CHRIST MEDICUS

CATHOLIC JOURNAL ON RELIGIOUS FREEDOM AND HEALTH CARE

SUMMER 2026

May the peace of the Risen Lord guard your hearts and minds in Christ Jesus. Welcome to the Summer Edition of the Christ Medicus Catholic Journal on Religious Freedom and Healthcare.

As we enter the summer season, we invite you to take time for reflection on the sacred dignity of every human person and the responsibility we share to uphold a culture that honors life, truth, and authentic human flourishing. In an age marked by rapid medical advancements and complex ethical challenges, Catholics are called to bring the light of Christ into conversations surrounding healthcare, caregiving, and the protection of human dignity.

At the Christ Medicus Foundation, our work is inspired by Jesus Christ, the Divine Physician, whose healing ministry reveals the immeasurable worth of every person. We believe that healthcare must respect the whole person—body, mind, and soul—and be guided by moral truths that safeguard both patients and those entrusted with their care.

I am excited to announce the articles in our newest Catholic Journal on Religious Freedom and Healthcare. The first article written by Michael Vacca, Paul Byrne, Christine Zainer, and Mary Mainland discusses the proper determination of death and how to ensure that patients are not prematurely declared dead and subjected to active euthanasia via organ harvesting. Given the utilitarian healthcare system we have, this article is vital to ensure that God remains sovereign over human life and death. The second article is a beautiful, personal reflection on how we should treat patients with dementia written by Victoria Valent. It is a beautiful and profoundly Catholic, a true testament to living in God's love. The final article is a poignant reflection by Jen Cox on what it means to accompany people and lead them toward healing. This article reminds us of foundational truths that we often take for granted in walking with others.

IN THIS ISSUE

Whether you are a healthcare professional, caregiver, clergy member, policy leader, or concerned Catholic, we pray that the articles in this journal will both inform and inspire. May they encourage thoughtful reflection, strengthen your commitment to defending human dignity, and deepen your understanding of the Church's vision for healthcare and human flourishing. Thank you for joining us in this important conversation. May the Holy Spirit guide your reading, and may the Lord continue to bless your efforts to serve others with courage, compassion, and unwavering faith in the Gospel of Life.

Praying that these articles touch your heart and mind and lead you closer to Christ the Divine Physician,

Michael Arthur Vacca, Editor,
Catholic Journal on Religious Freedom and Healthcare,
Christ Medicus Foundation

Michael Arthur Vacca is Director of Ministry, Bioethics and Membership Experience for Christ Medicus Foundation (CMF) CURO and Director of the International Catholic Jurists Forum. A widely published legal scholar, he writes on natural law, bioethics, religious freedom and natural marriage. He is certified in Catholic spiritual direction and Catholic bioethics and chairs the Healthcare Civil Rights Taskforce. He and his wife, Sarah, reside in Warren, Michigan.

The Need to Replace the UDDA: Protecting Patients and Respecting God's Sovereignty

Writers : Michael Vacca, Esq, MA Theol.; Paul A. Byrne, MD; Christine Zainer, MD; Mary Mainland, MD

Introduction

The Uniform Determination of Death Act (UDDA) is in urgent need of replacement because it does not and cannot in its current form ensure that those declared "dead" are dead. Without certitude about the reality of death, the entire practice of medicine as a healing art to cure the sick, and provide comfort where a cure is not possible, absent God's intervention as the Divine Physician, is no longer possible. The current UDDA puts the entire field of medicine on quicksand with nothing to anchor the healing art. Simply put, medicine cannot heal the human person if we do not clearly understand whether there is a need to heal, or a need to respect death as a transition, hopefully to the Beatific Vision. The entire art of medicine presupposes the philosophical and theological reality that death can be known with moral certainty. While physicians may never know the precise moment of death, that is, when the soul separates from the body and ceases to animate the human person, they can know with certainty that death has occurred through observable physical signs which are part of nature. In fact, ordinary people in the street, often recognize when someone has died. "Someone we have known ceases to breathe, sags wherever not supported; no pulse; no sign of interactivity or of reaction; all is silent, inert, then cold…." (Paul Byrne, Sean O'Reilly, and Paul Quay, Brain Death—An Opposing Viewpoint, JAMA 242: 1985-1990, 1979).As. Dr. Edmund Pellegrino succinctly stated: "The only indisputable signs of death are those we have known since antiquity, i.e., loss of sentience, heartbeat, and breathing; mottling and coldness of the skin; muscular rigidity; and eventual putrefaction as the result of generalized autolysis of body cells" (The President's Council on Bioethics, Controversies in the Determination of Death: A White Paper by the President's Council on Bioethics, The President's Council on Bioethics, December 2008).

