

J.M.J.**VI Sunday which remained after Epiphany**

11-17-2024

Sunday Newsletter*Download this newsletter to access hyperlinks.***Table of Contents***Part 1: Epistle & Gospel**Part 2: Weekly Ordo & Mass Schedule**Part 3: Announcements**Part 4: Sermon**Part 5: Durable Power of Attorney Template**Part 6: Weekly Catechism Home Lessons***Part 1: Epistle & Gospel**

EPISTLE (I. Thess. I. 2-10.) Brethren, we give thanks to God for you all, making a remembrance of you in our prayers without ceasing; being mindful of the work of your faith, and labor, and charity, and of the enduring of the hope of our Lord Jesus Christ before God and our Father: knowing, brethren, beloved of God, your election: for our gospel hath not been unto you in word only, but in power also, and in the Holy Ghost, and in much fullness, as you know what manner of men we have been among you for your sakes. And you became followers of us and of the Lord, receiving the word in much tribulation, with joy of the Holy Ghost: so that you were made a pattern to all that believe, in Macedonia and in Achaia. For from you was spread abroad the word of the Lord, not only in Macedonia and in Achaia, but also in every place, your faith, which is towards God, is gone forth; so that we need not to speak anything. For they themselves relate of us what manner of entering in we had unto you; and how ye turned, to God from idols, to serve the living and true God, and to wait for His Son from heaven (whom he raised from the dead), Jesus, who both delivered us from the wrath to come.

GOSPEL (Matt. XIII. 31-35.) At that time, Jesus spoke this parable to the multitudes: The kingdom of heaven is like to a grain of mustard-seed, which a man took and sowed in his field: which is the least indeed of all seeds; but when it is grown up, it is greater than all herbs, and becometh a tree, so that the birds of the air come, and dwell in the branches thereof. Another parable he spoke to them: The kingdom of heaven is like to leaven, which a woman took and hid in three measures of meal, until the whole was leavened. All these things Jesus spoke in parables to the multitude, and without parables he did not speak to them, that it might be fulfilled which was spoken by the prophet, saying: I will open my mouth in parables, I will utter things hidden from the foundation of the world.

Part 2: Weekly Ordo & Mass Schedule

This upcoming week's TLM Mass Schedule & Parish Ordo

Note: TLM on Thanksgiving Day will be at 7:00am.

| Date & Time | Day of Week | Mass | Color | Gloria/Credo | Preface | Commemoration(s) | Notes |
|-----------------------------------|-------------|--|-------|--------------|---------|------------------|--------------------------------|
| 11/17/2024 Noon | Sunday | VI Sunday which remained after Epiphany | Green | g,c | Trinity | | Coffee Club after Mass |
| 11/18//2024 8am | Monday | Dedication of the Basilicas of Sts. Peter & Paul | White | g | Common | | |
| 11/19/2024 8am | Tuesday | St. Elizabeth of Hungary | White | g | Common | | After Mass: Catafalque Prayers |
| 11/20/2024 8am | Wednesday | St. Felix of Valois | White | g | Common | | |
| 11/21/2024 8am | Thursday | Presentation of the BVM | White | g | BVM | | |
| 11/22/2024 8am | Friday | St. Cecilia | Red | g | Common | | |
| 11/23/2024 NO TLM TODAY | Saturday | St. Clement | Red | g | Common | St. Felicity | |
| 11/24/2024 Noon | Sunday | XXIV and Last Sunday after Pentecost | Green | g,c | Trinity | | |

