End of Life Challenges and Health Care Directives

Gospel Around the Grill: All Saints Catholic Church

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Life Is a Gift from God

Christ Reveals the Meaning of Our Lives

Why dying can be more difficult today:

1) Advances in medical technology allow improved quality of life.
2) Many people now think progress in medicine implies that they can avoid experiencing suffering and even death.
3) Despite many advances in high-technology medicine, inadequate management of pain and other discomfort that may accompany dying remains a concern.

Sickness and Death Affect the Whole Person

• *Physical*
• *Emotional/Psychological*
• *Relational/Social*
• *Spiritual*

Difference between Palliative Care and Hospice Care.

Ordinary and Extraordinary Means

Withholding vs. Withdrawing Life-Sustaining Interventions

Advance Directives

The appointment of an agent is always preferable to a mere list of treatments.

Best Website resource:

The Minnesota Catholic Conference has very good information on end of life decisions and Catholic Health Care Directives. You can explore all the information on that page.

www.mncatholic.org

Then choose the Resources pulldown menu, and look for *"End of Life Care".*

POLST: ***Provider Orders for Life Sustaining Treatment***

Principle of Proportionate and Disproportionate Means
AKA: Ordinary and Extraordinary Means

The principle addresses whether the foregoing of life-sustaining treatment constitutes euthanasia or physician-assisted suicide in certain circumstances and it guides individuals and surrogate decision-makers in the weighing of benefits and burdens.

As conceived in the Catholic moral tradition, the principle holds that one is obligated to preserve his or her own life by making use of ordinary means, but is under no obligation to use extraordinary means (*Ethical and Religious Directives*, 32, 56 and 57).

In other words, when a medical intervention or "means" is proportionate (ordinary), one has a general obligation--all things considered--to accept the treatment.

When the medical intervention constitutes a disproportionate (extraordinary)means, then one is no longer strictly obliged to undergo the treatment; in other words, the treatment is optional.

The judgment that a particular means is either proportionate or disproportionate must be made in light of the personal, familial, economic, and social circumstances of each individual patient.

This means that an a priori list of treatments that would be classified as always and everywhere proportionate or disproportionate cannot be made.

Any treatment that, *in the given circumstances*, offers a reasonable hope of benefit *and* is not too burdensome for the patient or others would be considered proportionate. Generally, a treatment or means is not too burdensome when it offers benefits that outweigh the burdens to the patient and to others. These determinations must be patient specific and include considerations of the expected medical outcomes and the patient's personal, financial, familial, and social circumstances.

A disproportionate means is any treatment that, *in the given circumstances*, *either* offers no reasonable hope of benefit (taking into account the well-being of the *whole* person) *or* is too burdensome for the patient or others, i.e., the burdens or risks are disproportionate to or outweigh the expected benefits of the treatment.

Again, these determinations should be patient specific and take into consideration the patient's personal, financial, familial, and social circumstances.

If one uses the terms ordinary and extraordinary means (as opposed to proportionate and disproportionate), care must be taken not to confuse the terms "ordinary care" and "ordinary means." While patients may forego treatments that are disproportionate or extraordinary *means*, there is always an obligation to provide ordinary *care* due to the sick person, that is, to provide non-medical nursing interventions.

Some Examples:

An example of its application in a non-life-threatening situation is the choice one makes about dental procedures. For some, tooth extraction is preferable to root-canal, for others the opposite is true--and the choice is not confined to clinical criteria.

The traditional example of the application of the distinction to chronic (or controllable) illness is the case of asthma. If the fortunate citizen of Florida can control his asthma only by a move to Canada's Northwest Territories, many Floridians would find the means to restore health quite extraordinary.

The clearest example of the use of the distinction in terminal conditions is the decision about foregoing life support: deciding about "Do Not Resuscitate" orders and removing life-support. Examples in each category could be multiplied indefinitely.

Certainly, the most difficult are the latter two categories, where patients, families and caregivers grapple with poor prognoses, etc.

The bottom line of this distinction is precisely what radically separates these sorts of decisions from the use of euthanasia: a decision to forego extraordinary means rests on a recognition that the *means* of preserving life, or restoring health, are being foregone because they are no longer beneficial, are no longer useful or are too burdensome.

It is not a decision that the life of the patient is no longer one worthy of being lived.