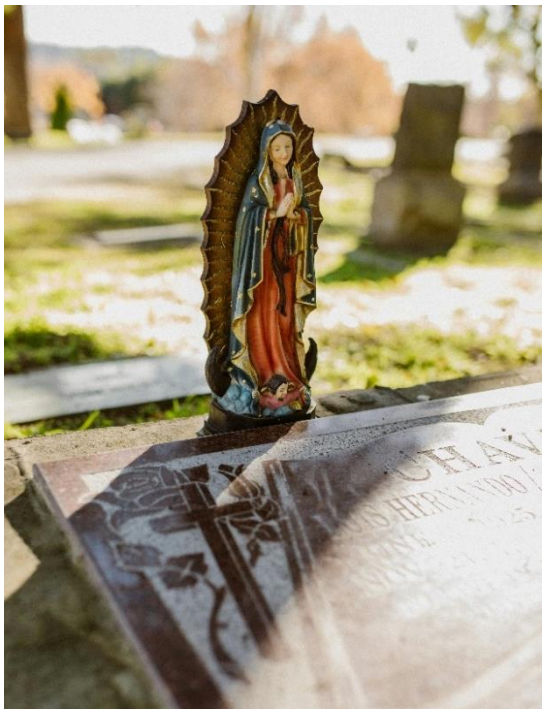
This mentality bears the real risk that an indication on the form could be followed in contradiction to Church teaching as regards the provision of care and treatment; we encourage all Catholics to avoid using such documents. Further insight surrounding the use of POLST or other similar forms is outlined in our 2012 statement *Upholding the Dignity of Human Life: A Pastoral Statement on Physician Orders for Life-Sustaining Treatment (POLST) from the Catholic Bishops of Wisconsin*.[25]

Funeral Arrangements *and* Final Disposition *of* Bodily Remains

The Church offers the opportunity to make final farewells through the *Order of Christian Funerals*.[26] The Vigil for the Deceased, Funeral Liturgy, and Rite of Committal provide a means to commend to the Lord those who have shared in life here on earth, asking the angels to receive their souls and present them to God Most High. It is most appropriate for individuals to discuss their wishes regarding the funeral with family members and their pastor. The selection of readings, prayers, and hymns can ensure that the Funeral Mass will reflect the Church's faith and sure hope in the resurrection of the body on the last day, as well as the faith of the one who has died. In many ways this process reminds all of us, in the words of St. Francis de Sales, to "prepare for the hour of death and take every precaution for its peaceful arrival; [to] thoroughly examine into the state of [our] conscience, and put in order whatever is wanting" so that we may arrive safely home to the Father.[27]

RESPECT FOR THE BODY. Rooted in our tradition, the Church teaches that we must respect the bodies of the deceased. In the unity of body and soul, the human person was created "in the image of God" (Gn 1:26-27); that innate dignity is reflected through our human bodies. "The body is not something that is used temporarily by the soul as a tool and that can ultimately be discarded as no longer useful."[28]

BODILY BURIAL OR CREMATION. While the Church believes that burial of the body gives fuller expression to the Christian faith, cremation is permitted. "Burial is considered by the Church to be the most appropriate way of manifesting reverence and respect for the body of the deceased because it 'honors the children of God, who are temples of the Holy Spirit' and clearly expresses our faith and hope in the resurrection of the body."[29] While cremation is permitted for Catholics, "the Church continues to prefer the practice of burying the bodies of the deceased, because this shows a greater esteem towards the deceased."[30]



For this reason, when making funeral arrangements, Catholics are encouraged to avoid cremation if possible. Even if cremation is chosen, it is strongly recommended to have the body present for the Funeral Mass before cremation takes place. In any case, cremated remains must be placed in a worthy vessel and interred or entombed. Remains can never be kept at home, divided among various family members, or "spread throughout the lake."[31]

Whether in burial or cremation, the remains of the faithful departed are to be kept in a sacred, worthy place, such as a cemetery, or in an area dedicated to this purpose, provided that it has been so designated by the ecclesiastical authority, following the *Order of Christian Funerals*. In 2016, the Congregation for the Doctrine of the Faith explained the importance of the tomb:

> Christians have desired that the faithful departed become the objects of the Christian community's prayers and remembrance. Their tombs have become places of prayer, remembrance and reflection. The faithful departed remain part of the Church who believes "in the communion of all the faithful of Christ, those who are pilgrims on earth, the dead who are being purified, and the blessed in heaven, all together forming one Church."[32]