Part 3: Announcements

- Please visit embercatholic.com to read this Sunday's Newsletter, which contains the following announcements, sermon notes, link, and Sunday Catechesis Home Lessons.
- Message from [ICK](#) Seminarian Connor Williams:
 - **November 11, 2024; Feast of St. Martin de Tours**
 - God Bless Y'all, Just a quick update for the St. Martin community. I am doing well, praise the Lord. As y'all know, the Feast of Christ the King passed recently. This feast day is the patron feast for the Institute and a very big day for us all. To celebrate here at St. Mary Oratory, the community gathered in the parish hall following Mass for a Chili Cookoff and All Saints Day party. The seminarian candidates were the judges for the many pots of chili. A very fun and tasty job! Needless to say, there was a lot of good food and fun for all, especially being in the presence of so many saints! This, like so many other things, reminds me of the great community I came from and the amazing people y'all are. I am praying daily for everyone and in a special way for my benefactors, of whom I am very grateful. I'm also excited to be down the week after Christmas. Thank you for your generosity and may God reward you!
 - In the Heart of Christ the King,
 - Conor Williams
- Please Send Letters & Alms to Conor Williams
 - 517 Elm St. Rockford IL, 61102
 - givesendgo.com/GD8EE (for online donations/messages)
- Note: TLM on Thanksgiving Day will be at 7:00am.

Part 4: Sermon

1. **“The kingdom of heaven is like to a grain of mustard-seed,” words taken from Today’s Gospel. +**
2. I would like to continue our series on Death, Purgatory, & the Last Things
 - 2.1. Today, we will focus on Death & Bioethics
3. Euthanasia
 - 3.1. One of the greatest & growing sins surrounding death is Euthanasia, sometimes called “Mercy Killing.”
 - 3.2. We will see this practice grow in the future.
 - 3.3. Activists promoting Euthanasia often use clever propaganda and heart-tugging words to manipulate people’s sense of empathy and compassion.
 - 3.4. Euthanasia occurs in two forms: Active and Passive
 - 3.4.1. Active Euthanasia is the use of methods to directly cause death.
 - 3.4.2. Passive Euthanasia is the withdrawal of ordinary means of care which hastens death.
 - 3.4.2.1. Withdrawing ordinary means of hydration, nutrition, or simple life-sustaining medicines.
 - 3.5. We must fight this both culturally and politically.

4. Value of Suffering

- 4.1. One of the causes of euthanasia is a lack of understanding of the value of suffering. Suffering is not the worst evil. Sin is the worst evil.
- 4.2. Those final moments of suffering, if accepted with charity and confidence in God, can help take away years of time in purgatory.
 - 4.2.1. Maybe even all our temporal punishment can be eliminated.
 - 4.2.2. It can offered as a prayer for the conversion of others. Just as St. Stephen gained the conversion of St. Paul as he was stoned to death.
- 4.3. Wordly people want a sudden death. But Christians have always prayed to be delivered from a sudden and unprovided death.
 - 4.3.1. The pain of death is part of our last battle.
- 4.4. Even despite the pain, we will have a peaceful death if we:
 - 4.4.1. Work to let go of any disordered fear of death.
 - 4.4.1.1. To be detached from this world.
 - 4.4.2. Develop the habit of praying for Holy Death and Final Perseverance.

5. Narcotics

- 5.1. That being said, we can use ordinary methods to help people in their pain and agony.
 - 5.1.1. We can use medicines to help alleviate pain.

- 5.1.2. Doctors can morally even use narcotics, such as morphine, to help people in their dying agony.
- 5.2. But there are principles that govern this.
 - 5.2.1. Narcotics should only be given under the direction of those who are emotionally unattached.
 - 5.2.1.1. Loved ones are often too emotional to titrate or determine how much narcotics should be given.
 - 5.2.1.1.1. Many times giving too much.
 - 5.2.1.1.2. Sometimes even giving too little.
- 5.3. The giving of narcotics should avoid impeding the intellect and will so that the person does not lose merit.
- 5.4. How many souls are lost when the lukewarm catholic is overly sedated before a priest is able to provide the last rites and the person never made any internal act of contrition?

