Ethical Issues at the End of Life in Catholic Bioethics

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Objectives

1. Discuss foundational principles of Catholic bioethics at the end of life
2. Apply the distinction between proportionate and disproportionate means of preserving life
3. Learn concepts and language to talk to Catholic patients about end of life care

2022

U.S. Catholic Health Care

The nation's largest group of not-for-profit health care providers

Caring for people and communities across the United States, with special attention to those who are poor, underserved and most vulnerable. By our service, we strive to transform hurt into hope.

654 HOSPITALS†

135 Critical Access Hospitals*

235 Trauma Centers*

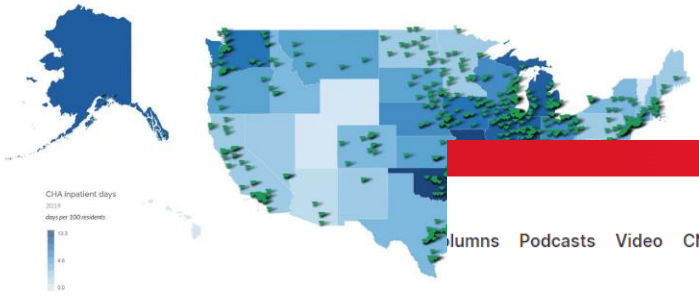
369 Hospitals Providing Palliative Care*

299 Hospitals with Obstetrics Services*

3,512 PICU/NICU beds*

COAST TO COAST

HOSPITAL LOCATIONS AND WHERE THEIR PATIENTS RESIDE



HOSPITALS†

73% URBAN

EVERY DAY MORE THAN **1 IN 7** PATIENTS are cared for in a Catholic hospital.*

CATHOLIC HOSPITAL EMPLOYEES

503,877 Full-Time Employees*

Part-Time Workers*

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METHODS SHOR

ıristianity › Catholicism

1,587 CONTINUING CARE FACILITIES†

CONTINUING CARE FACILITIES†

86% URBAN 14% RURAL

NEARLY 4.5 MILLION ADMISSIONS

olic hospitals during a one-year period
d 1 million Medicaid discharges*

More Than **17 MILLION** Emergency Room Visits*

More Than **500,000 BABIES** were born in a Catholic Hospital*

L ASSOCIATION ANNUAL SURVEY †THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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Catholic hospitals comprise one quarter of world's healthcare, council reports

Sao Paulo, Brazil, Feb 10, 2010 / 10:57 am

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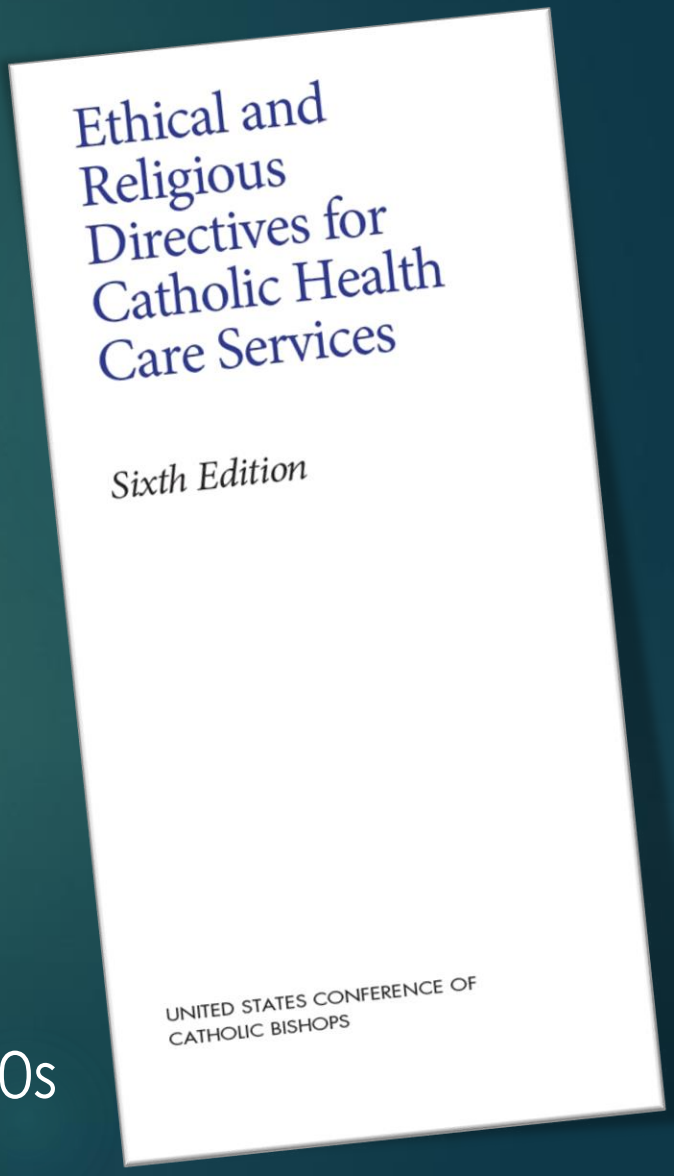
Discuss foundational principles of Catholic bioethics at the end of life

