

目錄

2018 No.363

-
- 序文 ----- 1
 - 信理聖部教會對安樂死的聲明 ----- 3
 - 天主教羅馬教廷信理部答覆美國主教團「以人工方式
使病患得到滋養及滋潤」之提問 ----- 12
 - Foreword----- 16
 - Sacred Congregation for The Doctrine of The Faith
DECLARATION ON EUTHANASIA ----- 17
 - Responses to Certain Questions of The United States
Conference of Catholic Bishops Concerning Artificial
Nutrition and Hydration ----- 29

序文

2015年12月18日，「病人自主權利法」於立法院完成三讀立法程序，第一步將會在明2019年1月6日施行。此法可按照預立醫療決定者之意願，「終止、撤除或不施行維持生命治療或人工營養及流體餵養」（第14條），適用對象包括：

1. 末期病人
2. 處於不可逆轉之昏迷狀況
3. 永久植物人狀態
4. 極重度失智
5. 病人疾病狀況痛苦難以忍受、疾病無法治癒，且依當時醫療水準無其他合適解決方法者

儘管此法名稱上沒有提及「死亡」兩字，而其內容及執行範圍不只是純粹醫療技術的問題，更是倫理道德的問題，因為涉及到病患按照自主權所選擇的死亡方式及死亡時間點，以及病患的親屬及醫療團隊的法律責任及良心問題，所以主教團祕書處覺得有必要重視此「病人自主權利法」，在它生效前，編輯一《月誌》特刊，為提供社會大眾及信徒們兩份教廷信理部的相關重要文件（中英文版）作參考，尤其是1~4點（參看：本期《月誌》第10至11頁），以助社會大眾作符合醫療及人性尊嚴的決定。

主教團祕書長陳科神父

信理聖部

教會對安樂死的聲明

前言

關於人的權利和價值，在現代所討論的問題中，占有重要的地位。梵蒂岡第二屆大公會議曾鄭重地再次肯定人類尊嚴的崇高，以及每個人特有的生存權利。為此，大公會議譴責危害生命的罪行，「例如各種殺人罪、屠城滅種、墮胎、安樂死或惡意自殺。」（《牧職憲章》27）

近來教廷信理部會提醒所有教友，有關教會對蓄意墮胎的訓導。¹而信理部認為現在該是發佈教會對安樂死訓導的時候了。

近代幾位教宗曾就安樂死的問題說明教會的原則，這些原則至今仍深具意義。²但近幾年來，由於醫學進步，安

¹ 《有關人工墮胎的聲明》，1974年11月18日：《宗座公報》66（1974），730-747。

² 碧岳十二世，向天主教婦女聯盟國際會議與會者致詞，1947年9月11日：《宗座公報》39（1947），483；向義大利天主教助產士聯盟致詞，1951年10月29日：《宗座公報》43（1951），835-854；向國際軍事醫藥檔案資料室成員演講詞，1953年10月19日：《宗座公報》45（1953），744-754；向第九屆義大利麻醉學會代表大會與會者致詞，1957年2月24日：《宗座公報》49（1957），146；亦可參：有關「生命復甦」的演講詞，1957年11月24日：《宗座公報》49（1957），1027-1033；保祿六世，向聯合國有關種族隔離政策之特殊委員會成員致詞，1974年5月22日：《宗座公報》66（1974），346；若望保祿二世，向美國主教致詞，1979年10月5日：《宗座公報》71（1979），1225。

樂死的問題也現出新的面貌，因此必須從倫理學的觀點進一步說明教會的看法。

現代社會中，連人類生命的基本價值都經常受到懷疑，文化的改變更影響人們對受苦和死亡的看法。此外，由於醫學界醫療能力增加，並能在特殊情況下延長生命，因此有時會引起道德上的問題。在這種情況下，人們對年邁高齡和死亡的意義，感受到相當大的憂慮。他們也開始問是否有權利為自己或別人爭取「安樂的死」，這種安樂死可以減少痛苦，並且在他們看來似乎更合乎人性尊嚴。

有幾個主教團向信理部提出了這項問題。信理部與專家們對安樂死各方面的看法交換意見後，願意藉此聲明答復主教們的問題，以幫助他們給予所屬的教友們正確的訓導，同時提供反省的要點，以便向政府當局反映這個嚴重的問題。

在本檔中所提到的看法，首先關係到那些信仰基督和期望於祂的人，基督借著祂的生命、死亡和復活，給予基督徒的存在，尤其是死亡，一種嶄新的意義。正如聖保祿所說：「我們或者生，是為主而生，或者死，是為主而死。」（羅十四8）