ALKALINE HYDROLYSIS AND HUMAN COMPOSTING. There are two newer methods for disposition of bodily remains, alkaline hydrolysis and human composting:

> In alkaline hydrolysis, the body is placed in a metal tank containing about 100 gallons of a chemical mixture of water and alkali and then subjected to both high temperature and high pressure in order to speed decomposition. In a matter of hours, the body is dissolved, except for some bone material. . . . [The] liquid is treated as wastewater and poured down the drain into the sewer system (in certain cases it is treated as fertilizer and spread over a field or forest). . . . In human composting, the body is laid in a metal bin and surrounded by plant material (such as alfalfa, wood chips, straw, etc.) that fosters the growth of microbes and bacteria to break down the body. Heat and oxygen are added to accelerate the decomposition process. After about a month the body is entirely decomposed into soil. . . . What is left is approximately a cubic yard of compost that one is invited to spread on a lawn or in a garden or in some wilderness location.[33]

These two methods are contrary to our Catholic faith and not permitted for Christians. As previously noted, human remains must be kept in a sacred, worthy place. By contrast, alkaline hydrolysis and human composting treat the body as waste or as fertilizer. Neither respects the full dignity of the human person made in the image and likeness of God.

There is an important distinction between these two methods and cremation:

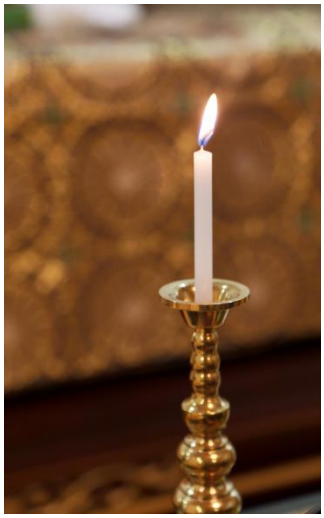
> The major difference between these newer practices and cremation is found in what is left over at the conclusion of the process. After the cremation process, all the human remains are gathered together and reserved for disposition. The bone fragments, reduced to powder, can be placed in an urn and interred in a sacred place. After the alkaline hydrolysis process, there are also remnants of the bones that can be pulverized and placed in an urn. That is not all that remains, however. In addition, there are 100 gallons of brown liquid into which the greater part of the body has been dissolved. This liquid is treated as wastewater and poured down the drain into the sewer system (in certain cases it is treated as fertilizer and spread over a field or forest). This procedure does not show adequate respect for the human body, nor express hope in the resurrection.[34]

CATHOLIC GREEN BURIAL. While the Catholic Church forbids the use of alkaline hydrolysis and human composting, it approves of a different form of green burial, one that has far less environmental impact than alkaline hydrolysis and human composting and shows greater reverence for the human person: lowering the shrouded body directly into the earth. In

choosing something so simple and elemental, the deceased are not only forgoing environmentally harmful embalming chemicals and expensive caskets and vaults, but they are also reviving the ancient burial practices of the earliest Christians. They are uniting their human body, made in the image and likeness of God, to God's good Earth.[35]

FUNERAL PLANNING. The *Order of Christian Funerals* identifies three stages for a Catholic funeral:

1. ***The Reception of the Body or Prayer Vigil***
   "The vigil for the deceased is the principal rite celebrated by the Christian community in the time following death and before the funeral liturgy. . . . [T]he Christian community keeps watch with the family in prayer to the God of mercy and finds strength in Christ's presence. . . . In this time of loss the family and community turn to God's word as the source of faith and hope, as light and life in the face of darkness and death. Consoled by the redeeming word of God and by the abiding presence of Christ and His Spirit, the assembly at the vigil calls upon the Father of mercy to receive the deceased into the kingdom of light and peace."[36]
2. ***A Funeral Mass or a funeral liturgy without Mass***
   The Church especially encourages the celebration of a Funeral Mass, which applies the graces that Christ merited by His death and resurrection to the deceased Christian. It is the greatest way for the Church on earth to pray for the salvation of the deceased. "When a Mass cannot be celebrated, the second form of the funeral liturgy [without Mass] may be used and a Mass for the deceased should be celebrated, if possible, at a later time."[37]
3. ***The Rite of Committal***
   The rite takes place at the cemetery and is the "final act of the community of faith in caring for the body of its deceased member. . . . Whenever possible, the rite of committal is to be celebrated at the site of committal, that is, beside the open grave or place of interment, rather than at a cemetery chapel."[38]