Death is the absence of life. Life is immanent activity in a thing. For a human person, life is substantial soul-body unity. The rational soul "must necessarily be in the whole body and in each part thereof. For it is not an accidental form, but the substantial form of the body. Now the substantial whole perfects not only the whole, but each part of the whole" (Aquinas, Summa Theologica Q. 76, Art. 8, Answer). This substantial soul-body union means that the human person does not "have" a body, but is a body-soul union. This was subsequently incorporated into official Catholic teaching at the Council of Vienne (Michael Vacca, The Moral Illicitness of Relying Solely on Neurological Criteria for the Determination of Death: A Catholic Response to "Brain Death," Linacre Q. 2023 Aug 2; 90(3): 260–272, available at https://pmc.ncbi.nlm.nih.gov/articles/PMC10566484/; Michael Vacca, Why "Brain Death" is Not the True Death of the Human Person - Catholic Journal). During life, there is organized structure of cells, tissues, and organs that have interdependent activities of, at a minimum, the respiratory, circulatory, and neurological systems to maintain the soul-body unity. At death, what is left on earth are the dead remains of the formerly living person's substance. At death, the ordered structure changes to disordered, de-structured, disintegrated cells, tissues and organs. At death, destruction/disintegration is manifest first as autolysis.

Autolysis is destruction of cells and tissues by their own enzymes that begins when the soul/body unity is no longer. Autolysis is a result of ischemia, i.e., decreased oxygen that disrupts oxidative phosphorylation and the production of ATP, required to maintain cellular function. [Oxidative Phosphorylation: Enzymes, Factors, Steps; https://microbenotes.com/oxidative-phosphorylation/. Shortly after autolysis begins, necrosis/destruction is manifest. Time is required to observe necrosis/destruction. To protect life until death, determination of death ought not be determined unless destruction of cells, tissues and organs of, at a minimum, the 3 vital systems (respiratory, circulatory, and neurological) has occurred. Destruction does not imply violence but there is ruin beyond repair of structure. To destroy is to "ruin the structure, organic existence, or condition of; damage beyond repair" (Destroy Definition & Meaning - Merriam-Webster. Destruction can be evidence of the loss of the soul, the life, when the immanent activities of the soul are no longer observable. When death has occurred, there are no vital functions, nor can there be, because of destruction of at least the three vital systems (respiratory, circulatory, and neurological).

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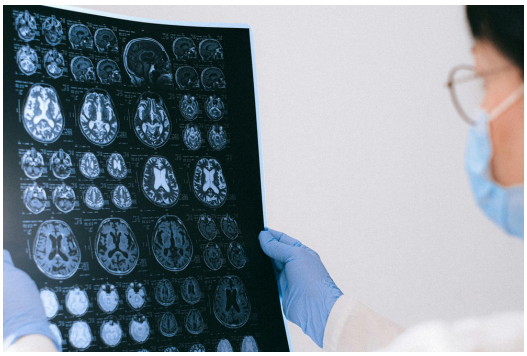


