

# The Gospel of Life According to Pope Francis

1/1/2014

**Throughout his ministry as archbishop and pope, the Holy Father has issued a clarion call to affirm life**  
by *Columbia* staff



**Pope Francis kisses a child as he arrives to lead his weekly audience in St. Peter's Square at the Vatican May 8, 2013. (CNS photo/Stefano Rellandini, Reuters)**

During his 15 years as archbishop of Buenos Aires and his 10 months as Pope Francis, Jorge Mario Bergoglio has consistently defended the dignity of human life from the moment of conception to natural death. In the face of what Pope Francis has called the “throwaway culture” of our times, a recurring theme in his teaching has been concern for the most vulnerable and defenseless human beings, including children — born and unborn — the disabled, and the elderly. While he made it clear in a widely publicized interview that “it is not necessary to talk about these issues all the time,” it is equally clear that Pope Francis has not hesitated to speak out time and again about the crucial task of building a culture of life.

In the following pages, *Columbia* presents excerpts from some key pro-life statements by Cardinal Bergoglio-Pope Francis.

## **CRYING OUT TO THE LORD**

The Holy Father [John Paul II] warns us that “nowadays a model of society appears to be emerging in which the powerful predominate, setting aside and even eliminating the powerless: I am thinking here of unborn children, helpless victims of abortion; the elderly and incurably ill, subjected at times to euthanasia; and the many other people relegated to the margins of society by consumerism and materialism. ... This model of society bears the stamp of the culture of death, and is therefore in opposition to the Gospel message. Faced with this distressing reality, the Church community intends to commit itself all the more to the defense of the culture of life” (*Ecclesia in America*, 63). ...

We are like Peter that night on the lake: On the one hand, the presence of the Lord encourages us to accept and face the waves of these challenges; on the other hand, the environment of self-sufficiency and arrogance — pure pride — that this culture of death is creating threatens us, and we are afraid of sinking in the midst of the storm. The Lord is there: We believe it with the certainty that the power of the Holy Spirit gives to us. And, in defiance of the Lord, there is the muffled scream of countless unborn children: this daily genocide, silent and protected. There is also the cry of the dying ones who have been abandoned and who are begging for a tender caress that this culture of death cannot give. And there is the multitude of families reduced to shreds by the proposals of consumerism and materialism. In the midst of this conflict and in the presence of Jesus Christ in glory, united today as the faithful people of God, we cry like Peter did when he began to sink, “Lord, save me” (Mt 14:30), and we stretch out our hand to grasp the only One who can give true meaning to our going into the waves.

— *Meeting of Latin American politicians and legislators, Aug. 3, 1999.*

## **THE MORAL COMPASS**

When a civilization loses its orientation, the compass goes crazy and starts to spin. It points in all directions; anything goes. But in this crazy compass we find two key signs, two signs of a profound existential disorientation. In a civilization that relativizes

life, always (it is a constant) the children and the elderly become objects of experimentation.

— *Homily at Mass for Education in the Metropolitan Cathedral, April 10, 2002.*

#### **PUBLIC RESPONSIBILITY**

The [*Aparecida*] document asks governments, regulators and health care providers to defend the inalienable value of life, and to encourage conscientious objection in the face of laws or government regulations that are unjust in the light of faith and reason.

This is a matter of “eucharistic consistency,” which means “to be conscious that they cannot receive holy Communion and at the same time act with deeds or words against the commandments, particularly when abortion, euthanasia and other grave crimes against life and the family are encouraged. This responsibility weighs particularly over legislators, heads of governments and health professionals” (436). ...

I want to focus in particular on two stages of life that I consider essential for the growth in peace of different generations: childhood and old age. They are the two extremes of life, and they are the most vulnerable and the most forgotten. A society that abandons its children and eliminates its elderly is mortgaging its future. ...

I would like us to make our own the concluding prayer of the *Aparecida* Document, praying especially for our families, through the intercession of the Virgin Mary and St. Joseph:

“Remain in our families, enlighten them in their doubts, sustain them in their difficulties, console them in their sufferings and daily struggles, when around them shadows build up which threaten their unity and their natural identity. You are Life: remain in our homes, so that they may continue to be nests where human life is generously born, where it is welcomed, loved and respected from conception to natural death.”

