CARE AT THE END OF LIFE

By Cathie Gauthier

As Catholics, we take a stand against Medical Assistance in Death (MAID) defined as the intentional causing of death, either by the administering of lethal dosage of medication, providing such medication for self-administering or the deliberate withholding of care that intends the death of a person. We rally to improve access to palliative care in order to provide the best care options as people approach this "inevitable part of human experience;" a death with dignity that does not involve euthanasia or assisting in suicide. Still, many Catholics are not aware of the ethics on end of life care, and we believe it will be reassuring to know the compassionate, reasonable and respectful guidelines, addressing fully the complicated questions presented by the capabilities of modern medical technology as it interfaces with methods of pain management, and the very human journey of progression to natural death.

Below we provide a synopsis of the guidelines on end-of-life care as outlined in the Catholic Health Alliance of Canada and approved by the Canadian Conference of Catholic Bishops. *

"The Catholic tradition holds that we are stewards but not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God, but this life is not our final goal, and so we recognize that the duty to preserve life is not absolute. Thus we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome, though suicide and euthanasia are never morally acceptable options. Advances in science and technology are dramatically improving our ability to cure illness, ease suffering and prolong life. These advances also raise ethical questions concerning end-of-life care, particularly around life-sustaining treatment."

CARE OF PERSONS AT THE END OF LIFE

"...care, compassion and comfort...should include appropriate health care, pain and symptom management; social, emotional, spiritual and religious support; full information about their condition, as culturally appropriate; the opportunity for discussion with health care personnel; full disclosure to any family member or other person authorized by the dying person to receive this information; and a degree of privacy that ensures death with dignity and peace." For Catholics that includes the anointing of the sick.

PALLIATIVE CARE

All patients should receive "sufficient pain and symptom management"...to lessen pain and suffering." Medications used appropriately... "do not hasten death."... "The goal is to alleviate pain and suffering while minimizing the potential side effects of medication. Such treatment does not constitute euthanasia but rather good pain management."

"Palliative sedation can be morally permissible within the Catholic tradition." A person has a right to prepare for his or her death while fully conscious so there should be a "compelling reason" to use this sedation. "However, situations may occur when pain, shortness of breath or other symptoms cannot be alleviated without interfering with consciousness....this therapy would be morally acceptable even if this therapy might indirectly shorten the person's life, so long as the intent is not to hasten death."

DECISION MAKING AND THE DYING PERSON

"In making decisions about the treatment of the dying person, the wishes, values and beliefs of the person receiving care should be the primary consideration." They must be given accurate and full explanations about their medical status, available treatments, alternative plans of care and probable consequences of each.

If they are incapable of making their own decisions, every effort must be made to make sure the care given is consistent with their known wishes as long as they are not in contradiction to Catholic teaching.

In the case where the patient is a child, parents or authorized surrogates will make decisions in the best interest of the child. As children mature they should be involved in decisions about care and treatment.

"Decisions about end-of-life care often require weighing the benefits and burdens of treatment options....Such decisions should take into account the person's expressed wishes; his or her physical and emotional condition, including excessive pain, suffering, expense or other serious inconvenience...."

Concerns of the caregivers and community should also be considered.

REFUSING AND STOPPING TREATMENT

No person is obliged to seek or accept treatment that does not accomplish the intended goal or is very burdensome (e.g., excessive pain, expense or inconvenience). Treatment given can be withdrawn at the patient`s (or surrogate`s) request if the burden outweighs the benefits. Persons making these decisions about treatment are assured of palliative care with continued support and care, socially, emotionally, psychologically and spiritually.

ATTENDING TO DIFFERENCES AND DISTRESS IN DECISION MAKING

"When differences arise regarding the appropriate treatment plan for the patient, health care professionals should attempt to engage the patient or surrogate to determine a treatment plan that is mutually agreed upon." Sometimes the patient may need time to consider the proposed treatment and other resources may be used to assist with this including ethics consult, patient advocacy, chaplaincy and social work.

MEDICALLY ASSISTED NUTRITION AND HYDRATION

"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 presumable irreversible conditions who can reasonably be expected to live indefinitely if given such care." There are no moral implications when this intervention cannot be expected to prolong life or when it would be "excessively burdensome" for instance when there is an underlying fatal condition. "The criteria on which to base any decision to withhold or discontinue medically assisted nutrition or hydration are to respect the needs, values and wishes of the person receiving care. The intent must never be to hasten death." Not providing medically assisted nutrition and hydration to someone in the process of dying is letting pathology run its course and "is not the same as hastening death."

CARDIOPULMONARY RESUSCITATION

"CPR is an aggressive treatment used in situations of unexpected cardiac arrest." When someone is in the end stages of progressive, fatal illness, it is not ordinarily indicated.

SUICIDE AND EUTHANASIA

Treatment decisions are "never to include actions or omissions that intentionally cause death." "Refusal by the person receiving care to begin or continue to use of a medical procedure in which the burdens, harm and risks of harm are out of proportion to any anticipated benefit, is not the equivalent of suicide." This decision may be based on an acceptance of the human condition, a rejection of procedure that is extreme for the expected results or a desire not to put additional burden on the family or community.

ADVANCE CARE PLANNING

Health care preferences expressed orally or in writing must be respected when they don't conflict with the mission and values of the organization. People are encouraged to discuss living wills and advance directives with their families.

Note: all content within quotes is taken directly from the Health Ethics Guidelines
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