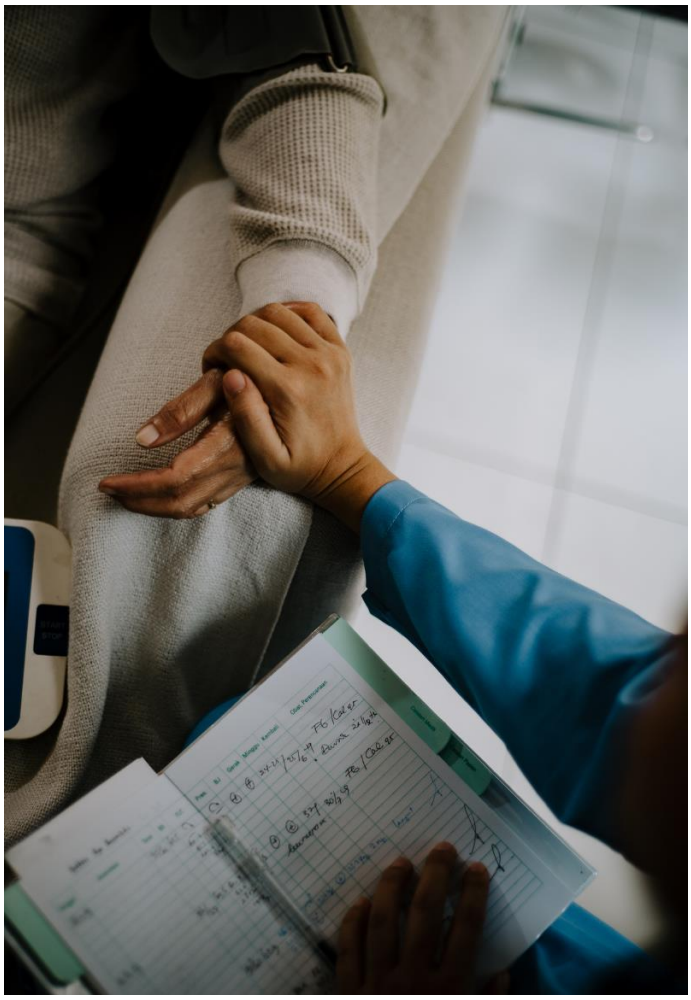
It is recommended to plan one's funeral and final disposition of one's remains in a way that reflects the person's Catholic faith. To facilitate this, we offer the *Catholic Authorization for Final Disposition* form. This is a planning tool and a legally binding document that guides Catholics through some important questions regarding their faith and final treatment of their bodily remains upon their death.

Comments *to* Specific Groups

Finally, we the bishops would like to address ourselves to individuals who have a special role in caring for the sick and dying.

HEALTH CARE PROFESSIONALS. First, we wish to acknowledge and give thanks to God for the gifts and talents He has given you who unselfishly share those gifts in the service of our brothers and sisters in need. We particularly give thanks to those who carry out their work in our Catholic health care facilities or live out our Catholic values in other health care settings. "The activity of health care workers is basically a service to life and health, which are primary goods of the human person. . . . Their profession calls for them to be guardians and servants of human life, or indeed of the person whose inviolable dignity and transcendent vocation are rooted in the depths of his very being."[39]

Physicians, nurses, chaplains, and other health care professionals are given the privilege of caring for the vulnerable members of society. In doing so, you are obligated to carry out your responsibilities not only with technical proficiency, but also with loving hearts and adherence to the highest ethical standards. It is important that you take the time to answer patients' questions. Even when a cure is not possible, you must always show care to those who are suffering and dying. The respect for human dignity shown to the most vulnerable members of our society reflects the values of the society.



Relieving the suffering of others must never lead to actions that intentionally cause someone's death. This misplaced sense of mercy must never lead to denial of the sacredness of life and the truth that God himself is the giver of life. Therefore, health care professionals must never become agents of a culture of death.

Catholic health care should continue to reflect the vision and set the standard of care for the physical and spiritual needs of the dying.

PRIESTS. To our brother priests, as we give our thanks for your dedicated service to God's faithful people, we remind you that it is your responsibility to assist in meeting the needs of those entrusted to your care. In a particular way the sick and dying hold a special place. Please make it a priority to minister to the homebound and those in hospitals, nursing homes, assisted care settings, and hospice. To assist in this important ministry, you are encouraged to direct and support a parish program dedicated to the care of the sick.

