

MODERN PATRONS OF GOOD DEATH: A CATHOLIC RESPONSE TO THE NOTIFICATION OF THE SUPREME COURT OF INDIA ON EUTHANASIA

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Abstract

This is a moral theological response to the bio-ethical question of euthanasia in the light of the post Vatican II teachings and the latest theological developments in the Church. The complex moral issue of mercy killing is particularly explored in the special context of the notification of the Supreme Court of India in July 2014, a first step towards legalizing passive euthanasia in India. For a Christian response, the biblical, patristic, liturgical and magisterial roots of the dignity of human life and person are clearly analyzed in this article. The morality of the withdrawal of treatment and the Christian meaning of human suffering and death are also well explored here. A few pastoral recommendations are suggested at the end of the article. Our study makes it clear that only by a genuine 'reading of the signs of the times' and 'going back to the sources,' two important proposals of Vatican II, we can have a realistic and solid response to the different moral issues of today and the integral renewal of the Church, for which the Vatican II made the clarion call.

Key Words: Euthanasia, Human Dignity, Meaning of Suffering and Death, Human Autonomy, Caring Love.

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Introduction

The Supreme Court of India on 16 July 2014 sent a notification to the states and union territories of the country, asking for their responses in definitively legalizing passive Euthanasia in India. This judicial intervention was with the purpose of allowing a person in a vegetative state to die by withdrawing the life supporting means in the broader context of the constitutional right to life and personal liberty (Art. 21) under the guise of 'dying with dignity'. The apex court agreed that it is a matter of public policy and that the parliament and the legislatures were competent to decide on it. Since it is a question of human life, which involves a mix of law, morality, faith, teachings of religions, medical science, life context and concrete realities of life, the Supreme Court re-ignited a countrywide debate, both secular and religious, on this complex issue. This is the context and relevance of this article. In this article, we try to give a moral theological response to the question of euthanasia in the light of the post Vatican teachings and the theological developments on the Church.

1. Legalization of Euthanasia: The Present Scenario

The legal status of euthanasia varies across the nations of the world. Netherland would be the first country in the world, which gave its legal approval for the active and voluntary euthanasia with the 'right to die' (11 April 2001), followed by Belgium (16 May 2002) and Luxembourg (18 March 2009).

In America, in the year 1997, the state of Oregon gave its approval for physician assisted suicide. The year 2005, reported a controversial case in the state of Florida of the removal of the artificial feeding tube of Terri Schiavo, an American woman, who lived by it for fifteen years.

In India, the issue of euthanasia became a live debate in 1994, when the Supreme Court of India passed a verdict, saying that 'attempted suicide' is not a crime. On 07 March 2011, the Supreme Court of India gave a verdict allowing 'passive euthanasia' under 'exceptional circumstances' by means of withdrawing the life support system from the patients in a permanent vegetative state. The decision was made as part of the verdict in a case involving Aruna Shanbag, who has been in a vegetative state for 37 years in King Edward Memorial Hospital, Mumbai. In the absence of a law regulating euthanasia in India, the court stated that its decision becomes the law of the land until the Indian parliament enacts a suitable law. As India had no law about euthanasia, the Supreme Court's guidelines are law until and

unless Parliament passes definite legislation. Hence passive euthanasia is said to be legal in India.¹

The emerging concept of 'living will' or DNR (Do Not Resuscitate) is also a related issue, which evokes new legal and moral questions. The living will "is a signed, witnessed or notarised document that allows a patient to direct that a specified life-sustaining treatment be withheld or withdrawn, if he/she is in a terminal condition and unable to make health care decisions."²

Although all religions are generally against active euthanasia, some religions hold that passive euthanasia may be justified in certain circumstances.³ The difference of understandings on the question of euthanasia calls for a detailed analysis.

