To Bear Man's Greatness: On the Moral-Theological Message of a Recent Document of the Congregation for the Doctrine of the Faith, *Samaritanus Bonus*[1]

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Background and Objective

When, in 1582, Camillus de Lellis, the later-canonized founder of the Order of Camillians, the "servants of the sick," had the inspiration to found a society of men who would serve the sick for religious motives,[2] the revolutionary nature of such a decision was clear. An unprecedented hope broke into the world of the hopelessly marginalized, who did not have sufficient means to be cared for at home, and therefore had to go to hospitals, where they were often assisted only by untrained caregivers, who did so under obligation because they were either criminals or compelled by economic need to perform such menial service. This hope consisted in the message that the love of God urges the voluntary and sacrificial service of dedication to the sick, and especially to those who will not recover from their illness. However, this service should be holistic, because the welfare of the needy encompasses all the dimensions of the human person: the body and the soul, but also the spirit.

The letter of the Congregation for the Doctrine of the Faith (CDF) *Samaritanus Bonus*, dated July 14, 2020—the liturgical day of commemoration of Camillus of Lellis—on the care of persons in the critical and

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1 This piece was originally published in German in *Trierer theologische Zeitschrift* 130, no. 3 (2021): 264–83.

2 See "Ein Leben im Dienst der Kranken und Armen. Kamillus von Lellis, Gründer des Ordens der Kamillianer," kamillianer.at/kvlellis/kvlellis.htm.

terminal phases of life, seeks to promote the same concern for comprehensive service to the sick out of respect for the divinely anchored dignity of the human person. The letter suggests that it is this dignity, and therefore the incomparable greatness of each human being, that makes it necessary, contrary to any logic of efficiency and a cost–benefit calculation, to persevere at the side of the (terminally) ill until their natural death.

This article aims to highlight some (in the author's opinion) central elements of this letter, and to comment on them specifically against the background of the magisterial positions underlying the document. For this purpose, I will often quote Robert Spaemann, the German philosopher who died in 2018 and whose ethical views appear in parts as well suited to illuminate from the ethical point of view the foundations of thought of the universal Church magisterium with regard to the relevant topics and to prepare these foundations for a scientific discussion. However, it is explicitly not the aim here to engage in such a discussion or to analyze the already existing relevant contributions. Rather, it is to deepen the current Church teaching in certain aspects on the basis of this new document. In this sense, contributions from the press conference on its presentation on September 22, 2020, will also be drawn upon. After the exploration of what one could understand as "core" of the letter according to a certain reading of the document, some concretizations follow under the guiding perspective of the "Catholic" approach to the terminally ill.

The Core of the Document

The structure of *Samaritanus Bonus* will be briefly described: An introduction, in which above all the need for magisterial intervention is justified, is followed by chapter 1, on the comprehensive character of the care which is always possible for persons in critical states, according to the principle that "the judgement that an illness is incurable cannot mean that care has come at an end" (8).[3] Chapter 2 then further explicates the grounds of Christian hope in the face of approaching death, starting from the mystery of the Crucified, with special reference to those who stay around him at the moment of the Passion. Chapter 3 recalls the positive meaning of human life as an expression of inalienable human dignity and as the source of certain imperatives in dealing with it. A clear reference to the proclamation

[3] All the numbers in parenthesis in the article, unless otherwise indicated, reference the page numbers of the printed English version of *Samaritanus Bonus*, on the Care of Persons in the Critical and Terminal Phases of Life (Vatican City: Vatican Library, 2020).

of Pope Francis is made in chapter 4, which explains some "cultural obstacles" to the recognition of the "sacred value of every human life." Finally, chapter 5 (the longest) addresses individual bioethical, medical-ethical, legal, pastoral, and educational issues related to care at critical stages of life.

In substance, the doctrine set forth in the new document is not really new, as is clearly shown by the oft-quoted various previous magisterial writings (e.g., the Declaration on Euthanasia, *Iura et bona* [1980], the encyclical letter *Evangelium Vitae* [1995], the New Charter for Health Care Workers [2015], and various pronouncements of recent pontificates back to Pius XII). However, it was necessary to raise the universal Church's voice again on this matter especially because of "the present situation, determined by the international legislative context, which is characterized by an ever greater permissiveness with regard to euthanasia, assisted suicide and advanced directives for treatment, concerning the end of life,"[4] as the congregation's prefect, Cardinal Luís Ladaria, explained in his statement at the aforementioned press conference. Within this context, laws have been passed in which the individual judgment of some of those affected with regard to their lives is elevated to general criteria for dealing with terminally ill patients.[5] Such phenomena create a need for ethical clarification. It is a matter of giving pastoral orientation to the faithful in their concerns and doubts about the care of the sick in the critical phases and in the terminal phase of life (4), especially in view of the complexity of some questions that have recently arisen in this area.