Case 1

- 62 year old man recently developed end-stage renal disease
  - He has had chronic kidney disease for 2 years, also has moderate obesity
- Lives at home with wife and kids, owns ranch
- Doctor suggests dialysis, patient is hesitant but agrees to try
- After 2 weeks, doctor believes dialysis is working well
- Patient requests to stop dialysis and move to hospice
  - "If I can't get up on my horse and work the ranch, it's not worth it"

Ethical and Religious Directives (ERDs)

- Published by the United States Conference of Catholic Bishops (USCCB)
  - 6th edition published in June 2018
- The ERDs are a dialogue between medical science and the moral principles of Catholic teaching
- They describe what it means to be a Catholic hospital and provide Catholic health care
- Catholic medical ethics goes back to at least the 200s



Ethical and Religious Directives (ERDs)

- The ERDs are not an ethical algorithm
- Opposing, valid conclusions are possible in particular cases
- There's more to Catholic ethics than ERDs
- Other moral traditions share many of the underlying principles
- Occasionally revised in light of new medical data or clarification of Church teaching

Imago Dei

- God created mankind in His image; in the image of God He created them; male and female He created them.
  - Genesis 1:27

- *Imago dei* is the primary source of human dignity
  - It is the reason all people have intrinsic moral worth and inherent value
  - It is not dependent on gender, race, nationality, religious affiliation, or any other characteristic
  - It endows all people with human rights and requires us to respect them
  - Nothing you can do, say, or be can give someone human dignity or remove it

We Belong to God

- Do you not know that your body is a temple of the holy Spirit within you, whom you have from God, and that you are not your own? For you have been purchased at a price. Therefore, glorify God in your body.
  - 1 Corinthians 6:19-20

- Since his days are determined—you know the number of his months; you have fixed the limit which he cannot pass
  - Job 14:5

- For if we live, we live for the Lord, and if we die, we die for the Lord; so then, whether we live or die, we are the Lord's
  - Romans 14:7

- We are not the masters of our lives or our bodies, God is

The Human Person

- Body/spirit unity
  - I am my body, but I am more than my body
  - Body/soul is like a cake: ingredients are the body, recipe is the soul
- Social by nature
  - Human beings are inherently oriented towards others
  - We can only reach our full potential in community
- Purposeful life
  - We need meaning, purpose in our life
  - Age-old questions of "Why are we here?", "What's the point of all this?"
  - All this points to relationship with God
- Resurrection destiny
  - We are ultimately meant for another world
  - All that we do, all that we are, in this life is a foreshadowing of and preparation for the next

Caring for the Whole Person

Tension of Moral Obligations

- The *imago dei* and human dignity lead to an obligation to protect and preserve human life
  - Extends to our own lives and those of people we encounter
- We are not in control of life or death, nor should we try to control them
  - We are stewards of our lives, not the owners
- Caring for physical well-being is important – but not the only goal of healthcare
  - Physical life as a fundamental good but not an absolute good
  - These concepts apply all throughout life, not just to medical treatments

Tension of Moral Obligations

- "Certainly there is a moral obligation to care for oneself and to allow oneself to be cared for"

- To forego "medical procedures which no longer correspond to the real situation of the patient…expresses acceptance of the human condition in the face of death"

  - Pope St. John Paul II, *Evangelium vitae* (Gospel of Life), #65.

