



Roman Catholic Diocese of Syracuse, Office of Family/Respect Life Ministry
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Opposing Assisted Suicide in New York State

Assisted suicide advocates are pushing to legalize this deadly practice in New York State. This would threaten patients, caregivers, and especially the elderly and those with disabilities-- which is antithetical to medical care. Catholics are called to respect and advocate for all human life. Voice your opposition of this dangerous legislation to your State Senator and Assemblyman!

To take action or learn more, visit nyscatholic.org.

"The Vestibule of Heaven" - A Case Study on Ordinary vs. Extraordinary Treatment

Joe, a seemingly healthy husband and father collapses while shoveling snow. His wife, Mary, calls 9-1-1 and the paramedics arrive promptly and find him without a pulse.

Attempting resuscitation and putting Joe on life-support would likely be an "ordinary" intervention in this situation. To do nothing would be to let him die, and there is a reasonable hope that life support could help him recover, since nothing is known about the cause of his collapse.

The paramedics are able to revive Joe and he is transferred to the hospital where he is connected to a ventilator. It is discovered that he had a massive stroke that has damaged a large part of his brain. The doctors think it unlikely he will ever regain consciousness and his condition will only worsen.

In this situation, the ventilator may now be considered **extraordinary treatment** because it could be burdensome to him and the hope of benefit to his condition is low because Joe is not expected to recover. While there may be good reasons to continue this extraordinary treatment (such as giving Joe's children a chance to say goodbye or so that he can receive the sacraments or because he might still have a miraculous recovery) Mary could also legitimately choose to disconnect the ventilator. As his health-care proxy, this is Mary's decision to make, weighing the burden and benefits of the treatment and what she considers to be in Joe's best interests. Although Joe may die within minutes of being disconnected, it would not be "euthanasia" because his death would be caused by the stroke, not the action of unplugging the machine nor the withholding of ordinary care and treatment.

After a time, Mary decides to discontinue the ventilator support. To the surprise of the doctors, Joe is able to breathe on his own, but he does not regain consciousness. He remains connected to a feeding tube.

Although it was legitimate for Mary to discontinue extraordinary treatment (the ventilator), the feeding tube is not a "treatment" at all, but basic care - providing food and water. It would be wrong to disconnect it because that would cause Joe to die of dehydration or starvation rather than his underlying condition.

While in the hospital, Joe develops an infection. If left untreated, he will die, but doctors expect him to respond well to antibiotics.

In this situation, antibiotics would be an **ordinary, morally-obligatory treatment**. Since Joe is already connected to an IV, giving him an antibiotic should pose no burden at all and will almost certainly benefit him. Leaving him at the mercy of the infection without ordinary treatment would be a kind of passive euthanasia.

Eventually, Joseph's damaged body reaches its limit. He stops breathing and his heart is longer beating.

Although the medical team could rush in and resuscitate Joe, this would be an **"extraordinary" treatment**. It would be painful for Joe and his family and the benefit is small since he will likely stop breathing again soon after. Now is the time to "let him go".

Person of Life: Fr. Vavonese



1. *Tell us a little bit about yourself. How did you become involved with palliative and end of life care?*

I was a teacher, and I studied at a number of places including Loyola University, Chicago, Boston College, Fordham University, and St. Bernard's Seminary. At Boston College, we had to do a final thesis. I was interested in the Karen Ann Quinlan case which dealt with Extraordinary vs. Ordinary care. I also at Boston College I had the opportunity to study under Fr. Richard McCormick, S.J., who the Director of the Kennedy Center for Bioethics at Georgetown University. He helped me to acquire a deeper understanding of Medical Ethics, especially ethical issues surrounding the end-of-life.

In addition to working in the Catholic School Office, I was one of the representatives of the Diocese on the State Coordinating Committee. This committee was comprised of two representatives from each diocese on the staff, the Staff of the New York Catholic Conference and Bishop Hubbard. The Committee would present bills before the state legislature and make recommendations to the bishops for their legislative agenda for that year. Once the Bishops made their decision about the legislative agenda, the members of the committee would educate the people in the diocese about the issues and help them to lobby for their passage.

