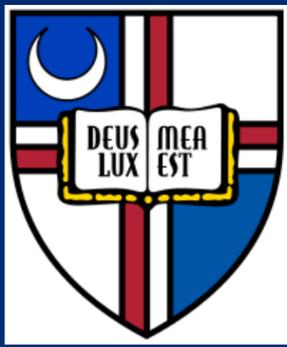


What do events leading to death mean for Catholics & their Families

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The Catholic University of America
(with thanks to Dr. Marysanta Bigony)



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Objectives

Describe or Discuss:

- Teachings of the Church on End-of-Life Care
- Teachings of the Church on medically assisted nutrition and hydration,
- Teachings of the Church on Euthanasia
- Differences in home health care, non-hospice palliative care and hospice care.
- Advance Directives in End-of-Life Care.
- Bereavement



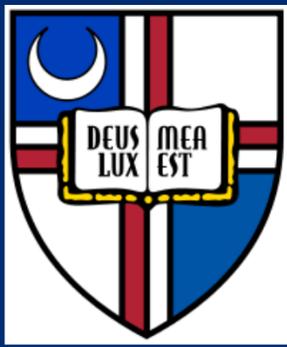
Teachings on End-of-Life

- A person has a moral obligation to use **ordinary or proportionate means** of preserving his or her life
- A person may decline extraordinary or disproportionate means of preservice life.
- Disproportionate means are those that **in the patient's judgement:**
 - Do not offer a reasonable hope of benefit
 - Entail an excessive burden
 - Impose excessive expense on the family or the community

(Ethical and Religious Directives for Healthcare Services, US Conference of Catholic Bishops, 2020, p. 21).



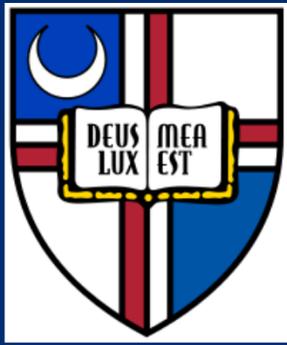
Teachings on End-of-Life: Starting or Withdrawing Care



- “While every person is obliged to use ordinary means to preserve his or her health,
- “Therapeutic procedures that are likely to cause harm or undesirable side-effects can be justified only by a proportionate benefit to the patient” (p. 21).



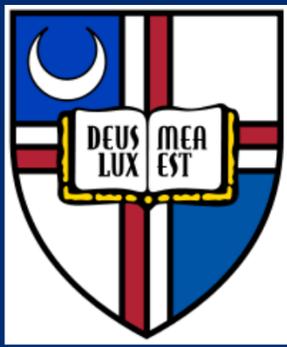
Teachings on End-of-Life



- “One of the primary purposes of medicine in caring for the dying is the relief of pain and the suffering caused by it” (p. 29)
- “The use of life-sustaining technology is judged in the light of the Christian meaning of life, suffering, and death. In this way two extremes are avoided: ...insistence on useless or burdensome technology...and withdrawal of technology with the intention of causing death” (p. 30).
- **“While medically assisted nutrition and hydration (MANH) are not morally obligatory in certain cases, [they]...should be in principle provided to all patients who need them, including [those] in a ‘persistent vegetative state’ (p. 30).**



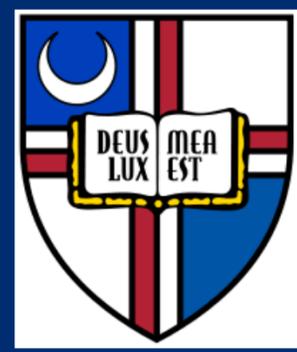
Medically Assisted Nutrition and Hydration (MANH)



- “Tube Feeding” or IV feeding becomes “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” (p. 31)
- When the body can no longer absorb food and fluids, it is acceptable to withdraw them

(Ethical and Religious Directives for Catholic Health Care Services (ERD), p. 31)





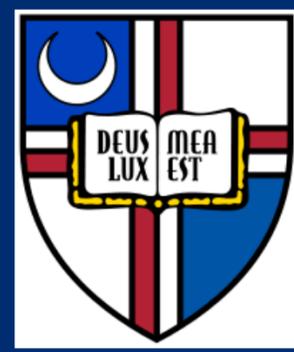
Principle of Double Effect

May be used for example, when giving medication to relieve pain that has the foreseen but unintended effect of sedation, respiratory suppression.