— *Article titled “The Family in the Light of the Aparecida Document” (Familia et Vita, 2008).*

#### **SIGNS OF HOPE**

We are aware that the tragedy of our time is the split between the Gospel and culture. Families, institutions and society in general are unable to find new ways of sustaining themselves and growing. In our country, we are faced with the loss of values that are at the root of our identity, with the resulting risk of the unraveling of our social fabric. ...

In spite of such social fragmentation, fundamental values endure in our homeland: the battle for life from conception to natural death; the defense of human dignity; the ability to appreciate freedom, constancy and concern for the demands of justice; the effort to educate children well; esteem for the family, friendship and affection; and a sense of celebration and popular creativity that does not give up but seeks to firmly resolve difficult situations in daily life. All these are signs of hope that encourage us to proclaim Jesus Christ as we seek new ways to transmit the faith, a transmission so battered by the crisis described above.

— *Address during the “Ad Limina” Visit to His Holiness Benedict XVI, March 14, 2009.*

#### **ON EUTHANASIA AND ABORTION**

Our morality also says that one has to do what is necessary and ordinary, in those cases where the end is foreseeable. Quality of life must be ensured. The strength of medicine, in terminal cases, is not so much about making someone live another three days or three months, but rather in making sure the body suffers as little as possible. One is not obligated to conserve life with extraordinary methods, which at times can go against the dignity of the person. But active euthanasia is different — this is killing. I believe that today there is covert euthanasia: Our social security pays up until a certain amount of treatment and then says, “may God help you.” The elderly are not taken care of as they should be, but rather are treated like discarded material. Sometimes they are deprived of medicine and ordinary care, and little by little this kills them. ...

The moral problem with abortion is of a pre-religious nature because the genetic code of the person is present at the moment of conception. This means that a human being already exists. I separate the issue of abortion from any religious concept. It is a scientific problem. To not allow further progress in the development of a being that already has the entire genetic code of a human being is not ethical. The right to life is the first human right. Abortion means killing someone who cannot defend himself.

— *Book of conversations in 2010 between Cardinal Bergoglio and Rabbi Abraham Skorka, titled Sobre el Cielo y la Tierra (On Heaven and Earth).*



**Pope Francis greets pilgrims with disabilities and senior citizens after celebrating Mass for “Evangelium Vitae” Day June 16, 2013. The day called attention to care for the aged, the unborn, the sick and those with disabilities. (CNS photo/Paul Haring)**

#### **THE BATTLE FOR LIFE**

I consider that [the battle against abortion] to be part of the battle in favor of life from the moment of conception until a dignified, natural death. This includes care of the mother during pregnancy, the existence of laws to protect the mother postpartum, and the need to ensure that children receive enough food, as well as providing health care throughout the whole length of life, taking good care of our grandparents, and not resorting to euthanasia. Nor should we perpetrate a kind of killing through insufficient food or a nonexistent or deficient education, which are ways of depriving a person of a full life. If there is a conception for us to respect, there is a life for us to take care of. ...

A pregnant woman isn't carrying a toothbrush in her stomach, or a tumor. Science has taught us that from the moment of conception, the new being has its entire genetic code. It's impressive. Therefore, it's not a religious issue but, rather, a clear moral issue with a scientific basis, because we are in the presence of a human being.

— *Book of conversations with Cardinal Bergoglio titled Pope Francis: His Life in His Own Words by Francesca Ambrogetti and Sergio Rubin (G.P. Putnam's Sons, 2013). Originally published as El Jesuita: Conversaciones con Jorge Bergoglio (2010).*

#### **SAVING TWO LIVES**

With respect to the [veto of the] non-punishable abortion law in Buenos Aires, we sense once again that we are deliberately moving toward the limitation and elimination of the supreme value of life and ignoring the rights of unborn children. When talking about a pregnant mother, we are talking about two lives. Both must be preserved and respected, because life has an absolute value. ...