至於那些信仰其他宗教的人，如果也相信上主是造物者、供給者及生命的主宰，那麼他們之中有許多人與我們一樣同意，這個信仰賦予每一個人崇高的尊嚴，並保證尊重每一個人。

希望這份聲明能得到許多友善人士的贊同，雖然他們在

哲理思想或意識型態上和我們有不同的意見，但是他們也非常注意人的權利。事實上，近幾年來許多國際性會議宣言中，³ 經常公佈這些權利；既然這是關係到每個人與生俱來的基本權利，因此不能根據政治多元化或宗教自由的理由，否定這些權利的普遍性價值。

一、人類生命的價值

人類生命是一切財富的基礎，它也是每一個人類行動和整個社會的必然源泉與條件。許多人視生命為神聖的，任何人不得隨意處置它，但有信仰的人，更視生命為天主愛的賜予，要我們妥為保管並使結出果實。因此得到下列的觀點：

1. 任何人若企圖奪取無辜者的生命，就是抗拒天主對那人的愛，違反人的基本權利，觸犯了非常嚴重的罪行。⁴
2. 每個人都有責任依照天主的計畫，度他的生活。生命就像財富一樣交托給每一個人，必須在這世界上結出果實，但只有在永生中，這生命才能達到圓滿。
3. 故意導致一個人自己的死亡，與殺人是同樣的錯誤；有這樣行為的人，就是排斥天主的最高主權和愛的計畫。此外，自殺常是拒絕愛自己，否定生活的本能，

3 這令人特別想到歐洲委員會議會第二十七屆一般會期第779號有關病人和臨終者權益之建議書（1976）；參：歐洲天主教牧靈資訊服務（Sipeca），第1期，1977年3月，14-15。

4 我們完全撇開有關死刑和戰爭的問題，那需要另行關切，與本主題無關。

逃避對鄰人、各種團體或是整個社會應盡的正義和愛德的責任！雖然一般承認，在自殺時有許多心理的因素，能減少其責任，甚至完全免除當事人的責任。

然而，我們必須明白，若是為了崇高的理想而犧牲自己的生命與自殺是完全不同的，例如為了天主的光榮，靈魂的得救或對弟兄們的服務，而甘冒生命危險，甚至獻出生命（若十五13）。

二、安樂死

為了適當地討論安樂死的問題，首先需要對所用的辭彙下一個定義。

依語源學說，古代「*euthanasia*」一字，是表示沒有劇烈的痛苦安然地逝去。但現在人們已不再想到這個字的原始意義，而是指使用某種藥物，減輕病痛或臨終前的痛苦，有些時候有提早結束生命的危險。最後，「安樂死」這字有「慈悲殺人」的特別意思，目的是結束極端的痛苦，或是使不正常的嬰兒、精神病患或患不治之症的病人，不再延續可能會拖上好幾年的可憐生命，而帶給家人或社會沉重的負擔。

因此必須清楚地指出，本檔中所用字句的意義。

所謂安樂死，是指為了消除一切痛苦而有所作為或有所不為，這些作為或不為的本身都會導致死亡，或因有意圖執行而導致死亡。因此安樂死的發生是在於意向和所運用的方法。

必須再一次堅定地聲明，不准許任何人以任何方式殺害無辜，無論他是胚胎或胎兒、是嬰兒或成人、是老人或患不治之症而受苦的人、或是將死之人。此外，任何人不得要求毀滅生命的行為。無論是為自己或是交給他照顧的人；同樣，任何人不得明確答應或默許此事，任何權力也不能合法地規勸或允許這種行為。因為這是違反天律，冒犯人性尊嚴，是反生命的罪行，也是對人性的打擊。

病人因為長期受到難以忍受的痛苦，有人會為了純個人的理由或其他原因，以為可以合法的為自己或為別人請求結束生命。雖然在這種情形下，個人的罪過可減輕，甚或完全無罪，可是良心所做的錯誤判斷，即便是出於善意，也不能改變謀殺行為的本質，此行為本身就該受到責斥。當然重病的人有時會要求結束自己的生命，但我們不能以為那就表示他真的希望安樂死；事實上，這常是一種渴望獲得愛和幫助的哀求。病人除了接受醫療外，還需要愛，需要在他周圍的人，父母及子女、醫生及護士，給他本性和超性的溫暖。這不但是病人的需要，也是他應得的。