- The action itself is good or at least neutral
- The good effect, not the bad effect, is intended
- The good effect is not produced by the bad effect
- There is a proportionately grave reason for permitting the bad effect.



Brueck, MK & Sulmasy, Daniel P. (2020). The rule of double effect: A tool for moral deliberation in practice and policy, Center for Bioethics, Harvard Medical School, News, Jan 1, 2020. <https://bioethics.hms.harvard.edu/journal/rule-double-effect>



End-of-Life Teachings

- “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”
- **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”**
- **“Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person’s life, so long as the intent is not to hasten death” (ERD, p. 32).**



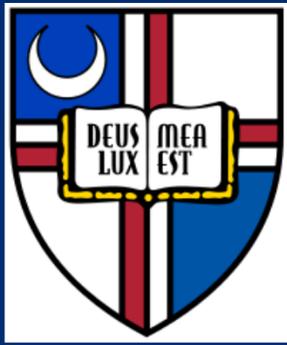


Is Euthanasia Ever Right?

- No circumstance, no purpose, no law whatsoever can ever make licit an act which is intrinsically illicit, since it is contrary to the Law of God which is written in every human heart, knowable by reason itself, and proclaimed by the Church (Pope John Paul II in *Evangelium Vitae*, 63).

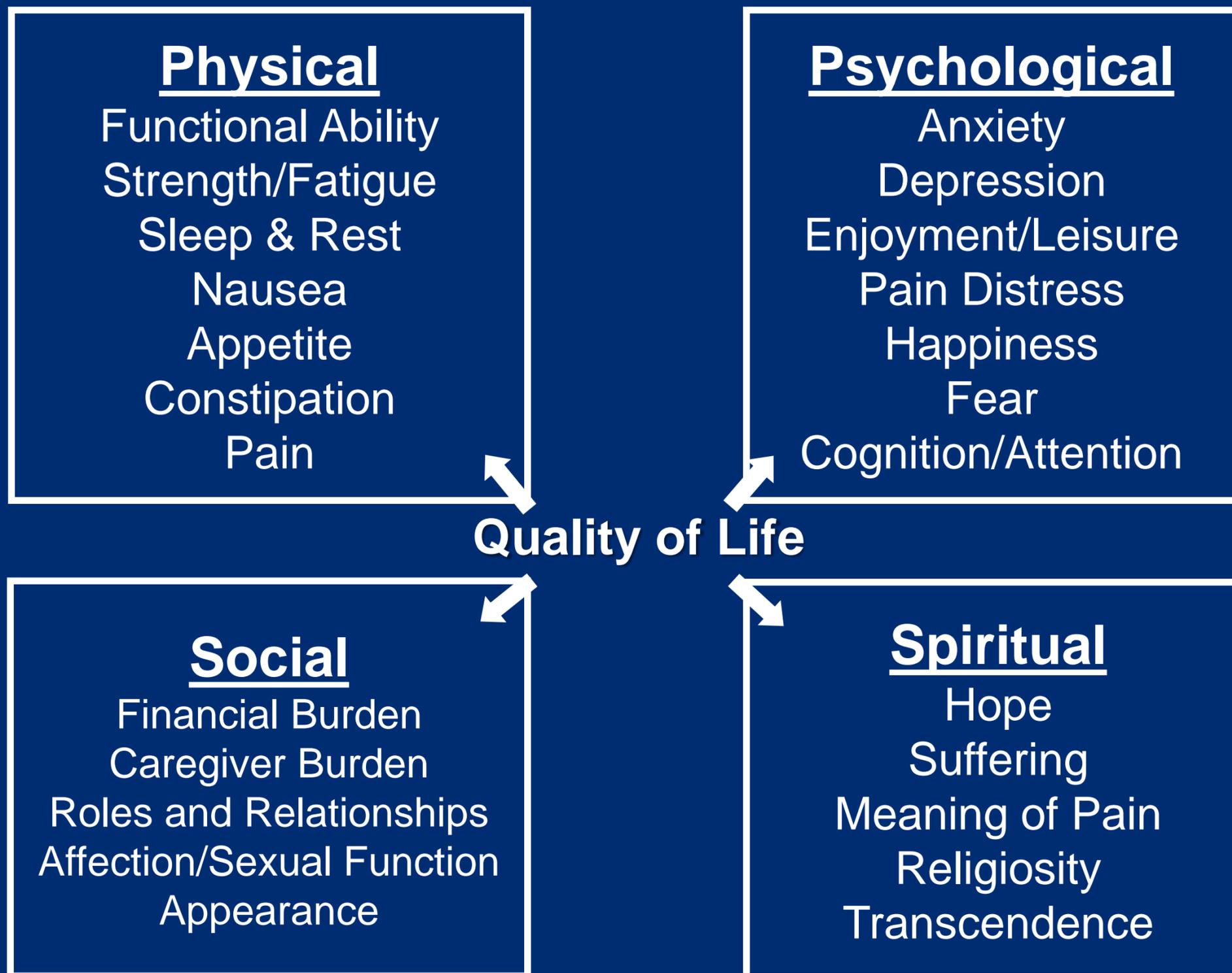
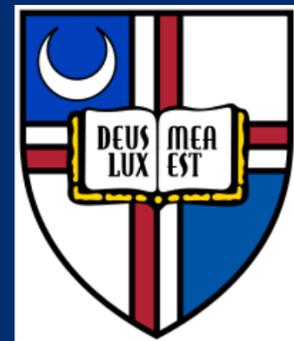