During that time, was confronted with the reality that assisted suicide is becoming more popular, and I think the Church has to offer a credible alternative. People want to be in control, and they do not want to suffer or be alone. If we can present a viable alternative where people are not alone or in pain, then people will be less likely to opt for physician assisted suicide. Palliative care offers a solution to these things.

2. *What inspired you to found Project Compassion? Can you tell us about what Project Compassion is?*

Dr. Paul Fiacco and I have been friends for years. After I retired in 2017, we met after 7:30am Mass regularly and talked over coffee. Through our conversations, we both discovered that we had an interest in end of life issues. Together, we created and shared presentations on this issue around the Diocese. Additionally, we published 14 articles in The Catholic Sun on end of life and the medical moral issue. We then applied for the Mother Cabrini Health Foundation Grant and received a \$500,000 grant to create Project Compassion (compassionandcope.org)-- a resource

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for physicians, nurses, and families with ill loved ones to learn about the ethical and religious directives of the Church. Catholic Hospital Association will soon be doing a story about Project Compassion in their newsletter to all of their member hospitals.

On this website, I developed videos that deal with pastoral care, medical moral issues, life losses, and grieving. This website gives an opportunity for people to see what resources are out there and know their options so that they can be in control and learn that their pain can be managed and do not need to die in agony, which aligns with Catholic theology. Additionally, it's important for them to not be alone and to be visited by a priest or pastoral care minister to have social contact and receive the Eucharist.

3. In your opinion, how does legislation and rhetoric that favors assisted suicide pose a threat to caregivers, patients, and vulnerable populations?

It's a great temptation. If the caretakers and patients aren't aware of theology and are not exposed to physicians and pastoral care ministers that understand that we need to meet the needs of the patients and walk with them, they may choose assisted suicide. Legislators are taking advantage of the ignorance of many people who do not understand resources available to them. But while legislators are taking advantage, it presents an opportunity for the Church to step up. Palliative care won't cure their disease, but it will address their symptoms, especially their pain. It is important that the Church communicates clearly, training pastoral ministers to support these people. It is also important that the Church communicate the end-of-life theology. Many people do not know that they do not have to undertake all medical treatments that keep the heart pumping, but only those treatments that will benefit the patient. It is also important that the church communicate that pain management at the end of life is important and that to be good Catholics they do not have to die in agony. We need to let people know that they do not have to die in agony. If we do not, then people may succumb to assisted suicide.

4. How can individuals best accompany loved ones who are nearing the end of life?

Individuals can take advantage of the website and resources on compassionandcope.org. Additionally, it's important to be present. In many cases when someone has a terminal illness, loved ones may stay away. It's important to walk with them to be present with them, which is part of the healing presence of God. I think it's also great to be able to contact the parish and request the pastoral care minister to bring communion.

A Reflection: "Still while we honestly ask ourselves which persons in our lives mean most to us, we often find that it is those who, instead of giving advice or solutions have chosen to share our pain and touch our wounds with their gentle hand. The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not-knowing, not curing, not healing and face with us the reality of our powerlessness, that is a friend who cares." -Henri Nouwen

For those who are interested in learning more, I would be very pleased to be able to present the pastoral care training and the medical moral issues at the end of life to groups of individuals from groups of parishes.



Parish Workshop on End-of-Life Issues!



PROJECT COMPASSION

A 2-Part Pastoral Care Workshop
with Rev. Charles Vavonese

- **Part I:** Will explore the ministry of pastoral care, its context, its Scriptural foundations and several models of providing pastoral care, forms of communication, and overview of the end-of-life medical-moral issues and how to deal with them.
 - **Part II:** Will discuss preparing patients for the reception of the sacraments, especially the Sacrament of the Sick, guide families through the process of healthy grieving after the loss of a loved one, and providing Pastoral Care for all of life's losses and how to support them as they integrate these losses into their lives.
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Father Vavonese serves patients as the palliative care Chaplain for St. Joseph's Health and is the Director of Project Compassion.