Virtue

- *Virtus in media stat* – virtue lies between two extremes
- Living out a virtue requires striking the right balance

"No one is held to accept a cure which he abhors no less than the disease itself or death"
Leonard Lessius (d. 1623)

"If a sick man can take a drug with some hope of life, he is held to take it."
Francisco de Vitoria
(d. 1546)

Apply the distinction between proportionate and disproportionate means of preserving life

Proportionate and Disproportionate Means

- Proportionate means to preserve life
  - Morally required out of the obligation to promote and preserve human life

- Disproportionate means
  - Morally optional given human mortality and the limits of medical science

Proportionate and Disproportionate Means

- 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 community.
  - ERDs #56

Proportionate and Disproportionate Means

- 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 #57

The Relative Norm

- Very difficult to apply an absolute norm to any of the elements of ordinary means
  - No treatment will always offer proportionate benefit under all circumstances and to all people
- No treatment can really be said to be *per se* proportionate or disproportionate for human beings by their nature
- It does seem that an absolute norm can be established regarding clearly extraordinary means, but only for most patients, not all
  - Examples could be extracorporeal membranous oxygenation (ECMO) or experimental trials

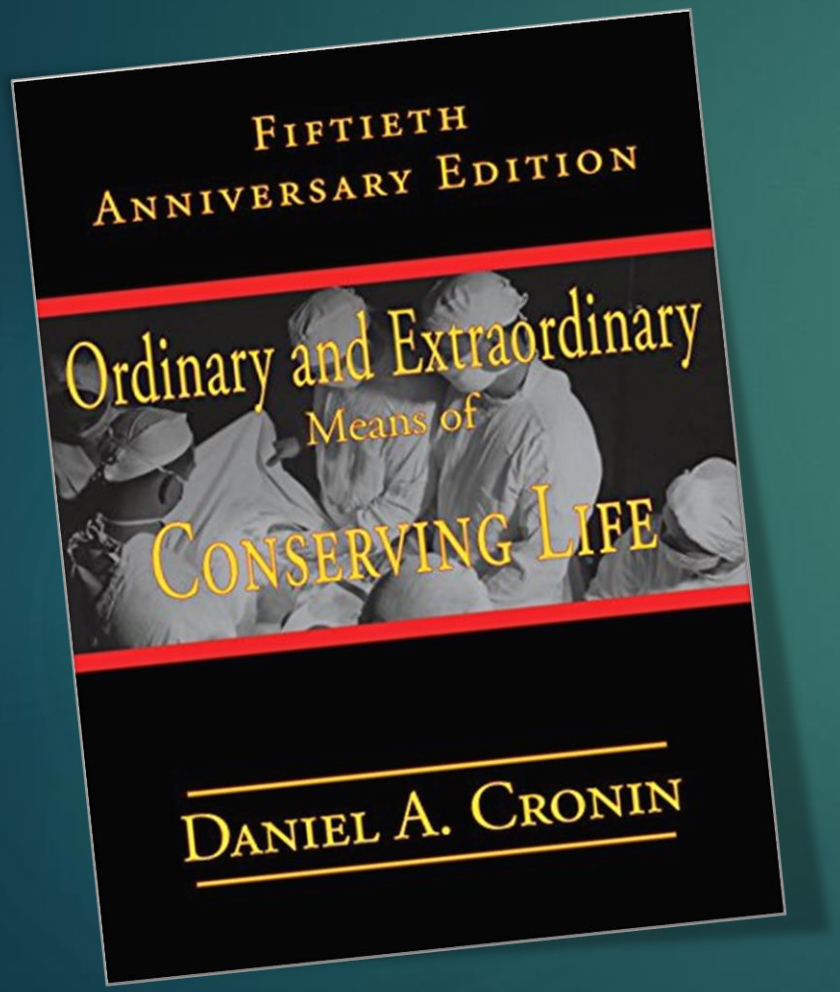
Nature of Proportionate Means

1. Hope of beneficial results (*spes salutis*)
2. Common means (*media communia*)
3. In accordance with one's state in life" (*secundum proportionem status*)
4. Easy means (*media facilia*)
5. Means that are not difficult to obtain or use (*media non difficilia*)

Nature of Disproportionate Means

1. Something impossible (*quaedam imposibilitas*)
2. Great effort or excessive hardship (*summus labor)*
3. Excruciating or excessive pain (*igens dolor*)
4. Extraordinary expense and the very best means (*media exquisita et sumptus extraordinarius*)
5. Intense fear or repugnance (*vehemens horror*)

Proportionate and Disproportionate Means



- The gold standard reference on the theological development of these concepts
- Covers theologians from 1400s to 1950s
- Describes the evolution of this distinction and its application over the centuries
- For a short summary, see Sullivan, Scott. "A History of Extraordinary Means." *Ethics & Medics,* vol 31, no 9-11, 2006

Euthanasia

- An action or omission that of itself or by intention causes death, usually with the intent to alleviate suffering
  - Someone does it to the patient
  - Legal in the Netherlands, Belgium, Canada, and Colombia
- By action – directly causes death
  - Cardiac injection of KCL
  - Large dose or cocktail of benzodiazepines or barbiturates
- By omission – indirectly causes death
  - Automatic DNR for all patients with Down Syndrome due to "poor quality of life"
- Euthanasia is not permitted in Catholic teaching as it violates human dignity