6. Ordinary vs. Extraordinary Means

- 6.1. We are obligated to use ordinary means of care.
- 6.2. We are not obligated to use extraordinary means of care.
- 6.3. What is the line that divides these two?
 - 6.3.1. [Fr David Sherry](#) makes the following definition:
 - 6.3.1.1. “Ordinary means are either basic care or ordinary medical treatment.
 - 6.3.1.1.1. Basic care means food, fluid, [basic delivery of Oxygen], shelter or hygiene.

6.3.1.1.2. Ordinary medical treatment is treatment that is likely to be successful without great risk, without excessive burdens on the patient, and does not prevent some grave duty.”

6.3.2. Fr. Sherry defines Extraordinary means as

6.3.2.1. “Extraordinary means to preserve life are medical treatments that have a poor likelihood of success, or are high-risk, or are excessively burdensome, or prevent some grave duty.”

6.4. To repeat, we are morally obligated to use ordinary means of care.

6.4.1. We are not obligated to use extraordinary means of care.

6.5. When in doubt about whether a treatment is ordinary or extraordinary, consult a knowledgeable priest or theologian.

7. Artificial Nutrition & Hydration

7.1. People often forget that receiving hydration and nutrition, even by artificial means, is almost always considered ordinary means.

7.1.1. If the patient is expected to die within 24 hours, then hydration can be withdrawn.

7.1.2. If the body can no longer process hydration and hydration causes more negative side effects than good, then hydration can be withdrawn.

7.1.3. But even if a patient is terminal, dehydration and starvation cannot be allowed to be the direct cause of death. Even the dying

and the terminal need to receive nutrition and hydration until the point it becomes extraordinary.

7.2. One local hospital, years ago, had a box on their admitting paperwork to check if a patient “did not want food and water by tubes.”

7.2.1. This is wrong. Nutrition and Hydration by IV (TPN), Gastric-Nasal Tube etc. are more often than not ordinary rather than extraordinary.

8. [DNRs](#)

8.1. In a similar fashion, we see today the over-use of DNRs (Do-Not Resuscitate Orders).

8.1.1. The default position is that Resuscitation is an ordinary means.

8.1.2. We can only have a DNR order when resuscitation becomes an extraordinary means for a particular patient.

8.1.2.1. A terminal patient given hours to live is not required to be resuscitated.

8.1.2.2. A 101 frail woman is required to receive chest compressions if those chest compressions are likely to break her ribs.

9. Hospice: Good & Bad

9.1. Years ago, there was only one hospice in the area. Now there are dozens.

9.1.1. Some are better than others.

9.1.2. Some are worse than others.

9.2. In many case, they are very helpful and advisable.

9.3. BUT BE CAREFUL,

9.3.1. Some make patients terminate all ordinary medications unnecessarily and too soon.

9.3.1.1. Even though the patient has weeks or months to live, some hospices unnecessarily require cessation of insulin or blood pressure medicine etc.

9.3.1.2. Some overuse narcotics.

9.3.1.3. In many parts of the country, Hospices are organizations that stealthily promote euthanasia.

9.3.1.4. However, I have personally witnessed many times that hospice is done right. I have also seen local hospice done wrong. Some local hospices help the patient have a holy death. Others prevent a holy death.

10. [Organ Donation](#)

10.1. I placed a link to an article on this topic in the sermon notes.

10.2. Long story short: there are good organ donations and bad donations. Please read the article.

10.2.1. Allow me to cite this quote from [Fr. Peter Scott](#)

10.2.1.1. “Catholics ought to be reminded that they should not grant a general permission for organ transplantation from their own body, as is frequently requested, and that they should not allow such a permission to be included on their driver’s license. This would effectively be to grant permission for the immoral removal of their organs, and for their own murder, should they become brain dead, and it would take away from

their Catholic relatives the power to stop the medical profession from taking these measures.”

