

ROMAN GLOBOKAR

The Faculty of Theology of the University of Ljubljana

<https://orcid.org/0000-0003-0045-497X>

roman.globokar@teof.uni-lj.si

***Homo faber* in Front of the Riddle of the End of Human Life**

Abstract

In the context of contemporary bioethical debates, this article explores the figure of *homo faber* – modern man as master of nature and himself – and his response to the mystery of death. Drawing on the thought of Hannah Arendt and Hans Jonas, we examine how the desire to either prolong life indefinitely or to anticipate death through euthanasia reflects the same technocratic impulse: the need to control life's end. Both extremes – therapeutic zeal and euthanasia – are analyzed as expressions of the same anthropological paradigm. In contrast, the Catholic understanding of human life emphasizes its giftedness, vulnerability, and intrinsic dignity. Through ethical reflection on key magisterial texts, a moral framework emerges that respects life without idolizing biological survival and supports the patient's conscience in situations of great complexity. The article proposes a relational and holistic approach to dying, grounded in Christian anthropology and oriented toward personal fulfillment and spiritual readiness for death.

Keywords: *homo faber*, euthanasia, therapeutic zeal, autonomy, respect for life.

Streszczenie

***Homo faber* wobec zagadki kresu ludzkiego życia**

W kontekście współczesnych debat bioetycznych artykuł ten analizuje postać *homo faber* – nowoczesnego człowieka jako pana natury i samego siebie – oraz jego reakcję na tajemnicę śmierci. Odwołując się do myśli Hannah Arendt i Hansa Jonasa, autor podejmuje refleksję na temat tego, w jaki sposób pragnienie nieograniczonego przedłużania życia lub przyspieszania śmierci poprzez eutanazję odzwierciedla ten sam technokratyczny impuls: potrzebę kontroli nad końcem życia. Oba skrajne podejścia – gorliwość terapeutyczna i eutanazja – są analizowane jako wyraz tego samego paradygmatu antropologicznego. W przeciwieństwie do tego katolickie rozumienie życia ludzkiego podkreśla jego darmowy charakter, kruchość i wewnętrzną godność. Poprzez etyczną refleksję nad kluczowymi tekstami Magisterium wyłania się moralne podejście, które szanuje życie bez jego ubóstwienia i wspiera sumienie pacjenta w złożonych sytuacjach. Artykuł proponuje relacyjne i holistyczne podejście do umierania, zakorzenione w chrześcijańskiej antropologii i ukierunkowane na osobistą pełnię oraz duchowe przygotowanie do śmierci.

Słowa kluczowe: *homo faber*, eutanazja, gorliwość terapeutyczna, autonomia, szacunek dla życia.

Western civilization has witnessed a radical shift in attitudes toward death¹. Euthanasia and physician-assisted suicide are now legally recognized in several European countries, rooted in a growing belief in the right to decide the timing and manner of one's death². Simultaneously, immense investments are being made to prolong life, with some even envisioning the possibility of overcoming death altogether. Yuval Harari, for instance, asserts that having reduced mortality from hunger, disease, and violence, modern man now seeks to "overcome old age and even death itself"³. Rapid medical developments have contributed to a significant increase in life expectancy within the developed world. Huge amounts of money are being invested in making man immortal.

This article identifies a deeper anthropological pattern behind these seemingly opposite trends: the aspiration for total control over life. Many twentieth-century philosophers and theologians have warned of the pitfalls that man can fall into through his excessive power to alter the natural environment and even himself. Man has become the object of his actions, which poses a particular challenge for ethical reflection. It is argued that both the push for euthanasia and the drive to indefinitely extend life stem from the same mindset, that of *homo faber*. Drawing on the philosophical reflections of Hannah Arendt and Hans Jonas, the key features of this figure are outlined alongside their implications for the modern understanding of death. The Catholic moral tradition's response is then presented, which resists both extremes in favor of a holistic, relational ethic that embraces mortality and prioritizes personal dignity.

1. The Rise of *Homo faber*

The expression *homo faber* is attributed to Apicius Claudius Caecus (312–279 BC), who defined its meaning in the sentence: *Homo faber suae quisque fortunae* (Every man is the maker of his own fortune). *Homo faber* could be translated as: Man is the producer, the architect of his own destiny, the maker of the instruments

¹ This paper was prepared through the work on the research program "Religion, Ethics, Education and the Challenges of Contemporary Society (P6-0269)" and projects "Theology and Digitalization: Anthropological and Ethical Challenges (J6-60105)" and "Theology, Digital Culture and the Challenges of Human-centered Artificial Intelligence (J6-4626)", which are co-funded by the Slovenian Agency for Scientific Research and Innovation (ARIS).