三、基督徒受苦的意義及使用止痛劑

死亡不一定是在受到無法忍受的痛苦之下，才悲慘的來臨，我們也不要只想那些特殊的個案。許多的事實證明，大自然本身幫助我們在死的時刻易於忍受分別的痛苦，這種死別為一個完全健康的人可能無法忍受。因此，久臥病榻、年邁、或孤獨無人照顧的境況，能給予人心理的準備，使他容易接受死亡。

然而事實顯示，在死亡前或死亡之時，常有長久而又劇烈的痛苦，自然會引起人們對死亡產生身心上極度的悲痛。

肉體的痛苦是人生的一部份；從生物學的觀點看，痛苦是一種警告，自有它的功用；可是，因為痛苦影向人的心理，常超過生理本身的用途，它能變得十分劇烈，以致人願意不惜任何代價來消除它。

根據基督的教義，痛苦，尤其是生命最後一刻所受的痛苦，在天主的救贖計畫中，有其特殊地位；它是分擔基督的苦難，是與基督為服從天父旨意而奉獻救贖之祭相結合。因此不必奇怪，有些基督徒寧願適度的使用止痛劑，使自己至少能接受部份痛苦，在神志清醒的情況下，參與基督被釘十字架的苦難（參閱：瑪廿七34）。然而若是故意逞強，也是不明智的事。相反的，依人道和基督徒的看法，建議多數的病患該用能減輕或抑制痛苦的藥物，即使這樣會引起半昏迷或神志不清等副作用。為那些無法表達自己的病人，我們可以合理地假設他們願意使用止痛劑，而依照醫生的指示給他們服用。

不過，漸進使用止痛劑仍有困難，因為服用止痛劑一旦成了習慣，必須增加份量才能維持功效。有關這一點，教宗比約十二世曾答復一群醫生提出的問題：「宗教和道德上是否允許醫生和病人使用麻醉劑等藥物，以抑制疼痛和喪失知覺.....，即使是在臨死之時，且能預見使用麻醉劑會縮短生命？」教宗當時的聲明，至今仍具意義。教宗說：「假如沒有其他方法，而且在這種情形

下，並不阻礙病人覆行其宗教上和倫理上的本份時，可以使用麻醉劑來止痛。」⁵當然，這並不是尋求死亡，即使有此危險，然其意向只是為有效地減輕痛苦，而使用醫學上可用的止痛藥。

但是，會引起病人喪失知覺的止痛藥物，需要特別注意。因為一個人不但必須滿全倫理責任及家庭義務，也需要在神志完全清醒的情況下，準備自己迎接基督。因此，教宗比約十二世警告說：「沒有重大的原因而剝奪臨終者的知覺，是不對的行為。」⁶

四、適當運用各種醫療方法

今日非常重要的是，在死亡的時刻，為維護人性的尊嚴和基督徒對生命的觀念，該避免科技的濫用。有些人談到「死的權利」，這並不表示人有權利任由自己的高興或別人的唆使而結束自己的生命，而是說人有權利保持人性的及基督徒的尊嚴，平安地死亡。從這觀點看，治療方法的運用有時會產生問題。

由無數病例中，錯綜複雜的情況會使人對道德原則的應用發生懷疑。總之，最好由病人或有資格替病人發言者的良知，或醫生們根據道德規律和病人的各種情況來做決定。

每一個人有責任親自或請求別人維護自己的健康。負責照顧病人者，應悉心照料，並給予病人必要的或有效的

5 碧岳十二世，1957年2月24日講詞：《宗座公報》49（1957），147。

6 碧岳十二世，同上，145；參：1958年9月9日講詞：《宗座公報》50（1958），694。

治療。

然而，是否在任何情況下，都必須採取所有可能的治療方法呢？

過去倫理學家表示，任何人沒有責任要用「特殊的」方法。這種說法仍是好的原則，但在今日，也許不夠清楚，因為這種說法不太具體，且如今醫療方法急速的在進步。為此，有些人喜歡說「相稱的」和「不相稱的」方法。無論如何，我們先研究要採用的治療方法，其複雜性或冒險的程度、費用和使用此方法的可能性，再與預期的結果做比較，並斟酌病人的體力及精神狀況，來做正確的判斷。

為了幫助我們應用這些一般性的原則，可加上以下幾點說明：

1. 假如沒有其他有效的醫療法，在病人的同意下，可以採用最新式的醫術，即使這些方法尚在試驗階段，並且有相當的危險。接受這種治療的病人，可顯示出為人類服務的慷慨精神。
2. 如果醫療結果未達預期的效果，在病人同意下，可中斷此種方法。但在做決定時，必須尊重病人及其家屬的合理願望，並且詢問對此有專長的醫生們的意見。醫生們特別要判斷，在儀器和人力的投資上，是否和預期的結果不相稱；他們也要判斷這些醫療技術，是否增加病人的壓力或痛苦而與得到的益處不相稱。
3. 只用醫學上能提供的普通方法來治療也是可以的。因此不得強迫別人採用已經使用但有危險或負擔過重的