In order to better classify the practical indications given by the text, it is worth trying to determine its fundamental moral core. To this end, the document's initial questions point the way: On what basis should we not be permitted to use certain medical technological achievements in dealing with human beings, or to regard these achievements as sufficient criteria for dealing with them in a certain way, as the letter introduces, citing Pope Benedict XVI? "Advances in medical technology, though precious, cannot in themselves define the proper meaning and value of human life" (3).[6]

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4 Luís Ladaria, "Intervento," in *Conferenza Stampa di presentazione della Lettera* Samaritanus bonus *sulla cura delle persone nelle fasi critiche e terminali della vita, redatta dalla Congregazione per la Dottrina della Fede* (interventions by Luís Ladaria, S.J., Giacomo Morandi, Gabriella Gambino, and Adriano Pessini), September 22, 2020, press.vatican.va/content/salastampa/it/bollettino/pubblico/2020/09/22/0477/01073.html. Unless otherwise noted, all translations are my own.

5 See Adriano Pessina, "Intervento," in *Conferenza Stampa*.

6 With reference to Benedict XVI, *Spe salvi*, Encyclical Letter on Christian Hope (2007), §22.

This makes one wonder about the ever-increasing relevance of technology for ethical reflection today. A paradox arises, which was explained in the press conference as follows:

> Ours is an era that evokes personal dignity, autonomy, individual freedom, but then delegates to technology, medical science and pharmacology the techniques of treatment and medical care. And, when technology can no longer do anything, when the stages of illness require the patience of personal involvement and death is approaching, the temptation to delegate to death the response to the question of "meaning" of life arises—in the form of assisted suicide, euthanasia, withdrawal of therapeutic care. However, this is a question that no machine, not even the most sophisticated artificial intelligence, can answer.[7]

However, the question of the meaning of life accompanies man not only at its end, but also at its beginning, so that the problem of euthanasia—in a deepened analysis—coincides with the questions of the transmission of life. Spaemann refers to this logical connection in his philosophical admonition against the compulsion of feasibility:

> Procreating a child is a gift. Child-making is a vulgar expression that does not fit the dignity of procreation. Therefore, the systematic separation of sexual intercourse and the transmission of life will have consequences for human beings. There is an increasing tendency to manipulate the transmission of life, which is connected with the tendency to dominate life at its end and to carry out euthanasia.[8]

Although *Samaritanus Bonus* does not specifically address the dignity of procreation,[9] the section dealing with individual issues does speak of prenatal pathologies "incompatible with life" and the "little patients" whose life is "sacred, unique, unrepeatable, and inviolable, exactly like that of every adult person" (29). Reference is also made to "sometimes

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7 Pessina, "Intervento."

8 Robert Spaemann, "Das Gezeugte, das Gemachte und das Geschaffene," in *Schritte über uns hinaus*, Gesammelte Reden und Aufsätze 2 (Stuttgart: Klett-Cotta, 2011), 301–20, at 305.

9 See Congregation of the Doctrine of the Faith, *Donum Vitae*, Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation Replies to Certain Questions of the Day (1987).

obsessive recourse to prenatal diagnosis" which, along with today's culture unfriendly to disability, "prompts the choice of abortion, going so far as to portray it as a kind of 'prevention'" (30). Such developments, according to Spaemann, would stem from the emancipation of technology as the "making" and "producing" from the context of human "doing," the broader practice in which humans develop as humans according to their natural disposition. Without these goals (and thus also limits) given by the nature of man, technology threatens to give itself goals, with the result that "making the feasible becomes the goal."[10]

With regard to the causal research for the weakened appreciation of human life at its limit of death in today's reality, however, the document rather only mentions three "cultural obstacles" (14–17): the wrong notion of "dignified death," a certain concept of "compassion," and the individualism that sees others as a threat to one's own freedom. All of these elements suggest that "feasibility," which is ethically neutral in itself, in the realm of the human could not have achieved its destructive emancipation from embedding in human dignity if it had not found a favorable cultural *humus*. Ideas have consequences. Whether one calls such ideational preconditions with Francis a "throw away culture" or with John Paul II a "culture of death" (16), in any case we are moving here on a level that allows one to ask deeper questions about the meaning and purpose of the *humanum* in general.

Basically, then, it is a question of the "reach" of the human being as a person: Is he/she identical with his/her momentary sensations, feelings, and other fleeting states of a physiological-psychological nature (on the basis of which he/she may ask for death)? And what entitles us to such a reduction if we know *empirically* that this person lives, moreover, in a social, moral, *spiritual*, or religious context? For, if this reduction takes place, which does not allow to see the human being in his/her comprehensive truth as a distinctive "being in itself," the reason for the fact that it is not possible to replace him or her arbitrarily disappears. This, too, can be explained with reference to Spaemann with regard to the functionalism of technical civilization prevailing today:

> The functional way of thinking tends to always explain or replace the one by the other. This reductive or substitutive process does not accept "being in itself." Everything that is, is a function of something else and can be replaced by equivalents. . . . Only objects are given to

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10 Spaemann, "Das Gezeugte," 306.