While evidence of destruction can be observed microscopically, if examined at the clinical determination of death, what is observed is no activity of the 3 vital systems plus time sufficient to know necrosis has occurred. How much is this time? Medical opinions of 2-10 minutes have been proposed and used but there are documented cases of autoresuscitation, formally known as delayed return of spontaneous circulation (ROSC) after declaration of death and cessation of cardiopulmonary resuscitation, longer than 10 minutes, in fact up to 180 minutes and even longer (Rzeźniczek P, Gaczkowska AD, Kluzik A, Cybulski M, Bartkowska-Śniatkowska A, Grześkowiak M. Lazarus, Phenomenon or the Return from the Afterlife-What We Know about Auto Resuscitation. J Clin Med. 2023 Jul 15;12(14): 4704, available at https://pubmed.ncbi.nlm.nih.gov/37510819/; Verheijde JL, Rady MY, McGregor J. Recovery of transplantable organs after cardiac or circulatory death: transforming the paradigm for the ethics of organ donation, Philos Ethics Humanit Med. 2007 May 22; 2:8, available at https://pmc.ncbi.nlm.nih.gov/articles/PMC1892566/). Destruction of these 3 vital systems precludes autoresuscitation. The time necessary to assure that death has occurred may be longer than the time expected for rigor mortis to be observed, which if it had been present, would have been confirmatory of death. Rigor mortis, postmortem stiffening of muscles, is gross manifestation of loss of Adenosine triphosphate (ATP). ATP is adenosine triphosphate, an energy-carrying molecule found in the cells of all living things. ATP captures chemical energy obtained from the breakdown of food molecules and releases it to fuel other cellular processes." (https://www.britannica.com/science/adenosine-triphosphate). ATP in the skeletal system is more resistant to ischemic damage than neurological or cardiovascular tissue. Once rigor mortis recedes, a result of skeletal muscular autolysis, the damage is more advanced in other systems. While rigor mortis is an indisputable sign of death, it is not necessary to wait for rigor mortis to determine death. However, death is not determined unless all 3 vital systems (respiratory, circulatory, and neurological) are destroyed. It is, therefore, evident that the determination of death can only be based on clear scientific signs, as opposed to philosophical/theological opinion about the definition of personhood. Unfortunately, the clear need to replace the UDDA has been obscured by the politics and economics of organ donation.

Problems with the UDDA

The UDDA states "An individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions or (2) irreversible cessation of all functions of the entire brain, including the brainstem, is dead. A determination of death must be made in accordance with accepted medical standards."

The UDDA is not acceptable and must be replaced since:

Someone could be determined to be dead by UDDA (2) but not dead by UDDA (1)

Death is one objective reality but the UDDA puts into law more than one way to determine death, either (1) or (2).

Both UDDA (1) and UDDA (2) include "irreversible." Irreversible is not observable; absence of functioning and destruction are observable

Death based on cessation of brain functions alone is not dead [UDDA (2)

Death based on cessation of circulatory and respiratory functions [(UDDA (1)] is not dead as evidenced by invention of ventilators, resuscitation, defibrillators, pacemakers, etc

Death is manifest at the cellular level as ischemic necrosis, which is the cause of the non-functioning. Cells have varying degrees of susceptibility to ischemia, ranging from minutes in neurons to hours in skeletal muscle

When life separates, ischemic necrosis of cells, tissues, organs, and systems begins quickly, with loss of oxidative phosphorylation/ATP production, followed by membrane disruption and auto-digestion (autolysis), and is a continuum that can be slowed (e.g. cooling, embalming), but not stopped

Loss of ATP production is manifested in muscles as rigor mortis (stiffening of muscles) about 3-6 hours after no circulation and respiration. Rigor mortis disappears as autolysis proceeds

As autolysis continues, disintegration, decomposition, and putrefaction set in.

It is not necessary to wait for rigor mortis, an undisputable sign of death to declare death, but death ought not to be declared unless all 3 vital systems, i.e., circulatory, respiratory, and neurological (brain) systems have decomposition

No circulation, respiration and movement plus an interval of time has been accepted to declare death for many years. During this interval, autolysis/necrosis advance

Death is signal to bury, embalm, or cremate.

Unless the person is dead, excision of organs that will cause his/her death, must not be initiated

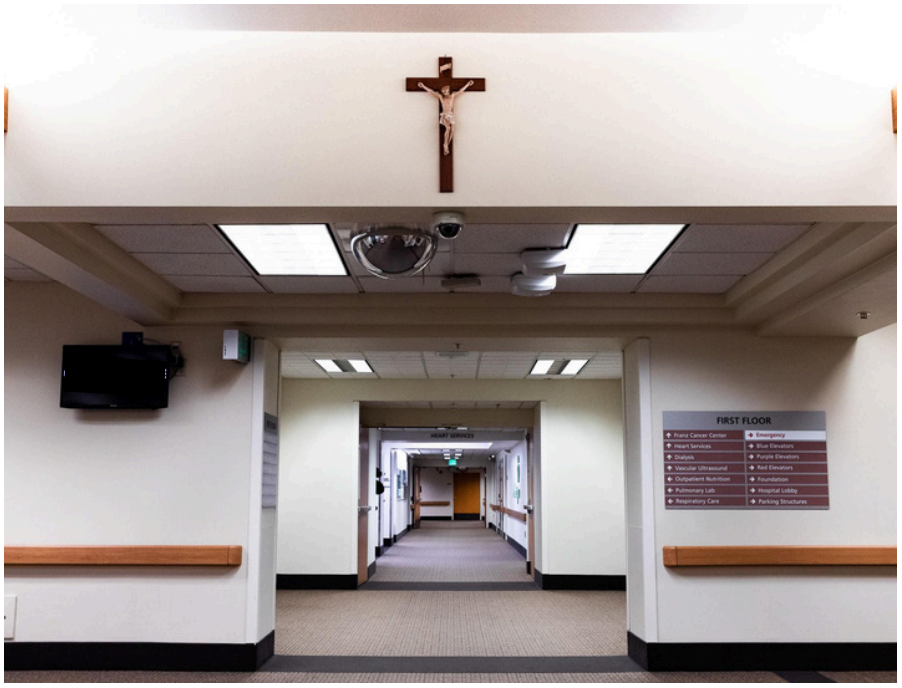
Evidence that the UDDA is Improperly Protecting Patients and the Need for Informed Consent for All Medical Interventions, Including Organ Donation