11. Will vs. Medical Power of Attorney

- 11.1. It is also much more advisable to appoint a knowledgeable and solid Catholic as your medical power of attorney rather than having a medical advanced directive.
- 11.2. I have included a template in the sermon notes.
- 11.3. However, in your will please state that you do not want to be cremated and provide money for Masses to be said for yourself.

12. [ERD's](#)

- 12.1. Finally, I encourage all interested in joining the medical field or already in the medical field to familiarize themselves with ERD's. A link is in the sermon notes.

Bibliography & Resources for Further Study

<https://fsspx.uk/en/short-catechism-euthanasia-46340>

<https://fsspx.news/en/news/moral-limits-medical-treatment-7514>

www.padreperigrino.org/2024/09/eol

<https://www.youtube.com/watch?v=h0ZHsc7ZZXs&t=1s>

<https://fsspx.org/en/brain-death-really-death-30488>

https://www.usccb.org/resources/ethical-religious-directives-catholic-health-services-sixth-edition-2016-06_0.pdf

Part 5: Durable Power of Attorney Template

By [Fr. David Nix](#)

Copied from <https://www.padreperegrino.org/2023/03/dpa/>

There are many legal documents online similar to the one I created below. However, even Catholic modifications to the average durable power of attorney documents miss the two main aspects of euthanasia:

1) Artificial Nutrition and Hydration. Even the [Vatican website](#) (published several years before Pope Benedict XVI's semi-resignation) admits that artificial nutrition and hydration is *always* part of *ordinary* care in end-of-life decisions, provided the body can assimilate food and hydration (be it oral or artificial.) As most of you know, the Catholic Church always requires ordinary care (food and water) but not always extraordinary care (eg a ventilation machine) in order to preserve life. For example, intubation and ventilation are acceptable for the Catholic, but not always required. (In other words, there's nothing against a pro-life culture to "pull the plug" after a valiant attempt at saving a life, provided eugenics be not a motivator to the clinician or family.)

Nowadays, however, most hospice care and [palliative](#) care businesses are euthanasia-based.

2) Overdosing on narcotics. Pope Pius XII explained [here](#) that narcotics can be permitted for the Catholic patient, but added that refraining from them can be heroic. When helping others die in God's grace, it's important to never impede the intellect, as spiritual warfare on the deathbed is often as pronounced as the physical battle. Again, the Catholic Church permits narcotics, just never to the point that it causes respiratory arrest. This might sound obvious, but numerous "Catholic" hospitals and hospice agencies euthanize countless patients via narcotic overdoses every month in the United States and Europe, and probably in Asia and even Africa.

Regarding so-called "brain-death" and organ donation, see this [blog post](#) I wrote that a couple years ago that went viral. Notice the link at the top of my blog where even *USA Today* admits they're cutting hearts out of live people.

For all these reasons, I think it's better to have durable power of attorney for health care proxy given to one person instead of advanced directives. Although a euthanasia-inclined physician could still overdose or starve-to-death a Christian patient against the wishes of a Christian family, the family has a better chance at winning the argument for life if health-care proxy is given to only

one person. Why? Because the parameters of advanced directives allow for argument, whereas durable power of attorney given to one family member who understands both bioethics and the craftiness of the modern medical system is simply the best Catholic option.

In regards to the common-form online seen below (even on so-called “Catholic” websites) I myself correct the bioethical errors in bold. You can find my version below on a Word document [here](#), too, but without the bold corrections below.

Durable Power of Attorney in Health Care:

I, _____ (name) , of _____,
hereby make, constitute and appoint _____ hereinafter “Agent”),
of _____, as my true and lawful attorney-in-fact to make health care
decisions for me.

I also appoint _____, as “my alternate Agent”, without authority to exercise any
of the powers set forth below, except that if my Agent shall be unable or unwilling to serve or to
continue to serve as such Agent, then my alternate Agent shall be fully authorized to serve
hereunder and shall have all of the powers granted originally to my Agent. My alternate Agent
may execute and attach hereto an affidavit to the effect that my Agent is unwilling or unable to
serve or to continue to serve. Such affidavit shall be conclusive evidence, insofar as third parties
are concerned, of the facts set forth.