Abortion is never a solution. For our part, we must listen, support and understand in order to save two lives: to respect the smallest and most defenseless human being, to adopt measures to preserve his life, to allow him to be born and then to be creative in finding ways that will lead to his full development.

— *Message regarding the approval of the law on non-punishable abortions, Sept. 9, 2012.*

#### **SAYING “YES” TO LIFE**

All too often, as we know from experience, people do not choose life, they do not accept the “Gospel of Life” but let themselves be led by ideologies and ways of thinking that block life, that do not respect life, because they are dictated by selfishness, self-interest, profit, power and pleasure, and not by love, by concern for the good of others. It is the eternal dream of wanting to build the city of man without God, without God's life and love — a new Tower of Babel. ...

Dear brothers and sisters, let us look to God as the God of Life, let us look to his law, to the Gospel message, as the way to freedom and life.... Let us say “Yes” to life and not death. Let us say “Yes” to freedom and not enslavement to the many idols of our time. In a word, let us say “Yes” to the God who is love, life and freedom, and who never disappoints. ... Let us ask Mary, Mother of Life, to help us receive and bear constant witness to the “Gospel of Life.”

— *Homily for “Evangelium Vitae” Day, June 16, 2013.*

## CALLED TO BE WITNESSES

A widespread mentality of the useful, the “throwaway culture” that today enslaves the hearts and minds of so many, comes at a very high cost: It asks for the elimination of human beings, especially if they are physically or socially weaker. Our response to this mentality is a decisive and unreserved “yes” to life. ... Things have a price and can be sold, but people have dignity; they are worth more than things and are above price. So often we find ourselves in situations where we see that what is valued the least is life. That is why concern for human life in its totality has become in recent years a real priority for the Church’s Magisterium, especially for the most defenseless (i.e., the disabled, the sick, the newborn, children, the elderly, those whose lives are most defenseless).

In a frail human being, each one of us is invited to recognize the face of the Lord, who in his human flesh experienced the indifference and solitude to which we so often condemn the poorest of the poor, whether in developing countries or in wealthy societies. Every child who, rather than being born, is condemned unjustly to being aborted, bears the face of Jesus Christ, bears the face of the Lord, who even before he was born, and then just after birth, experienced the world’s rejection. ... And every elderly person, even if he is ill or at the end of his days, bears the face of Christ. They cannot be discarded, as the “throwaway culture” suggests! They cannot be thrown away! ...

*Be witnesses and diffusers of the “culture of life.”* Your being Catholic entails a greater responsibility: first of all to yourselves, through a commitment consistent with your Christian vocation; and then to contemporary culture, by contributing to recognizing the transcendent dimension of human life, the imprint of God’s creative work, from the first moment of its conception. This is a task of the new evangelization that often requires going against the tide and paying for it personally. The Lord is also counting on you to spread the “Gospel of Life.”

— *Address to the International Federation of Catholic Medical Associations, Sept. 20, 2013.*

### THE FOUNDATION OF HUMAN RIGHTS

Among the vulnerable for whom the Church wishes to care with particular love and concern are unborn children, the most defenseless and innocent among us. Nowadays efforts are made to deny them their human dignity and to do with them whatever one pleases, taking their lives and passing laws preventing anyone from standing in the way of this. Frequently, as a way of ridiculing the Church’s effort to defend their lives, attempts are made to present her position as ideological, obscurantist and conservative. Yet this defense of unborn life is closely linked to the defense of each and every other human right. It involves the conviction that a human being is always sacred and inviolable, in any situation and at every stage of development. Human beings are ends in themselves and never a means of resolving other problems. Once this conviction disappears, so do solid and lasting foundations for the defense of human rights, which would always be subject to the passing whims of the powers that be. Reason alone is sufficient to recognize the inviolable value of each single human life, but if we also look at the issue from the standpoint of faith, “every violation of the personal dignity of the human being cries out in vengeance to God and is an offense against the creator of the individual” (*Christifideles Laici*, 37).