The Secretary of the US Department of Health and Human Services (HHS) recently stated in reference to an investigation of organ donation practices: "Our findings show that hospitals allowed the organ procurement process to begin when patients showed signs of life, and this is horrifying," Secretary Kennedy said. "The organ procurement organizations that coordinate access to transplants will be held accountable. The entire system must be fixed to ensure that every potential donor's life is treated with the sanctity it deserves" (https://www.hhs.gov/press-room/hrsa-to-reform-organ-transplant-system.html). More specifically, the Health Resources and Services Administration (HRSA) found: "103 cases (29.3%) showed concerning features, including 73 patients with neurological signs incompatible with organ donation. At least 28 patients may not have been deceased at the time organ procurement was initiated—raising serious ethical and legal questions. Evidence pointed to poor neurologic assessments, lack of coordination with medical teams, questionable consent practices, and misclassification of causes of death, particularly in overdose cases" (https://www.hhs.gov/press-room/hrsa-to-reform-organ-transplant-system.html).

Likely, these numbers are the tip of the iceberg since the UDDA cannot for the above stated reasons ensure that a patient is dead.Therefore, organ donation becomes organ harvesting and the healing art of medicine becomes the degrading commercialization of the human body for exploitation. Furthermore, the patients that are victimized by organ harvesting do not understand what is happening to them, that is, they lack informed consent.For instance, when they renew their driver's license, many are asked to sign up on their state's Organ Donor Registry without being told that their heart will either still be beating or could be resuscitated at the time their organs are extracted. This is deceitful as it undermines the entire credibility of organ donation and medicine as a service to the human person.

What Language Should Replace the UDDA

This language should replace the current UDDA: "No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards" (Paul A. Byrne, M.D., Sean O'Reilly M.D., F.R.C.P., Paul M. Quay S.J. Ph.D., Peter Salsich Jr., JD, Brain Death—The Patient, The Physician, and Society, Gonzaga Law Review Vol. 18, #3, 1982-83). Autolysis and rigor mortis can confirm the destruction of these three main bodily systems (the respiratory, the circulatory, and the neurological). We suggest that a political and cultural movement to replace the UDDA with this language begin at the state level and gain momentum until it becomes the national standard for determination of death.



Theological Considerations

We should call to mind that the failure to protect the human person from imposed death, including through organ harvesting made possible by an unjust law, the UDDA, is robbing God of what belongs to Him: the human person. Scripture tells us in no uncertain terms: "If any one destroys God's temple, God will destroy him. For God's temple is holy, and that temple you are. (1 Corinthians 3:17, Catholic Revised Standard Version). Let us take this seriously and stop subjecting human persons, God's temples, to commercialization and slavery through organ harvesting made possible by the current UDDA. Determination of death must not be determined by anyone absent these objective signs independent of subjective public opinion.

Accompaniment: Healing in Communion

Writer : Jen Cox, BSN, RN, Catholic Wellness Coach, Asst Director of Wellness Coaching & Engagement, CMF CURO

We are made for communion. From the very beginning, God created us not for isolation, but for relationship, with Himself and with one another. At the deepest level of our being, we are formed for connection: for being known and loved, and for walking together on a shared path of growth, healing, and flourishing.