2. Euthanasia: Etymology and its Nuances

Euthanasia literally means good or sweet death (eu=good; thanasia=death). In ancient times, it meant a fair and easy passage from life or honourable death without severe suffering. But in the contemporary parlance, it generally refers to some intervention by applying medicine, whereby the suffering of a terminal illness or the final agony of death are reduced, sometimes also with the danger of suppressing life prematurely. It also refers to mean 'mercy killing' for the purpose of putting an end to extreme suffering or saving abnormal babies, the mentally ill or the incurably sick persons from the prolongation of miserable life of suffering for years. It refers to the practice of intentionally ending a life in order to relieve it from pain and suffering.⁴ The 1980 *Declaration on Euthanasia* from the Congregation for the Doctrine of Faith has the following definition: "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

¹Meanwhile, in Kerala, in the year 2009, the law reforms commission headed by Retired Justice Krishna Ayyer proposed "The Indian Penal Code (Kerala) Amendment Bill (2009)" for legalizing euthanasia and suicide by deleting the section 300 and 309 of the IPC. However, this bill has not received any public recognition.

²W.E. May, *Catholic Bioethics and the Gift of Human Life*, Washington, 2000, 270.

³The Hindus and the Jains believe in ritual fast unto death (*sallekhana*) as a religious cult, expressing the maturation of one's life as an ascetic and it is believed to be a good route to *nirvana*. Cfr. W. Darlymple, *In Search of the Sacred in Modern India*, 5.

⁴For a detailed reading on the etymology, definition, division, history and legal aspect of euthanasia, see S. Kanniyakonil, *Wait for God's Call: Catholic Perspective on Euthanasia*, Kottayam, 2011, 15-36.

way be eliminated. Euthanasia's terms of reference, therefore, are to be found in the intention of the will and in the methods used."⁵

Euthanasia can be active and passive, classified according to the method used to cause the death of the patient. In active euthanasia, medicines like a lethal injection, are used to terminate life and is the most controversial type of euthanasia. Passive euthanasia entails the withholding of treatments such as antibiotics or life supporting system like respirator, ventilator, dialysis unit, etc., necessary for the continuance of life.

Euthanasia may also be classified, according to the level of the informed consent, into voluntary, involuntary and non-voluntary. Voluntary is, when conducted with the consent of the patient; involuntary is, when conducted against the will of the patient and non-voluntary, is, when conducted where the consent of the patient is unavailable (Eg. child euthanasia, which is illegal worldwide but decriminalised under certain specific circumstances in the Netherlands).

Euthanasia is also similar to and different from physician assisted suicide (PAS), which is "an act of making the means of suicide available to a patient, who is otherwise incapable of suicide and who subsequently acts on his or her own."⁶ In the case of euthanasia, a person other than the one killed is the principal cause of killing; whereas in assisted suicide, the person killed is the principal cause, while the physician, who formally co-operates in the killing is an instrumental cause.

Causes leading to the act of euthanasia may be different from case to case such as terminally ill situation, persistent vegetative state or comma stage or lingering situation due to incurable or serious diseases like head injury, intracranial bleeding, stroke, cerebral palsy, etc. Here prolongation of life means prolongation of death, suffering and pain. Loss of physical health and meaning of life, excessive suffering in life, despair and depression, extreme financial burden, modern changes in the family and societal relationships, cultural changes like the contemporary hedonistic culture, which tries to avoid death and all sorts of pain, suffering, stress or strain, advancements in medical science and technology to prolong life and to overcome death, suffering and pain, wrong concept of personal autonomy, misunderstanding of suffering and death, false sense of

⁵Congregation for the Doctrine of Faith, *Declaration on Euthanasia*, 05 May 1980, II; see also John Paul II, *Evangelium Vitae*, 25 March 1995, 65.

⁶As cited in W.E. May, *Catholic Bioethics and the Gift of Human Life*, 239.

compassion for the patient, eugenic reasons, etc. may lead one to opt for euthanasia.⁷ Some advocates of euthanasia argue that the dignity of the life of a person is more important than life *per se* (personal life vs. biological life).

