Bioethics in the Pews: Translating the Tradition on EoL care for the Parishioner

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Setting the context

Present historically the Catholic Moral Tradition on health related issues and the fundamental principles that guide that tradition

Discuss mid-level terminology: ordinary/extraordinary (i.e., proportionate/disproportionate means)

No Longer lost in translation…moving the Tradition back into the parishes.
Modern medicine has difficulty balancing its two most important goals—cure and prolongation of life with comfort and quality of life.

- In fact, the balance has tipped toward technological interventions in the hope of cure and prolongation of life;
- Palliative care has become something that is done after technological efforts have been exhausted.

### Pre-Dialysis
- Trajectory short with little capacity to intervene
- Emphasis on comfort and caring
- Religion dominated: death viewed through faith as a natural evil that cannot be thwarted
- Personal acceptance and social recognition

### Post-Dialysis
- Trajectory lengthy with great capacity to intervene
- Emphasis is on technological interventions to cure
- Science dominates: viewed through technological capacity as a moral evil to fight against
- Personal anxiety and social unease
Frontline 2011: Facing Death
“From a Catholic…”

How might I make decisions were I to be in this medical situation…
“…to Parishoner”

The Value of End-of-Life Care in the Catholic Moral Tradition
Relevant Moral Norms in the Catholic Moral Tradition

- Implications of the *Imago Dei*
  - Physical life is a basic good and as such we have a duty to preserve it; however, this duty is not absolutely binding under all circumstances;

  - The duty to preserve physical life with medical means is evaluated in light of one’s overall medical condition and one’s ability to pursue human flourishing;

  - The duty to preserve physical life has a corollary absolute negative obligation: never directly intend the destruction of innocent human life (i.e., omission with direct intention to end life)

  - The duty to preserve physical life has a corollary relative positive obligation: always to care for our own lives, but we are obliged only to use means that are proportionate (ordinary) in the specific circumstances

  - *There is no obligation to do everything possible to preserve a life.*
Relevant Moral Norms in the Catholic Moral Tradition

“Life, health, all temporal activities are in fact **subordinated to spiritual ends**” (Pope Pius XII, “The Prolongation of Life,” November 24, 1957)

“It is precisely this supernatural calling which highlights the *relative* character of each individual’s earthly life. After all, **life on earth is not an ‘ultimate’ but a ‘penultimate’ reality...**” (Pope John Paul II, *The Gospel of Life*, 1995, Introduction, Section 2)

“It will be possible to make a correct judgment as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, **taking into account the state of the sick person and his or her physical and moral resources.**” (1980 Vatican Declaration on Euthanasia)
Ordinary-Extraordinary Means
A Relative Norm

“Certainly there is a moral obligation to care for oneself and to allow oneself to be cared for, but this duty must take account of concrete circumstances. It needs to be determined whether this means of treatment available are objectively proportionate to the prospects for improvement.” The Gospel of Life, John Paul II, No. 65

“Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of ‘over-zealous’ treatment. Here one does not will to cause death; one’s inability to impede it [death] is merely accepted.”

Catechism of the Catholic Church no. 2278
Drawing on that Tradition:

The Ethical and Religious Directives for Catholic Health Care Services, 5th ed.
Assessing Interventions in the Catholic Moral Tradition

- ERD 56: **PROPORTIONATE MEANS** are those that **in the judgment of the patient**, offer a reasonable hope of benefit **and** do not entail excessive burdens or impose excessive expense on the family or the community.

- ERD 57: **DISPROPORTIONATE MEANS** are those that **in the judgment of the patient**, do not offer a reasonable hope of benefit **or** entail excessive burden, or impose excessive expense on the family or the community.
58. In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the “persistent vegetative state”) who can reasonably be expected to live indefinitely if given such care. Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be “excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed.” For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.
Recent Papal Statements...
“Particularly in the stages of illness when proportionate and effective treatment is no longer possible, while it is necessary to avoid every kind of persistent or aggressive treatment, methods of ‘palliative care’ are required. As the Encyclical *Evangelium Vitae* affirms, they must ‘seek to make suffering more bearable in the final stages of illness and to ensure that the patient is supported and accompanied in his or her ordeal (no. 65).’

