

Gethsemane, Suffering, and Advance Directives

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Advance directives are the way we tell clinicians about treatments we want or don't want. Medicare pays clinicians to discuss these decisions with you, hospitals are required to ask you about them whenever you are admitted, and Massachusetts health insurers have formed a coalition to promote these conversations. Why? They tell us that it is to ensure patients do not get treatments they don't want—in other words, they are looking for people to refuse care. The financial benefits to the healthcare system are obvious as our population ages.

We know that most people sign advance directives not because they are suffering but because they fear some treatments or conditions are fates worse than death. Feeding tubes, dialysis, dementia, incontinence, being on a ventilator, or relying on others for care are some top examples of fates worse than death to some people. Those in the disabled community live happily with these forms of assistance; they wonder what those in the abled community think of them if these assistances are supposedly fates worse than death.

No one wants to suffer. Even Jesus, whose very purpose was to save us through his suffering, agonized at what he faced. "Then he said to them, 'My soul is very sorrowful, even to death; remain here, and keep watch with me.' He advanced a little and fell prostrate in prayer, saying, 'My Father, if it is possible, let this cup pass from me; yet, not as I will, but as you will.'" (Matthew 26:38-39)

Advance directives—refusing treatment before even faced with needing them—is imposing our will onto God. Are we too proud to depend on another for care, to live if our minds and bodies are not fully "abled"? Rather, make decisions about treatments at the time you need them. We do not choose all treatments, only those that are beneficial based on our condition. And we never choose, nor refuse, treatments for the sole purpose of hastening death.

We know from scripture that suffering is redemptive. "I find joy in the sufferings I endure for you. In my own flesh I fill up what is lacking in the sufferings of Christ for the sake of His Body, the Church." (Col. 1:24) Pope Saint John Paul II wrote in *Salvifici Doloris*, "In bringing about the Redemption through suffering, Christ raised human suffering to the level of the Redemption. Thus each man, in his sufferings, can also become a sharer in the redemptive suffering of Christ."

We need not seek suffering in this world, only accept what comes to us. Jesus knows our suffering intimately; he hastens to pour out his love more deeply upon those who are suffering. He, too, knew the agony of anticipation in the Garden of Gethsemane, and suffered tremendous affliction in his Passion before his death. We meditate upon these things in our own trials.

Today, we live in an era of healthcare under-treatment. If a patient does not want a treatment, or wants to stop treatment, clinicians readily respect that decision. Yet if a patient wants treatment, clinicians can refuse if he or she doesn't think the patient has a good enough "quality of life." This is why every adult should have a healthcare proxy to make decisions if you are unable to do so. A proxy should share your cherished Catholic beliefs regarding redemptive suffering and refusal to hasten death—someone who can assert those beliefs when needed. And don't sign away care through advance directives.

A Roman Catholic Healthcare Proxy form is available from the Massachusetts Catholic Conference at <http://macatholic.org/proxy>