Physician Assisted Suicide

- Physician writes prescription knowing patient will use it end their life, usually to alleviate suffering
  - Patients do it to themselves
  - Legal in Oregon, Washington, Montana, Vermont, California, Colorado, Hawaii, Maine, New Jersey, D.C., New Mexico
- Oregon data shows the most common drugs are barbiturates
  - Only 1% of Oregon patients took a lethal dose of opioids, and these were almost always part of a cocktail
- Assisted suicide is not permitted in Catholic teaching as it violates human dignity

Case 1

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  - He has had chronic kidney disease for 2 years, also has moderate obesity
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- Doctor suggests dialysis, patient is hesitant but agrees to try
- After 2 weeks, doctor believes dialysis is working well
- Patient requests to stop dialysis and move to hospice
  - "If I can't get up on my horse and work the ranch, it's not worth it"
- Doctor distressed as patient could live for several years
- Patient stopped dialysis, died a few weeks later

Case 2

- 79F admitted for sepsis, altered mental status
  - Had cancer of bladder, thyroid, kidney, and cervix but all in remission
  - Has Parkinson's, dementia, seizures, stroke, chronic contractures, kidney removed, multiple serious bedsores on lower back and legs, PEG tube
- Husband died 6 months ago, she lived with her 2 daughters after that
- Went to nursing facility a few weeks ago after a stroke
- Currently in ICU, on BiPAP mask, possible GI bleed, being transfused
  - Leg contracted so high it covers part of chest
- Daughter insists on CPR if needed
- Doctors believe CPR would harm the patient with no prospect for benefit

Can You Do Too Much?

	Morally Required	Morally Permitted
Are	Proportionate Means	Disproportionate Means
Are Not	Disproportionate Means	???????

Can You Do Too Much?

- Whatever requires an undue amount of thought or trouble or involves a large expenditure of effort and causes our whole life to revolve, as it were, around solicitude for the flesh must be avoided by Christians.
  - St. Basil the Great (d. 379), "The Long Rules", Question 55

- Vincenzo Patuzzi, O.P. (1700-1769) thought the question of what counts as disproportionate was impractical. In his mind, most people sin by doing too much to save their life rather than doing too little.
  - *cited in* Cronin, p 91-92.

- The dignity of the human person entails the right to die with the greatest possible serenity and with one's proper human and Christian dignity intact. To precipitate death or delay it through "aggressive medical treatments" deprives death of its due dignity. Medicine today can artificially delay death, often without real benefit to the patient.
  - Congregation for the Doctrine of the Faith, *Samaritanus bonus*, V.2, September 2020.

Can You Do Too Much?

- If we truly are not the masters of our own lives, and if virtue truly lies between two opposite extremes, then logically it must be possible to sin by trying to hard to preserve one's life
- It is possible to have an unhealthy attachment to this world
  - "Do not love the world or the things of the world. If anyone loves the world, the love of the Father is not in him." – 1 John 2:15
- Continuing curative treatment in the face of impending failure can be an attempt to control death in the same way euthanasia is

Case 2

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Case 3

- 98 year old woman admitted with altered mental status, recurrent dehydration, recurrent vomiting from her PEG tube
  - History of severe dementia, blood clots, chronic kidney disease, failure to thrive
  - Large family, about 20 people including kids, sisters, grandkids
- She has lived at a nursing home for 7 months
  - Family had decided on hospice at nursing home but changed their mind when she got there
- Her doctors believe the PEG is not working due to her consistent and recurrent dehydration and vomiting
  - They approach the family to discuss withdrawing the PEG

ERDs on Artificial 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 presumably irreversible conditions (e.g., the "persistent vegetative state") who can reasonably be expected to live indefinitely if given such care.

  - ERDs #58

ERDs on Artificial Nutrition and Hydration

- ANH is morally optional when it either
  - cannot reasonably be expected to prolong life or
  - 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.