Family Caregiving

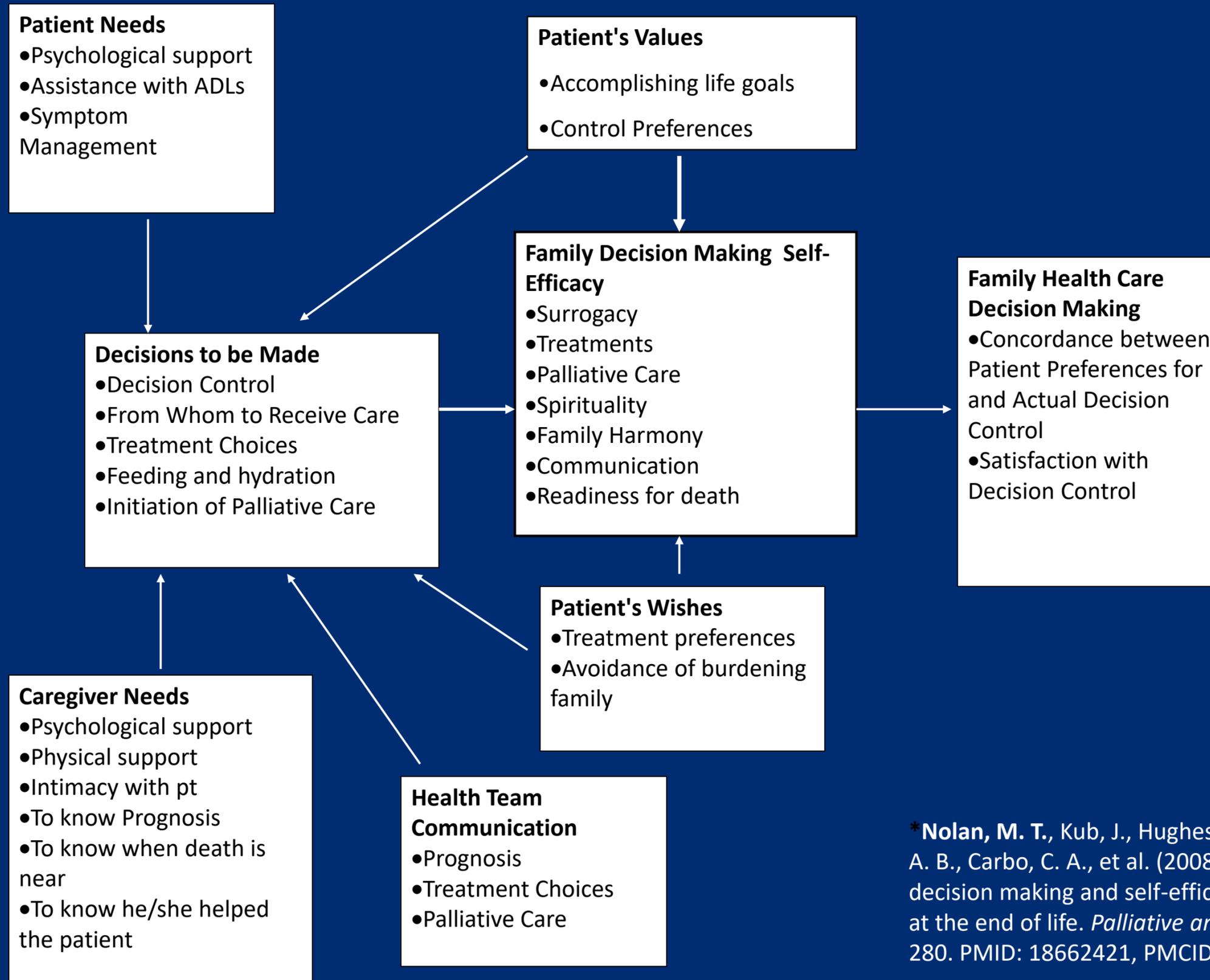
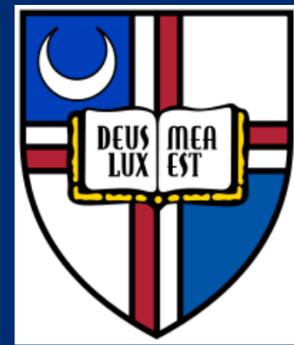


- Caregiving includes supporting family in:
 - Meeting basic needs
 - Providing direct care such as:
 - personal hygiene
 - meal preparation
 - medication administration
 - necessary treatments

Palliative Care Quality-of-Life Model



Family Decision Making Framework



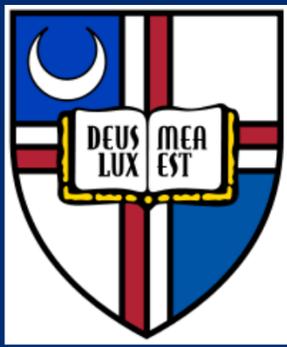
*Nolan, M. T., Kub, J., Hughes, M. T., Terry, P. B., Astrow, A. B., Carbo, C. A., et al. (2008). Family health care decision making and self-efficacy with patients with ALS at the end of life. *Palliative and Supportive Care*, 6, 273-280. PMID: 18662421, PMCID: PMC2572768



Nursing Care of the Dying

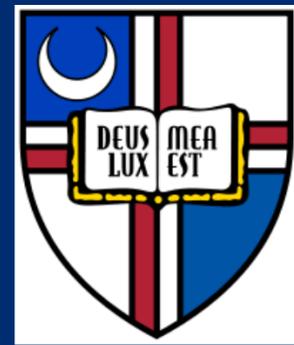
- **What is it going to be like?**
 - Degree of difficulty varies based on patient
 - Signs of imminent death
 - Difficulty swallowing
 - Pain seems lessened – less anxiety
 - Extremities become cold and mottled
 - Body temperature becomes unstable
 - Presence of involuntary movements
 - Eyes become glazed¹³
 - Difficulty speaking or inability to speak
 - Unexpected energy
 - Breathing becomes erratic – final breaths sound like sighs
 - May see sudden peace
 - Eyes lose focus and then may close – but could stay open.