醫療法。拒絕這種方法並不等於自殺，相反的，應被視為接受人類的病痛，或願意避免使用與預期結果不相稱的醫療，或是不願加給家人或社會額外的負擔。

4. 即使用了各種方法仍無法避免死亡，那麼可依據良心，拒絕採用希望極小而又麻煩的方法來延長生命，只需照樣給病人正常的照顧。在這樣的情形下，醫生若救不了病人，也毋需自責。

結語

按照造物主的計畫服務人類，本聲明的內容便是基於這種深切的願望。生命是天主的恩賜，而死亡是無可避免的；因此我們必須在不急速促成死亡的情形下，能以完全負責的態度和尊嚴來接受它。的確，死亡是我們塵世生命的結束，但同時也開啟了永恆生命之門。因此眾人都應該依照人性的價值預備這時刻，而基督徒更應在信德的光照下，準備自己接受此事。

至於那些從事醫護工作的人，應盡一切力量來醫治病人及臨終的人；但同時也應記住，更重要的是給予病人無盡的仁慈和真誠的愛心。使病人得到安慰。這樣的服務就是為主基督服務，因祂曾說過：「凡你們對我這些最小兄弟中的一個所做的，就是對我做的。」（瑪廿五40）

教宗若望保祿二世在接見信理部長時，批准此聲明，並飭令公佈。

一九八〇年五月五日 發自羅馬信理部

（中文翻譯：香港教區）

天主教羅馬教廷信理部答覆 美國主教團「以人工方式使病患得 到滋養及滋潤」之提問

2004年，教宗若望保祿二世發表了一篇《維持生命的治療和植物狀態的病患：科學進步與倫理標準的兩難》（Life-Sustaining Treatments and the Vegetative State: Scientific Progress and Ethical Dilemmas）演說。2005年7月11日，當時的美國主教團主席William Skylstad主教針對若望保祿二世的演說提出兩個問題。2007年8月1日，教廷信理部予以回覆。以下即是2007年9月14日「梵蒂岡新聞公報」（Vatican Press Office Bulletin）刊載的內容。

* 問一：除非病患的身體已經無法吸收，或是餵食的時候，會造成病患身體嚴重的痛苦，否則，我們就有道德上的義務給予「植物狀態」的病患（vegetative state）食物與水份（無論用自然或人工的方式），是嗎？

* 回答：是的。原則上，供給食物和水是維持生命最基本，最適當的方法，就算是用人工的方式也一樣。因此，只要病患身體能因所供給的水和食物，達到滋潤與滋養的目的，我們就有義務要給予。病患若因飢餓和脫水而受苦，甚至死亡，都是不被允許的。

* 問二：一位「持久植物狀態」的病患（permanent vegetative state）一旦經合格醫生，以客觀道德標準（moral certainty）診斷為永將無法回復意識，即可停止

以人工方式使病患得到滋養和滋潤嗎？

* 回答：不可以。原則上，「持久植物狀態」的病患有其基本的人格尊嚴，因此必須接受最基本和最適當的照顧，包括得到食物和水份，就算是採用人工的方式也要提供給他。

* * *

教宗本篤十六世於信理部（Congregation for the Doctrine of the Faith）部長覲見時批准此兩項回應，並責成「信理部例行會議」（Ordinary Session of the Congregation）時發表。

信理部部長

William Levada 樞機

信理部秘書長兼Sila名譽總主教

Angelo Amato, S.D.B.

2007年8月1日於羅馬

資料來源：

http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20070801_risposte-usa_en.html



Foreword

On December 18, 2015, the ‘Patient Right to Autonomy Act’ was approved by the Legislative Yuan and the first stage of its implementation will start on January 6, 2019. According to this Act, a patient can decide to “partially or fully terminate, withdraw, or withhold life-sustaining treatments, artificial nutrition and hydration.” (cf. art. 14) The following cases are for the application of this article, when:

1. The patient is terminally ill.
2. The patient is in an irreversible coma.
3. The patient is in permanent vegetative state.
4. The patient is suffering from severe dementia.
5. Other disease conditions, announced by the central competent authority, that shall meet all of the following requirements that the conditions or sufferings are unbearable, that the disease is incurable and that there are no other appropriate treatment options available given the medical standards at the time of the disease’s occurrence.

