



Newsletter – Mar. 2009

CFSM Singapore

2 Highland Road, #03-12

Singapore 549102

Website: <http://www.c fsm.org.sg/>

Email: [c fsmsg@gmail.com](mailto:c fsmsg@gmail.com)

## To Live or Die

Ms Eulana Englaro is 38. For the last 17 years she is in coma, after an accident. All her doctors say that she is unlikely to ever recover. She is being tube fed and kept alive. Her father wants to discontinue the tube feeding and let her go to God. He went through the legal processes in the country (assuming that the process contains all reasonable checks and balances) and obtained permission. The Prime Minister in the country then tried to move a decree to prevent the feeding tubes from being removed. The President of the Country refused to sign the decree. The Pope then weighed in, and commented that to let her go is a “false solution to the tragedy of suffering”.

(Since writing this, the State hospital stopped feeding her. Ms Englaro died after a few days.)

My mother is in a stage of advance dementia. She is also suffering from high blood pressure, weak heart, anaemic, and rather advanced chronic kidney failure. She is on a regimen of 10 different kinds of medication throughout the day.

She went deaf many years ago, and after a few years refused to use her hearing aid. She stopped talking about 2 years ago. About a year ago she lost bowel and bladder control. We placed her in a nursing home. Six months ago she could still nod in response when we greeted her with exaggerated hand gestures and facial expressions. Then, when we visited her, we could still help her into a wheelchair and take her out for some air and change of scenery. Now she is totally bed ridden. She looks at us blankly when we visit her in the nursing home. She could still feed herself - when she wants to, but most meals she is being spoon fed. We expect that soon she will forget how to swallow without choking herself.

Three times over the last month, I was summoned by the nursing home in the middle of the night to go over and see her. She was wheezing and breathless. Each time I instructed for her to be hooked up to an oxygen concentrator, and each time she slowly stabilised. The first few times this happened, early last year, when she had such symptoms we had rushed her to the hospital, but after that we have been instructed that it is not necessary to bring her to the Hospital in future. So we put her into a nursing home, for the 24/7 care.

You could say that we, her children, are waiting patiently (or impatiently) for her to “go home to the western sky”. She is 87.

I am a Catholic. One of my brothers is a Baptist. The rest of my brothers and sisters are either Taoists or free thinkers. Although I am not the eldest I have been managing my mother's affairs for the last 15 years or so, and I accepted the responsibility to lead and decide on matters concerning her.

I have to think how to synthesize and simplify my thinking and philosophy to explain my actions and decision to my siblings, and win their understanding and support.

So I told them. "We Christians believe that only God can determine when a person can die. Man must not cause it, hasten it, nor prolong it. Nowadays, modern science can keep a person living, long after God has decided that she should go."

It is inevitable that some human judgement and social considerations get into this equation.

**Age is one of the main considerations.** Eluana was 38, if she was 98, or 108, and in her vegetative state, the decision would be relatively easy for most people to make. Again, however, if she was 68, or 78, or, like my mother coming to 88, what degree of "easier" will it be?

The "life expectancy" of the society also plays a part. Fifty years ago a person of 68 is considered old, nowadays 78 is not. Perhaps another fifty years down the road, a person of 88 or 98 will not be considered as old. Wealth also plays a part. In a poor country, family and society do not have the financial nor technical resources to keep a chronically sick person alive after more than a few months/years. My mother had 3 serious heart attacks. Each time we rushed her to hospital and the latest medical technology pulled her back from the brink of death. Were it not been for the fast response of the ambulances, the state of the art equipment they carried in the vehicles and in the emergency room of the hospital, and, the high level of training and competence of all who helped her, she would be dead.

I remember what an MEP (French missionary priest) once told me. I knew him when he was ministering in Singapore. Later he went to continue his ministry in Madagascar. On a subsequent visit to Singapore, a few of us old friends met up with him. One of the things he told us about living conditions in Madagascar stuck in my mind. The people there were so poor that when a family member falls seriously ill, medical treatment is usually beyond their means. A family member will cradle the sick person's head in his/her lap, perhaps cool the sick person's brow with a damp cloth, sit patiently until the person recovers or, most often than not, dies. This was in the 1990s.

We need not go so far to Africa. Today, in the rural areas of many ASEAN countries, in Burma, Laos, Philippines, Indonesia, the standards of health and medical services are much lower, and therefore life expectancies are much shorter as compared to the standards of the developed world.

**My grandmother died** in the early 1950s of tuberculosis. She had some medical treatment both traditional and western. In those days, except for street and industrial accident cases, no one goes to hospital. The sick believed that if they go to hospital for treatment, chances are, they would come out dead. I understood that one night my grandmother coughed out a lot of blood and died in the arms of her daughters. She was in her 60s.

**My grandfather lived** to his late 80s. I was then in my late teens, and I remember his decline better. He slept a lot and then started to be incontinent. Then it got more difficult to wake him up for his meals. One day I accompanied my elder brother to go and see my grandfather's doctor to tell him that "my grandfather does not want to wake up for his meals." The doctor had been visiting him and checking on his condition (doctors made house-visits in those days) told us, "If your grandfather does

not want to eat why force him? If he wants to sleep let him sleep.” “You mean we let him die from hunger?” my brother asked bluntly. “No” the wise doctor said,” From my records, I understand he had been eating less and less. That is the body’s way to say that he does not need the extra food anymore, and considering his age and in his condition, the heart will naturally stop after a while.” “Can you come and see him?” “No need, it will only cost your family more money.”

My grandfather’s heart stopped a few days after. My brother and I went back to his doctor. “My grandfather has died. Can you give us a death certificate?” He issued us one. My brother, then a law student, commented that officially the doctor should at least see the body before doing so. My feeling then was that having visited my grandfather at home over the last year, he did not wish to add unnecessarily to costs that he knew we could hardly afford.

We were thankful that my grandfather died at home when his time was up, and we had a few days notice to prepare for “after affairs” to show our respect and love. I know that my father had to borrow from a friend to do this.

The senior nurse in my mother’s nursing home asked me. “If you mother should have a heart attack do you want us to go all out use the defibrillator, etc. and try and restart her heart??” “No I said. Sooth her. Call me. I live not far from here. I will come to her bedside and I will close her eyes, pray for her soul, and let her go.”

The Filipino nurse, whom I assume to be a Christian, understood me.

I informed my siblings of this, and no one voiced objections. Making such decisions is a lonely act.

In all life’s decisions, there is always a human element. If we do not get our basics right and make the decisions then we are at fault. I made my decision, and I believe that the all-loving God will not judge me too harshly.

article by.....mark

#### **Catechism of the Catholic Church Article 2278.**

**Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the 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. The decision 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.**