Palliative & Hospice Care

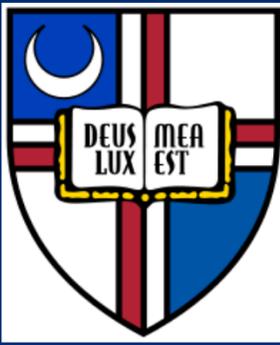
- Both Palliative and Hospice are:
 - Client focused, holistic, and evidence-based practice
 - Associated with life-threatening illness
 - Prevention and relief of suffering (i.e. pain management)
- Palliative care
 - Generally not time limited; lesser intensity than hospice
- Hospice (subset of Palliative Care)
 - Generally for those with life expectancy <6 months
 - Defined by Social Security Act in Title 18, Section 1862 (dd)



Medicare Hospice Benefit Requirements

- Client must:
 - Have a prognosis of 6 months or less to live
 - Acknowledge a terminal prognosis
 - Choose comfort care instead of life-extending care
 - Sign up for comfort-focused hospice benefit
 - Waive regular Medicare health services
- The Hospice is responsible for:
 - Coordination of care in all settings
 - Clinical and financial case management

Advance Directives



- Living Will

Statement of preferences for treatment desired or declined

- Healthcare Power of Attorney

A person identified to serve as a proxy decision maker for healthcare decisions

- Because it is impossible to foresee all possible situations, living wills are often not specific enough to offer clear guidance
- The healthcare power of attorney identifies a person who can convey his/her judgment about what the patient would want (substituted judgement) OR what he/she thinks is best for the patient (best interest)

Ethics Panels/Consultation Team



- Hospitals are required to have these to assist with ethical issues
- May include doctors, nurses, social workers, pastoral care
- Usually offer recommendations but not decisions
- Family or next of kin is usually entrusted with decision making for the patient who cannot speak for himself/herself

Bereavement & Grief

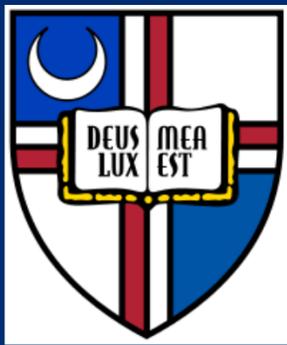
- Bereavement
 - A state of loss
- Grief
 - Reaction to loss
- Kübler-Ross: 5 Stages of Grief
 - Denial
 - Anger
 - Bargaining
 - Depression
 - Acceptance



Discussion Questions

- How do I make a decision between letting a person die and continuing to fight for a longer life?
- What are the elements of dying with dignity?

States with Laws Permitting Euthanasia



State	Name of Act	Authorization Date	Method	Effective Date
Oregon	<u>Death with Dignity Act</u>	11/8/1994	Ballot	10/27/1997
Washington	<u>Death with Dignity Act</u>	11/4/2008	Ballot	3/5/2009
Montana	<u>Baxter V. Montana</u>	12/31/2009	Courts	12/31/2009
Vermont	<u>Patient Choice and Control at the End of Life Act</u>	5/20/2013	Legislature	5/20/2013
California	<u>End of Life Option Act</u>	10/5/2015	Legislature	6/9/2016
Colorado	<u>End of Life Options Act</u>	11/8/2016	Ballot	12/16/2016
Washington, D.C.	<u>Death With Dignity Act</u>	12/20/2016	Legislature	2/18/2017
Hawai'i	<u>Hawai'i Our Care, Our Choice Act</u>	4/15/2018	Legislature	1/1/2019
New Jersey	<u>Medical Aid in Dying for the Terminally Ill Act</u>	4/12/2019	Legislature	8/1/2019
Maine	<u>Death With Dignity Act</u>	6/12/2019	Legislature	9/19/2019
New Mexico	<u>Elizabeth Whitefield End-of-Life Options Act</u>	4/8/2021	Legislature	6/20/2021