Catholic End-of-Life
Moral-Medical Decisions

Roman Catholic
DIOCESE of
SYRACUSE

ST. JOSEPH'S
Health
A Higher Level of Care
Overview

• Moral Principles of Catholic Theology at the End-of-Life
  • Ordinary vs Extraordinary Care
  • Pain Management
  • Burdensome Treatments

• Palliative Care
  • Aims to improve the *quality of life* for patients who are facing serious illness
  • Coordinates and Supports the care for Patients, Families, and Caregivers

• Health Care Proxy, DNR, and MOLST Documents
Catholic Teaching about Life

• Life is a gift from God—We are stewards of our lives not the owners. Note that this is different than what many in our society hold. As stewards we are responsible for the ordinary care of our lives; care that will return us to health or provide benefit to our health.

• Every human is life sacred and despite how it may be diminished, it never loses its dignity.

• Every life deserves the respect and protection of law.
We believe in Eternal Life

There will come a point in one’s illness where one must accept our human mortality with profound Christian hope in the life that is to come

Death is a doorway to our ultimate destiny with God
Duty to Preserve and Protect Life

• While the **right to life is absolute**, the specific duty to preserve and protect life is not absolute

• specifically when certain treatments would not offer some benefit or be burdensome to the patient.

*Ethical and Religious Directives (ERD) for Catholic Health Care in the United States – Approved by the Vatican Congregation for Doctrine of the Faith 2018*
Special Protection

• For those whose lives are diminished or weakened deserve special respect

• Therefore for any reason, direct euthanasia that consists in putting an end to the lives of handicapped, sick, dying persons or any person. It is morally unacceptable
Begin by Avoiding Extremes

- **Vitalism** – Human life is absolute and must be preserved at all costs.

- **Subjectivism** – Life has value only if the person subjectively gives it value.

- **Catholic moral teaching** provides a roadmap that permits us to follow the appropriate middle of the road.
Ordinary Care

• We have a obligation to accept ordinary care which provides the patient a reasonable hope of return to health or another benefit to the patient and present no excessive burden.

  – Examples: food, water, hygiene, bed rest, medicine, etc.,
Extraordinary Care

• We are *not obliged* to accept this treatment and may forgo or withdraw ‘extraordinary’ treatment.

  – Offers *no reasonable hope of benefit*, as such would be useless treatments or;

  – Or treatments which involve excessive *hardship or burden* to the patient.

*ERD #57, 2018*
Ordinary Care and Extraordinary Care

• This distinction between ordinary and extraordinary care was articulated by Pope Pius XII as early as 1957

• John Paul II affirmed this tradition: To forego extraordinary treatments is not suicide or murder

*Evangelium Vitae*, 1995
Is a Ventilator Ordinary or Extraordinary Care?

• Helping a patient breathe for a few days as they recover from pneumonia is ordinary care.

• But for a patient in the final stages of lung cancer, being connected to a ventilator could be unduly burdensome for the patient and simply prolong the dying process.
What is a Burden

• Involves a **personal assessment** of pain, inconvenience, or cost

• **It is subjective** and different people may assess the factors that are considered burdensome differently and they both might be moral choices

  – Example: Older patient diagnosed with advanced Cancer.
What Things May Create Burdens for Patients

- Overall Health of Patient
- Stage in the Dying Process
- Side-effects and Risks
- PT’s Personal Assessment of Burden
- Cost
- Resources Available

- Determining Extraordinary Care and/or Burden to the Patient
- Current Condition
- Prognosis
- Proposed Treatment
- Pain to PT
- Expectation of Recovery
- Expectation of Recovery
- Cost
- Resources Available
Use of Morphine: Another Moral Issue

• The management of pain is critical to our understanding of Catholic end-of-life teaching.

• It is permissible to use Morphine even though it might suppress respiration when St. Thomas Aquinas’ Principle of Double Effect is applied.
Principle of Double Effect
St. Thomas Aquinas

- A Single action has two outcomes a good outcome and a bad outcome

- The action must be good or neutral
- The good must be intended
- The good is not produced by evil means
- There must be a serious reason for permitting the evil
Food and Hydration

• There is an obligation to provide patients with food and water including medically assisted nutrition 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 be expected to live indefinitely if given such care.”

ERD # 58, 2018
“In Principle” Exceptions

• Patient’s body cannot assimilate or absorb the nutrition--Useless treatment.