“Even when medical treatment is unable to defeat a serious pathology, all its possibilities are directed to the alleviation of suffering. Working enthusiastically to help the patient in every situation means being aware of the inalienable dignity of every human being, even in the extreme conditions of terminal illness. Christians recognize this devotion as a fundamental dimension of their vocation: indeed, in carrying out this task they know they are caring for Christ Himself (cf. Mt 25: 35-49)”

John Paul II. “Address to the Participants in the 19th International Conference of the Pontifical Council for Health Pastoral Care.” November 12, 2004.
“[I]t is necessary to stress once again the need for more palliative care centers which provide integral care, offering the sick the human assistance and spiritual accompaniment they need. This is a right belonging to every human being, one which we must all be committed to defend.”

Here I would like to encourage the efforts of those who work daily to ensure that the incurably and terminally ill, together with their families, receive adequate and love care. The Church, following the example of the Good Samaritan, has always shown particular concern for the infirm. Through her individual members and institutions, she continues to stand alongside the suffering and to attend the dying, striving to preserve their dignity at these significant moments of human existence. Many such individuals—health care professionals, pastoral agents and volunteers—and institutions throughout the world are tirelessly serving the sick, in hospitals and palliative care units, on city streets, in housing projects and parishes (emphasis added).”

Benedict XVI. “Message for the 15th World Day of the Sick.” December 8, 2008; see also “Address to Austrian Authorities and Diplomatic Corps.” September 7, 2007)
End-of-Life Care in the Catholic Moral Tradition:
A word about excessive expense...
Disproportionate Means:

A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or *impose excessive expense on the family or the community*.

*Ethical and Religious Directives for Catholic Health Care Services, 4th ed. Directive 57*

- The distinction turns on an assessment of medical treatment relative to the patient.
Expense can constitute an excessive hardship which in turn can make the means disproportionate.

The norm of excessive expense is relative to one’s economic status and also varies from country to country.

Medical expense needs to be judged in light of a person's financial position.

Traditional moral theology recognized different stations and economic inequalities as part of the human condition. Thus, what could be considered extraordinary for one person may be ordinary for another.

Critical Question: Is this an appropriate account of “excessive expense” in light of Catholic Social Teaching?

Kevin Wildes “Ordinary and Extraordinary Means and the Quality of Life” Theological Studies 57 (1996): 500-12
Association between cost and quality of death in the final week of life (adjusted $P = .006$)

Relative to the person is essential to the ethical evaluation of the medical means so long as socially constructed inequities are accounted for.

- Excessive expense is a consideration not only in relation to the finances of the patient but also in view of the resources of the community;

- Solidarity with the financially poor and a participation in their struggle might suggest that relative to the person must first take into account any disproportionate distribution of financial burden;

- Solidarity with the poor and a participation in their struggle might also require a breaking of links with certain institutions of privilege and power in order to assure that relative to the person means that the person has judged his/her means in the context of an equitable social structure;

- Solidarity with the financially poor and a participation in their struggle must also recognize that a basis for refusal of treatment accepts that life has limits that science, technology and money will never remove.
So how can I make my wishes known consistent with my faith?
Advance Care Planning and the WCC
Working enthusiastically to help the patient in every situation means being aware of the inalienable dignity of every human being, even in the extreme conditions of terminal illness. Christians recognize this devotion as a fundamental dimension of their vocation: indeed, in carrying out this task they know they are caring for Christ Himself (cf. Mt 25: 35-49)

John Paul II. “Address to the Participants in the 19th International Conference of the Pontifical Council for Health Pastoral Care.” November 12, 2004.
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