² Sara Ahlin Doljak. 2024. "Voluntary Termination of Life and Conscientious Objection. A Comparative Review within the European Union and Slovenia". *Bogoslovni vestnik* 84 (2): 365–376. Michele Aramini. 2024. *Eutanasia. Le società occidentali al bivio*. Milano: Ancora.

³ Yuval Noah Harari. 2016. *Homo Deus. A Brief History of Tomorrow*. Toronto: Signal Books, 26.

that help him to realize his life, the designer who shapes the world, nature and himself with reason and free will. Above all, however, it is about the conviction that everyone is responsible for their lives and decisions.

The reciprocal effects of the processes of secularization of society and scientific and technological progress lead to an ever stronger and more independent man, the *homo faber*, who shapes his own life. The perception of a “disenchanted world” (Max Weber) and the power conferred on man by new knowledge and new technologies allow him to subordinate the processes of life to himself and reshape the whole of creation according to his own ideas. In the twentieth century, the concept of *homo faber* was used by many philosophers to evaluate Western civilization and technological progress critically.

Hannah Arendt, with her work *The Human Condition*, stimulated a profound debate about the meaning of human activity and the various forms of human action. While in antiquity man’s capacity for contemplation was particularly valued, in modern times it is man’s ability to create new products that is most admired. For them, *homo faber* represents the human being whose primary motive for action is the transformation of reality into the creation of useful and durable objects. These objects represent man’s true homeland and concretely transform the natural world.

Homo faber is indeed a lord and master, not only because he is the master or has set himself up as the master of all nature but because he is master of himself and his doing. (...) Alone with his image of the future product, *homo faber* is free to produce, and again facing alone the work of his hands, he is free to destroy⁴.

Homo faber is the fabricator of the object world, where he can freely choose the means to pursue his ends in the huge arsenal of what is available. In doing so, he no longer questions the lasting meaning of his choices and actions. The key guiding principle for him is the immediate purpose, which he wants to achieve by creating his own world, which he can dispose of at will. “Man, in so far as he is *homo faber*, instrumentalizes, and his instrumentalization implies a degradation of all things into means, their loss of intrinsic and independent value”⁵. The experience of fabrication becomes a fundamental human experience, “in which usefulness and utility are established as the ultimate standards for life and the world of men”⁶.

⁴ Hannah Arendt. 1958. *The Human Condition*. Chicago: The University of Chicago Press, 144.

⁵ Arendt. 1958. *The Human Condition*, 156.

⁶ Arendt. 1958. *The Human Condition*, 157.

Arendt's colleague Hans Jonas outlines the main characteristics of *homo faber* in a similar way, but radicalizes the definition even further by pointing out that only in a scientific-technological civilization does man himself become the object of his own technology. "*Homo faber* is turning upon himself and gets ready to make over the maker of all the rest"⁷. He cannot, however, rely on any metaphysical basis of who man is, which poses a major challenge to the construction of a new image of man. According to Jonas, modern man finds himself in an ethical vacuum. "Now we shiver in the nakedness of a nihilism in which near-omnipotence is paired with near-emptiness, greatest capacity with knowing least for what ends to use it"⁸. With the help of science and technology, we have gained extraordinary power to change natural processes and even intervene in the human genetic code and alter it. However, we lack the ethical responsibility necessary to ensure that our actions do not jeopardize the continuity of authentic human existence on the planet. Jonas's main thesis is that ethical responsibility has not kept pace with the expansion of power that humans are gaining through new technologies. Compared to pre-modern technology, the power and scope of modern technology represent not only a quantitative increase but also a qualitative change. Today, technology is no longer just a tool that people use but has become the environment in which people experience change. I want to add here the observation of the Italian philosopher and psychoanalyst Umberto Galimberti that technology is becoming the real subject of history, while man is increasingly becoming an obedient functionary: "We are all used to thinking of technology as a 'tool' at the disposition of man but the fact is that this position has now been completely reversed. It is technology that has become the 'subject of history' while man has become a mere 'functionary' of his technological apparatuses"⁹. Man can only fulfill his life within a technological framework. The more man masters external nature with the help of modern technology, the more he accomplishes his task – and becomes *homo faber*.

