Toward a New Art of Dying, ACP and Catholic Healthcare

Catholic healthcare finds itself in a unique position within the healthcare space because of its multi-faceted commitments to providing healthcare to all but also keeping itself accountable to the internal morality of the Catholic tradition. Because of this, Catholic healthcare has a unique perspective into the patient-provider relationship. Of note, there is a foundational commitment to serve all in all aspects, physical, mental and spiritual based in the Catholic-Christian example of Christ's healing ministry.[1] This means that all who approach Catholic healthcare should be treated in all forms available depending on the needs of the patient. However, there is a growing sentiment in the United States that believes physician-assisted suicide and medically assisted death are valid and meaningful forms of medical care and should be offered.[2] With each passing year, more states are adding laws that legalize assisted death in the U.S.[3] This then puts Catholic healthcare at odds with this growing subset of people who are genuinely seeking these interventions as forms of care. While the Catholic tradition can never accept assisted death as valid medical care, there should still be an appropriate response from Catholic healthcare on how to approach death and dying in a way congruent to the Catholic tradition to serve people who request assisted death. At present, there is not a good framework for presenting this "Catholic method" of dying. The Catholic Art of Dying that is proposed here is therefore a combination of the medieval *Ars Moriendi* and the contemporary "Art of Dying" as a way to guide those in Catholic healthcare on how to die well. While this framework is still incredibly young and undeveloped, the pieces of this framework can still be explored and begin taking shape through this discussion.

Advance Care Planning (ACP) is a powerful tool in the healthcare ethics space. ACP allows patient voices to persist beyond the biological ability to voice one's own preferences, values, and goals at the end of life. This is usually executed through the form of Advance Directives, Living Wills, and the growingly popular POLST (Physician/Portable Orders for Life Sustaining Treatment).[4] However, ACP is more than written documents. Rather, these documents are the fruits of multiple conversations about a patient's current medical condition, exploring the expected outcomes of the patient's condition, and appropriately weighing the benefits and burdens of various treatments/interventions against the patient's preferences, goals, and values.[5] Often they detail treatment directives and surrogate directives that state a preference for or against life-sustaining interventions and a preferred person to enact medical decisions, all to be referenced when the patient no longer has the capacity to make medical decisions.

Catholic healthcare already places a great deal of importance on these items individually as extensions of the Catholic moral tradition.[6]

Of note, the 7th edition of the *Ethical and Religious Directives for Catholic Healthcare Services* (ERDs) specifically references the need to support patients with life-limiting and terminal illnesses in specific ways citing a "duty" to provide end-of-life care in alignment with Catholic teaching.[7] This includes things like palliative care, personal accompaniment, and all the medical, emotional, and spiritual supports both patients and their families need in the dying process. These elements are at the heart of the proposed Catholic "Art of Dying." Inspired by the medieval *Ars Moriendi*, the currently proposed Catholic "Art of Dying" is a combination of the Catholic teachings about how to approach the end-of-life and the current medical practices of ACP and palliative care.

The medieval *Ars Moriendi* was a text that was created as a way to help guide the Catholic faithful on how to die well through prayer and community.[8] While this was initially intended for a society that did not have medicine and had to rely on spirituality to make sense of death and dying, its intention and goals are still valuable to contemporary medicine and should continue to be studied.[9] It is the author's belief, then, that this medieval text gives a great deal of insight into a potentially new *Ars Moriendi* informed by the contemporary practices of end-of-life care, palliative care, and the current Catholic teachings on how to approach death and dying.

Palliative care is already well supported as part of the Catholic tradition to the point it has been mentioned directly in the 7th edition of the ERDs. However, ACP is a powerful end-of-life care tool that has yet to be fully tapped in the Catholic healthcare space as part of this new "Art of Dying." The first aspect to be highlighted is about how ACP can be a very powerful tool for the dying to carry forward their preferences and goals long after a person has lost the ability to voice them. This is highly important in the Catholic tradition as all persons are entitled with free will based on humanity's shared nature as creations of God.[10] Therefore, promoting and defending this experience of free will is something that should be of high priority in the Catholic medical institution. A second aspect of ACP to be highlighted in the Catholic healthcare space are the benefits that can arise for those grieving.[11] It must not be understated how sorrowful the death of a loved one is. Those who surround the dying, those grieving and caring for the dying, are of strong importance as much as the dying. Not only with their grieving but also in their duty to help the dying experience a "good death."[12] ACP therefore is helpful as it gives insight into what the patient would have wanted and how to proceed forward without the patient's vocal guidance. The third and arguably most fundamental aspect of ACP to highlight is that ACP provides space to explore and discuss how the dying person wishes to experience death itself.[13] Often ACP is reduced to a list of do's and don'ts about treatments at the end-of-life. While this is a valid way to use ACP, it is so often lacking because humans are so multi-faceted that a simple yes or no cannot fully capture the needs and wishes of the dying person.[14]