> the ateleological process of science; subjects, being in itself, personhood, on the other hand, are systematically excluded.[11]

Those who do not want to surrender to this interchangeability of man find an ally in Christian anthropology, according to which there is life after death, for which our decisions today have a meaning.

But, in order to accept this, it seems necessary to agree on something which, in my opinion, could be called the implicit "core" of the document, and which recalls the refrain of the first creation account: "God saw that it was good" (Gen 1). In fact, the recognition of the inviolable value of human life is linked to a decisive premise: "It is good that human beings exist"; or "Human life is an unquestionable good." What is meant is life without additional qualifications, life in the comprehensive sense that connects this world and the hereafter. Neither the empirical sciences nor the political media debates can force the acceptance of the principle, because it is a matter of the basic moral decision and not only the intellect but also the will is claimed. To be sure, the document asserts that "the Church affirms that the positive meaning of human life is something already knowable by right reason, and in the light of faith is confirmed and understood in its inalienable dignity" (13). Thus, human reason ("etsi Deus non daretur"— even if God were not a given) is presumed to have the capacity to perceive the absolute value of human life. But, this positive statement, which incidentally opens the way to an interconfessional and interreligious communication to work together for human life, needs to be flanked by the open question of the recognition of the goodness of life. *Samaritanus Bonus* itself quotes *Evangelium Vitae* §34: "Life is always a good. This is an instinctive perception and a fact of experience, and man is called to grasp the profound reason why this is so" (13). After all, this "profound reason" is explained in the encyclical directly with the help of the biblical foundation, which also needs to be acknowledged.

One is confronted here with metaphysical-anthropological assumptions, which, among other things, raise the question of the distinction between ontological and epistemological levels. As *theological* texts, the aforementioned documents profess within the *order of being* an unconditional justifying instance of certain ethically relevant assertions. The generalizing character of morality, however, implies that these ethical coordinates in

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[11] Eduard Zwierlein, "Gezeugt, nicht gemacht, Personsein zwischen Wert und Würde: Die Einsprüche Robert Spaemanns," in *Grundvollzüge der Person: Dimensionen des Menschseins bei Robert Spaemann*, ed. Hanns-Gregor Nissing (Munich: Institut zur Förderung der Glaubenslehre, 2008), 83–106, at 87–88.

the *order of knowledge* can otherwise be achieved by practical reason itself. However, since one can also refuse to accept what is cognizable, one ultimately always remains dependent on an ideological "assumption." Such assumptions, after all, have far-reaching consequences for judgments in the realm of the *humanum*, when it comes to judging the fact itself that man exists. Rémi Brague makes this connection clear:

> The slight preference that man has today for the idea of divine law . . . is therefore more than a matter of sensibility. It is the consequence of a decision as a matter of principle. This exclusion of everything that is non-human has serious consequences now and may prove fatal in the long run. Without a point of reference outside, without an authority capable of saying, like the God of the first creation account, that what is human is "very good" (Gen. 1:31), we cannot know whether the existence of the species *homo sapiens* on this earth is a good thing.[12]

Thus, it remains possible not only to oppose the judgment of one's own reason about the goodness of life. One can also judge about it quite erroneously. And that it is not at all (any more) self-evident that the existence of man *in itself* on this earth represents something good is shown nowadays most clearly by certain radical currents of the ecological movement which declare the decision not to have children to be a sign of responsibility for the world and "nature." Since this nature must recover from the human race by which it is oppressed, it is better if there are few people on earth.[13]

Along this line, although with specific reference to the question of quality of life, the CDF states: "Human life is thus no longer recognized as a value in itself" (15). What "in itself" (*an sich*) means can again be deepened with Spaemann. With regard to human dignity, one can claim, on the basis of Spaemann's position, that what is specifically human about this dignity "is the thought that in its justification the determination of valence 'for itself' [für sich] is not sufficient." The absolute "in itself" of the self-purposefulness [Selbstzwecklichkeit] must be added, so that the

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12 Rémi Brague, "Natürliches und göttliches Gesetz," *Communio* 39, no. 2 (2010): 140–49, at 148–49.

13 See the campaign "One planet—one child" with the following "Intro": "The *One Planet, One Child Billboard Campaign* alerts people to the overpopulation crisis and celebrates the choice to have a small family. Small families are helping to create a healthy planet, better lives and a promising future" (accessed February 18, 2021, but no longer visible, at oneplanetonechild.org/).

human being in his/her dignity can also absolutely escape the possible diversion from his/her real purpose."[14] The guarantee of such an absolute justification could therefore ontologically come only from an unconditional instance, as whose "representation" man is to be understood: "That man—as Kant says—has not a value but a dignity, that means his existence, the existence of a 'being-for-itself' [*Für-sich-Sein*] as a representation of the unconditional, is good in itself."[15]