3. Moral Evaluation of Euthanasia from a Catholic Perspective⁸

3.1. The Dignity of Human Life and Human Person at a Stake

Each and every human person is created in the image and likeness of the Triune God (*imago Dei*; *icona Dei* in the Eastern theology),⁹ as clear from the Genesis accounts of the creation of human person (Gen 1:26-31; 2:5-25). This idea of human person as the 'image of God' and the 'the temple of God' and 'God as the Lord of all' is also evinced by the scriptural teachings (Wis 2:23; 16:13-14; 2 Mac 7:22-23; Ps 127:1-5; 1 Cor 3:17), the teachings of the Fathers of the Church and by the magisterial teachings of the Church (GS, 12).¹⁰ The Eastern Fathers understand man also as created in the 'image of Christ' (*icona Christi*), who is the perfect image of God.¹¹ The Encyclical Letter *Orientalis Lumen* (02 May 1995) qualifies man as the 'icon of the Icon' (n. 15).¹²

The patristic tradition, especially the Syriac Fathers, understands human person and human body as the 'bridal chamber' of Christ, the heavenly bridegroom. The Syriac theological tradition sees Christian

⁷S. Kanniyakonil, *Wait for God's Call*, 37-46.

⁸For a detailed study, see R.M. Gula, *Euthanasia: Moral and Pastoral Perspectives*, New York, 1995; T. Shannon, *An Introduction to Bioethics*, New York, 1997, 101-123; M. Manning, *Euthanasia and Physician Assisted Suicide: Killing or Caring*, New York, 1998); J. Correa & E. Sgreccia, ed. *The Dignity of the Dying Person*, Vatican City, 1999; S. Chackalackal, *Euthanasia: An Appraisal of the Controversy over Life and Death*, Bangalore, 2000; C. Campos, "The Challenge of Euthanasia: To Kill or to Care," in *Catholic Contributions to Bioethics: Reflections on Evangelium Vitae*, ed. B. Julian & H. Mynatty, Bangalore, 2007, 292-316; W.E. May, *Catholic Bioethics and the Gift of Human Life*, Washington, 2000; S. Kanniyakonil, "Moral Appraisal of Physician Assisted Suicide and Euthanasia: The Catholic Perspective," *Indian Journal of Family Studies* 7, 3 (2009) 72-88; S. Kanniyakonil, *Wait for God's Call*, 47-90.

⁹Cfr. D. Kallistos, "The Human Person as Icon of Trinity," *Sobornost* 8 (1986) 7.

¹⁰Cfr. F. Podimattom, "Sanctity of Human Life: Basis and Issues," in *Catholic Contributions to Bioethics: Reflections on Evangelium Vitae*, ed. B. Julian & H. Mynatty, Bangalore, 2007, 19-45; J. Xavier, "Theological Anthropology of *Gaudium et Spes* and Fundamental Theology," *Gregorianum* 91 (2010) 124-136.

¹¹B. Petà, "Teologia morale: identità, fonti e principi," in *Dizionario Enciclopedico dell'Oriente Cristiano*, ed. E. Farrugia, Rome, 2000, 753; B. Petà, *La Chiesa dei padri*, Bologna, 1998, 49-54.

¹²The Eastern theology understands moral life also in terms of the image of God. Being moral means to be conformed to the image and likeness of God. Cfr. S. Harakas, *Towards a Transfigured Life: The Theoria of Eastern Orthodox Ethics*, Minneapolis, 1983, 179-211.

baptismal life as a life of betrothal to Christ.¹³ At baptism, each Christian is betrothed to Christ, the heavenly bridegroom (Jn 3:29; Mt 9:15; Mt 22:1-14; Mt 25:1-13), the soul becoming the bride of Christ, the body and heart, the bridal chamber and each celebration of the Holy Eucharist, a wedding feast.¹⁴ St Ephrem writes: "The soul is your bride, the body your bridal chamber. Your guests are the senses and thoughts. And if a single body is a wedding feast for you, how great is your banquet for the whole Church."¹⁵ The early creeds and the liturgical prayers of the Churches, both in the East and the West, also frequently refer to God the Almighty Father, the Lord of all and the Creator of everything on earth, visible and invisible.¹⁶

Euthanasia goes against the dignity and inviolability of the supreme gift of human life and of the human person.¹⁷ Euthanasia challenges the Lordship of God, who is the Lord of Life and death. Quoting from *Donum Vitae* (1987), CCC very clearly reminds the faithful that,

human life is sacred because from its beginning it involves the creative action of God and it remains forever in a special relationship with the creator, who is its sole end. God alone is the Lord of life from its beginning until its end. No one can, under any circumstance, claim for himself the right to destroy an innocent human being (no. 2258).