Fr. Boniface Hicks often emphasizes that vulnerability is not a weakness to be avoided, but a point of communion. When we risk letting ourselves be seen, especially in moments of doubt, grief, anxiety, or confusion, we open ourselves to something profoundly healing. Vulnerability becomes a sacred space where true encounter and authentic connection are made possible.

We were never meant to walk the journey of faith, healing, parenthood, discipleship, holiness, of life, alone. There is something deeply consoling and grounding when we encounter another person and can say, "Yes, me too." In that moment, shame loosens its grip, isolation softens, and we experience the quiet relief of being understood.

Caring for our mental health often includes practical support such as therapy, medication when appropriate, and the development of healthy coping skills, all of which can foster healing and growth. Yet care for our mental well-being is also broader and more relational. It involves surrounding ourselves with people who feel safe: relationships in which we are received rather than fixed, listened to rather than rushed, accompanied rather than judged.

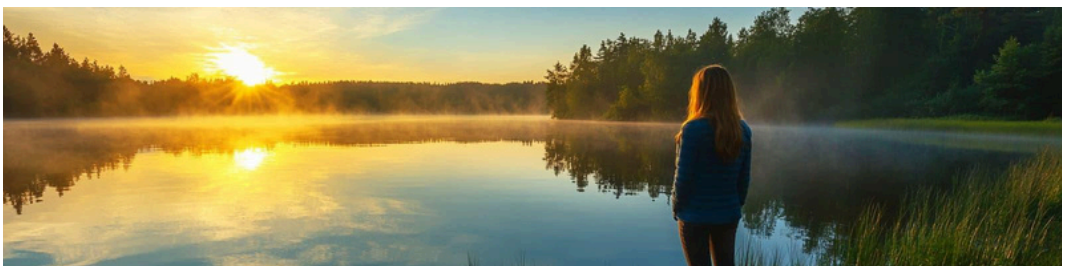
We see this dynamic beautifully in the Gospel account of the Road to Emmaus (Luke 24:13–35). Two disciples walk away from Jerusalem carrying the weight of crushed hopes, grief, fear, and unanswered questions. Jesus meets them on the road, not with correction, but with presence. He walks beside them, asks questions, and listens as they pour out their disappointment and confusion.

Jesus does not immediately reveal Himself or offer neat explanations. He allows space for their story. He meets them exactly where they are. Only after they have been heard and received does He begin to help them interpret what they have lived through. It is in this gentle walking together that their hearts begin to burn with hope once more. This is accompaniment.

In our own lives, accompaniment often looks ordinary and unremarkable. It looks like validating someone's experience rather than minimizing it. It looks like listening with compassion instead of rushing to advice or solutions. It looks like staying present when clarity has not yet arrived. These seemingly small acts of communion can have a lasting impact on mental and emotional well-being.

The more we allow ourselves to be received in our own weakness, or permit the hidden parts of ourselves to be seen, the more our capacity grows to receive and see others. For some, this vulnerability unfolds naturally with a trusted friend, spouse, or family member. For others, particularly those who have never felt safe sharing their interior life, a spiritual director or Catholic wellness coach can serve as a supportive, grace-filled starting point.

We are not called to have all the answers for one another. We are invited, instead, to walk together: to make room for one another's stories, to reflect Christ's presence through attentive care, and to trust that God is quietly at work in the journey itself.



*This article was originally seen in our CMF Wellness Newsletter and adapted for this publication.

Love Remains

Writer : Victoria Valent, Assistant Director of Administration and Event Planning, Christ Medicus Foundation CURO

Earlier this year, I attended an event featuring Dr. Charles Camosy as the keynote speaker. His talk was entitled, Life to the Last Breath: Catholic Hope and Witness in a Culture of Death. The talk highlighted many topics surrounding different areas of the Culture of Death, but it left me reflecting not only on death itself, but on the way we value and treat human life while it is still here—especially the lives of those who can no longer advocate for themselves. While his talk explored the dignity of every human person broadly, my heart kept returning to one particular, vulnerable group: those living with dementia and Alzheimer's disease.

Over the course of my life, I have watched multiple loved ones walk through the slow and painful progression of dementia. Most intimately, I spent more than seven years helping care for my grandmother, whom we lovingly call Mum Mum. I have watched the disease gradually take pieces of her memory, her independence, and at times her ability to recognize many of the people around her. Yet through every stage of that loss, one thing has never disappeared: her inviolable dignity.