Never forget the unique opportunity you have to bring Christ to them through your presence, prayer, and the celebration of the Sacraments. In your homilies and the liturgy, as well as in parish bulletins, you can educate on the teaching of the Church regarding appropriate care of the dying. The Church's ethical and moral teachings need accurate explanations and wide dissemination if we are to counteract the attitude of those who support attacks on human life, such as euthanasia and assisted suicide.

PASTORAL MINISTERS. We also wish to thank the many dedicated members of religious congregations and lay people who work in a wide range of ministries in our institutions. Your work as parish nurses, hospice counselors and volunteers, parish ministers and volunteers, parish bereavement committee members, funeral directors, along with many other ministries, provides a powerful witness to God's love for those who most need concern and compassion.

We encourage all of you in your continuing ministry and challenge you to work collaboratively with neighboring parishes, local community organizations, and hospitals. Interact with one another to share your gifts and your experiences, so that all of our brothers and sisters in need of support and prayer will feel the loving presence of the faith community.

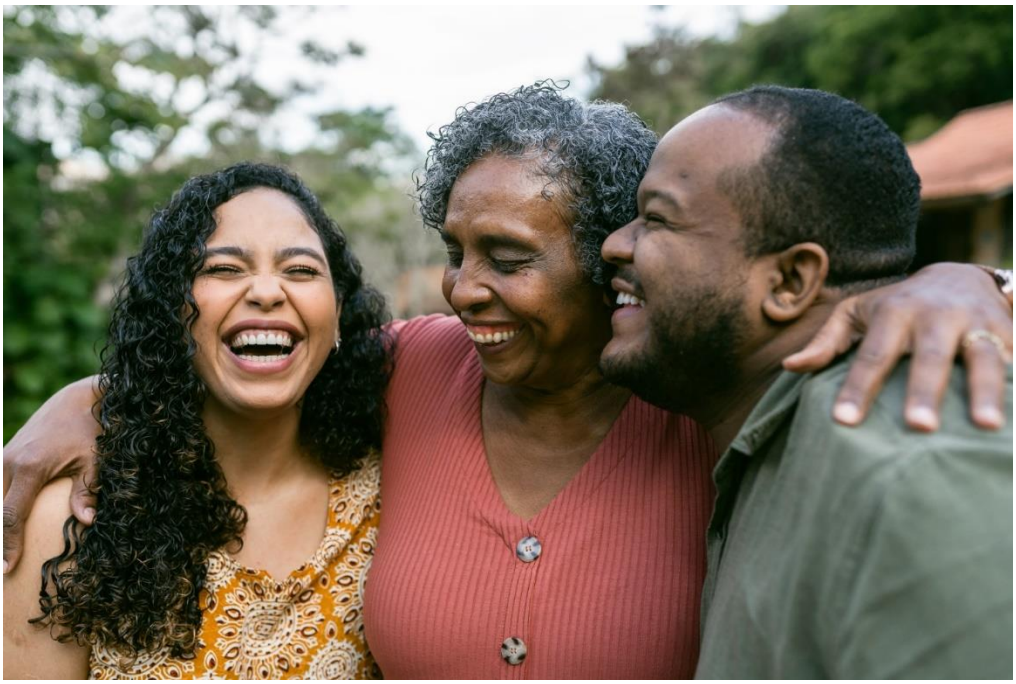
PUBLIC POLICY MAKERS. We thank you for the conscientious efforts you make in your work. Legislators serve a special role in society as you strive to develop policies that serve the common good. The most fundamental common good is that of nurturing human life itself. Therefore, we pray that in your work you never forget that life is sacred and endowed with a dignity—to be protected from the moment of conception until natural death—that transcends any illness, infirmity, or disability. We affirm existing laws that provide for advance directives, granting individuals the legal and moral right to refuse overly aggressive medical treatment in certain cases.

Advance care planning and progress in pain management truly enable us to serve the dying in a manner that respects their dignity and eases their fear regarding physical suffering. Yet, despite these advances, we continue to see efforts to legalize the intentional taking of human life. Proponents of assisted suicide claim to put these proposals forward in the name of mercy and compassion. However, this is a false sense of mercy. In reality, these proposals prey on our fears instead of promoting the common good. We oppose such efforts and reaffirm our position that compassionate care for the dying never involves intentionally taking human life.

