Making Sense of Bioethics

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True Compassion in the midst of Tragedy

"The truly compassionate doctor will humbly recognize that even his most powerful tools and treatments will not be able to stave off death in every case. At certain times, he will have to step aside as the shadow of death draws near and the mortal existence of the person he has been caring for comes to its natural close."



As the floodwaters were rising in the days after hurricane Katrina, the situation went from bad to worse at Memorial Medical Center in New Orleans. When the electricity failed, flashlights became necessary to carry out simple tasks. There was no running water. Human sewage streamed through the hospital corridors. Many patients could not be evacuated, were crying out, and suffered greatly in the stifling heat. Much of the medical staff had already left.

The conditions were "less than third world," according to Dr. Anna Maria Pou, one of those who remained, and who was later accused of administering lethal doses of morphine and another sedative to nine patients in the hospital. Many who have learned of her actions have called her a hero, believing she was motivated by true compassion. Louisiana's Attorney General, however, after consulting with a panel of medical experts, concluded that she perpetrated a multiple homicide

Intentionally overdosing patients or loved ones in order to end their lives should never be confused with compassion or heroism. The act of directly taking innocent human life is always incompatible with true compassion.

Experts concluded that Dr. Pou was not simply managing the pain of her patients by providing them with a medically indicated dose of morphine. Dr. Cyril H. Wecht, past president of the American Academy of Forensic Sciences, described the situation this way:

"The complete hospital records, autopsy protocols and postmortem toxicological analyses of the nine patients who died were thoroughly reviewed by several highly experienced forensic pathologists, a toxicologist and other medical experts. We unequivocally concluded that the cause of death in all these cases was acute combined drug toxicity and that the manner of death was homicide."

The possibility of the deaths being due to a tragic medical mistake was deemed statistically unlikely. "Accidental overdoses would need to have occurred nine times between 12 noon and 3:30 p.m., all on one floor, to every patient who was left on the floor," observed Dr. John Young, former president of the American

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Academy of Forensic Sciences. A Louisiana grand jury, nevertheless, chose not to indict Dr. Pou following a series of closed-door hearings.

In considering a situation like this, it is important to understand the real meaning of the word compassion. It is also important to grasp the distinction between killing and allowing to die.

True compassion as the flood waters were rising would never mean pulling out a vial of morphine, looking the person in the face, in their weakness and fear, and injecting them with a lethal dose with the intention of causing the light in their eyes to falter and go out. That is neither mercy nor compassion. "Compassion" has a Latin origin meaning "to suffer together with another." It means seeking to be present to them, and accompanying them in their trials and tribulations as best as we are able.

True mercy and compassion would thus seek to care for each patient in the face of difficulties, trying to move them to a higher floor if the waters were rising, and if that were impossible for some reason, then to sit attentively at their bedside, holding their hand and making them as comfortable as possible. True compassion

would mean praying with them, perhaps crying with them, but above all remaining in solidarity with them as they prepare for what could be their final moments.

Human beings differ profoundly from horses or other animals which may need to be shot when they break a leg or suffer a misfortune. Our human pain and suffering have a redemptive, transformative meaning for us, and for those around us. Showing true compassion towards those who suffer ends up changing both us and them in deep and important ways. When natural disaster strikes, we do not abandon those in our care or betray them by taking their lives in the name of a false and violent compassion.

For doctors and health care workers who have been entrusted with powerful tools over life and death, this truth is central to their identity. More than two thousand years ago, the renowned physician Hippocrates stressed this when he said: *Primum non nocere* (First, do no harm). The truly compassionate doctor will humbly recognize that even his most powerful tools and treatments will not be able to stave off death in every case. At certain times, he will have to step aside as the

shadow of death draws near and the mortal existence of the person he has been caring for comes to its natural close.

Above all, the compassionate physician can never violate his inner essence as a healer by becoming one who directly kills others, especially those who, in their most fragile and vulnerable moments, find themselves entrusted to his care.

Rev. Tadeusz Pacholczyk, Ph.D. earned his doctorate in neuroscience from Yale and did post-doctoral work at Harvard. He is a priest of the diocese of Fall River, MA, and serves as the Director of Education at The National Catholic Bioethics Center in Philadelphia. Father Tad writes a monthly column on timely life issues. From stem cell research to organ donation, abortion to euthanasia, he offers a clear and compelling analysis of modern bioethical questions, addressing issues we may confront at one time or another in our daily living. His column, entitled "Making Sense of Bioethics" is nationally syndicated in the U.S. to numerous diocesan newspapers, and has been reprinted by newspapers in England, Canada, Poland and Australia.