My Agent is authorized to exercise authority in matters involving my health and medical care. In
exercising the authority granted herein, my Agent is instructed to try to discuss with me the
specifics of any proposed decision regarding my medical care and treatment, if I am able to
communicate in any manner.

Specifically, in the event that I should be in a terminal condition, a coma or a vegetative state that
my doctors feel is likely to be incurable or irreversible, I would want to receive medically
appropriate comfort care but would not want to receive cardiopulmonary resuscitation. I desire
always to receive oral or even artificially administered food and fluids, provided my body can
assimilate them.

In such circumstances, I would prefer not to be transported to a hospital if avoidable, would hope
to be permitted to die in my home. In any event, I would request the administration of sufficient
medication to alleviate pain or the performance of other medical procedures necessary to provide
me with comfort care, with great vigilance that narcotics never be used to induce any state of
respiratory arrest, cardiac arrest or even an unconscious-state.

My Agent is authorized to give or withhold consent to medical treatment for me based upon any
treatment choices that I have expressed while competent, whether under this instrument or
otherwise.

If my Agent cannot determine the treatment choice I would make under the circumstances, then my alternative Agent should make such choice for me based upon what my Agent believes to be in my best interest. Accordingly, my Agent and alternative Agent are authorized as follows:

1. To give or withhold consent for surgery, medication or other treatment, approve or withhold approval for hospitalization or other placement, and consult with doctors and other persons to determine the best and most appropriate course of treatment or the most reasonable and comfortable-limitations on treatment.
2. To authorize the removal or withholding of medical treatment, including artificially or technologically supplied respiration, never withholding nutrition or hydration. It is my intention to provide a mechanism for such withholding or removal of life-sustaining treatment or procedures if after consultation with my treating physician my Agents, in his or her sole discretion, determines that I am unlikely to return to a cognitive sapient state and the treatment is unlikely to effect a cure.
3. To review my medical records, reports and charts and to consult with and secure information from treating physicians and employ other persons on my behalf, as my Agent may deem necessary, to assist in making medical treatment decisions.
4. I choose no organ donation.

I understand the full impact of this declaration and I have emotional and mental capacity to make this declaration.

Signed:

County:

City and State:

The declarant is personally known to me and I believe him/her to be of sound mind.

Part 6: Weekly Catechism Home Lessons

[A Short Catechism on Euthanasia](#)

By Rev Fr David Sherry

Q. What is euthanasia?¹

A. Euthanasia, sometimes called 'assisted suicide' or 'mercy killing' is an action or omission which, of itself or by intention, causes death, with the purpose of eliminating suffering.

Q. Why does the Catholic Church forbid euthanasia?

A. The Catholic Church forbids euthanasia because it is an act of murder. The Church, the Body of Christ, has the duty to clarify and protect the Natural Law, which is summed up in the Ten Commandments.

Q. Is euthanasia a sin?

A. Yes, euthanasia, or assisted suicide, is a mortal sin against the Fifth Commandment, which obliges man to protect and preserve his life, not harm or destroy it.

Q. What do you mean by 'intrinsically evil'?

A. Some things that are sins are not evil in themselves but because of some circumstance. It is not evil to eat pizza and drink beer, but if I did it in a church, it would be a sin because of that circumstance of me being in a holy place. Other things are evil in themselves, 'intrinsically', which means that nothing can ever justify them. Killing an innocent person is one of these things.

Q. But surely, I have a right over my own body?

A. When we own something, we have a right to do with it as we please. When we are lent something, we can use it, but we have to look after it for the person who owns it. God, out of His goodness, freely gave us our life, it belongs to Him and we must use it in accordance with His law.