Technology decisively shapes man's understanding and action. It controls everything that concerns man: living and dying, thinking and feeling, acting and suffering, the environment and things, desire and destiny, the present and the future¹⁰. Like Arendt, Jonas is convinced that the *a c t i o n* aspect has completely overwhelmed the *c o n - t e m p l a t i o n* aspect of the modern ideal of man. "Thus the triumph of *homo faber*

⁷ Hans Jonas. 1984. *The imperative of responsibility. In search of an ethics for the technological age*. Chicago: The University of Chicago Press, 18.

⁸ Jonas. 1984. *The imperative of responsibility*, 23.

⁹ Umberto Galimberti. 2009. "Man in the age of technology". *Journal of Analytical Psychology* 54 (1): 3.

¹⁰ Hans Jonas. 1987. *Technik, Medizin und Ethik*. Frankfurt am Main: Suhrkamp, 15.

over his external object means also his triumph in the internal constitution of *homo sapiens*, of whom he used to be a subsidiary part”¹¹. According to this modern understanding, “man now is evermore the maker of what he has made and the doer of what he can do, and most of all the preparer of what he will be able to do next”¹². Jonas is convinced that an unfounded belief of *homo faber* in infinite development drives scientific and technological progress. But man must also recognize his limits.

The earth as a planet is a finite resource, and the life of every living being has an inescapable limit: death. However, the modern belief in progress does not stop at obstacles. As the Italian philosopher Adriano Pessina says, “Technoscience understands every limit as an obstacle, that is, as something to be overcome”¹³. *Homo faber* assumes that technological development is unlimited, that new technologies will solve all of today’s problems in the future. But forgetting the fundamental existential questions of man can be a threat to man’s destiny. “Man would become a prisoner of what he himself has thought and planned in order to humanize his own existence in the world”¹⁴. In a mentality in which the main criterion is progress and the increase of power, death becomes meaningless.

2. *Homo faber* and the End of Human Life

From the perspective of *homo faber*, death is something to be controlled. Whether through life-prolonging interventions or the deliberate choice to end life early, modern individuals seek to master even death. In this vision, euthanasia and excessive therapeutic intervention appear as opposite responses driven by the same desire: to regulate the timing and manner of dying. “Grief and death challenge the narcissistic claim of modern man, who believes he can control and plan all of life through science and technology”¹⁵.

My basic thesis is that euthanasia (i.e. directly induced death out of compassion for the dying) and therapeutic zeal (preservation of life at all costs) are two sides of the same coin, two expressions of a technological desire to control death. They want to appropriate death by either anticipating it (euthanasia) or postponing

¹¹ Jonas. 1984. *The imperative of responsibility*, 9.

¹² Jonas. 1984. *The imperative of responsibility*, 9.

¹³ Adriano Pessina. 1999. *Bioetica. L'uomo sperimentale*. Milano: Bruno Mondadori, 59.

¹⁴ Pessina. 1999. *Bioetica*, 59.

¹⁵ Maurizio Pietro Faggioni. 2016. *La vita nelle nostre mani: Manuale di bioetica teologica*. Bologna: EDB, 358.

it (therapeutic zeal). Death loses its elusive character, its transcendence, its mystery. The aim of technology is to control death. The technique prevents the direct confrontation with the irreducible event of death or the confrontation with it. Death is not a personal event, but becomes an object of manipulation.

Death, like birth, is a radically passive event – one that cannot be mastered without losing its mystery. In the technocratic mindset, such passivity is intolerable. *Homo faber* cannot deal with such a radical form of passivity because he aims for efficiency and controllability. *Homo faber* indulges in the illusion that he can avoid the fatality of death. Yet this very passivity is what gives life its depth and meaning. When death becomes a matter of scheduling, it loses its transcendent character.