FAMILY. Finally, we wish to speak to those who find themselves at the bedside of a loved one who is dying. We offer to you the peace of Christ. This is a peace that the world cannot give. The Lord is with you in this sacred time as you say farewell. In opening your hearts to one another, may the Holy Spirit help you to know what to say and how to truly listen. Please know that there are resources in your parish and in your community. We encourage you to reach out to both groups and let them know what you are going through. Please know that prayer and support are available from your parish and the larger Church.

Guidance for making decisions regarding the care of your loved one is available to you as well. Many times, we find ourselves having to make these decisions when we are most troubled emotionally. This can be especially challenging if you are asked to do something that goes against your conscience or Church teaching. Acting in accordance with the truth is necessary, but not always easy. In making these decisions, remember that it is difficult to see clearly through the tears. Do not hesitate to seek out an objective voice to help you.

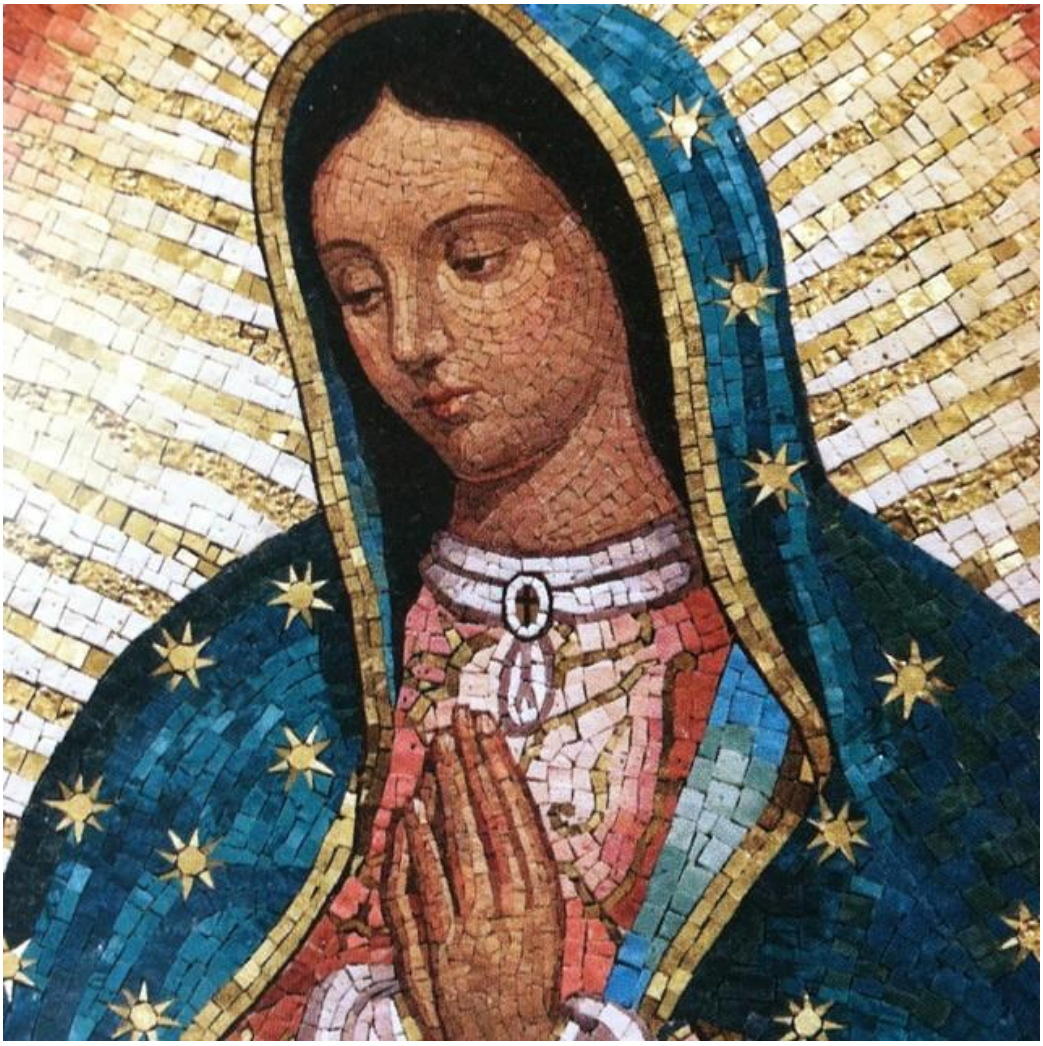
Remember, as they mourned the death of their brother Lazarus, the Lord comforted Mary and Martha, reminding them that He is the resurrection and the life (Jn 11:25). May your faith sustain you in these days and in the days to come.



