Ethical and Religious Directives
End-of-life

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Etiquette

• Press * 6 to mute;
• Press # 6 to unmute
• Keep your phone on mute unless you are dialoging with the presenter
• **Never** place phone on hold
• Please do not place the call with a cell phones
Goal

• Understand the Catholic tradition regarding withholding/removing treatment
• Place ERDs in context
• Examine ERDs
  – Introduction
  – Directives
• Case
Case

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

• Virgins
• St. Augustine & Donatist 310 suicide
• St. Antonius of Florence 1450
  – bread and water
• Manualists 18th & 19th Century

Appropriate v. inappropriate
Letting die v killing
Church Teaching: Placing them in Context

- Encyclicals
- Papal Statements
- Congregation for Doctrine of the Faith (CDF)
- Pontifical Council for Life
- Bishops Conference – USCCB

- *Gospel of Life* JPII
- Pius XII
- PJII Allocution 3/25/04
- *Declaration on Euthanasia* 1980
- Responsum
- *Ethical and Religious Directives for Healthcare* (ERD) 2001
Purpose of ERDs

• To affirm ethical standards and norms
• To provide authoritative guidance
• To serve institutionally-based Catholic health care
• To provide principles and guides for decision-making
Part 5: Care for the Dying
Advice on using the ERDs

• Does not provide ready answers
• Summary of the broader moral tradition
• Application may require consultation
• Not always one morally correct answer
• Speaking at 10,000’ General principles
• Some principles highly refined and admit of no exceptions (e.g., no directly intending to take innocent life)
Introduction

Values & Principles

• Witness to eternal life
• We are not the owners of life
• Duty to preserve life is not absolute
• 2 extremes
  – Avoid useless or burdensome treatment
  – Never intend causing death
Introduction
Values & Principles

• “Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die.
Questions that arise in end of life

• Who decides?
  – Informed Consent
  – Advance Directives

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

• Can the institution cooperate?
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.”
Directive 32

“While every person is obliged to use ordinary means to preserve his or her health, no person should be obliged to submit to a health care procedure that the person has judged, with a free and informed conscience, not to provide a reasonable hope of benefit without imposing excessive risks and burdens on the patient or excessive expense to family or community.”
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
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
“...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...when inevitable death is imminent in spite of the treatments used, it is permitted in conscience to make the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due a sick person in similar cases is not interrupted...”
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
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
Problem of starting & stopping

- Withholding
- Withdrawing
Directive 32

“While every person is obliged to use ordinary means to preserve his or her health, no person should be obliged to submit to a health care procedure that the person has judged, with a free and informed conscience, not to provide a reasonable hope of benefit without imposing excessive risks and burdens on the patient or excessive expense to family or 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

  Extraordinary v ordinary

  Disproportionate v. proportionate
ERDs

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.”
ERDs

Directive 58

- “There should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to the patient.”
Directive 59

• “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.”
Continuum

Simplest ← → Most complicated

Applied to cases
– Simplest: 73-year-old with esophagus CA
– Less simple: Fred
– Most complicated: Terri Schiavo
Case

- 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
Summary

• Pastoral use of ERDs and end-of-life
  – Facilitate values identification
  – Provide clarification/context/larger tradition
    • Witness to eternal life
    • Starting & stopping can be morally equivalent
    • Not all terminations=direct killing
  – Help situate—simple or complex?