Accordingly, when reflecting with the Letter to the Romans on the meaning of man, one cannot avoid asking the question of God, which, according to the Church's teaching, always gives the ultimate reason that man should be treated with respect: human persons "can live and grow in the divine splendor because they are called to exist in 'the image and glory of God' (*1 Cor*. 11:7; *2 Cor*. 3:18). Their dignity lies in this vocation. God became man to save us, and he promises us salvation and calls us to communion with Him: here lies the ultimate foundation of human dignity" (11–12). What remains decisive is that such a transcendently anchored dignity is neither quantifiable nor addable, nor can it be lost, and this makes the human being unconditionally dignified even in the face of death: "Whatever their physical or psychological condition, human persons always retain their original dignity as created in the image of God" (11). This dignity cannot be tied to any additional factors beyond simply being human: "Pain and death do not constitute the ultimate measures of the human dignity that is proper to every person by the very fact that they are 'human beings'" (4). In this, one can see a reference to the biological belonging to the human race, which is sufficient as a reason of attribution of human dignity and personhood.[16]

The positive value of human life is established in *Samaritanus Bonus* both on the basis of natural law and in the "light of faith," which affirms man's supernatural vocation to participate in inner Trinitarian love. The goodness of life derives concretely from the inalienable human dignity, which is ultimately grounded in creation but accessible to all open reason,

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14 Andrzej Kuciński, *Naturrecht in der Gegenwart: Anstöße zur Erneuerung naturrechtlichen Denkens im Anschluss an Robert Spaemann* (Paderborn: Schöningh, 2017), 370; see also Robert Spaemann and Reinhard Löw, *Natürliche Ziele: Geschichte und Wiederentdeckung des teleologischen Denkens* (Stuttgart: Klett-Cotta, 2005), 245.

15 Robert Spaemann, "Das Natürliche und das Vernünftige," in *Das Natürliche und das Vernünftige: Essays zur Anthropologie* (Munich: Piper, 1987), 109–35, at 134; see also Kuciński, *Naturrecht in der Gegenwart*, 347.

16 See Kuciński, *Naturrecht in der Gegenwart*, 348.

whereby the suspicion of the subjective "arbitrariness" of such a criterion of positivity is unjustified.[17]

It becomes understandable that, in the logic of *Samaritanus Bonus*, such a framing of the human reality requires bearing the life of human being with *all* its ups and downs because it is *necessarily* good. In this sense, the supposed supplementary provisions such as the "quality" or the "value" of life would be obtained on the basis of extra-moral criteria that would not do justice to the unconditional character of human life. Human life is good simply because it is willed by God. The unconditional goodness of life imposes on us certain moral duties in dealing with it. This dealing is put to the test especially at the limits of life, as here: in the critical and final phases of life. But the dependency of this life on the unconditionality that is supposed to make it intangible also entitles us to question the "unconditioned," which some call "God," about the meaning of life in the face of inevitable suffering, pain, and death. In other words: if life is considered intangible, then any purely immanent explanation of suffering is incomplete, even though it would be coherent in itself.[18] One could then say that, therefore, man rightly demands a definitive, transcendent answer to that which he battles all his life and yet ultimately cannot defeat. The CDF states that the last word on suffering belongs to God.

Some Concretizations

If Christianity is to provide a plausible answer to the low points of human destiny out of faith in the incarnate God, then a further question can be asked: how can this message of the document, designed with the people in mind, be made concrete?

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17 The CDF states: "This criterion is neither subjective nor arbitrary but is founded on a natural inviolable dignity. Life is the first good because it is the basis for the enjoyment of every other good including the transcendent vocation to share the trinitarian love of the living God to which every human being is called" (15), with reference to: Pontifical Council for Pastoral Assistance to Health Care Workers, *New Charter for Health Care Workers*, English ed., trans. National Catholic Bioethics Center, Philadelphia (2017), §1.

18 The CDF states: "These pressing questions [about the meaning of life] cannot be answered solely by human reflection, because in suffering there is concealed *the immensity of a specific mystery* that can only be disclosed by the Revelation of God" (5; emphasis original; with reference to John Paul II, *Salvifici Doloris*, Apostolic Letter on the Christian Meaning of Human Suffering [1984], §4).

The Fight against Disease and Acceptance of the Inevitable

First of all, there is the message of a tension in the Christian approach to the subject, which, after reading the document, could be summarized as follows: A Christian fights suffering where he can, but at the same time he submits to its superiority and inevitability. A basis for this is provided by a passage from John Paul II's apostolic letter *Salvifici Doloris* (1984):

> What we express by the word "suffering" seems to be particularly essential to the nature of man. . . . Suffering seems to belong to man's transcendence: it is one of those points in which man is in a certain sense "destined" to go beyond himself, and he is called to this in a mysterious way. (§2)[19]

Therefore, at the same time, one can claim both that there is nothing lovable about illness and that the sick person is always lovable.[20] Toward illness, then, a clear attitude arises for the faithful in this logic: "Responsible communication with the terminally ill person should make it clear that care will be provided until the very end: '*to cure if possible, always to care*'" (8).[21] With regard to the question of euthanasia, one could summarize the position of the document as follows: Separate ontologically the suffering from the person. And the reason for this, in my opinion, would be that, while it remains factually inseparable from the person, it is not identical with the person. The person is always more than what he/she experiences at the moment. In this respect, one can and should fight against suffering without threatening the life, and thus the dignity, of the person.