In a culture increasingly obsessed with productivity, autonomy, and efficiency, dementia can seem frightening because it strips away so many of the traits society wrongly uses to measure human worth. Dr. Camosy spoke about how many people begin to feel like burdens as they age or decline physically and mentally. They fear a loss of dignity, a diminished quality of life, or becoming dependent on others. But he reminded us of something profoundly Catholic and deeply human: we are finite, dependent, and social creatures. Dependency is not a failure of humanity; it is part of humanity itself.

The modern world often treats dependence as something shameful, but the Catholic understanding of the human person says the opposite. From the moment we enter the world until the moment we leave it, we need one another. An infant depends entirely on those around them for nourishment, protection, and love. The elderly often return to a similar vulnerability. Neither stage diminishes the sanctity of the person living it.

Dr. Camosy emphasized that flourishing happens in thick, embodied relationships—relationships rooted not in usefulness, but in presence, sacrifice, and love. That truth became especially real to me while caring for Mum Mum. Although she now lives in a memory care home, our relationship has not become less meaningful—it has simply become a different invitation to love with patience, presence, and grace.

At one point, someone asked me why I still visit my grandmother every day (when I am not traveling) even though she no longer remembers who I am most days. The question itself revealed something heartbreaking about our culture: the assumption that relationships only matter when there is recognition, reciprocity, or measurable return. My answer came instinctively. "Even if she can't remember who I am, I still know who she is." She is still someone I love deeply. She is still someone who loves me, even if she cannot fully express it anymore. And even at the bare minimum, she is still a human being who deserves companionship, tenderness, and care. We are made to give love and to receive love. I can still see it in her smile, her laugh, and her eyes. Even during moments of confusion, there remains a quiet recognition—not always of my name or role, but of love itself. She feels seen. She feels safe. She feels accompanied. That matters.

So much of our society speaks about dementia only in terms of loss. But we as Catholics are called to see beyond what is being lost and instead recognize what remains. The image of God does not disappear when memory fades. Human dignity is not contingent upon cognition, productivity, or independence. A person with Alzheimer's is still a daughter, a son, a spouse, a parent, a friend, a beloved child of God! The tragedy is not that someone with dementia requires care. The tragedy is when society decides they are no longer worth our solicitude and care.

Dr. Camosy referenced the devastating loneliness many elderly people experienced during the pandemic—the countless deaths that occurred in isolation, particularly among the elderly in nursing homes and memory care facilities. It revealed what Pope Francis has repeatedly called a "throwaway culture," where the vulnerable become invisible because they no longer contribute in ways society values (Pope Francis, Laudato Si, Encyclical letter, 24 May 2015).

But the Catholic response must be radically different. Care for the suffering is not merely a medical obligation or social courtesy. It is a corporal and spiritual work of mercy. It is embodied, sacrificial, and reflective of Christ Himself. Every visit, every difficult conversation repeated for the tenth time, every hand held during confusion or fear becomes an act of witness to the Gospel. In these moments, we proclaim that a human life never loses meaning.

One of the most beautiful examples of this truth came through the relationship between my grandmother and her great-granddaughter, Olivia, who is also my goddaughter. For years, while Mum Mum and I lived together - Olivia, her parents, Mum Mum, and I spent time together nearly every week and we adults watched something extraordinary unfold between them. Olivia never saw Mum Mum as "less than." She never measured her worth by memory or ability. In the uncomplicated and honest heart of a child, her only thought was simply: "I love Mum Mum." And she still does.

Even now, months after Mum Mum moved into a wonderful memory care home, 4 year old Olivia continues visiting her weekly, often spending mornings with her simply because she wants to. Their relationship did not end when circumstances changed. Love adapted. It deepened in quieter, gentler ways. There is something profoundly theological in the way children often see the elderly and vulnerable more clearly than adults do. Children recognize people not for what they produce, but for who they are. In Olivia's eyes, Mum Mum is still the same person she has always loved, and who has always loved her. That is how all of us should view human life.