3. Catholic View on End-of-Life Issues

Catholic moral theology consistently opposes both euthanasia and therapeutic obstinacy. Human life is not an absolute possession but a gift entrusted to us. A fundamental passivity or giftedness characterizes both the beginning and the end of human life, and this passivity determines the human condition. Not everything is the work of our hands and our choices, and it is precisely this that gives life its dimension of surprise, wonder, and beauty, without which there is no authentic human life. Life includes its imperfections, fragilities, vulnerabilities, and unfortunately also its sufferings, which from a Christian perspective has its own meaning and value in life. This is by no means a glorification of suffering as such, but rather the belief that there is a path to new life through suffering and that God does not abandon people even in their suffering. This is why the suffering, the sick, the elderly, and the disabled do not lose their inherent dignity. The value of a person does not depend on their life's qualities or usefulness to society, but every person has an inestimable value in themselves. In the face of their own death, Christians look beyond their earthly life and hope for the transition to a new, eternal life. God's answer to suffering is the suffering and death of his Son.

It is precisely by his death that Jesus reveals all the splendor and value of life, inasmuch as his self-oblation on the Cross becomes the source of new life for all people (cf. Jn 12:32). In his journeying amid contradictions and in the very loss of his life, Jesus is guided by the certainty that his life is in the hands of the Father¹⁶.

¹⁶ John Paul II. 1995. *Encyclical letter Evangelium Vitae*. Vatican: LEV (=EV), no 33. https://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae.html (12. 05.2025).

Pope John Paul II, in his encyclical letter *Evangelium Vitae* in 1995, condemned the act of euthanasia in the strongest terms yet, and also distanced himself very clearly from the therapeutic zeal. He defined euthanasia as “an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering”¹⁷. The rejection of euthanasia does not mean, however, that the Catholic Church is in favor of prolonging life at any price. We know that Pope John Paul II himself, at the end of his earthly journey, expressed the wish to let him go to the house of the Father¹⁸. In the same article of the encyclical that strongly condemns euthanasia, John Paul II rejects “aggressive medical treatments” that are no longer appropriate to the patient’s current situation.

In such situations, when death is clearly imminent and inevitable, one can in conscience refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted¹⁹.

The encyclical letter emphasizes that in every case it is necessary to consider the circumstances and decide in conscience how to care for the dying in order to respect the precious gift of life. It is important not to adopt the attitude of the master of life, but to realize that we are servants of life. The Church insists on basic support such as pain relief, emotional accompaniment, and spiritual presence. It is crucial to consider whether the therapeutic means available are proportionate to the possibilities for improvement. “To forego extraordinary or disproportionate means is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death”²⁰. Palliative care represents a compassionate alternative that aligns with Catholic ethics by upholding the dignity of the person without insisting on futile medical procedures²¹.

On a theoretical level, it is clear that any promethean attitude of *homo faber* is rejected and that the Catholic Church recognizes that the circumstances of each individual case must be taken into account. One of the complex ethical issues is that it means that a person should never be deprived of regular care, especially if the pa-

¹⁷ EV 65.

¹⁸ George Weigel. 2010. *The End and the Beginning: Pope John Paul II. The Victory of Freedom, the Last Years, the Legacy*. New York: Doubleday.

¹⁹ EV 65.

²⁰ EV 65.

²¹ Roberto Germán Zurriarán. 2020. “Between Euthanasia and Therapeutic Obstinacy: Palliative Care”. *Hospice & Palliative Medicine International Journal* 4 (1): 9–12.

tient is connected to a ventilator. A well-known example of the differing views on the permissibility of withdrawing technical life support was the case of Piergiorgio Welby in Italy in 2006.

Welby was a patient suffering from progressive muscular dystrophy: a genetic disease with a threatening prognosis that leads to paralysis of the skeletal muscles. Following a respiratory crisis in 1997, Welby was mechanically ventilated and then tracheotomized with his consent. In the following years, as his clinical condition deteriorated, he requested that the artificial respiration be withdrawn. This request was rejected by both his family doctor and the court. In his judgment, the judge stated that there should be a statutory rule defining therapeutic zeal and specifying when such a form of therapy can be discontinued. Welby died on December 20, 2006, after a doctor sedated him and switched off his ventilator. The diocese of Rome forbade a church funeral on the grounds that Welby had requested euthanasia. The doctor who switched off the ventilator was acquitted of all charges one year later.

An emotional debate developed in Italy around this event, from which two ideological blocs emerged. Unfortunately, too little attention was paid to the question of whether or not euthanasia was involved in this case. In my opinion, and in the opinion of many theologians, it was not euthanasia, but the legitimate right of the patient to end treatment by disproportionate means.

