1996 there were 69 million Americans under the age of 18 and 34 million over the age of 65, a ratio of roughly two to one. By 2030, these figures will be much more even: 83 million to 70 million. It seems clear that the overall cost of health care is going to rise steeply, even as the number of people entering the workforce to cover this cost drops.

Just as importantly, the family structure that provided people support in their old age is eroding. Dual-worker families now account for 40 percent of those in the labor force, double the share in 1950. Moreover, the divorce rate remains stubbornly high; in almost half (46 percent) of marriages, bride, groom, or both were married before. Who will be the caregivers of the future? Will children look after dying stepparents? Will they sacrifice for parents who abandoned the family? Not only will there be a much greater need for care at the end of life, but a growing portion of the burden will fall upon a health care system that, with its present deficiencies, is ill-equipped to offer a compassionate response. It is a troubling prospect.

The End of Earthly Life. We cannot draw back from the dying, as though their state in life made them different. We must embrace them; we are they, but for the passage of time. A Church that preaches Christ has a special obligation to insist upon such clear-eyed realism. Homilies on death and dying are not macabre; to an aging population they should be spiritual food and drink. Parishioners visiting lonely people in hospitals and nursing homes serve "these least ones" whom Jesus repeatedly commended to our care. Catholic ministry, with more than 600 hospitals and thousands of smaller health care facilities, should show ever more clearly that Christian love extends unto death.

Most importantly, Catholics should talk openly about their fears and their hope for eternal salvation, drawing strength from Jesus' victory over death. As a resurrection people, we can help our society face the reality of death and dying without despair, approaching the end of life within the community our common mortality opens to us. St. Paul says, "Put on then, as God's chosen ones, holy and beloved, heartfelt compassion, kindness, humility, gentleness, and patience, bearing with one another and forgiving one another. . . . And let the peace of Christ control your hearts, the peace into which you were also called in one body" (Col 3:12-15).

Also of Interest

Science and the Catholic Church
The first in a series designed to show how science and religion can offer complementary insights on complex topics like the emerging biotechnologies. The series recognizes the unprecedented opportunity for a common interactive relationship in which each discipline retains its integrity and yet is radically open to the discoveries and insights of the other. From the U.S. bishops' Committee on Science and Human Values. **No. 085-0, 6-panel brochure**

Critical Decisions: Genetic Testing and Its Implications
The second in the *Science and the Catholic Church* series, this statement addresses the moral issues raised by genetic testing and stresses the Church's responsibility "not only to inform consciences and assist in the formation of wise public policy, but also to keep tradition vital." From the U.S. bishops' Committee on Science and Human Values. **No. 5-112, 6-panel brochure**

The Promise and Peril of Genetic Screening
This statement reviews the increasingly normal practice of genetic screening. While useful as a tool to prevent and avoid human suffering (the promise), the peril is that genetic screening has the potential to "tempt people toward decisions the Church recognizes as objectively wrong." From the U.S. bishops' Committee on Science and Human Values. **No. 5-076, 6-panel brochure**

To order these resources or to obtain a catalog of other USCC titles, call toll-free 800-235-8722. In the Washington metropolitan area or from outside the United States, call 202-722-8716. Visit the U.S. bishops' internet site located at www.nccbuscc.org.

The Manner of Our Dying is the report of a September 1997 meeting of the NCCB-sponsored Dialogue Group of Scientists and Catholic Bishops. It was prepared by the Committee on Science and Human Values with the assistance of the dialogue participants. The Administrative Committee unanimously approved the text in March 1998, and the undersigned hereby authorizes its publication.

Monsignor Dennis M. Schnurr, General Secretary, NCCB/USCC

UNITED STATES CATHOLIC CONFERENCE
Publication No. 5-289
United States Catholic Conference
Washington, D.C.
ISBN 1-57455-289-9

ISBN 1-57455-289-9
9 781574 552898

The Manner Of Our Dying

The Dialogue Group of Scientists and Catholic Bishops believes that, despite occasional tensions and disagreements, there can be no irreconcilable conflict between religion and science. This report is the fourth in a series designed to show how science and religion can offer complementary insights on complex topics like the emerging biotechnologies. It is offered to people of science and of faith—indeed, to all those concerned with the moral implications of humanity's new knowledge and power.

Dialogue Group of Scientists and Catholic Bishops
Committee on Science and Human Values
National Conference of Catholic Bishops

We are all alike in death, if not in our dying. Violence or accidents strike some down abruptly. We can only offer prayers for them and seek to comfort those left behind, remembering our own inevitable death as we do so. For the great majority, though, dying is a process that begins when we know we have a terminal illness, or when age and declining health signal that our remaining time is no longer measured in years. Those whose death still seems remote can embrace the dying, easing their passage to a world that faith tells us is not a black void but light and indescribable love. Death cannot destroy human community, since the passage into death is a change, not an end. Respectful care for the dying strengthens the bonds between the one bedridden and the one at the bedside.