Euthanasia is a grave violation of the fifth commandment of God 'do not kill,' since it is a deliberate, intentional and direct killing of a human person, created in the image and likeness of God. It is an intrinsically evil act, which is really an act of murder or suicide. The *Declaration on Euthanasia*, clearly affirms:

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,

¹³S. Brock, *Spirituality in the Syriac Tradition*, 38-41.

¹⁴S. Brock, *Syriac Fathers on Prayer and Spiritual Life*, Kalamazoo, 1987, xxi-xxxiv.

¹⁵St Ephrem, *Hymns on Faith*, 14:15.

¹⁶For example, different prayers in the Holy Eucharist, anointing of the sick, liturgy of hours especially the morning prayers, the funeral services of the dead and in the Christian popular devotions frequently call upon God, the Lord of all. A beautiful prayer in the Syro-Malabar liturgy well expresses the theological and liturgical ground for the teachings of the Catholic Church on the dignity of human life and human person: "...You are truly the one who raises our bodies; you are the saviour of our soul and the preserver of our lives..." (The concluding prayer after the 'Lord of all...' hymn in the Holy Qurbana).

¹⁷Cfr. GS, 27; *Declaration on Euthanasia*, I.

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.¹⁸

All kinds of euthanasia constitute a murder. Whatever be its motives and means, active euthanasia consists in putting an end to the life of the sick and the bedridden, the handicapped or the dying persons and therefore is morally unacceptable. Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, the Creator of all (CCC, 2324). The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded (CCC, 2277). Intentional euthanasia, whatever its forms or motives are, is a murder.

Euthanasia also goes against the natural moral law, according to which human life with its different stages, is to be always protected and preserved. Human persons are called to be the custodians of life, not the owners of life (EV, 65-66). When one falsely makes recourse to euthanasia, here productive efficiency becomes the criteria and it promotes a 'culture of death' (EV, 64). We have to always bear in mind that human person is the primary capital to be valued and safeguarded in his/her integrity (*Caritas in Veritate*, 25). The Catholic Church always stands for the sanctity of life and not merely for the quality of life alone. Generally speaking, sanctity of life means treasuring or valuing human life in all its stages and forms. Therefore, we need a sound 'bioethics' and 'human ecology' (GS, 27; CV, 21, 51) so that the dignity and inviolability of the human person shall be duly respected. Otherwise, it will lead to a false compromise of the human dignity.

'The Universal Declaration of Human Rights' (1948) by the UN and the 'Geneva Conventions' (1949) also clearly underlines the fundamental right to life.

3.2. Morality of the Withdrawal of Treatment

It is the authentic teaching of the Church that when there is no reasonable hope of recovery or reversal, precarious and burdensome prolongation of life of a terminally ill person by artificial life supporting system can be withdrawn. However, the normal care due to the sick persons in similar cases shall not be interrupted (*Declaration on Euthanasia*, IV). As CCC reminds,

¹⁸*Declaration on Euthanasia*, II.

discontinuing medical procedures that are burdensome, dangerous, extraordinary or disproportionate to the expected outcome can be legitimate; it is the refusal of 'over-zealous' treatment. Here one does not will to cause death; one's inability to impede it is merely accepted. The decisions should be made by the patient, if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected (n. 2278).

EV, 65 also admits the withdrawal of aggressive or disproportionate medical treatment, when and where they are found therapeutically futile. Withdrawal of such burdensome treatment is not equivalent to suicide or euthanasia. Nobody is bound to provide an 'extra ordinary or disproportionate' medical treatment in order to indefinitely prolong the life of a patient.¹⁹

However, these dying patients in persistent vegetative state are at the same time persons with fundamental human dignity and must therefore be given 'ordinary and proportionate care'²⁰ in preserving in life, as long as it is assimilated by the patient's body and it does not cause any significant physical discomfort. Here we have to make a distinction between 'preservation of life' and 'prolongation of life'. The administration of water and food even in unconscious stage, even by artificial means is an ordinary and proportionate means for preserving life, not as part of medical treatment. Providing medically assisted nutrition-hydration is normal part of comfort care and necessary for the preservation of life.²¹ The patient has the basic right for hydration and nourishment. Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. The use of painkillers to alleviate the sufferings of the dying, even at the possible risk of decreased consciousness and shortening of life, can be morally in conformity with human dignity, if death is not willed either as an end or as a means, but only foreseen and tolerated as inevitable (CCC, 2279).²²

The human person must be adequately and integrally considered. Life is not an absolute good that must be preserved at all costs and

¹⁹For a detailed discussion on the ordinary and extra ordinary means of treatment, see, S. Kanniyakonil, *Wait for God's Call*, 118-132; T. Shannon, *An Introduction to Bioethics*, New York, 1997, 88-100.