The opinion of the Roman Vicariate was very principled:

With regard to the request for a church burial for the late Dr. Piergiorgio Welby, the Vicariate of Rome notes that it was not in a position to grant such a burial because, unlike cases of suicide in which the absence of the conditions of full warning and conscious consent are presumed, Dr. Welby's will was known, as he repeatedly and publicly affirmed. Welby to end his own life, which is contrary to Catholic teaching (see Catechism of the Catholic Church, nos. 2276–2286; 2324–2325)²².

Cardinal of Milan, Carlo Maria Martini, reacted to the decision of Cardinal Camillo Ruini, the Pope's vicar for the city of Rome, and expressed a different opinion on the moral dubiousness of Welby's decision. In his view, this case was

²² Vicariato di Roma. 2006. Comunicato Stampa. *Roma Sette*, December 22. <https://www.romasette.it/uploads/57f117c3-14f6-e969.pdf> (20.05.2025). The 2020 letter *Samaritanus Bonus* also prohibits the administration of the sacraments to persons who would choose euthanasia or physician-assisted suicide, and also rejects the possibility of a church funeral for such persons. See: Congregation for the Doctrine of the Faith. 2020. *Letter Samaritanus bonus on the care of persons in the critical and terminal phases of life*. <https://press.vatican.va/content/salastampa/en/bollettino/pubblico/2020/09/22/200922a.pdf> (20.05.2025).

not about euthanasia, but about the legitimate right to refuse the prolongation of life by technical means. In his article *Io, Welby e la morte (I, Welby and death)*, a month after Welby's death and the refusal of a church funeral, he wrote:

The increasing therapeutic possibilities of medicine make it possible to prolong life even in situations that were previously unthinkable. Medical progress is undoubtedly very positive. But at the same time, the new technologies that allow ever more effective interventions in the human body require a special degree of wisdom in order not to prolong treatments when they are no longer useful to the person²³.

Martini critically notes that this is a very delicate question as to whether it is a proportionate medical measure that cannot be resolved by a quasi-mathematical syllogism. Such cases require

careful consideration that takes into account the specific conditions, circumstances and intentions of the persons involved. In particular, the will of the patient must not be overlooked, as it is incumbent on him – also in legal terms, apart from precisely defined exceptions – to assess whether the treatment proposed to him is actually proportionate in such cases of exceptional severity²⁴.

4. Toward a Culture of Dying and Personal Fulfillment

The Catholic tradition calls for a culture that honors the dignity of the dying through relational, compassionate care. Decisions about artificial nutrition, hydration, and ventilation must consider the patient's clinical condition and subjective experience. I agree with the moral theologians who argue that one cannot speak of euthanasia in the case where the patient also wishes to avoid a form of care that does not improve health but merely prolongs agony. "In such cases, refusing 'treatment' is not euthanasia but a capitulation to inevitable death by letting the disease take its course. Continuing 'treatment' would be a form of disproportionate technicism"²⁵. Ethical considerations always take place in the context of a specific situation. It considers the will of the patient, the intentions of the person acting (the doctor), and the particular circumstances. Not every ventilator disconnection has the

²³ Carlo Maria Martini. 2007. "Io, Welby e la morte". *Il Sole 24 ore*, January 21. https://st.il-sole24ore.com/art/notizie/2012-08-31/welby-morte-114921.shtml?uuid=AbUZ0HWG&refresh_cc=1 (20.05.2025).

²⁴ Martini. 2007. "Io, Welby e la morte".

²⁵ Carlo Casalone, Mario Picozzi. 2022. *Bioetica: esercizi di discernimento*. Milano: Ancora, 223.

same ethical character. The same material act can have different ethical meanings – it can mean causing death or allowing it.

Against the mentality of technicism, we must create a culture of dying in which relationships are at the forefront. The final decision depends on the patient's conscience. As already the *Iura et Bona* declaration in 1980 states: "In the final analysis, it pertains to the conscience either of the sick person, or of those qualified to speak in the sick person's name, or of the doctors, to decide, in the light of moral obligations and of the various aspects of the case"²⁶. If we consider the conscience of the individual as the decisive factor in the moral judgment of a particular case, this means that it is possible in principle to reach different conclusions. It is the virtue of *epikeia* that enables the best possible fulfillment of moral norms in a specific case. This is by no means a moral relativism, according to which all moral decisions are the same, but rather the awareness that no two cases are morally identical and therefore every moral judgment is unique. Polish theologian Piotr Morciniec emphasizes that even when discussing disproportionate means, it is very important not to overlook the patient's personal experience. "Speaking of being burdensome to the patient, one should also consider the subjective and not only objective measure of burden"²⁷.