As its teaching on the "communion of saints" shows, the Church has always felt itself to exist both in time and eternity. Christians pray for the souls of those who have died and feel a serene intimacy with family and friends, especially parents, whom they look forward to seeing again one day. That is the particular wisdom Christianity brings to the contemplation of death. One need not expect an afterlife, however, to offer the dying companionship. The Christian view is quite consistent with the strict scientific notion of death as the natural consequence of life. Jesus' words, "You shall love your neighbor as yourself," apply with greater force to the experience of dying than to any other, simply because death grants no exceptions. We are all neighbors in our mortality.

Present Situation. Sadly, dying in the United States is far too often cold and hard. Americans, determinedly optimistic and progressive, are uncomfortable with time's inexorable toll. We try to shut decline and death away from public view, to mourn in private, to look on the bright side and carry on. Our health care system reflects this culture, focused as it is on aggressively curing disease no matter the cost, employing the most sophisticated technology, and constantly inventing new weapons to press the fight.

This attitude, a great treasure as long as reasonable hope for cure remains, is unrealistic in the face of imminent and inevitable death. It has led to the creation of a technologically oriented medical system that knows better how to prolong the dying process than to serve people well once all likelihood of cure—or all likelihood of living with incurable illness—is past. In the words of a 1997 report from the Institute of Medicine called *Approaching Death*, "Many deficiencies in practice stem from fundamental prior failures in professional education. Undergraduate, graduate and continuing education do not sufficiently prepare health care professionals to recognize the final phases of illnesses, understand and manage their own emotional reactions to death and dying, construct effective strategies for care, and communicate sensitively with patients and those close to them."

Better Care for the Dying. Sound health care is service to life at every stage, including the final one, not simply a response to illness. Catholic tradition, enunciated most clearly in the Congregation for the Doctrine of the Faith's 1980 *Declaration on Euthanasia*, makes a critical distinction between ordinary and extraordinary means of sustaining life. The application of this principle depends upon circumstances and will change with the development of new technology. Generally speaking, however, we are not obliged to take burdensome measures that fail to offer proportionate benefit—for example, life-support systems that are either ineffective or impose unreasonable suffering. When cure seems impossible and death looms, health care should comfort, offering effective pain control and making provision for patients' physical, psychological, and spiritual needs, so they can prepare to leave this world in peace. The curative care of traditional clinics and hospitals should give way to palliative care, whether provided at home with appropriate medical support or in special inpatient units, hospices, nursing homes, and graduated care facilities. To do otherwise is often to prolong suffering needlessly, causing medicine to violate its own ancient principle: "First, do no harm."

The growth of the hospice movement in its various forms and the compassionate attention of physicians active in organizations like the American Academy of Hospice and Palliative Medicine have done much good in recent years, but cultures change slowly. A pioneering 1995 survey called "SUPPORT," which followed 9,000 patients hospitalized with life-threatening health problems, showed that only 17 percent benefited from the 3,000 hospice programs in the United States, most of which provided care at home. Patients generally exercise little control over the managed care (or managed cost) system that has evolved around us. The SUPPORT study tracked people who had expressed a wish to die at home. Remarkably, about 60 percent of those who wanted "very much" to die at home actually died in hospitals, as opposed to about 40 percent of those who had no such desire. The only factor that consistently predicted the place of death was the availability of hospital beds; if a spot is open, in other words, the dying patient ends up hospitalized. This suggests that the medical system operates almost mechanically, without sufficient sensitivity to circumstance or individual preference.

The Church's Contribution. The Church contributes to improved health care in the United States by giving the dying material, emotional, and spiritual comfort through its own health facilities and its network of parishes and social service agencies. The Church also offers helpful moral insight, refined over centuries of experience. The fear of dying lonely, in pain, without dignity leads many people to tolerate the notion of physician-assisted suicide, even euthanasia. As is well known, the Church firmly opposes both intentional self-destruction and intentionally killing others, not only on the basis of moral principle—"Thou shalt not kill"—but also as a matter of social ethics. Medical experts generally agree that pain can be controlled; so can feelings of isolation, depression, and despair, with benevolent effort. Better always to love and comfort the dying than to abandon them.

The Church's determined defense of life, which includes defending the dignity of dying people, is eloquently expressed in Pope John Paul II's encyclical *The Gospel of Life (Evangelium Vitae)*. That document's message finds an echo in the following recommendation from *Approaching Death*: "For those who seek to build public understanding of death as a part of life . . . , one model can be found in the perspectives, spirit, and strategies that have guided efforts to promote effective prenatal care and develop mother- and family-oriented arrangements for childbirth." If one believes that death is not an end but a change, then our passage from this world merits the same gentle care as our arrival.

Social demographics makes an expanded vision of health care, one that takes the whole cycle of life and death into account, increasingly urgent. The fastest growing segment of the population, up by half a million in the 1990s, is those over 85. In