In many ways, that kind of love reflects the heart of the Catholic understanding of human dignity. To love someone simply because they are human—not because they are productive, independent, healthy, or even fully aware—is to mirror the way Christ loves us. It challenges the fear-driven mindset of a culture that often equates suffering, aging, or dependency with a diminished quality of life. The elderly, the sick, and those living with dementia are not reminders of lives that have lost meaning; they are reminders that human worth was never meant to be measured by ability in the first place. They also gently confront us with the reality that every human life is finite. Aging, illness, and eventually death are not failures of the human experience, but part of our sacred journey. In witnessing the vulnerability of those we love, we are reminded not only of their mortality, but of our own. And rather than making life seem smaller, that truth should move us to love more deeply while we still can. They call us back to something deeper: the understanding that every stage of life, even the most fragile, still holds purpose, beauty, and the presence of God.

As Catholics, we are called to live with momento mori—the remembrance that death is inevitable and earthly life is not our final destination. Dr. Camosy spoke about living and dying well, about understanding that this world is a gift but not the end of the story. Our hope is ultimately rooted in eternal life with Christ. Yet, remembering death should never make us value earthly life less. If anything, it should make us cherish it more tenderly.

To accompany someone through dementia is to stand at the uncomfortable intersection of mortality and love. It is painful. It is exhausting. It can feel unbearably slow and heartbreaking. But it can also be holy.

People often praise me for caring for Mum Mum all those years. They tell me I sacrificed so much, or say things like, "Bless you for doing that." While I understand those comments come from kindness, I often find myself feeling sad when I hear them—not because caregiving is easy, but because loving our elders should not seem extraordinary.

It is a privilege to help preserve her dignity. A privilege to continue making her life as full of joy, warmth, and familiarity as possible. A privilege to witness moments of tenderness and humanity that many people never slow down enough to see. I was profoundly blessed by the support surrounding me: family members who showed up constantly - never allowing the weight of caregiving to fall on one person alone, but carrying it together with love, patience, and sacrifice. In so many ways, they reminded me that caring for someone with dementia is not meant to be done in isolation. It becomes an act of family, of community, of shared love.

I was also blessed with coworkers at Christ Medicus who love Mum Mum like their own family, a workplace that allowed flexibility for caregiving, and organizations like Catholic Charities of Southeast Michigan and their Encore program, which helped Mum Mum remain at home longer while receiving compassionate care and community during the day. Programs like them do more than provide services. They give families time—time together, time to breathe, time to continue loving well through the challenges of dementia.

In a world that often treats aging and dependency as burdens, that kind of support becomes a quiet witness to the dignity of human life. It reminds us that caregiving is not simply about meeting physical needs, but about accompanying someone with love through every stage of life. Dementia may change the way a person communicates, remembers, or functions, but it I does not erase their need for tenderness, patience, laughter, familiarity, or belonging. In many ways, caring for our elders becomes a reflection of the very love once poured into us when we were vulnerable and dependent ourselves.

Our parents and grandparents once clothed us, fed us, comforted us, cleaned up after us, taught us right from wrong, and loved us patiently when we were completely dependent on them. When age reverses those roles, caregiving becomes not merely obligation, but an opportunity to return love through sacrifice. Of course, not every family has the same resources or circumstances. Some people carry these burdens alone. Others face financial hardship, broken relationships, or impossible logistical realities. There is no single perfect solution for caring for loved ones with dementia. But God does not ask perfection from us. He asks faithfulness.

Sometimes faithfulness looks like full-time caregiving. Sometimes it looks like choosing a quality care facility. Sometimes it looks like making a phone call, showing up for a visit, or sitting quietly beside someone who may no longer remember your name. Those moments still matter.

The world may see little value in them because they cannot be quantified. But the Kingdom of God operates differently. The Gospel reminds us of the widow who offered only a few small coins at the temple. Christ recognized the greatness of her offering not because of its size, but because she gave all she could (Luke 21:1-4).

The same is true for caregiving. No act of love offered with sincerity is wasted. And so while memories may fade, names may become harder to recall, and words may sometimes disappear entirely, the truth remains unchanged: This person is still worthy of love. This person is still worthy of presence. This person is still worthy of life and love until the very last breath.

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The Christ Medicus Foundation is a 501(c) (3) Catholic nonprofit organization that defends religious freedom and builds Christ-centered Catholic health care. Our mission is to share Jesus Christ's healing love in health care, to build authentically Catholic care, to defend life and religious freedom, and to protect the poor and vulnerable. We work for a person-centered health care system. For over 20 years CMF has educated religious and lay leaders on the intersection of healthcare, the exercise of faith and religious freedom, and the defense of the right to life. CMF has launched coalitions, campaigns and conferences to educate and form Catholic laity to make Christ-centered healthcare decisions.