  - ERDs #58

Takeaways on ANH

- In principle, food and water are proportionate means
  - Find a reason not to do it rather than find a reason to do it
- Efficacy is important
- Potential and actual complications are morally relevant
- General concepts of disproportionate means still apply
  - Intense fear (*vehemens horror)*
  - Moral repugnance
  - Moral resources
  - Moral impossibility

Case 3

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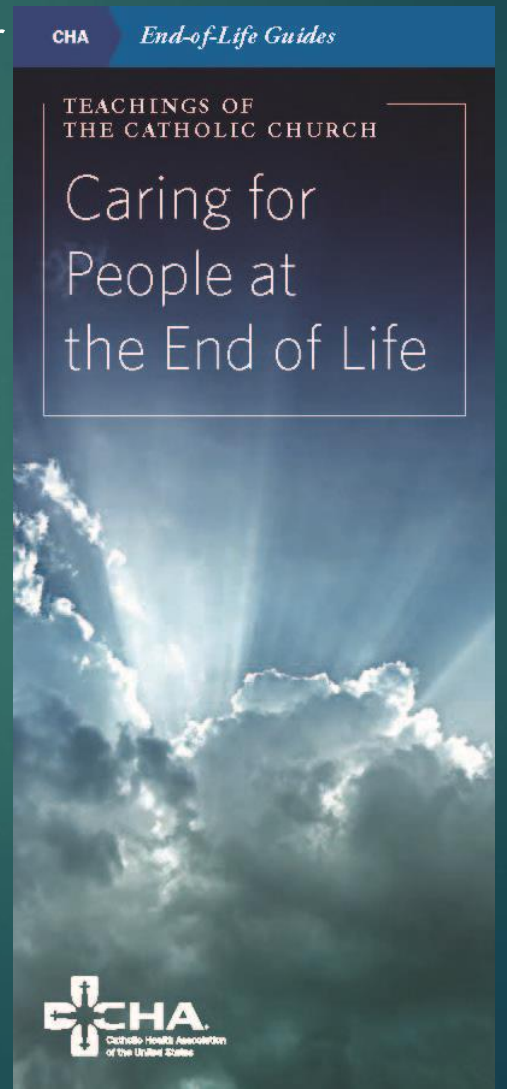
Suggestions for talking to Catholic patients about end of life care

Talking about End of Life Care

- Suggest they talk to or involve their clergy member
- Involve a hospital chaplain
  - Most Catholic dioceses have a clergy member assigned to hospitals
  - Some hospitals have a designated clergy member
- Provide educational resources from the Catholic Health Association
  - www.chausa.org/ethics/overview
  - www.chausa.org/palliative/resources
  - English and Spanish available



Talking about End of Life Care

- In consultation with a chaplain…
  - Focus on the importance of balance
  - "Death is not the end. It's a transition to what we are created for."
  - Respect for life includes respect for the natural dying process

- Discussion Points
  - In my Father's house there are many dwelling places. If there were not, would I have told you that I am going to prepare a place for you?
    - John 14:2
  - Pope St. John Paul II, Gospel of Life, #65
  - CDF, The Good Samaritan, V.2

Talking about End of Life Care

- Signs to consider an ethics consult
  - A stated respect for life does not seem to respect the natural dying process
  - Requested medical procedures no longer correspond to the real situation of the patient
  - The patient or family seem to have difficulty accepting the human condition in the face of death
- These could also be signs of a need for a spiritual care or palliative care consult
- This is different than a disagreement about
  - What constitutes an excessive burden
  - How much hope of benefit is reasonable

Not Covered Today…

- Advance Directives
  - Encouraged; it must be voluntary, should be followed, family should not be able to override without strong evidence the patient would not want to follow it (ERDs #24-25)
- Organ donation
  - Encouraged; it must be voluntary and follow the dead donor rule (ERDs #63-66)
- Opioids at the end of life
  - Permitted as long as the intent is not to hasten death (ERDs #61)
- Neurological criteria for determining death
  - Permitted as long as it is in keeping with accepted clinical criteria (ERDs # 62)

Summary

- In general, all people have an obligation to preserve their life
- It is morally justified to stop or avoid a treatment if it is disproportionate
  - It is possible to sin by doing too much to save a patient's life
- No treatment is always proportionate or disproportionate
- The patient's wishes almost always determine if a treatment is proportionate or disproportionate
- Feeding tubes are proportionate means, in principle, but can be disproportionate if not effective or cause complications

References

- United States Conference of Catholic Bishops, "Ethical and Religious Directives for Catholic Health Care Services". 6th edition, 2018.
- Daniel Cronin, "Ordinary and Extraordinary Means of Conserving Life." *National Catholic Bioethics Center*, 2011.
- Congregation for the Doctrine of the Faith, *Samaritanus bonus*, V.2, September 2020.
- Sullivan, Scott. "A History of Extraordinary Means." *Ethics & Medics,* vol 31, no 9-11, 2006
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