A Catholic Perspective on End-of-Life Care

The time of greatest significance in our entire existence is the instant of our death. How our souls are disposed at that moment determines our eternal destiny. If we are oriented to God and reject sin, we are on the path to salvation. The Devil knows this well and attempts to sow despair and turning away from God’s merciful love with special intensity at the very end of life. Therefore, the most important spiritual struggle in our lives and our highest priority must be to achieve a good death.

The Church and faithful Catholics have always emphasized the need to make the best spiritual preparation possible for a happy death, like that of Saint Joseph, with Jesus and Mary at our bedside. The sacrament of the Anointing of the Sick is a beautiful sign of the Church’s concern for our spiritual and physical healing. I particularly love the tradition of administering Viaticum: the reception of Holy Communion just before death. This Catholic practice unites the Real Presence of Christ in the Eucharist with persons on the verge of death so that they can have the greatest possible union with God just before their passage to the next life.

The setting for our deaths has a significant part to play in this drama. Modern technology and biomedical advances have led to increasing percentages of people spending their final moments in acute care hospitals unconscious and receiving intensive therapies to the very end. Powerful means are routinely deployed to prevent death and prolong our earthly existences with sometimes amazing results but also the possibility of overly aggressive treatment. Catholic bioethics, and an ultimately spiritual perspective, point to the need to look beyond the mere possibilities of what can be done to the higher goal of discerning what are the best decisions at the end of life. I believe everyone’s goal for a peaceful and happy death is more likely to be met at home surrounded by loved ones and the spiritual consolations of the Church rather than by expiring in the noisy and sterile confines of a busy hospital.

Our greatest need as human beings is love. Our Creator, family, and close friends are the ties that really matter when everything is stripped away as we conclude our earthly pilgrimage. Isolation and abandonment are some of the worst sufferings a person can face at the end. Undoubtedly, the most tragic aspect of the COVID-19 pandemic was the deaths of so many people in hospitals deprived of the bedside presence of family and the Church. I have no doubt that many heroic health care workers did their best to ease the sufferings and deaths of isolated patients, but an objectively grave injustice was committed against the poor individuals in these terrible circumstances. This was an extreme case of what we must do everything possible to avoid.

Palliative and hospice care have the potential to make a good death at home a realistic option. If done well, palliative care involves a holistic and interdisciplinary approach to care that addresses the spiritual, psycho-social, and physical needs of patients and their families. Hospice care is essentially palliative care during the last few months and weeks of life. It is possible to access very good modern pain alleviation and symptom management in one’s home or a home-like setting.
There is also the risk of poor hospice care that focuses almost exclusively on morphine administration and the euthanasia version of a “good death” that aims at a quick and painless demise but fails to address the other vital needs of the dying person. Understanding the differences between a good or bad hospice provider is therefore vitally important.

That is why The National Catholic Bioethics Center (NCBC) offers in our bookstore *A Catholic Guide to Palliative Care and Hospice*. This short guide distills the wisdom of the NCBC’s ethicists that is frequently called upon at the end of life in our free ethical consultation service that can be accessed through our [website](#). Our guide to palliative and hospice care is a document that complements our most popular publication, the NCBC *Catholic Guide to End-of-Life Decisions*. The latter is also available [en Español](#).

The NCBC has a mission to assist individuals and institutions facing difficult ethical dilemmas. Decisions at the end of life, when facing myriad health care and scientific research options, are not easy. If they were, there would not be a need for our organization. The reality, however, is that an influential culture of death preys on our lives and institutions and an ongoing global scientific revolution desperately needs ethical safeguards and guidance. The Church must rise to this challenge and lead the faithful and all persons of good will. My goal with the NCBC is to be a part of that civilization of life and love that our most recently canonized popes preached and lived.

The Catholic perspective on palliative and hospice care is open to these potentially useful means available to us to further our goal of a holy death. It is not impossible to achieve this in a hospital where the spiritual needs of patients are prioritized; hence, the need for truly Catholic health care. I remain convinced, however, and even more so after experiencing the passing into eternal life of my father at home under good hospice care, that the optimal spiritual and even medical setting for a good death can be the home for many persons.