In order to provide concrete and useful guidance on what is proportionate in end-of-life decisions, the conviction that a patient should never be deprived of water and food has gained ground in certain Catholic bioethical circles. This view was espoused by Elio Sgreccia²⁸, the longtime director of the Catholic Institute of Bioethics in Rome, who also significantly influenced the bioethical views of Pope John Paul II. In a speech on March 20, 2004, he emphasized: "I should like particularly to underline how the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act"²⁹. As Austrian moral theologians rightly point out, the problem is "that artificial nutrition and hydration by no means contribute to alleviating suffering in every

²⁶ Congregation for the Doctrine of the Faith. 1980. *Declaration Iura et Bona on Euthanasia*. https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html (15.05.2025).

²⁷ Piotr Morciniec. 2020. "Futile Therapy versus Worthy Dying: Anthropological and Ethical Arguments". *Bogoslovni vestnik* 80 (1): 217.

²⁸ "We specify in this regard that normal care should also mean feeding and hydration (artificial or otherwise), suctioning of bronchial secretions, and cleansing of pressure ulcers". Elio Sgreccia. 1996. *Manuale di Bioetica. I. Fondamenti ed etica biomedica*. Milano: Vita e Pensiero, 652.

²⁹ John Paul II. 2004. Address to the participants in the international congress on "Life-sustaining treatments and vegetative state: scientific advances and ethical dilemmas". https://www.vatican.va/content/john-paul-ii/en/speeches/2004/march/documents/hf_jp-ii_spe_20040320_congress-fiamc.html (15.05.2025).

case, but under certain circumstances can be a burden for the dying person”³⁰. On November 12, 2004, the same Pope John Paul II stated: “The decision to forego aggressive treatment is an expression of the respect that is due to the patient at every moment”³¹. It depends on each individual case whether artificial nutrition, hydration and ventilation are part of the regular care we owe to the patient, or whether they are an excessive interference in his life, preventing him from completing his earthly journey.

Piotr Morciniec, on the basis of the personalistic interpretation of human nature in John Paul II.’s encyclical *Veritatis Splendor*³² comes to the following conclusion:

The biological life of a human being is a fundamental good for that human being, but it needs to be read in the context of the dignity of the human person and to be reconciled with that dignity. Therefore, prolonging the biological life of a human being, if it damages his or her dignity and well-being, cannot be considered morally good³³.

His German colleague Eberhard Schockenhoff takes a similar view. Due to the enormous progress in intensive care medicine, the medical principle *in dubio pro vita* is no longer valid today, especially if by life one means the biological life of the individual. He suggests redefining the actual goal of medical management in terms of its limits. “The aim is not just to prolong the patient’s physical life, but to preserve the best possible conditions for the patient’s personal fulfilment of life”³⁴. The term “personal fulfilment of life” is a mediating concept between biological life and the subjective experience of one’s own state of health. The physician is obliged to take into account the patient’s assessment of his own state of health and his decision on the further course of treatment. Daniel Callahan, one of the fathers of modern bioethics, named “the avoidance of a premature death and the pursuit

³⁰ Stephan Leher, Michael Rosenberger, Walter Schaupp, Werner Wolbert, and Günter Virt. 2007. “Sterben zulassen”. *Zeitschrift für medizinische Ethik* 53 (3): 296.

³¹ John Paul II. 2004. Address to the participants in the 19th international conference of the Pontifical council for health pastoral care. https://www.vatican.va/content/john-paul-ii/en/speeches/2004/november/documents/hf_jp-ii_spe_20041112_pc-hlthwork.html (15.05.2025).

³² John Paul II. 1993. *Encyclical letter Veritatis Splendor*. Vatican: LEV, no 50. https://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_06081993_veritatis-splendor.html (11.05.2025).

³³ Morciniec. 2020. “Futile Therapy versus Worthy Dying”, 215.