Although the term “die/death” does not appear in the official name of this Act, in reality it goes far beyond the nature of medical treatments because this very Act lawfully empowers a person to decide when and how to end his life in the above-mentioned cases and it implies not less the moral responsibility and conscience of the family and of the medical team as well. This is why the Secretariat of the CRBC feels the need to publish a special edition of the Bulletin of the CRBC, providing two related important documents (in Chinese and in English) issued by the Congregation of the Doctrine of the Faith, for the reference of all groups of readers, Catholic and non-Catholic, (cf. p.26-27) so that by means of these documents their can make decisions that are consonant with the necessary medical treatment for the patient and the human dignity of a person.

Fr. Otfried Chan
Secretary General
CRBC

SACRED CONGREGATION FOR THE DOCTRINE OF THE FAITH

DECLARATION ON EUTHANASIA

INTRODUCTION

The rights and values pertaining to the human person occupy an important place among the questions discussed today. In this regard, the Second Vatican Ecumenical Council solemnly reaffirmed the lofty dignity of the human person, and in a special way his or her right to life. The Council therefore condemned crimes against life “such as any type of murder, genocide, abortion, euthanasia, or willful suicide” (Pastoral Constitution *Gaudium et Spes*, no. 27). More recently, the Sacred Congregation for the Doctrine of the Faith has reminded all the faithful of Catholic teaching on procured abortion.¹ The Congregation now considers it opportune to set forth the Church’s teaching on euthanasia. It is indeed true that, in this sphere of teaching, the recent Popes have explained the principles, and these retain their full force;² but the

¹ DECLARATION ON PROCURED ABORTION, November 18, 1974: AAS 66 (1974), pp. 730-747.

² Pius XII, ADDRESS TO THOSE ATTENDING THE CONGRESS OF THE INTERNATIONAL UNION OF CATHOLIC WOMEN'S LEAGUES, September 11, 1947: AAS 39 (1947), p. 483; ADDRESS TO THE ITALIAN CATHOLIC UNION OF MIDWIVES, October 29, 1951: AAS 43 (1951), pp. 835-854; SPEECH TO THE MEMBERS OF THE INTERNATIONAL OFFICE OF MILITARY MEDICINE DOCUMENTATION, October 19, 1953: AAS 45 (1953), pp. 744-754; ADDRESS TO THOSE TAKING PART IN THE IXth CONGRESS OF THE ITALIAN ANAESTHESIOLOGICAL SOCIETY, February 24, 1957:

progress of medical science in recent years has brought to the fore new aspects of the question of euthanasia, and these aspects call for further elucidation on the ethical level. In modern society, in which even the fundamental values of human life are often called into question, cultural change exercises an influence upon the way of looking at suffering and death; moreover, medicine has increased its capacity to cure and to prolong life in particular circumstances, which sometime give rise to moral problems. Thus people living in this situation experience no little anxiety about the meaning of advanced old age and death. They also begin to wonder whether they have the right to obtain for themselves or their fellowmen an “easy death”, which would shorten suffering and which seems to them more in harmony with human dignity. A number of Episcopal Conferences have raised questions on this subject with the Sacred Congregation for the Doctrine of the Faith. The Congregation, having sought the opinion of experts on the various aspects of euthanasia, now wishes to respond to the Bishops’ questions with the present Declaration, in order to help them to give correct teaching to the faithful entrusted to their care, and to offer them elements for reflection that they can present to the civil authorities with regard to this very serious matter. The considerations set forth in the present document concern in the first place all those who place their faith and hope in Christ, who, through His life, death and

AAS 49 (1957), p. 146; cf. also ADDRESS ON “REANIMATION”, November 24, 1957: AAS 49 (1957), pp. 1027-1033; Paul VI, ADDRESS TO THE MEMBERS OF THE UNITED NATIONAL SPECIAL COMMITTEE ON APARTHEID, May 22, 1974: AAS 66 (1974), p. 346; John Paul II: ADDRESS TO THE BISHOPS OF THE UNITED STATES OF AMERICA, October 5, 1979: AAS 71 (1979), p. 1225.

resurrection, has given a new meaning to existence and especially to the death of the Christian, as St. Paul says: “If we live, we live to the Lord, and if we die, we die to the Lord” (Rom. 14:8; cf. Phil. 1:20). As for those who profess other religions, many will agree with us that faith in God the Creator, Provider and Lord of life - if they share this belief - confers a lofty dignity upon every human person and guarantees respect for him or her. It is hoped that this Declaration will meet with the approval of many people of good will, who, philosophical or ideological differences notwithstanding, have nevertheless a lively awareness of the rights of the human person. These rights have often, in fact, been proclaimed in recent years through declarations issued by International Congresses;³ and since it is a question here of fundamental rights inherent in every human person, it is obviously wrong to have recourse to arguments from political pluralism or religious freedom in order to deny the universal value of those rights.