The document also indicates where this tension can be learned: it happens under the Cross, which remains a mystery, when it shows how God deals with human suffering by undergoing it in his Son (see chapter 2). The letter places the emphasis first on the testimonial nature of Christ's work: Christ is a witness to physical suffering, to provisionality and despair, which in him become a trusting reliance on the Father.[22] In relation to the suffering of the sick, it is made clear here that the same God who leads the history of salvation with mankind is the one who went through the human

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19 Cited in note 67 of *Samaritanus Bonus*.

20 See Pessina, "Intervento."

21 Quoting John Paul II, Address to the participants in the international Congress on "Life-sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas," March 20, 2004, §7 (available in the speeches section of John Paul II's page on the Vatican website).

22 See Ladaria, "Intervento."

experiences of pain, loneliness, and abandonment and remained nailed to the Cross until the end, just as many patients today remain attached to medical devices.[23] So one could conclude that such a God cannot be dismissed as a mere observer of human fate; rather, he has acquired once and for all the status of an "expert" for the suffering of his creatures.

But, to be in solidarity, according to the CDF, would still be too little for Christ to heal mankind from the Cross. *Samaritanus Bonus* also shows the Crucified as the one who establishes hope and trust. It is not a matter of mere hope for recovery, which in the case of an incurable illness would be a mirage, but also not of mere consolation into the hereafter, where everything will be well again (11). With all emphasis on the inviolable dignity of human life, it is made clear at the same time—within the same tension—that earthly life is not to be the highest value: "Ultimate happiness is in heaven. Thus the Christian will not expect physical life to continue when death is evidently near. The Christian must help the dying to break free from despair and to place their hope in God" (20–21). This is its own relativization of life, but it does not coincide at all with the relativization that arises in the context of the postulates of euthanasia. For, it is here that a holistic conception of human life is thought of. According to the Christian conception, death is not the interruption of life, but the transformation of its form.[24] Since man is destined for eternity, human existence goes beyond death. This does not diminish, but enhances the significance of earthly life, because it thus has meaning for the future, the document indicates.

Such a tension in care, in which the natural and the supernatural are ultimately blended, becomes an "invitation to return 'meaning' to the long periods of illness and disability, that is, 'meaning' to the mortal human condition, without surrendering to any vitalism and without trivializing the seriousness of dying."[25]

In the clinical field, this tension can be clearly implemented from the perspective of *Samaritanus Bonus*: rejection of euthanasia with a simultaneous commitment to renounce the so-called "aggressive medical treatments," that is, disproportionate therapeutic measures that either

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23 See Pessina, "Intervento."

24 See "Preface I for the Dead," in *The Roman Missal, Renewed by Decree of the Most Holy Second Ecumenical Council of the Vatican, Promulgated by Authority of Pope Paul VI and Revised at the Direction of Pope John Paul II*. English Translation according to the Third Typical Edition, for use in the dioceses of the United States of America (International Commission on English in the Liturgy Corporation, 2010), 622: "Indeed for your faithful, Lord, life is changed not ended."

25 Pessina, "Intervento."

do not (or no longer) achieve their goal or are associated with unjustifiable burdens for the patient. Therefore, the following distinction can be introduced:

> To precipitate death or delay it through "aggressive medical treatments" deprives death of its due dignity. . . . In the specific case of aggressive medical treatment, it should be repeated that the renunciation of extraordinary and/or disproportionate means "is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death."[26] (22–23)

One can draw the conclusion that whoever holds on to man in the horizon of his creaturely "whence" and "whereupon" can tolerate this balancing act of, on the one hand, avoiding the temptation of anticipating death and, on the other hand, not postponing it unnecessarily. For, to acknowledge that death belongs to life means to respect one's own condition together with its objective: it is not a matter of holding on to life under all circumstances, but of living a *dignified* life constantly within the horizon of its intangibility and gift-ness.

In my opinion, this approach turns against a certain mentality of extremes in dealing with death. To choose the moderate approach, however, would mean to respect the difference between "mere" life and "good" life, which Spaemann, following Aristotle, uses for the distinction between good and bad in the realm of human existence.[27] Man is not destined to a simple existence, but he is to come to a natural self-realization in his existence. Therefore, he always remains in the center of all medical efforts, which are not finalized other than toward him and his well-being.[28]

In the letter, the assumption of the inevitability of death without actively inducing it is also guiding for the possibility of the so-called deep palliative sedation with the help of analgesics, but under the condition

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26 Quoting John Paul II, *Evangelium Vitae*, Encyclical Letter on the Value and Inviolability of Human Life (1995), §65.