³⁴ Eberhard Schockenhoff. 2009. *Ethik des Lebens. Grundlagen und neue Herausforderungen*. Freiburg – Basel – Wien: Herder, 388–389.

of a peaceful death”³⁵ as one of the fundamental goals of medicine. If the resources provided are no longer proportionate to the goal of giving the best possible chance of personal fulfilment of the patient’s life, then it is morally justifiable to change the treatment and allow the patient to die peacefully. If the harm caused by the therapy and its side effects exceeds the health benefits for the patient, the balance of the therapy is negative. In such a case, prolonging the patient’s physical life is no longer advisable. Schockenhoff summarizes the traditions of Catholic moral theology and comes to the following conclusion:

Life-sustaining measures are, in principle, commanded, but in individual cases, it is necessary to examine whether they are proportionate in terms of their actual benefit and the potential burden for the patient. If this is not or no longer the case, the moral obligation to maintain life and thus also the obligation to provide a patient with artificial nutrition or fluids ceases to apply³⁶.

Of course, this does not mean that medicine capitulates, but that it has the best possible welfare of the individual patient in mind. It is imperative that medicine moves away from the technological paradigm that, for example, the number of deaths on a particular ward is a negative indicator of the performance of the care team. In particular, the further development of palliative care can lead to a more humanistic medical intervention aimed at the personal fulfillment of life. The crown of personal fulfillment is one’s own death. Every person has a story to tell and personal needs must be taken into account, even at the end of life.

Good medicine requires good relationships that, in turn, promote a deeper understanding of a person’s needs. In the end, all individuals will succumb to death. This reality does not have to mean that care cannot be tailored to meet the specific notion of value, meaning and purpose held by individual dying persons³⁷.

In addition to the objective criteria, the uniqueness of the individual and their personal assessment of the situation must always be taken into account. “In extreme cases, people must collaborate to find an appropriate harmonization be-

³⁵ Daniel Callahan. 1999. “Remembering the Goals of Medicine”. *Journal of Evaluation in Clinical Practice* 5 (2): 103–106.

³⁶ Schockenhoff. 2009. *Ethik des Lebens*, 401.

³⁷ David Belde. 2011. Rethinking End-of-Life Care. In *Health Care Ethics. Theological Foundations, Contemporary Issues, and Controversial Cases*. Ed. Panicola Michael R. et al., 337. Winoona: Anselm Academic.

tween the goals of alleviating suffering, preserving life, and enabling self-determination”³⁸.

5. Conclusion

This article has explored how the ideal of *homo faber* – the modern human who seeks to master life through technology – shapes the cultural approach to death. Both euthanasia and therapeutic zeal emerge from this impulse to control. Yet Christianity, while recognizing human creativity and responsibility, rejects the absolutization of control over life and death. Human life is a gift from God and is therefore sacred and inviolable.

The defense of the sanctity and inviolability of human life must not be understood in its vitalistic interpretation, but in terms of the holistic well-being of the human person or the personal fulfillment of life. If the spiritual-personal fulfillment of life cannot be regained, then the preservation of biological-bodily life is no longer an ethical duty. The preservation of physical life at all costs is not a Christian view of the dying process.

The specific decision about the maintenance of vital functions at the end of life must be left to the dying person (and their relatives) and medical staff, taking into account ethical principles. This is a unique ethical decision, as each person has a unique story.

Death is the conclusion of the story of life and the most passive event of the total surrender of life. It is important to prepare for death in the short and long term. The patient’s wishes expressed in advance, taking into account his or her values and worldview, are a great help in deciding on therapeutic procedures at the end of life.

We need to be aware of the technicist mindset that pervades the healthcare sector and encourage the inner freedom to make decisions that are in the best interests of the dying person. The development of palliative care aimed at the holistic well-being of patients and their families must be encouraged.

The Christian ethic of care, rooted in relational dignity and acceptance of mortality, challenges the modern illusion of control. A theology of dying must offer not only moral limits but also spiritual accompaniment.

³⁸ Dietmar Mieth. 2020. *Scegliere la propria fine? La volontà e la dignità dei morenti*. Brescia: Queriniana, 120.