Conclusion

When an individual faces his or her own death or the death of a loved one, there are many decisions to make. With so many conflicting voices, we felt it important to put forth the teaching of the Church in ways that are understandable and hopefully helpful. This is not a comprehensive statement, as any of the topics that have been raised would require a separate document. However, we hope and pray that this pastoral letter is a helpful and sure guide in these important matters. If you have questions, please reach out to your parish or diocese.

Death comes to us all. As a people of God, we face it strengthened by our faith in Christ and His resurrection. We face it with the strength gained from the love and concern of our family and friends. We face it with the skilled health care professionals who put those skills at the service of God and neighbor. We face it, above all, with the strength of our own prayers and the prayers of the Church as we call upon Mary, Mother of Our Lord and comfort of the sick. We ask in faith, "Holy Mary, Mother of God, pray for us sinners now and at the hour of our death. Amen."



Resources

Scan the QR code above or visit wisconsincatholic.org/endoflife
for links to all forms, resources, and citations in this pastoral letter.

ADVANCE CARE PLANNING RESOURCES

Below you will find the three legal forms we recommend for end of life planning. As explained in this pastoral letter, the *Wisconsin Power of Attorney for Health Care* is much preferred over the *Wisconsin Declaration to Health Care Professionals* (living will) because the latter is not in itself sufficient for one to express his or her advance directives in accord with the teachings of the Catholic Church.

1. The *Wisconsin Power of Attorney for Health Care* form is available for free to anyone who sends a stamped, self-addressed, business size envelope to: Division of Public Health, ATTN: POA, P.O. Box 2659, Madison, WI 53701-2659. The form may also be downloaded for free from their website.
2. The Wisconsin Catholic Conference (WCC) *Catholic Addendum to the Wisconsin Power of Attorney for Health Care* is an advance directive planning form appended to the *Wisconsin Power of Attorney for Health Care* that provides Catholics a means to prepare for their end of life according to the Catholic faith. The *Non-Catholic Addendum to the Wisconsin Power of Attorney for Health Care* provides non-Catholics a means to prepare for their end of life according to Catholic teaching.
3. The WCC *Catholic Authorization for Final Disposition* allows Catholics to state their wishes for the final treatment of their bodily remains in accordance with their faith.

To plan your funeral and burial, contact your parish and/or your diocesan Office for Liturgy for current funeral planning guides.

You should also ensure your will and estate plan are up to date and these forms have been distributed to the proper individuals (your loved ones, attorneys, health care providers, etc.).

PAPAL *and* VATICAN DOCUMENTS

- Pontifical Council for Pastoral Assistance to Health Care Workers, *New Charter for Health Care Workers*, National Catholic Bioethics Center (2017)
- Congregation for the Doctrine of the Faith, Instruction *Ad resurgendum cum Christo* Regarding the Burial of the Deceased and the Conservation of the Ashes in the Case of Cremation (2016)
- *Catechism of the Catholic Church* 2nd ed., Libreria Editrice Vaticana–United States Conference of Catholic Bishops (2000)
- Saint John Paul II, *Evangelium Vitae: On the Value and Inviolability of Human Life* (1995)
- Saint John Paul II, *Salvifici Doloris: On the Christian Meaning of Human Suffering* (1984)
- Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (1980)

U.S. CONFERENCE *of* CATHOLIC BISHOPS (USCCB)

- *On the Proper Disposition of Bodily Remains* (2023)
- *Ethical and Religious Directives for Catholic Health Care Services* 6th ed. (2018)
  The ERDs are periodically updated, so whichever edition is in force is binding.
- *To Live Each Day with Dignity: A Statement on Physician-Assisted Suicide* (2011)
- *Q&A from the USCCB Committee on Doctrine and Committee on Pro-Life Activities Regarding the Holy See's Responses on Nutrition and Hydration for Patients in a 'Vegetative State'* (2007)
- *Living the Gospel of Life: A Challenge to American Catholics* (1999)
- End of Life Current list of resources produced by the Secretariat for Pro-Life Activities

OTHER END *of* LIFE RESOURCES

- Archdiocese of Milwaukee, *End of Life Initiative Video Series*
- Wisconsin Catholic Conference, *Upholding the Dignity of Human Life: A Pastoral Statement on Physician Orders for Life-Sustaining Treatment (POLST)* (2012)
- National Catholic Bioethics Center, *Catholic Guide to End of Life Decisions* (2011)

Glossary

***advance directive**:* A legal document in which an individual declares the health care treatments he or she would desire should that individual be unable to participate in health care decisions due to incapacity. Through an advance directive, an individual may also designate a specific individual to make health care decisions should he or she become incapacitated.

