The National Catholic Bioethics Center

End-of-Life Care

Prepared by the Ethicists of the NCBC
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"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. Dying patients who request euthanasia should receive loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death."
—USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009), n. 60.

"Life is a gift of God, and on the other hand death is unavoidable; it is necessary, therefore, that we, without in any way hastening the hour of death, should be able to accept it with full responsibility and dignity. It is true that death marks the end of our earthly existence, but at the same time it opens the door to immortal life. Therefore, all must prepare themselves for this event in the light of human values, and Christians even more so in the light of faith. As for those who work in the medical profession, they ought to neglect no means of making all their skill available to the sick and dying; but they should also remember how much more necessary it is to provide them with the comfort of boundless kindness and heartfelt charity. Such service to people is also service to Christ the Lord, who said, 'As you did it to one of the least of these my brethren, you did it to me.'"
—Congregation for the Doctrine of the Faith, *Iura et bona*, Declaration on Euthanasia (1980), conclusion.

❖ Summary ❖

Ordinary/Proportionate versus Extraordinary/Disproportionate Means of Preserving Life

- *Ordinary or proportionate means* are those that (in the judgment of the patient assisted by health care professionals) offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community. A person has a moral obligation to use ordinary means.
- *Extraordinary or disproportionate means* are those that (in the judgment of the patient assisted by health care professionals) do not offer a reasonable hope of benefit, do entail an excessive burden, or do impose excessive expense on the family or the community. A person may forgo extraordinary means.
- These terms may refer to either objective factors, such as the seriousness of a pathology or the technical capacity of a certain hospital or area, or subjective (individual) factors, such as the economic situation of the patient or the psychological condition of the patient or the patient's relatives.

Euthanasia and Assisted Suicide

- *Euthanasia* is an act or omission that of itself or by intention causes death to alleviate suffering. Catholic health care institutions may never condone or participate in euthanasia or assisted suicide in any way.
- Dying patients who request euthanasia should receive loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death.

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.
- Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be excessively burdensome for the patient or would cause significant physical discomfort.

❖ FAQ ❖

Question 1. What is the difference between foreseeing death and intending death?

Reply: The difference ultimately lies in the intentionality of the patient or health care professional. A person should never intend in any way the death of a patient or the hastening of a patient's death. Sometimes it is difficult to determine whether a medical decision made during end-of-life care includes such an intention. Certain means can be used to alleviate a patient's pain, for example, by a physician who foresees that the patient's life may be shortened as a result (as an indirect, non-intended but tolerated effect of the therapy), but similar means could be used to intentionally shorten a patient's life.

Question 2. Are proportionate or ordinary means the same for all persons?

Reply: Basic care (such as nutrition and hydration, pain relief, antibiotic treatment, and postural change) is generally the same for all patients and should always be provided. The evaluation of proportionate or disproportionate means, however, is based on objective and subjective factors for an individual patient. For example, total parenteral nutrition may be a proportionate means in an industrialized country but a disproportionate means in a developing country, where it is not affordable or is technically too difficult to administer. A treatment may also be disproportionate because it is futile or because it causes complications that are too hard for the patient or the patient's family to bear.

Question 3. What ethical issues are there with advance directives?

Reply:

- The right of patients to self-determination can lead them to include morally illicit requests in advance directives, such as requests to have ordinary care withdrawn.
- An effective therapeutic alliance between a physician, a patient, and the patient's proxy is the best way to address end-of-life issues. Requests made by a patient in an advance directive may preclude therapeutic dialogue, preventing such an alliance.
- A patient may react to an illness or a specific therapy differently than expected, or medical advances occurring after a directive was written may change the patient's treatment options in unexpected ways. In such situations, an advance directive may prevent objective moral analysis.
- Advance directives are often difficult to interpret and apply in the actual circumstances encountered by health care professionals, relatives, and proxies.
- Advance directives that do not differentiate between proportionate and disproportionate treatments may be promoted by pro-euthanasia associations as a first step toward acceptance of euthanasia.

Question 4. What is therapeutic obstinacy?

Reply: Therapeutic obstinacy is the use of all possible means, even disproportionate ones, to delay death, even in the absence of hope for improving health status or preventing pain and discomfort. Therapeutic obstinancy may be a result of medical paternalism or an overextension of patient autonomy. Advance directives were seen as a way to avoid therapeutic obstinacy.

❖ Resources ❖

John M. Haas, "Therapeutic Proportionality and Therapeutic Obstinacy in the Documents of the Magisterium," in *Alongside the Incurably Sick and Dying Person: Ethical and Practical Aspects—Proceedings of Fourteenth Assembly of the Pontifical Academy for Life* (*Vatican City, 25–27 February 2008*), ed. Elio Sgreccia and Jean Laffitte (Vatican City: Libreria Editrice Vaticana, 2009), 143–157.

Rita L. Marker, "End-of-Life Decisions and Double Effect: How Can This Be Wrong When It Feels So Right?" *National Catholic Bioethics Quarterly* 11.1 (Spring 2011): 99–119. Reproduced by permission.

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