27 See Robert Spaemann, *Über Gott und die Welt: Eine Autobiographie in Gesprächen* (Stuttgart: Klett-Cotta, 2012), 148–49.

28 See Gonzalo Miranda, "La proporzionalità terapeutica in 'Iura et bona,'" in *Sull'eutanasia: Testi e commenti*, ed. Congregation for the Doctrine the Faith, Documenti e studi 4 (Vatican City: Vatican Library, 2016), 109–24, at 122: "Medical intervention is not an end in itself. Its only purpose is to promote the well-being of the patient from the point of view of his health and life. But the patient, this patient must be seen in his personal integrity and not merely as an organism to be kept alive at any price."

that the intention to kill is excluded, even if it is possible to influence the already inevitable death with this measure (32).

Finally, the letter forbids seeing in the unconscious patient (i.e., in a "vegetative state") or in a person in the state of "minimal consciousness" a living being who has ceased to be a person merely because he/she seems to be barely able to establish contact with the outside world. The dignity of this person is also then inviolable and he/she should also then receive appropriate care. However, the CDF points out the burdens that such care can impose on relatives, when the latter sometimes have to care for their unconscious patients for years (33). Therefore, the document emphasizes in several places that care for persons in critical states and in the final phase of life must be, first, holistic (including the psychological and spiritual dimensions) and, second, complemented by attendance of their relatives or caregivers, since the latter often face dramatic situations in which they themselves are in dire need of adequate assistance (34).

The Uncrossable Border

There are increasing attempts to declare euthanasia and assisted suicide to be freely chosen options, as well as legal regulations in several countries, some of which have already provided for it for a long time and are pushing the limits of what is permitted in this context. Therefore, it is understandable from the point of view of the magisterium that the reaffirmation of the Church's rejection of both options in the document is the starting point of the practical consequences (see chapter 5: "The Teaching of the Magisterium") that follow the theoretical foundation. The judgment, based mainly on the encyclical *Evangelium Vitae*, §65, is the following:

> Euthanasia, therefore, is an intrinsically evil act, in every situation or circumstance. In the past the Church has already affirmed in a definitive way "that euthanasia *is a grave violation of the Law of God*, since it is the deliberate and morally unacceptable killing of a human person. This doctrine is based upon the natural law and upon the written Word of God, is transmitted by the Church's Tradition and taught by the ordinary and universal Magisterium. Depending on the circumstances, this practice involves the malice proper to suicide or murder." (18; emphasis original to John Paul II)

Furthermore, any form of complicity in euthanasia and assisted suicide is also condemned in strong terms (18).

Apart from this clear condemnation of actions that objectively aim at

euthanasia, one should ask about the point of view under which this—in itself not new—position appears in the new magisterial document. If one reads it as a whole, including its positive statements on the end of life, it seems to me that here especially the perspective of resignation resonates as the reason for the trains of thought that culminate in this radical decision. And it is not only the resignation of the person concerned who gives himself or herself up and actively wants to exit life; rather, the document refers in various ways to the resignation that has already taken place before—on the part of family members, other close persons, and finally society. In this perspective, the sick person finally gives up because he/she was previously given up, at least mentally, by others.

It is therefore significant that assisted suicide is constantly mentioned here together with euthanasia, which is a sign for a further differentiation of the modes of determining death time itself. The document indicates that, with the development of medicine, the methods which can be used against their very purpose (to protect life) would also be refined. This is made clear with regard to attempts to introduce euthanasia through the "back door," as it were, by medical protocols which, among palliative methods, also provide for the active inducing of death (27) or, according to the CDF, give rise to evident abuse if applied in euthanistic perspective without the patient's consent (17).

In particular, the document responds to those two arguments in favor of euthanasia or assisted suicide which, on the side of the "death assistant," appeal to respect for the autonomy of the individual with the concept of "dignified death" and to compassion toward the sufferer.

For some arguments, the document gives an indication of the background against which such concepts would obviously be formulated. Behind this, there are already ideologically bound presuppositions, particularly a *certain* and not at all *neutral* anthropology:

> Among the obstacles that diminish our sense of the profound intrinsic value of every human life, the first lies in the notion of "dignified death" as measured by the standard of the "quality of life," which a utilitarian anthropological perspective sees in terms "primarily related to economic means, to 'well-being,' to the beauty and enjoyment of physical life, forgetting the other, more profound, interpersonal, spiritual and religious dimensions of existence." (14)[29]

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[29] Quoting Pope Francis, Address to Participants in the Commemorative Conference of the Italian Catholic Physicians Association on the Occasion of Its 70th Anniversary of

It is not possible to speak of respect for the autonomy of another person as a reason for assisted suicide or euthanasia. This is like depriving the patient of his or her freedom and has the effect[30] of excluding "any further possibility of human relationship, of sensing the meaning of their existence, or of growth in the theologal life" (14).