***assisted suicide**:* An immoral practice through which one intentionally helps someone to take his or her own life.

***authorization for final disposition of human remains**:* A document that allows an individual to declare his or her wishes regarding final disposition of their remains, and/or delegate the authority to do so to another person. See *Catholic Authorization for Final Disposition* in the Resources.

***consistent ethic of life**:* Human life is sacred from conception to natural death and a consistent life ethic directs a person to evaluate his or her choices, be they public or private, in light of their impact on human life and dignity.

***cremation**:* The incineration of a dead body.

***disproportionate means**:* Medical treatments may be referred to as "ordinary" (proportionate) or "extraordinary" (disproportionate). Extraordinary or disproportionate means are those "that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community."[40]

***double effect**:* A person may licitly perform an action that he or she foresees will produce good and bad effects provided that four conditions are verified at one and the same time: 1) the act itself, apart from the intention and the circumstances (which includes the effects) must be morally good or at least neutral; 2) the acting person's intention must be morally good; 3) the good effect must not be attained by means of the evil effect—one cannot perform an evil act in order to achieve a good; and 4) the good effect that is desired is greater than, or at least no less than, the good lost by the evil effect.[41]

***euthanasia**:* "An act or omission which, of itself or by intention, causes death, in order that all suffering may in this way be eliminated."[42]

***extraordinary means**:* See *disproportionate means*.

***hospice**:* A service promoting compassionate care of the dying by providing physical and emotional resources for terminally ill patients and their families. Hospice services may be provided in a home setting or in an institutional setting. The mission of hospice is to celebrate life in the face of death by offering medical, emotional, and spiritual support to the dying and their loved ones.

***intention**:* One of the constitutive elements of moral decision-making. The morality of human acts depends on the object, the intention, and the circumstances of the act. A morally good act requires the goodness of its object, of its end, and of its circumstances together. It is therefore an error to judge the morality of human acts by considering only the intention that inspires them or the circumstances (environment, social pressure, duress, emergency, etc.), which supply their context. There are acts, which in and of themselves, independently of circumstances and intentions, are always gravely illicit by reason of their object, such as blasphemy, perjury, murder, and adultery. One may not do evil so that good may result from it.[43] See *double effect*.

***living will**:* One form of advance directive, this document enables individuals to establish what forms of treatment they would want to receive or forgo if they are in a stated medical condition, such as a persistent vegetative state or terminal illness, and they are unable to make their wishes known to the health care professionals providing care. In Wisconsin, this is called the *Declaration to Health Care Professionals*. As noted previously, Catholics instead are encouraged to use the *Wisconsin Power of Attorney for Health Care*, together with the *Catholic Addendum to the Wisconsin Power of Attorney for Health Care*.

***palliative care**:* Medical interventions to relieve the pain, suffering, and stress of a patient.

***physician (or provider) orders for life-sustaining treatment (POLST)**:* A preset form that establishes medical orders to withhold or administer treatments. Also known as physician orders for scope of treatment (POST) or medical orders for scope of treatment (MOST).

***power of attorney for health care**:* One form of advance directive, this document enables individuals to designate a specific person to make health care decisions on their behalf should they become incapacitated. See Resources for the state form and Catholic addenda.

***power of attorney for finance and property**:* A document by which an individual can legally delegate decision-making authority concerning financial affairs and the management of property to an agent.

***right to die**:* A social movement that, contrary to Church teaching, promotes the right of an individual to take his or her own life or receive assistance to end his or her life. The Church teaches that we are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of.[44]

***sacredness of life**:* We are created in the image and likeness of God. Our lives are a gift from the Creator for us to steward. Therefore, we must respect human life in all its stages and forms, from conception to natural death.

***withholding or withdrawing treatment**:* The decision to "forgo extraordinary or disproportionate means of preserving life."[45] "The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death. In this way two extremes are avoided: on the one hand, an insistence on useless or burdensome technology even when a patient may legitimately wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death."[46] See *disproportionate means*.