Precisely because this involves the internal consistency of our message about the value of the human person, the Church cannot be expected to change her position on this question. I want to be completely honest in this regard. This is not something subject to alleged reforms or “modernizations.” It is not “progressive” to try to resolve problems by eliminating a human life. On the other hand, it is also true that we have done little to adequately accompany women in very difficult situations, where abortion appears as a quick solution to their profound anguish, especially when the life developing within them is the result of rape or a situation of extreme poverty. Who can remain unmoved before such painful situations?

— *Apostolic exhortation Evangelii Gaudium, Nov. 24, 2013.*

Pope Francis’ statements during his time as archbishop were drawn from a special fall 2013 issue of *Familia et Vita* titled *The Teachings of Jorge Mario Bergoglio-Pope Francis on the Family and Life* (1999-2013). The issue was prepared by the Pontifical Council for the Family and published in Spanish and Italian by *Libreria Editrice Vaticana*. Excerpts from the Holy Father’s pontificate are from the Vatican website. All excerpts are used with permission.

**“A man, even if seriously sick or prevented in the exercise of its higher functions, is and will be always a man; he will never become a ‘vegetable’ or an ‘animal.’” The intrinsic value and personal dignity of every human being does not change depending on their circumstances.”**

**~Pope John Paul II (now St. John Paul II)**

**“Since the Lord wanted to undergo death in full knowledge, the Christian desires to imitate Him in that. The Church asks that the dying should not be deprived of consciousness, if possible, so that they can make peace with God, say a last prayer and last words to loved ones, etc. To frustrate them is an act of repugnant to Christian sentiments. It is even simply inhuman.”**

**~Pope Pius XII, 1957**



DAILY NEWS

## **Physician's Order for Life-Sustaining Treatment: Helpful or a New Threat?**

**Some ethicists see stronger danger at end of life with new form that patients can sign. 'A living will on steroids.'**

BY CHARLOTTE HAYS

*Posted 5/16/12 at 9:04 AM*

WASHINGTON — A patient in a nursing home or hospital is increasingly likely to be asked to sign a form with a benign-sounding name: Physician’s Order for Life-Sustaining Treatment.

A brightly colored document that is one page, printed on both sides, with boxes to be checked off regarding medical treatment — or the withholding of treatment — the Physician’s Order for Life-Sustaining Treatment (Polst), in an instrument for dealing with end-of-life decisions if the patient is incapacitated.



Once signed, the Polst accompanies the patient to any new medical facility. Some critics say that it is difficult for a patient to make changes in the document.

The Polst was developed in the early 1990s at the Center for Ethics in Health Care at the Oregon Health and Science University, a foundation that, according to its website, “envisions health care that is compassionate, just and respectful.”

Many states are developing legislation to make the Polst available. It is already considered standard in Oregon, New York, Pennsylvania, Washington, West Virginia and Wisconsin.

“What Polst does is roll together several end-of-life instruments to bring clarity and certainty to treatment decisions. It tilts in favor of not doing things because the [normal] presumption is in favor of treatment,” said John Brehany, executive director of the Catholic Medical Association. “If you go into cardiac arrest, they have to treat you unless you have a Do Not Resuscitate order.”

Not, however, if you have a Polst or living will on file.

A living will “absolves a physician of the liability” of not providing life-sustaining treatment to a patient who meets certain criteria,” said Brehany. “There is still room for some discretion about whether it is appropriate to withdraw or withhold these interventions.” The Polst carries even more weight: Unlike the living will, the Polst is an actionable medical order, signed by a physician. Its directives must be obeyed immediately and without regard to the judgment of the medical team on the scene.

“The Polst is a living will on steroids,” said E. Christian Brugger, who holds the Cardinal Stafford Chair of Moral Theology at St. John Vianney Theological Seminary in Denver and is one of a number of Catholic ethicists concerned about the emergence of the Polst. “The real danger is that people who sign a Polst often don’t understand how powerful this instrument can be.”

Brugger wrote in *Ethics & Medics*, a journal published by the National Catholic Bioethics Center, that the national push for the implementation of the Polst paradigm “seems also to be fiscally driven.”