*

Bibliography

- Aramini Michele. 2024. *Eutanasia. Le società occidentali al bivio*. Milano: Ancora.
- Arendt Hannah. 1958. *The Human Condition*. Chicago: The University of Chicago Press.
- Belde David. 2011. Rethinking End-of-Life Care. In *Health Care Ethics. Theological Foundations, Contemporary Issues, and Controversial Cases*. Ed. Panicola Michael R. et al., 323–350. Winona: Anselm Academic.
- Callahan Daniel. 1999. “Remembering the Goals of Medicine”. *Journal of Evaluation in Clinical Practice* 5 (2): 103–106.
- Casalone Carlo, Mario Picozzi. 2022. *Bioetica: esercizi di discernimento*. Milano: Ancora.
- Congregation for the Doctrine of the Faith. 2020. *Letter Samaritanus bonus on the care of persons in the critical and terminal phases of life*. <https://press.vatican.va/content/salastampa/en/bollettino/pubblico/2020/09/22/200922a.pdf> (20.05.2025).
- Doljak Sara Ahlin. 2024. “Voluntary Termination of Life and Conscientious Objection. A Comparative Review within the European Union and Slovenia”. *Bogoslovni vestnik* 84 (2): 365–376.
- Faggioni Maurizio Pietro. 2016. *La vita nelle nostre mani: Manuale di bioetica teologica*. Bologna: EDB.
- Galimberti Umberto. 2009. “Man in the age of technology”. *Journal of Analytical Psychology* 54 (1): 3–17.
- Harari Yuval Noah. 2016. *Homo Deus. A Brief History of Tomorrow*. Toronto: Signal Books.
- John Paul II. 1993. *Encyclical letter Veritatis Splendor*. Vatican: LEV. https://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_06081993_veritatis-splendor.html (11.05.2025).
- John Paul II. 1995. *Encyclical letter Evangelium Vitae*. Vatican: LEV. https://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae.html (12.05.2025).
- John Paul II. 2004. Address to the participants in the international congress on “Life-sustaining treatments and vegetative state: scientific advances and ethical dilemmas”. https://www.vatican.va/content/john-paul-ii/en/speeches/2004/march/documents/hf_jp-ii_spe_20040320_congress-fiamc.html (15.05.2025).
- John Paul II. 2004. Address to the participants in the 19th international conference of the Pontifical council for health pastoral care. https://www.vatican.va/content/john-paul-ii/en/speeches/2004/november/documents/hf_jp-ii_spe_20041112_pc-hlthwork.html (15.05.2025).
- Jonas Hans. 1984. *The imperative of responsibility. In search of an ethics for the technological age*. Chicago: The University of Chicago Press.
- Jonas Hans. 1987. *Technik, Medizin und Ethik*. Frankfurt am Main: Suhrkamp.

- Leher Stephan, Michael Rosenberger, Walter Schaupp, Werner Wolbert, Günter Virt. 2007. "Sterben zulassen". Zeitschrift für medizinische Ethik 53 (3): 295–296.
- Martini Carlo Maria. 2007. "Io, Welby e la morte". Il Sole 24 ore, January 21. https://st.ilsole24ore.com/art/notizie/2012-08-31/welby-morte-114921.shtml?uuid=AbUZ0HWG&refresh_cc=1 (20.05.2025).
- Mieth Dietmar. 2020. *Scegliere la propria fine? La volontà e la dignità dei morenti*. Brescia: Queriniana.
- Morciniec Piotr. 2020. "Futile Therapy versus Worthy Dying: Anthropological and Ethical Arguments". Bogoslovni vestnik 80 (1): 205–221.
- Pessina Adriano. 1999. *Bioetica. L'uomo sperimentale*. Milano: Bruno Mondadori.
- Schockenhoff Eberhard. 2009. *Ethik des Lebens. Grundlagen und neue Herausforderungen*. Freiburg – Basel – Wien: Herder.
- Sgreccia Elio. 1996. *Manuale di Bioetica. I. Fondamenti ed etica biomedica*. Milano: Vita e Pensiero.
- Vicariato di Roma. 2006. Comunicato Stampa. *Roma Sette*, December 22. <https://www.romasette.it/uploads/57f117c3-14f6-e969.pdf> (20.05.2025).
- Weigel George. 2010. *The End and the Beginning: Pope John Paul II. The Victory of Freedom, the Last Years, the Legacy*. New York: Doubleday.
- Zurriarán Roberto Germán. 2020. "Between Euthanasia and Therapeutic Obstinacy: Palliative Care". Hospice & Palliative Medicine International Journal 4 (1): 9–12.