I. THE VALUE OF HUMAN LIFE

Human life is the basis of all goods, and is the necessary source and condition of every human activity and of all society. Most people regard life as something sacred and hold that no one may dispose of it at will, but believers see in life something greater, namely, a gift of God's love, which they are called upon to preserve and make fruitful. And it is this latter consideration that gives rise to the following consequences:

³ One thinks especially of Recommendation 779 (1976) on the rights of the sick and dying, of the Parliamentary Assembly of the Council of Europe at its XXVIIth Ordinary Session; cf. Sipeca, no. 1, March 1977, pp. 14-15.

1. No one can make an attempt on the life of an innocent person without opposing God's love for that person, without violating a fundamental right, and therefore without committing a crime of the utmost gravity.⁴
2. Everyone has the duty to lead his or her life in accordance with God's plan. That life is entrusted to the individual as a good that must bear fruit already here on earth, but that finds its full perfection only in eternal life.
3. Intentionally causing one's own death, or suicide, is therefore equally as wrong as murder; such an action on the part of a person is to be considered as a rejection of God's sovereignty and loving plan. Furthermore, suicide is also often a refusal of love for self, the denial of a natural instinct to live, a flight from the duties of justice and charity owed to one's neighbor, to various communities or to the whole of society - although, as is generally recognized, at times there are psychological factors present that can diminish responsibility or even completely remove it. However, one must clearly distinguish suicide from that sacrifice of one's life whereby for a higher cause, such as God's glory, the salvation of souls or the service of one's brethren, a person offers his or her own life or puts it in danger (cf. Jn. 15:14).

⁴ We leave aside completely the problems of the death penalty and of war, which involve specific considerations that do not concern the present subject.

II. EUTHANASIA

In order that the question of euthanasia can be properly dealt with, it is first necessary to define the words used. Etymologically speaking, in ancient times Euthanasia meant an easy death without severe suffering. Today one no longer thinks of this original meaning of the word, but rather of some intervention of medicine whereby the suffering of sickness or of the final agony are reduced, sometimes also with the danger of suppressing life prematurely. Ultimately, the word Euthanasia is used in a more particular sense to mean "mercy killing", for the purpose of putting an end to extreme suffering, or having abnormal babies, the mentally ill or the incurably sick from the prolongation, perhaps for many years of a miserable life, which could impose too heavy a burden on their families or on society. It is, therefore, necessary to state clearly in what sense the word is used in the present document. By euthanasia is understood an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated. Euthanasia's terms of reference, therefore, are to be found in the intention of the will and in the methods used. It is necessary to state firmly once more that nothing and no one can in any way permit the killing of an innocent human being, whether a fetus or an embryo, an infant or an adult, an old person, or one suffering from an incurable disease, or a person who is dying. Furthermore, no one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care, nor can he or she consent to it, either explicitly or implicitly. Nor can any authority legitimately recommend or permit such an

action. For it is a question of the violation of the divine law, an offense against the dignity of the human person, a crime against life, and an attack on humanity. It may happen that, by reason of prolonged and barely tolerable pain, for deeply personal or other reasons, people may be led to believe that they can legitimately ask for death or obtain it for others. Although in these cases the guilt of the individual may be reduced or completely absent, nevertheless the error of judgment into which the conscience falls, perhaps in good faith, does not change the nature of this act of killing, which will always be in itself something to be rejected. The pleas of gravely ill people who sometimes ask for death are not to be understood as implying a true desire for euthanasia; in fact, it is almost always a case of an anguished plea for help and love. What a sick person needs, besides medical care, is love, the human and supernatural warmth with which the sick person can and ought to be surrounded by all those close to him or her, parents and children, doctors and nurses.