²⁰Cfr. *Response from the CDF to Certain Questions of the US Catholic Bishops' Conference on Artificial Nutrition and Hydration*, dated 01 August, 2007. Cfr. *L'Osservatore Romano*, 19 September, 2007, 8.

²¹This is also a disputed question in certain quarters, especially when it is continued indefinitely.

²²See also *Declaration on Euthanasia*, III; EV, 65.

neither death is an absolute evil, to be averted or avoided at all cost. Catholic approach avoids both extremes of a mere physicalist vitalism and a sheer utilitarianism.²³ Death is not an enemy to be defeated at any cost. God alone can determine the time of death. We need to wait for God's call.²⁴

3.3. Christian and Eschatological Meaning of Suffering and Death

Euthanasia rejects the Christian meaning of suffering and death. In the contemporary culture, the reality of suffering and death are considered to be senseless or an unbearable burden in life. Man thinks that he is his own rule and measure. Here we need a Christian understanding of death and suffering.²⁵ It is true that man has a natural aversion to anxiety over death (GS, 18). However, this natural fear of death and the incipient hope of immortality are illumined and brought to fulfilment by Christian faith, especially by the redeeming death and resurrection of Christ Jesus. Suffering and death are not curses to be avoided as far as possible but blessings to be thankfully received.

Death and life belong to God (Dt 32:39; 2 King 5:7; 1 Sam 2:6). As St Paul reminds us, "None of us lives to himself and none of us dies to himself. If we live, we live to the Lord and if we die, we die to the Lord; so then whether we live or whether we die, we are the Lord's (Rom 14:7-8). EV, 67 gives a good commentary on it, saying dying to the Lord means experiencing one's death as the supreme act of obedience to the Father and living to the Lord means recognizing the reality of suffering and trials in human life as a source of grace. All men are destined to die. Death is natural to men and only the living God is immortal. However, in the biblical and Christian understanding, the human persons are destined for eternal life with God and the human bodies are to be resurrected.

Suffering is an inevitable part of human life. But it has a redeeming and eschatological value, understood in the light of the suffering and resurrection of Christ (CCC, 1521; *Spe Salvi*, 37). One cannot decide to die. It is a mystery in the divine plan of God. The redeeming and eschatological character of suffering and death is clearly expressed in the liturgical prayers of the Church, especially in the sacrament of the

²³Cfr. H. Mynatty, *Manushyajeivanum Dharmikaprasnanganalum*, Ernakulam, 2008.

²⁴S. Kanniyakonil, *Wait for God's Call*.

²⁵W. Chalton, "The Meaning of Dying," *The Tablet*, 22 January 2005, 8; P. Keeley, "The Art of Dying," *The Tablet*, 05 March 2005, 10-11; E. Kowalski, "Come vivere la propria morte," *Studia Moralia* 52 (2014) 47-69.

anointing of the sick and in the funeral rites. St John Paul II, who continued his apostolic ministry until the last breath, is an inspiring example for Christian way of suffering. The Christian faithful is to be taught to lead earthly life in the light of the eschatological and immortal life with God. The face of the Crucified and the Risen Lord is the permanent source of inspiration for us Christians in our onward journey of faith (*Novo Millenio Inenunte*, 1).

3.4. Twilight of Human Relationships and Human Autonomy

Euthanasia disrupts the confidentiality of doctor-patient relationship. The Hippocratic Oath (5th -4th c. B.C) states: "...I will use treatment to help the sick according to my ability and judgment but I will never use it to injure or wrong them. I will not give poison to anyone, though asked to do so, nor will I suggest such a plan."²⁶ It can also affect the different aspects of familial and social relationships. It can bring about a feeling of 'useless' citizens, which may in turn encourage committing suicide.