Q. Surely it is better to die with dignity than to suffer?

A. The purpose of human life is to know, love and serve God. It is doing that which gives us our dignity. Ending my life with dignity means dying when God wills, in the way that God wills, and in the state of grace. Saying that killing oneself, or allowing oneself to be killed, is to end one's life 'with dignity' really means ending one's life with the sin of pride.

Q. What about those who are in a permanent vegetative state or are otherwise severely impaired?

A. Regardless of what state a person is in, the commandment not to murder still applies. No one has a right to end the life of another because his physical condition is impaired. Furthermore, though a person's body is severely impaired, his soul is still active; he may still be able to hear and know what is going on around him.

Q. But God would not want someone to suffer?

A. Suffering and death entered into the world because of the sin of Adam and Eve, not because of God.

*For God created man incorruptible, but by the envy of the devil,
death came into the world. (Wis 2: 23)*

Suffering is a consequence of Original Sin. A Christian suffering patiently with Christ does penance for his own sins and offers up sacrifice for the salvation of others. God gives him strength and grace to carry the cross, when he asks for it. He, the Lord of life, decides when all is consummated.

Q. So, can we not relieve suffering?

A. Caring for the sick and seeking to relieve their pains using good means is an act of mercy and charity. It dignifies the carer in a similar way that patience dignifies the sufferer. Using evil means such as killing to relieve suffering, however, turns the carer into a murderer while relieving him of the need to show mercy and charity. "Mercy killing" is a misnomer because evil means are being used to relieve suffering instead of good means.

Q. What are the different types of euthanasia?

A. Euthanasia can be active or passive. Active euthanasia is a positive act which kills the person, for example, a lethal injection. Passive euthanasia is done by omitting something that should be done in order to cause death. Examples of passive euthanasia would be refusal to carry out routine surgery because we want the person to die, or 'terminal sedation', when a person is not given food or fluid and, because they are sedated, they are unable to cry out for food and fluid.

Q. Do I have a duty to preserve my life?

A. I have a duty to preserve my life in accordance with the will of God, Who gave us life so that we could know, love and serve Him in this world and be happy with Him in the next.

Q. What are these duties?

A. The duties are negative and positive.

Q. What do you mean by negative and positive duties?

A. A negative duty is the duty not to do something. A negative duty obliges us at every moment. For example, the commandment, *Thou shalt not steal*, always obliges. I must spend every moment of every day not stealing. A positive duty is the duty to do something. This duty does not oblige us at every moment. For example, the positive commandment, *Keep Holy the Sabbath Day*, does not oblige all the time, but only sometimes, that is, on one day a week.

Q. So, what are the negative and positive duties to preserve life?

A. The negative duty is not to do anything that directly or intentionally causes death. The positive duty is to take the ordinary means to preserve life. If necessary for some grave reason, it may be that we should take extraordinary means.

Q. What are ordinary and extraordinary means to preserve life?

A. Ordinary means are either basic care or ordinary medical treatment. Basic care means food, fluid, shelter or hygiene. These are not medical treatments. Ordinary medical treatment is treatment that is likely to be successful without great risk, without excessive burdens on the patient, and does not prevent some grave duty.

Q. What are extraordinary means to preserve life?

A. Extraordinary means to preserve life are medical treatments that have a poor likelihood of success, or are high-risk, or are excessively burdensome, or prevent some grave duty. The administration of food or fluid to a patient would be extraordinary only if it were delivered in a way intolerable to the patient.

Q. Is it possible to relieve pain in such a way that it has the side effect of hastening death?

A. Using the principle of the double effect, it is possible to provide pain relief that indirectly and as a sideeffect hastens death. However, one may never intend to cause death or deliberately hasten it.

Q. Should I take anything else into account before taking medication which makes me unconscious. Normally speaking, there is a duty to attend to the urgent needs of the soul by fulfilling all duties and receiving the Last Sacraments before administering pain relief to a degree that renders the patient unconscious.