III. THE MEANING OF SUFFERING FOR CHRISTIANS AND THE USE OF PAINKILLERS

Death does not always come in dramatic circumstances after barely tolerable sufferings. Nor do we have to think only of extreme cases. Numerous testimonies which confirm one another lead one to the conclusion that nature itself has made provision to render more bearable at the moment of death separations that would be terribly painful to a person in full health. Hence it is that a prolonged illness, advanced old age, or a state of loneliness or neglect can

bring about psychological conditions that facilitate the acceptance of death. Nevertheless the fact remains that death, often preceded or accompanied by severe and prolonged suffering, is something which naturally causes people anguish. Physical suffering is certainly an unavoidable element of the human condition; on the biological level, it constitutes a warning of which no one denies the usefulness; but, since it affects the human psychological makeup, it often exceeds its own biological usefulness and so can become so severe as to cause the desire to remove it at any cost. According to Christian teaching, however, suffering, especially suffering during the last moments of life, has a special place in God's saving plan; it is in fact a sharing in Christ's passion and a union with the redeeming sacrifice which He offered in obedience to the Father's will. Therefore, one must not be surprised if some Christians prefer to moderate their use of painkillers, in order to accept voluntarily at least a part of their sufferings and thus associate themselves in a conscious way with the sufferings of Christ crucified (cf. Mt. 27:34). Nevertheless it would be imprudent to impose a heroic way of acting as a general rule. On the contrary, human and Christian prudence suggest for the majority of sick people the use of medicines capable of alleviating or suppressing pain, even though these may cause as a secondary effect semi-consciousness and reduced lucidity. As for those who are not in a state to express themselves, one can reasonably presume that they wish to take these painkillers, and have them administered according to the doctor's advice. But the intensive use of painkillers is not without difficulties, because the phenomenon of habituation generally

makes it necessary to increase their dosage in order to maintain their efficacy. At this point it is fitting to recall a declaration by Pius XII, which retains its full force; in answer to a group of doctors who had put the question: “Is the suppression of pain and consciousness by the use of narcotics ... permitted by religion and morality to the doctor and the patient (even at the approach of death and if one foresees that the use of narcotics will shorten life)?” the Pope said: “If no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties: Yes.”⁵ In this case, of course, death is in no way intended or sought, even if the risk of it is reasonably taken; the intention is simply to relieve pain effectively, using for this purpose painkillers available to medicine. However, painkillers that cause unconsciousness need special consideration. For a person not only has to be able to satisfy his or her moral duties and family obligations; he or she also has to prepare himself or herself with full consciousness for meeting Christ. Thus Pius XII warns: “It is not right to deprive the dying person of consciousness without a serious reason.”⁶

IV. DUE PROPORTION IN THE USE OF REMEDIES

Today it is very important to protect, at the moment of death, both the dignity of the human person and the Christian concept of life, against a technological attitude that threatens to become an abuse. Thus some people speak of a “right to die”, which is an expression

that does not mean the right to procure death either by one's own hand or by means of someone else, as one pleases, but rather the right to die peacefully with human and Christian dignity. From this point of view, the use of therapeutic means can sometimes pose problems. In numerous cases, the complexity of the situation can be such as to cause doubts about the way ethical principles should be applied. In the final analysis, it pertains to the conscience either of the sick person, or of those qualified to speak in the sick person's name, or of the doctors, to decide, in the light of moral obligations and of the various aspects of the case. Everyone has the duty to care for his or her own health or to seek such care from others. Those whose task it is to care for the sick must do so conscientiously and administer the remedies that seem necessary or useful. However, is it necessary in all circumstances to have recourse to all possible remedies? In the past, moralists replied that one is never obliged to use “extraordinary” means. This reply, which as a principle still holds good, is perhaps less clear today, by reason of the imprecision of the term and the rapid progress made in the treatment of sickness. Thus some people prefer to speak of “proportionate” and “disproportionate” means. In any case, it will be possible to make a correct judgment as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources. In order to facilitate the application of these general principles, the following clarifications can be added:

⁵ Pius XII, ADDRESS of February 24, 1957: AAS 49 (1957), p. 147.

⁶ Pius XII, Ibid., p. 145; cf. ADDRESS of September 9, 1958: AAS 50 (1958), p. 694.

- If there are no other sufficient remedies, it is permitted, with the patient's consent, to have recourse to the means provided by the most advanced medical techniques, even if these means are still at the experimental stage and are not without a certain risk. By accepting them, the patient can even show generosity in the service of humanity.

- It is also permitted, with the patient's consent, to interrupt these means, where the results fall short of expectations. But for such a decision to be made, account will have to be taken of the reasonable wishes of the patient and the patient's family, as also of the advice of the doctors who are specially competent in the matter. The latter may in particular judge that the investment in instruments and personnel is disproportionate to the results foreseen; they may also judge that the techniques applied impose on the patient strain or suffering out of proportion with the benefits which he or she may gain from such techniques.