### **Who Is Pushing Polst**

Father John Tuohey, on the other hand, director of Providence Center for Health Care Ethics, Providence St. Vincent Medical Center in Portland, Ore., and Marian Hodges, a member of the Connections palliative-care team at Providence Portland Medical Center and its director of palliative care, however, wrote an article in support of Polst in *Health Progress*, a publication of the Catholic Health Association of the United States.

Father Tuohey and Hodges argued that a Polst reflects the patient’s will and provides for “clinically appropriate care” at the end of life. They argued that a Polst could prevent burdensome and unnecessary treatment.

“You have arguments by defenders that make these documents seem innocent,” Brugger said. “But the pressure is always in favor of removal of treatment.”

A resident at a nursing facility is given a Polst form with boxes to check, supposedly to reflect what the patient would want done if incapacitated.

A typical Polst form — this one used in Oregon — shows why ethicists such as Brehany and Brugger are concerned. The patient is asked what should be done if he has a pulse and is breathing but is incapacitated. The three options are comfort measures only, limited additional interventions (IV fluid, etc.) and full treatment. There are also three choices regarding administering antibiotics to such a patient: no antibiotics, limited use of antibiotics and “use antibiotics if medically indicated.”

With regard to artificially administered nutrition delivered by a tube, the three choices are not having a tube at all, “defined trial period of artificial nutrition tube” and “long-term nutrition tube.”

“The ethical guidelines for Catholic hospitals — called the ‘Ethical and Religious Directives’ — state clearly that the administration of food and water to all patients who need them to survive is a moral obligation,” said Brugger. “The POLST form by design permits any patient for any reason at any time to direct that food and water should be withheld. No wonder it’s the document of choice by Compassion & Choices (formerly the Hemlock Society).”

Pope John Paul II, in a 2004 address at the international congress on “Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas,” stated: “There are some who cast doubt on the persistence of the ‘human quality’ itself, almost as if the adjective ‘vegetative’ (whose use is now solidly established), which symbolically describes a clinical state, could or should be instead applied to the sick as such, actually demeaning their value and personal dignity. In this sense, it must be noted that this term, even when confined to the clinical context, is certainly not the most felicitous when applied to human beings. In opposition to such trends of thought, I feel the duty to reaffirm strongly that the intrinsic value and personal dignity of every human being do not change, no matter what the concrete circumstances of his or her life. A man, even if seriously ill or disabled in the exercise of his highest functions, is and always will be a man, and he will never become a ‘vegetable’ or an ‘animal.’”

He added, “The sick person in a vegetative state, awaiting recovery or a natural end, still has the right to basic health care (nutrition, hydration, cleanliness, warmth, etc.) and to the prevention of complications related to his confinement to bed. He also has the right to appropriate rehabilitative care and to be monitored for clinical signs of eventual recovery.”

The Pope continued: “The administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act. Its use, furthermore, should be considered, in principle, ordinary and proportionate, and as such morally obligatory, insofar as and until it is seen to have attained its proper finality, which in

the present case consists in providing nourishment to the patient and alleviation of his suffering.”

Brugger and Brehany observed that the options for withholding treatment are listed first on a Polst form.

“While there are many good people behind Polst,” said Rita Marker, a lawyer and executive director of International Taskforce on Euthanasia and Assisted Suicide, “this could evolve into a really dangerous document. Look at who is pushing Polst.”

Compassion & Choices, formed by the merger of the Hemlock Society and another euthanasia group, states on its website: “The Polst is considered the strongest, most explicit form of patient directive for care.”

### **Hard to Revoke**

Not everybody agrees. California Advocates for Nursing Home Reform (CANHR), a nonprofit advocacy group, did a survey that interviewed long-term-care ombudsmen in California. The study found that many elderly patients in nursing facilities erroneously are told that signing a Polst is required.

There is no limit on who can sign for a patient, the Polst is harder to revoke than other advanced-care directives, and the physicians who sign the instruments have often never even met the patient.

Perhaps most alarmingly, however, the survey found that “accompanying handouts may manipulate patients’ choices.” For example, the material describes how CPR can cause broken ribs and brain damage. “The handouts are clearly intended to convince patients or their representatives to forgo CPR,” the study found.