The idea of "compassion," which often occurs in the context, would also distort this positive quality, to which the document draws attention: "In reality, human compassion consists not in causing death, but in embracing the sick, in supporting them in their difficulties, in offering them affection, attention, and the means to alleviate the suffering" (15). Such argumentative approaches seem to form a second "wall of protection" when it comes to making plausible the condemnation of the actions involved: if a "mere" moral appeal to the inviolability of human life on the basis of the dignity that ultimately goes back to the Creator is not (no longer) sufficient, then one can still show that the ends pursued by these actions turn into their opposite: instead of helping, one eliminates the person one wanted to help.

It is a special feature of the document in that it broadens the view to include the social environment of the patient who decides to undergo euthanasia. From this perspective, it can be concluded that whoever allows himself to be killed leaves a hole in many respects. Euthanasia is not an event that takes place exclusively between the affected person and his/her doctors; rather, it has dramatic consequences for other people who can no longer relate to the person and can no longer grow from this relationship. In this way, the criterion of low quality of life could be considered as an instrument of anthropological discrimination,[31] because the suffering person is forced to interpret his/her life as a burden for his/her fellow human beings. Furthermore, euthanasia introduces a nuisance into society, because every single case of killing falsely asserts that human life is up for grabs. It is no longer absolutely good to be a living human being. Finally, it also contributes to the social lie by proclaiming that life consists exclusively in the pursuit of wellness, consumption, convenience, and health. Suffering, which empirically is a part of human existence, has no place there and may be eliminated together with its carrier.

Once such a taboo has been broken, this "may" can then soon become

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Foundation, November 15, 2014 (available in the speeches section of Francis's page on the Vatican website).

30 At this point, one can support the argumentation with Kant, to whom Spaemann refers in "Es gibt kein gutes Töten," in *Grenzen: zur ethischen Dimension des Handelns* (Stuttgart: Klett-Cotta, 2001), 428–40, at 432.

31 See Pessina, "Intervento."

"must." Spaemann has repeatedly pointed out such consequences in a particularly memorable way:

> Making suicide a right has dire consequences. The bearer of this right is then responsible for all the consequences, all the burdens of a personal and financial nature that result from not making use of this right. This creates, with logical necessity, an inadmissible pressure on the sick or elderly person. The patient is free from responsibility only if there is no legal possibility at all for him to achieve his killing by others.[32]

Correspondingly, according to Spaemann, the sick person, the old person, the person in need of care is seen as "mak[ing] others pay for the fact that he/she is too selfish and too cowardly to vacate the place. . . . Who would want to go on living under such circumstances?"[33]

If one agrees with this assessment, there is nothing left but to hold on to the taboo of the prohibition of euthanasia as some principle like: "There is no right to dispose absolutely of one's own life. And man cannot demand that another man want him to disappear."[34] In the anthropology underlying the letter, it is clear that one must sometimes act against the explicit will of the other in order to protect his dignity: "Just as we cannot make another person our slave, even if they ask to be, so we cannot directly choose to take the life of another, even if they request it" (14). In order to assert such a thing, however, one must rely on the idea that there are ethically uncrossable boundaries for human beings, and that morality consists in allowing oneself to be so claimed by the other and his/her dignity that one no longer feels able to touch that dignity. It is a requirement "that you cannot cross the line where you give respect to yourself and others" (7).[35]

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32 Robert Spaemann, "Menschenwürde und menschliche Natur," *Communio* 39, no. 2 (2010): 134–39, at 138–39; see also Spaemann, "Sterbehilfe? Euthanasie? Wir müssen JETZT auf die Bremse treten!," *Katholische Nachrichten*, April 20, 2015, kath.net/news/50228.

33 Robert Spaemann, "Es gibt kein gutes Töten," 433; see also Spaemann, "Geleitwort," *Denken, schreiben, töten*, ed. Bastian Till (Stuttgart: Hirzel, 1990), 7–8.

34 See Robert Spaemann, "Sterben in Würde: Interview mit Robert Spaemann," January 29, 2015, bistum-chur.ch/wp-content/uploads/2015/02/Sterben_in_Wuerde.pdf.

35 Since the English translation is not literal at this point, in this case I use my own translation from the Italian original (Vatican City: Vatican Library, 2020), 8: "Di non poter scavalcare il limite in cui si dà il rispetto di sé e dell'altro."

The Catholic Alternative Concept of End-of-Life Care

If euthanasia and assisted suicide can be understood as a sign of resignation in the face of the unwanted and untreated suffering of the other, and at the same time as a strong confession that there is nothing beyond death for which it would be worthwhile to refer with dignity, then the positive response of the Catholic Church to the problem of the prolonged "going home" stands in the logic of the document of the CDF under the motto "Don't give up!" This applies both to the sick person himself/herself and—which is expressed particularly strongly in *Samaritanus Bonus*—to all those who "stand" around him/her in the narrower and wider sense.