To bring a Project Compassion Workshop to your parish, email:
familyrespectlife@syrдио.org

Bishop's Call to Prayer for Supreme Court Decision on Chemical Abortion

The United States Conference of Catholic Bishops has invited Catholics to pray and share the following prayer, invoking the intercession of St. Joseph in response to the U.S. Supreme Court hearing "oral arguments in a case that has the potential to make a major impact in the widespread accessibility of chemical abortion (abortion pills)." The decision for the case is expected in June.

Dearest St. Joseph, at the word of an angel, you lovingly took Mary into your home. As God's humble servant, you guided the Holy Family on the road to Bethlehem, welcomed Jesus as your own son in the shelter of a manger, and fled far from your homeland for the safety of both Mother and Child. We praise God that as their faithful protector, you never hesitated to sacrifice for those entrusted to you. May your example inspire us also to welcome, cherish, and safeguard God's most precious gift of life. Help us to faithfully commit ourselves to the service and defense of human life—especially where it is vulnerable or threatened. Obtain for us the grace to do the will of God in all things. Amen.

For more information or to access this prayer online, visit: usccb.org/prolife/nationwide-invitation-prayer



The Dangers of the Abortion Pill

What It Is:

The abortion pill is a drug used to take the life of an unborn child up to 10 weeks gestation. The regimen involves ingesting two drugs: mifepristone and misoprostol. This inhibits the child from receiving progesterone, preventing the child from receiving nutrients and, ultimately, ending its life.*

Abortion Pill Complications

Women who undergo chemical abortions suffer complications up to four times of those who have surgical abortions. Up to one in five women who have a chemical abortion have complications, and up to 15 percent of women will hemorrhage.*



Abortion Pill Trauma:

The abortion pill is promoted as "convenient" and has even been compared to a woman's period. In reality, for some, it can be even more traumatic than a surgical abortion, as it often occurs in a woman's own home. Project Rachel founder Vicki Thorn explained that some women "get really panicked because they see the baby" as the process of the chemical abortion takes place.

*Sources: 1. Live Action: <https://www.liveaction.org/abortion-pill-kills/>
2. Lozier Institute: <https://lozierinstitute.org/fact-sheet-risks-and-complications-of-chemical-abortion/>

The Church Stands With Women and Children

Local Resources:

For Crisis Pregnancies:

New Hope Family Services, Syracuse

Birthright of Onondaga County, Syracuse

Care Net Pregnancy Centers of CNY, Utica area

Birthright of Binghamton, Binghamton area

For Abortion Pill Reversal:

877-558-0333, 24/7 Hotline

Shelter for Women and Children:

Joseph's House for Women, Syracuse

Evelyn's House, Utica

Natural Family Planning Week: July 21-27



LOVE BEYOND MEASURE

Natural Family Planning...
supporting God's gifts of love and life in marriage



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Looking to learn more about honoring God's gifts of love and life in marriage?

Visit: syracusenfp.org

If you'd like to speak with our office about NFP,
contact Kristin Dievendorf at kdievendorf@syrdio.org or (315) 472-6754.

Our office's own Kristin Dievendorf shares her reflections
about the cross of infertility in a 4 part blog series with

The Fruitful Hollow

To read each of these blog posts,
visit: thefruitfullhollow.com/blog.