“Facilitators,” who may be social workers or clergy with no medical training, are often the only ones who present the Polst to patients. Marker said that these facilitators are “basically taught to follow a script.” She said that facilitators might say things such as, “We find that most people would not want to continue to live in a vegetative state.” They “focus on what you wouldn’t want” done.

“The problem is that you’re trying to make decisions today that may not come into effect for five or ten years,” said Brehany. “You don’t know what your condition will be and what medical advances will have been made by then.

“You’re 60 and healthy, and you’re asked ‘Do you want to be hooked up to a lot of machines?’ But when the same person is 70 and might be going through a temporary rough patch, nothing will be done because of the Polst signed a decade earlier,” he said.

“The Catholic Church has never endorsed the idea that a person has to stay alive at all costs,” said Brugger. “If a type of treatment promises no reasonable hope of benefit — that is, it’s futile — or if in the judgment of the patient it would be excessively burdensome to undergo, then refusing its administration would not pose an ethical problem,” said Brugger. “But the Polst document codifies a much more extreme conception of autonomy, empowering patients to refuse life-sustaining care for reasons stretching much wider than futility or excessive burden.”

The Catechism teaches that discontinuing medical procedures that are burdensome, dangerous, extraordinary or disproportionate to the expected outcome can be legitimate; it is the refusal of ‘overzealous’ treatment. Here one does not will to cause death; one’s inability to impede it is merely accepted” (2278).

So what can a Catholic do to make sure that, if he becomes unconscious, treatment will reflect what is best and be in harmony with Catholic values? Brehany and Brugger urge people to appoint a proxy who knows their wishes, respects Catholic teaching and has power of attorney.

What can elderly people who have no family do?

“If you don’t have somebody in the family, ask your parish priest,” said Brugger, who tells priests in the Denver Archdiocese that, despite the heavy burdens of their calling, they should make themselves available to perform this service.

*Charlotte Hays writes from Washington.*

## **Catholic Ethicists Are Wary of the Physician’s Order for Life-Sustaining Treatment**

BY Charlotte Hays

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document.

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For example, the material describes how CPR can cause broken ribs and brain damage. “The handouts are clearly intended to convince patients or their representatives to forgo CPR,” the study found. “Facilitators,” who may be social workers or clergy with no medical training, are often the only ones who present the Polst to patients. Marker said that these facilitators are “basically taught to follow a script.” She said that facilitators might say things such as, “We find that most people would not want to continue to live in a vegetative state.”

They “focus on what you wouldn’t want” done. “The problem is that you’re trying to make decisions today that may not come into effect for five or 10 years,” said Brehany. “You don’t know what your condition will be and what medical advances will have been made by then. “You’re 60 and healthy, and you’re asked, ‘Do you want to be hooked up to a lot of machines?’ But when the same person is 70 and might be going through a temporary rough patch, nothing will be done because of the Polst signed a decade earlier.”

“The Catholic Church has never endorsed the idea that a person has to stay alive at all costs,” said Brugger. “If a type of treatment promises no reasonable hope of benefit — that is, it’s futile — or if in the judgment of the patient it would be excessively burdensome to undergo, then refusing its administration would not pose an ethical problem,” said Brugger. “But the Polst document codifies a much more extreme conception of autonomy, empowering patients to refuse life-sustaining care for reasons stretching much wider than futility or excessive burden.”

The Catechism teaches: “Discontinuing medical procedures that are burdensome, dangerous, extraordinary or disproportionate to the expected outcome can be legitimate; it is the refusal of ‘overzealous’ treatment. Here one does not will to cause death; one’s inability to impede it is merely accepted” (2278).

So what can a Catholic do to make sure that, if he becomes unconscious,

treatment will reflect what is best and be in harmony with Catholic values?

Brehany and Brugger urge people to appoint a proxy who knows their wishes, respects Catholic teaching and has power of attorney. What can elderly people who have no family do?

“If you don’t have somebody in the family, ask your parish priest,” said Brugger, who tells priests in the Denver Archdiocese that, despite the heavy burdens of their calling, they should make themselves available to perform this service.

Charlotte Hays writes from Washington.

<http://www.ncregister.com/site/article/new-threat-at-end-of-life>