Termination of Life-Sustaining Treatment

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Goal

- Explore major questions & theories of withholding & withdrawing
- Review cases
  - Dying person on vent
  - The Case of Martha
- Review Church teaching on:
  - Who decides in health care
  - Conditions for termination of life-sustaining treatment
Questions that must be asked

• Who decides?
  – Informed Consent
  – Advance Directives

• What is the basis for termination?
  – Quality of life?
  – Burden-Benefit ratio?
  – Futility

• Can the institution cooperate?
Moral complexity

• If there is disagreement with reason to forego, one might conclude we have the wrong decision-maker

• If the right decision maker is identified, one might infer the institution has no choice
Case 1

- Terminal patient on vent that he wanted removed
- Fred, MS, 56, married
- Clear with MD about after 1 month
- Conscious
- Wife was against wean
WHO DECIDES?

• AUTONOMY
  – Self determination

• INFORMED CONSENT

• PROXY CONSENT
  – Advance directives
  – Surrogate decision making
SELF-DETERMINATION

• I get to determine my destiny

• Why?
  – Fairness
  – Well-being
  – Idiosyncratic
  – Self-determination = image of God
SELF-DETERMINATION

• Informed consent
  – Capacitated to make this decision
  – Information
  – Appreciative awareness
  – Free
ADVANCE DIRECTIVES

• Certain
  – Treatment directives
    • Living wills
    • DNR
  – Health care proxy

• LESS CERTAIN
  – Beliefs
  – Actions
  – Statements

• KNOW NOTHING
  – Best interest
  – Reasonable person
Directive 28

• “The free and informed judgment made by a competent adult patient concerning the use or withdrawal of life-sustaining procedures should always be respected and normally complied with, unless it is contrary to Catholic moral teaching.”
Case 1

- Disagreement whether Fred was the right decision maker
- Disagreement whether wife was the right decision maker
- Disagreement whether foregoing was permissible
- Disagreement whether terminal sedation was killing
Killing v letting die

- Inappropriate v. appropriate
  - Because the person requested
  - Quality of life
  - Futility (medical indications)
  - Burden/benefit ratio
History

Pius XII “The Prolongation of Life” 1958

• “Normally one is held to use only ordinary means—according to the circumstances, places, times, culture—that is to say means that do not involve and grave burden for one self or others. A more strict obligations would be too burdensome for most people and would render the attainment of a higher more important good too difficult. Life, health and all temporal activities are subordinated to spiritual ends.”

Appropriate v. inappropriate
Extraordinary v. ordinary
History

Declaration on Euthanasia CDF 1980

- “...people prefer to speak of proportionate and disproportionate”...it will be possible to make a correct judgment by studying the type of treatment, its degree of complexity of risk, costs and possibility of using it, and comparing these to the results to be expected taking into account the state of the sick person, and his or her physical and moral resources.”

Appropriate v. inappropriate termination
Disproportionate v. proportionate
Disproportionate

- Excessively burdensome
  - Too painful
  - Too damaging to the patient’s self & functioning
  - Too psychologically repugnant to the patient
  - Too suppressive of mental life
  - Prohibitive cost

- Burdensome to whom?
  - Patient
  - Family
  - Community
Directive 56

“A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.”

Appropriate v. inappropriate

ordinary
Directive 57

“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.”

Appropriate v. inappropriate
extraordinary v. ordinary
Disproportionate burden v benefit
Directive 60

• “Euthanasia is an action or omission that of itself or by intention causes death in order to alleviate suffering. Catholic health care institutions may never condone or participate in euthanasia or assisted suicide in any way.”

  Appropriate v. inappropriate
  Letting die v. euthanasia
  Secondary intent v. direct intent to cause death
Principle of Double Effect

- All actions have many (double) effects
- Primary intent is good or neutral
- Strong (proportionate) reasons to will the primary effect
- The secondary effect is foreseen & accepted
Case 2

• Martha 49-yr-old
  – Hypertension, quit smoking
  – After stroke living will, but no DNR
  – 2\textsuperscript{nd} stroke, coma then PVS
  – NG-tube
  – Husband asks for stop “quality of life”
  – Priest –”starving”
  – Law requires terminal condition
  – Husband asks to “do something” to hasten death
Case 2 Analysis

• Appropriate v. inappropriate
  – Following her wishes
  – Quality of life
  – Medical indications
  – Burden benefit
Summary

• Three separate questions
  – Who decides?
  – What basis to discontinue
  – Can the institution participate?

• Simplest case:
  – Capacitated patients
  – Patients with clear directives
  – Patients with little burden/ large benefit/ primary intent is death
Summary

• Ethics management
  – Avoid a rush to judgment
  – People know where to turn
  – Greatest concerns with PVS & H2O
  – Communications: “Catholic institutions follow the wishes of patients insofar as they are consistent with tradition”
  – Very few ask for treatments that cannot be honored