The document is serious about the phrase it quotes from the founder of the hospice movement and palliative care, Cicely Saunders: "The Christian answer to the mystery of suffering and death is not an explanation but a Presence" (28).[36] With "Presence" here is meant first of all the presence of God, but then it can be extended in the context of care to other subjects of "presence" who actualize and express the divine presence with the sick. In this sense, the *scena corale* of the Cross at the beginning of the document acquires a key meaning: the Christian, exposed to the claim of accompanying presence that must endure the suffering of the sick neighbor, does not depend on his or her own strength, but draws strength from the redeeming death of Christ, who was the first to accept the unacceptable.

Care in the Christian sense according to the judgment of the CDF thus goes far beyond a mere concept of treatment and recovery. It is characterized by its comprehensive character (6). For, the goal is not health at any price, but the concrete person and his/her successful life as a whole. Here the document speaks about the finite status of the human being: "The need for medical care is born in the vulnerability of the human condition in its finitude and limitations" (5). However, "vulnerability" is accompanied by the desire for infinite love. It becomes clear why care should refer to the whole person—also in his/her spiritual dimension. For the sick person, experiencing in illness the division of body and soul, longs for a restoration of this unity. It is a longing to which the culture of anthropocentrism or autonomy does not do justice. To grasp the meaning of concrete suffering, one must venture a step beyond human reason. The answer, in the end, is a face of love that looked at humanity from the Cross.[37] In the sense of the document, in opposition to the contractualist mentality based on

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36 Quoting Cicely Saunders, *Watch with Me: Inspiration for a Life in Hospice Care* (Lancaster, UK: Observatory, 2005), 29.

37 See Gabriella Gambino, "Intervento," in *Conferenza Stampa*.

the principle of autonomy and reciprocity, according to which the sick person should enjoy care as a "favor" (16) proven by contract, the Christian position represents a solidary option of suffering with the person, which displays the "contemplative gaze that beholds in one's own existence and that of others a unique and unrepeatable wonder, received and welcomed as a gift" (7).

In this context, it is clear that care must result in the opening of a supernatural horizon of the illness. In such an approach, it is possible to tell the truth to sick persons not only by preparing them for the passage to the encounter with God, but also if necessary, by correcting their wrong decision for euthanasia or assisted suicide. It is also a sign of not giving up in the face of the dignity of one's neighbor to stop him/her with all one's strength from negating his/her life.

Starting from the vulnerability of the human being, one thus arrives at a comprehensive "ethics of care" (6). It aims at letting suffering be endured. This is possible if there is a hope grounded in the "Presence," as shown above (26).[38] Palliative care—including its spiritual component (26)—is an essential form of this presence that sustains hope, but it must not be guided by the direct intention of shortening life (which the document emphasizes in order to avoid confusion with euthanasia) (27). To the comprehensive character of care must be added the irreplaceable role of the family (28), the importance of hospices (28), including perinatal care (29), pastoral attendance (37), and care for those who care (41). Each of these essential elements is discussed more broadly in the document at appropriate points.

In this way, according to the judgment of the CDF, a "healing community" (*comunità sanante*) is established—a concept that clearly expresses the participation of different individuals and groups, as well as the diversity of the forms of attendance and the multiplicity of its addressees (4). Ultimately, this shows that the care of persons in critical stages of life should concern the whole of society (35). Societal attitudes concerning issues of euthanasia and assisted suicide in general may be indicative of this.

Finally, it is the decided intention of the CDF that the Church, with its principles, enters into dialogue with non-Catholics in order to work with them, provided they share certain fundamentals, in favor of man (13). It is understandable, because even one who does not believe in life after death longs for presence and hope that give meaning to his life.

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38 See Giacomo Morandi, "Intervento," in *Conferenza Stampa*.

Final Remarks

If one wishes to give fundamental approval to the position set forth in *Samaritanus Bonus*, then it can be concluded that whether euthanasia and assisted suicide become a possible option for shaping one's life in a given country depends in part on each individual. For one's speech and actions can contribute to the old and sick being considered an expendable burden for a high-performance society, or one can, through one's own testimony, work for the spread of a humanism which is open for transcendence and for which the fundamental goodness of human life is not questionable. A *comunità sanante* ("healing community"), which *Samaritanus Bonus* invites to be founded around the sick, has in this respect a meaning not only for the persons concerned themselves, but also for the wider entourage, which, as in Tertullian's description of the first believers in Christ, should be able to marvel again: "See how they love one another."

In my estimation, in the magisterial perspective described, it is clearly expressed that man, as a creature of God destined for eternity, is so great that it costs something to "endure" him or her to the end of his or her life. However, there is no alternative but to insist on and live up to this greatness. Again, this does not mean reducing the complexity of the issues surrounding illness, medical care, and death, but finding a reliable starting point: the comprehensive well-being of human beings in their integrity. As it seems, the magisterium wants to deal with the individual bioethical questions in collaboration with scientists from this starting point, which has proven itself in its tradition. N·V