These then are the hallmarks of how Catholic healthcare can and should continue developing ACP as part of a new Art of Dying. Catholic healthcare has the unique nature of being a healthcare institution that brings a strong

sense of spirituality to the table and can demonstrate a positive, affirmative form of ACP that refocuses end-of-life care toward the whole of the human person rather than focusing on the avoidance of pain and suffering seen in the "Right to Die" movement.[15] Catholic healthcare by virtue of its ties to the Catholic tradition and in the spirit of the *Ars Moriendi* should advocate for more opportunities for people to engage in ACP at all phases of illness and should be brought to the forefront of end-of-life care discussion. This should include things such as the setting in which the dying person wishes to be, those surrounding the dying person at the moment of death, and of course the various traditional aspects of ACP like whether the patient wishes to continue receiving life-sustaining treatments or wishes to be kept as lucid as possible during death. ✣

NOAH DIMAS, PH.D.
Manager of Clinical Ethics
Ascension Sacred Heart

ENDNOTES

1. United States Conference of Catholic Bishops, "Ethical and Religious Directives for Catholic Healthcare Services," (2025): 6-8, https://www.usccb.org/resources/ERDs-7th-ed-Approved_2025-11-12.pdf.
2. M. Buchbinder, "Access to Aid-in-Dying in the United States: Shifting the Debate From Rights to Justice," *Am J Public Health* 108, no. 6 (Jun 2018).
3. "In Your State," 2025, accessed December 17, 2025, https://deathwithdignity.org/states/.
4. Robert C. Macauley, *Ethics in Palliative Care* (New York: Oxford University Press, 2018), 70-83.
5. Macauley, *Ethics in Palliative Care*, 70-71.
6. Bishops, "Ethical and Religious Directives for Catholic Healthcare Services," no. 24-25; "Samaritanus Bonus: On the care of persons in the critical and terminal phases of life," Congregation for the Doctrine of the Faith, 2020, accessed Dec. 17, 2025, https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20200714_samaritanus-bonus_en.html; "Declaration on Euthanasia," Congregation for the Doctrine of the Faith, 1980, accessed Dec. 17, 2025, http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html
7. Bishops, "Ethical and Religious Directives for Catholic Healthcare Services," no. 61-62.
8. "Ars Moriendi," St. Mary's University, 2025, accessed Dec. 17, 2025, https://www.artofdyingwell.org/about-this-site/ars-moriendi/; M. Therese Lysaught, "Ritual and Practice," in *Dying in the twenty-first century: toward a new ethical framework for the art of dying well*, ed. Lydia S. Dugdale (Cambridge: The MIT Press, 2015), 69; Donald F. Duclow, "Ars Moriendi," in *Macmillan Encyclopedia of Death and Dying* (New York: Macmillan Reference USA, 2003).
9. "Ars Moriendi."; Farr A. Curlin, "Hospice and Palliative Medicine's Attempt at an Art of Dying," in *Dying in the twenty-first century: toward a new ethical framework for the art of dying well*, ed. Lydia S. Dugdale (Cambridge: The MIT Press, 2015), 3-6, 50-52.
10. *Catechism of the Catholic Church*, Second ed. (Città del Vaticano: Liberia Editrice Vaticana, 1997), no. 1700.
11. Macauley, *Ethics in Palliative Care*, 71; David I. Shalowitz, Elizabeth Garrett-Mayer, and David Wendler, "The Accuracy of Surrogate Decision Makers: A Systematic Review," *Archives of Internal Medicine* 166, no. 5 (2006).
12. Lysaught, "Ritual and Practice," 69-71.
13. Bishops, "Ethical and Religious Directives for Catholic Healthcare Services," no. 62; Faith, "Samaritanus Bonus: On the care of persons in the critical and terminal phases of life."
14. Macauley, Ethics in Palliative Care, 74.
15. Curlin, "Hospice and Palliative Medicine's Attempt at an Art of Dying," 57-59.