DIOCESAN EVENTS

- **DAY OF HOPE AND HEALING FOR WOMEN, July 13, 2024:**
Have you felt sad, ashamed, or not forgiven due to an abortion? Experience God's mercy and peace at a Day of Hope and Healing. For more information, call Project Rachel Ministry at (855) 364-0076 or email: hopeandhealing@syrdio.org. All calls and emails are confidential.
- **THE THIRD OPTION MARRIAGE ENRICHMENT MEETINGS:**
Meetings are held on Sunday's from 6:30pm to 8:30pm online or in person at the parish center of St. Michael and St. Peter Church at 4780 W. Seneca Turnpike, Syracuse, NY 13215. Come build your marriage in the comfort of your own home. Upcoming topics and dates are: June 4 -- "Handling Anger Constructively: It Can Be Constructive" ; June 25 -- "Speaking the Truth in Love: Seven Communication Techniques" ; July 16 -- "Conflict Resolution: Solving Disagreements" ; Aug. 13 -- "Ending the Hurt Spiral and Start Loving Again" ; Sept. 10 -- "Practicing Forgiveness: The Way We Start Over" ; Sept. 24 -- "Rebuilding Trust: It Can Be Done". For more information or to participate, contact Stephanie at sstewart@syrdio.org or 315-472-6754.
- **BRANCH OUT AND GROW, Support Group Meetings for those affected by separation and divorce:**
Online zoom meetings every 1st and 3rd Wednesday of each month, 7:00-8:00 p.m. Meeting topics: June 5 -- Conflict; June 19 -- Forgiveness; July 3 -- Your Former Spouse; July 17 -- Single Living; Aug. 7 -- Brighter Days; Aug. 21 -- Deep Hurt; Sept. 4 -- Road to Recovery; Sept. 18 -- Anger. If you are interested in joining the meetings, learning more, or talking one-on-one, contact the Family/Respect Life Office at familyrespectlife@syrdio.org or 315-472-6754 Ext. 4.
- **NATURAL FAMILY PLANNING WEEK, July 21-27, 2024 :**
This year's theme is "Love Beyond Measure." For more information and resources, visit: usccb.org/topics/natural-family-planning/national-nfp-awareness-week.

UPCOMING FAMILY/PRO-LIFE HAPPENINGS

- **JOSEPH'S HOUSE 10TH ANNUAL "BIRDIES FOR BABIES" GOLF TOURNAMENT, June 10, 2024:**
Skaneateles Country Club, 3344 W. Lake St., Skaneateles. Enjoy 18 holes of golf Captain and Crew, gourmet lunch on the course and more. All proceeds from the fundraiser support the programs and services for the women and children at Joseph's House. To register for golf or become a sponsor, visit jhfw.org/birdies-for-babies.
- **THE THIRD OPTION MARRIAGE ENRICHMENT MEETINGS, The Good News Center, 10475 Cosby Manor Rd, Utica:** Meetings are held via Zoom from 6:30pm to 8:30pm. Learn from the experience of others on how to improve your relationship and find the joy in living a happier, healthier life together! Upcoming dates are June 11, July 2, July 16, July 30, Aug. 13, Aug. 27, and Sept. 3. Contact Michele Jones at (315) 735-6210 for more information.
- **MOM'S HOUSE "HART & HILLS MEMORIAL" GOLF TOURNAMENT, July 27, 2024:** The Links at Hiawatha Landing. To register or become a sponsor for this fundraiser, visit momshouseny.org or call (607) 644-9972. Mom's House provides free New York State licensed childcare to low income, single parents that are enrolled in school part time or full time. Mom's House is located at 770 Harry L. Drive, Johnson City, NY 13790.
- **NEW YORK STATE RIGHT TO LIFE'S CAMP ESTHER, August 2-4, 2024:** A weekend of intensive pro-life training for youth 14 and up. For more information, visit nysrighttolife.org.*

**Please note that Camp Esther operates independently from the Diocese of Syracuse and thus is not bound by its Child and Youth Protection Policy or Code of Conduct.*

Office of Family/Respect Life Ministry

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Hope After Abortion
Day of Hope and Healing for Women
(based on Entering Canaan)



July 13, 2024

Register confidentially 855-364-0076 - hopeandhealing@syrdio.org

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www.syrdio.org • email: familyrespectlife@syrdio.org

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