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[1] Wachterman, Melissa, et. al. "Where Americans Die – Is There Really "No Place Like Home"?" *New England Journal of Medicine* (March 17, 2022), Vol. 386 No. 11: 1008-1010.
[2] Pope John Paul II, *Urbi et Orbi Message* (December 25, 2000).
[3] Pope Benedict XVI, *Homily at Mass of Possession of the Chair of the Bishop of Rome* (May 7, 2005).
[4] The Dicastery for the Doctrine of the Faith, Declaration *Dignitas Infinita (On Human Dignity)* (April 2, 2024), 51.
[5] Pope Francis, *General Audience* (February 9, 2022).
[6] *Catechism of the Catholic Church*, 2276-2279.
[7] Pope Pius XII, *The Prolongation of Life: An Address to an International Congress of Anesthesiologists* (November 24, 1957), translated in *National Catholic Bioethics Quarterly* (Summer 2009), p. 329.
[8] United States Conference of Catholic Bishops (USCCB), *Ethical and Religious Directives for Catholic Health Care Services*, 6th ed. (2018).
[9] Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (1980).
[10] *Catechism of the Catholic Church*, 2278.
[11] *Ethical and Religious Directives*, no. 58.
[12] Quoting from the Congregation for the Doctrine of the Faith, *Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration* (August 1, 2007).
[13] *Ethical and Religious Directives*, no. 61.
[14] Pope Francis, *Address to the Participants in the Plenary of the Pontifical Academy for Life* (March 5, 2015).
[15] *Catechism of the Catholic Church*, 2276.
[16] Ibid., 2279.
[17] St. John Paul II, *Message to the Staff and Residents of the Rennweg Hospice* (June 21, 1998).
[18] Pope Pius XII, *Anesthesia: Three Moral Questions: An Address of Pope Pius XII to A Symposium of the Italian Society of Anesthesiology* (February 24, 1957), translated in *The Pope Speaks* (Summer 1957), p. 33.
[19] *Ethical and Religious Directives*, no. 61.
[20] USCCB, *Killing the Pain, Not the Patient: Palliative Care vs. Assisted Suicide* (2018).
[21] *Catechism of the Catholic Church*, 1761.
[22] Joseph Cardinal Bernardin, *The Gift of Peace* (Chicago: Loyola Press, 1997), p. 126.
[23] Pope Francis, *Address to the Italian Association for the Donation of Organs, Tissues, and Cells* (April 13, 2019).
[24] *Ethical and Religious Directives*, no. 25.
[25] Wisconsin Catholic Conference, *Upholding the Dignity of Human Life: A Pastoral Statement on Physician Orders for Life-Sustaining Treatment (POLST) from the Catholic Bishops of Wisconsin* (July 2012).
[26] *Order of Christian Funerals*, International Commission on English in the Liturgy (2018).
[27] St. Frances de Sales, "Fifth Meditation" in *Introduction to the Devout Life* (various editions 1609-1619).
[28] USCCB Committee on Doctrine, *On the Proper Disposition of Bodily Remains* (March 23, 2023), no. 2.
[29] Ibid., no. 3.
[30] Congregation for the Doctrine of the Faith, *Ad resurgendum cum Christo* (October 25, 2016), no. 4.
[31] Ibid., no. 6.
[32] *On the Proper Disposition of Bodily Remains*, no. 5.
[33] Ibid., no. 9-11.
[34] Ibid., no. 10.
[35] Damian Lenshek, "Thinking About Green Burial," *Diocese of Madison Catholic Herald* (February 26, 2021).
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[37] Ibid., no. 46.
[38] Ibid., no. 204.
[39] Pontifical Council for Pastoral Assistance to Health Care Workers, *New Charter for Health Care Workers*, National Catholic Bioethics Center (2017), no. 1.
[40] *Ethical and Religious Directives*, no. 57.
[41] Joseph T. Mangan, SJ, "An Historical Analysis of the Principle of Double Effect," *Theological Studies* 10, 1 (March 1949), p. 41-61.
[42] *Declaration on Euthanasia*.
[43] *Catechism of the Catholic Church*, 1756-60.
[44] *Catechism of the Catholic Church*, 2280.
[45] *Ethical and Religious Directives*, no. 57.
[46] Ibid., Part V.

Now and at the Hour of Our Death
First Edition, April 2002
Second Edition, March 2006
Third Edition, May 2013
Fourth Edition, November 2024

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Holy Mary,
Mother of God,
pray for us sinners
now
and at the
hour of our death.

Amen.