- It is also permissible to make do with the normal means that medicine can offer. Therefore one cannot impose on anyone the obligation to have recourse to a technique which is already in use but which carries a risk or is burdensome. Such a refusal is not the equivalent of suicide; on the contrary, it should be considered as an acceptance of the human condition, or a wish to avoid the application of a medical procedure disproportionate to the results that can be expected, or a desire not to impose excessive expense on the family or the community.

- When inevitable death is imminent in spite of the means used,

it is permitted in conscience to take the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted. In such circumstances the doctor has no reason to reproach himself with failing to help the person in danger.

CONCLUSION

The norms contained in the present Declaration are inspired by a profound desire to service people in accordance with the plan of the Creator. Life is a gift of God, and on the other hand death is unavoidable; it is necessary, therefore, that we, without in any way hastening the hour of death, should be able to accept it with full responsibility and dignity. It is true that death marks the end of our earthly existence, but at the same time it opens the door to immortal life. Therefore, all must prepare themselves for this event in the light of human values, and Christians even more so in the light of faith. As for those who work in the medical profession, they ought to neglect no means of making all their skill available to the sick and dying; but they should also remember how much more necessary it is to provide them with the comfort of boundless kindness and heartfelt charity. Such service to people is also service to Christ the Lord, who said: "As you did it to one of the least of these my brethren, you did it to me" (Mt. 25:40).

At the audience granted prefect, His Holiness Pope John Paul II approved this declaration, adopted at the ordinary meeting of the Sacred Congregation for the Doctrine of the Faith, and ordered its publication.

Rome, the Sacred Congregation for the Doctrine of the Faith, May 5, 1980.

Franjo Cardinal Seper

Prefect

Jerome Hamer, O.P.

Tit. Archbishop of Lorum

Secretary

CONGREGATION FOR THE DOCTRINE OF THE FAITH
RESPONSES TO CERTAIN QUESTIONS
OF THE UNITED STATES CONFERENCE OF CATHOLIC
BISHOPS
***CONCERNING ARTIFICIAL NUTRITION AND
HYDRATION***

First question: Is the administration of food and water (whether by natural or artificial means) to a patient in a “vegetative state” morally obligatory except when they cannot be assimilated by the patient’s body or cannot be administered to the patient without causing significant physical discomfort?

Response: Yes. The administration of food and water even by artificial means is, in principle, an ordinary and proportionate means of preserving life. It is therefore obligatory to the extent to which, and for as long as, it is shown to accomplish its proper finality, which is the hydration and nourishment of the patient. In this way suffering and death by starvation and dehydration are prevented.

Second question: When nutrition and hydration are being supplied by artificial means to a patient in a “permanent vegetative state”, may they be discontinued when competent physicians judge with moral certainty that the patient will never recover consciousness?

Response: No. A patient in a “permanent vegetative state” is

a person with fundamental human dignity and must, therefore, receive ordinary and proportionate care which includes, in principle, the administration of water and food even by artificial means.

The Supreme Pontiff Benedict XVI, at the Audience granted to the undersigned Cardinal Prefect of the Congregation for the Doctrine of the Faith, approved these Responses, adopted in the Ordinary Session of the Congregation, and ordered their publication.

Rome, from the Offices of the Congregation for the Doctrine of the Faith, August 1, 2007.

William Cardinal Levada
Prefect

Angelo Amato, S.D.B.
Titular Archbishop of Sila
Secretary

98-04-43-04 郵政劃撥儲金存款單		◎寄款人請注意背面說明 ◎本收據由電腦印錄請勿填寫		郵政劃撥儲金存款收據	
帳號		金額		存款金額	
19700247		新台幣 (小寫)		存款金額	
通訊欄 (限與本次存款有關事項)		戶名		電腦紀錄	
爲主教會月誌奉獻		財團法人天主教會台灣地區主教團		電腦紀錄	
劃撥款項		寄款人		經辦局收款戳	
建議：		姓名		經辦局收款戳	
		通訊處		經辦局收款戳	
		電話		經辦局收款戳	
		通訊欄		經辦局收款戳	

虛線內備供機器印錄用請勿填寫

發 行 所：台灣地區主教團月誌雜誌社

發 行 人：洪山川

主 編：主教團祕書處

地 址：台北市安居街39號

郵政劃撥：19700247

戶 名：財團法人天主教會台灣地區主教團

電 話：(02) 2732-6602

傳 真：(02) 2732-8603

Website：www.catholic.org.tw

E m a i l：bishconf@catholic.org.tw

主教團出版組FB：天主教會台灣地區主教團出版組

印 刷 所：至潔有限公司

電 話：(02) 2302-6442

出版日期：2018年9月