The freedom and autonomy (*autos+nomos*) of the patient and the doctor are also restricted. No one has the arbitrary right to death or no one can decide for death. Christian concept of autonomy is neither liberal nor radical but a shared freedom. It is a gift of God and man should exercise it with God. Autonomy is governed by faith and other values. True freedom and autonomy comes through our communion with God.

4. Euthanasia as against the Nobility of Indian Culture

Euthanasia is also against the nobility of the Indian culture, known for its ideals of ahimsa and non-violence, widely popularized by Mahatma Gandhi, Father of our nation. The Indian culture respects life with all its diversity in the plant, animal and human spheres, though we see innumerable examples to the contrary today. Respect for human life is also congenial to the spiritual *weltanschauung*, which is embedded in the life blood of every Indian.

5. Some Pastoral Recommendations

Those whose lives are diminished and weakened due to old age or lasting sickness or permanent vegetative state of life due to severe accidents or strokes or cerebral palsy, physically handicapped, mentally challenged, etc. deserve special respect. They should be

²⁶For the full text of the oath, see W.H.S. Jones, *The Doctor's Oath*, Cambridge, 1924, 11-12).

helped to lead their lives in a dignified manner and to die as normal as possible (CCC, 2276). They should be given all the assistance for a decent and dignified death, worthy of human being.

5.1. An Ethics of Caring Love²⁷

The terminally ill or dying patients need companionship, compassion, empathy, warmth and support in the time of suffering and great trial. When people ask to be mercifully killed, they are really giving an anguished plea for help and love. They should be given due care in the form of palliative care,²⁸ a special form of disinterested charity. It gives hope and consolation to the patient. The care givers have a very significant role in preparing them to die with dignity. Compassionate love of Jesus should be shown not only to the patient but also to the dear and near ones of those terminally ill patients by giving physical, financial and emotional support to the entire family. One is helped to lead a happy life, until the end of one's life. It is the 'comfort care' for the hopeless and helpless to die peacefully with human and Christian dignity (*Declaration on Euthanasia*, IV). The care at the final stage of life is also strongly discussed in the Orthodox Christian tradition.²⁹

The Catholic Church in India is known for its palliative care, with a wide range of services for the terminally ill. The Catholic Church is also highly involved in this palliative care, especially through the dedicated and challenging services of the consecrated women of different congregations of consecrated life. Here we can also think of ecumenical and inter religious co-operation and mutual involvements between Churches and religions.

5.2. Spiritual Assistance and Pastoral Accompaniment

The terminally ill patients need not only the physical and medical assistance but also spiritual and sacramental assistance, especially the administration of the sacraments of anointing the sick and Eucharist, as and when it is opportune.³⁰ Frequent visits to the patient at home or in the hospital by the local parish priest, consecrated men and

²⁷S. Kanniyakonil, *Wait for God's Call*, 135-146.

²⁸Palliative care (also called palliative medicine, supportive care and comfort care) is an area of healthcare that focuses on relieving and preventing the suffering of patients.

²⁹E. Breck, *The Sacred Gift of Life: Orthodox Christianity and Bio Ethics*, New York, 1998; E. Breck, "Alternative to Euthanasia," *St. Vladimir's Theological Quarterly* 52, 3 (2008) 389-401.

³⁰J. Mattam, "The Anointing of the Sick: the Sacrament of Hope," *Indian Theological Studies* 49 (2012) 77-82.

women and by the lay persons, especially the members of the different pious associations, active in the parishes are also highly recommended as situation demands. As Pope Francis constantly reminds us, 'we should have the smell of the sheep' (EG, 24). The suffering persons should feel that the Church as the mystical body of Christ (I Cor 12:1-31) and as a family of the people of God is closer to them and with them in these difficult and painful situations.

The family members may conduct their evening prayers, together with these bed ridden persons. They should be given a communitarian and ecclesial feeling. In the words of Pope Emeritus Benedict XVI, 'those who believe are never alone.' Intercessory prayer is also important. In prayer, we confidently recommend the patients in irreversible situation to divine providence of God.

5.3. Respect for the Aged, the Sick and the Bed Ridden

The age old culture of respecting the aged, the bedridden and the sick is to be ever fostered. The new generation should be well educated for it. Occasional exposure programme from the schools, colleges and Sunday schools to palliative centres is recommended.

5.4. Strengthening of Family Relationships

In the words of the *Instrumentum Laboris* of the Synod on Family, the beauty of the 'gospel of family and marriage'³¹ is to be ever appreciated. The strong ties of family relationships are to be always fostered. Occasional family gatherings to celebrate the events of the family, especially of the bedridden persons, are suggested.

5.5. A Solid and Authentic Christian Anthropology

Constant catechesis on the sanctity of human life, dignity of human person, suffering and death and eschatological dimension of human life, etc. should be given to the faithful. An integral vision of human person as a body-soul composite, created in the image and likeness of God, destined for eternal life is to be constantly given. This catechesis could be given as part of faith formation classes on Sundays, religious and moral instruction classes in schools and colleges, monthly prayer gatherings of the family units, administration of the sacraments, liturgical seasons and feasts of the year, etc. We shall have a unified vision of Christian moral life with its Christological, anthropological, ecclesial, liturgical, sacramental, doctrinal, catechetical, social and contextual dimensions.

³¹Cfr. Preface of the *Instrumentum Laboris* for the Third Extra Ordinary General Assembly of the Synod of Bishops, October, 2014.

5.6. Sense of Wonder and Gratitude to Human Life and Human Body

We need to foster a sense of respect, wonder and gratitude before the gift of life and human body, a kind of 'sacramental attitude'. Every human person is a gift and mystery before us, not an object of money or of lust at our disposal. The other man is not a hell but a 'Eucharist'. In that way, we can fight against the growing 'culture of death'

5.7. Deepening of Solid Faith Life and Familial Spirituality

Above all, only in the context of deep faith in God, Christian hope and Charity we can understand the value of human life and of human person. Authentic sense of God leads us to an authentic sense of man. Each and every faithful should be given solid and sound Christian formation to lead a fruitful 'life in Christ,' which requires a constant catechesis on the teachings of the Gospel and the Church, sacramental life, ecclesial communion with its different levels (parishes, dioceses, individual Churches (Churches *sui iuris*), inter ecclesial and universal levels).

5.8. Franzian Accent on Compassion and Mercy

The Holy Father Pope Francis gives us added enthusiasm for our Christian commitments. We may be remembering his kind gestures like that of embracing a man called Vineeshio Rio with cists all over the body (06 November 2013). As the Pope says, we need to learn from the heart of the Gospel (EG, 34-39). Everyone should feel that the Church is like a mother with an open heart (EG, 46-49)

Conclusion

Our study makes it clear that only by a genuine 'reading of the signs of the times' and 'going back to the sources,' two important proposals of Vatican II, that we can have a realistic and solid response to the different moral issues of today and the integral renewal of the Church, for which the Vatican II made the clarion call. We need to discuss the issue of euthanasia in the holistic context of the different issues, major and minor, related to the dignity of human life and human person. Besides euthanasia, there are many other threats to the dignity of life in the form of murder, homicide, suicide, abortion, same sex unions, In Vitro Fertilization, surrogacy, cloning, break down of marriage and family, embryonic stem cell research, possible abuses in the organ donation and transplantation, sterilization, human trafficking, abuses of the minors, pornography, violence against the women, poverty, dependency, pollution of earth, arms race, terrorism and bloodshed in the name of God.

If the parliament of India votes for euthanasia in any form, it will be equal to legalizing murder. It is against the teachings of the Catholic Church and will be fostering a 'culture of death,' a 'culture of the temporary' and a 'culture of waste,' in the words of Pope Francis. It will also wound the religious feelings of all the Christians in India. It will also be an indelible stain on the age-old values, reflected in noble culture of India. Amidst all the challenges of life, we shall not be disheartened. It is our bounden duty to protect, preserve and promote the gift of human life. We need to become the prophets of life and light, not of death and doom. Above all, we need a virtue ethics, a lived-in moral theology, a genuine 'life in Christ,' where the dogma and life, worship and life and orthodoxy and orthopraxis come closer and nearer. We wish and pray to the Lord that the entire Church may become more and more pastoral and missionary with ever renewed 'spirit filled evangelizers,' in this period of new evangelization (EV, 259-288).