• The burdens out weigh the benefits: patient is terminal, death is imminent, and nutrition and hydration--would simply prolong the dying process.
Catholic Ethicist-on-Call Resource

• (215) 877-2660, 24 hours/day -- 7 days/week

• Follow the prompts to leave a message and an ethicist will be paged and respond to your call

• You may wish to put thus number in your phone at this time
The Sacrament of the Sick

- Scripture - Isaiah, James
- Extreme Uction - Vatican II
- Strengthens us in many ways
- Symbolism
- Healing
- Forgiveness of Sins
- Who May Receive
The Trinity and St. Joseph’s Health Network

Introduction to Trinity Health:
Our 21-State Diversified Network

- **85** Hospitals in 21 States
- **128** Long-term care, assisted, independent living and affordable housing communities
- **44** Home Health & Hospice Agencies
- **14** PACE Center Locations
- **70** Continuing Care Facilities
- **3,300** Employed Physicians
- **22,890** Affiliated Physicians

[Map of the United States showing the network locations]
One Heart  One Mission

We, St. Joseph’s Health and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Roots
Inspired by our Franciscan Tradition, we are passionate healers dedicated to honoring the Sacred in our sisters and brothers.

Our Values
Reverence
We honor the sacredness and dignity of every person.

Commitment To Those Who Are Poor
We stand with and serve those who are poor, especially those most vulnerable.

Justice
We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship
We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity
We are faithful to who we say we are.

Excellence
We heal by expecting the best of ourselves and others.
Mission Integration Today

Ministry Formation
- Board / Governance
- Executive Leaders
- Physicians
- Directors & Managers
- Colleagues

Ethics
- Discernment
- Organizational Ethics
- Clinical Ethics
- Population Health Ethics
- Research Ethics

Spirituality
- Principles of Spirit at Work
- Workplace Spirituality
- Celebrations
- Rituals

Catholic Identity
- Promoting Catholic Identity
- Assessment
- Catholic Social Teaching
- Ethical & Religious Directives
- Relationships—Bishops/Sponsors

Spiritual care
- Chaplains
- Standards of Excellence
- Continuum of Care
- Accountability and Quality
We are all committed to our strategy to deliver the Triple Aim for individuals, populations and communities.

Better Health – Better Care

*Episodic Health Care Management for Individuals*

Efficient and effective episode delivery initiatives

*Population Health Management*

Efficient & effective care management initiatives

*Community Health and Well-being*

Serving those who are poor, other populations, and impacting the social determinants of health

People-Centered Health System
People Centered Activities

Prevent Unnecessary Hospitalizations

- Avoid Unnecessary ER Visits
- Avoid Unnecessary Admissions
- Manage Chronic Disease & Conditions

Efficient Post Hospitalization

- Control Re-Admissions
- Minimize Avoidable SNF Days
- Manage SNF LOS
- Community Based Palliative Care

Reliable, High Quality Hospitalizations

- Improve Care Coordination Rate (High Reliability Hospitals)
- “Zero-Harm” - Reduce Hospital Acquired Conditions and Hospital Acquired Infections
Pallia – what?
**Palliate** = to make less severe

- In health care, to *palliate* means to lessen the severity of the symptoms of an illness but not being able to cure the illness.

- *Palliative Care* is used to treat, prevent, or relieve the symptoms of a serious or progressive illness.
Palliative Care

- Life-prolonging therapy
- Hospice Care
- Pain Management
When can Palliative Care start?

Curative care

Palliative Care

Hospice Care

Bereavement

Death

6 months

Terminal phase of illness

Diagnosis of serious illness

% focus

100

Adapted from S Pantilat, PCLC 2005
Palliative Care:

• Aims to improve the *quality of life* for patients who are facing serious illness
• Coordinates care for patients
• Supports families and caregivers
• Can be provided at any time
Community Based Palliative Care – Four Pillars

Delivering aggressive symptom management

Working with patients to set treatment goals

Providing psychosocial support to patients and families

Planning for end-of-life care
Mobile Integrate Services Team (MIST) Program

• Increases access to care by meeting the needs of patients in their homes
• Delivers services at home in coordination with their Primary Care Physician
• Interdisciplinary team consisting of nurse practitioners, home care nurses, social workers, behavioral support, and spiritual care
• The Team intervenes at the moment a patient experiences a change in their condition
Future Community Palliative Programs

- MIST Program
- Palliative Support Staff embedded in Oncology, Pulmonary, and Renal Offices
- Central Palliative Care Support Team
- Telemedicine Support
- Expanded collaboration between the Church and Health Care System
Palliative Care focuses on understanding a patient and family’s values to help guide Moral, Medical, and Legal Decisions.

There certain documents that need to be considered when you think about your future.
The Health Care Proxy

This is the **most important** document for advanced care planning. It is included in your packet.

It is a legal document that allows the patient to appoint someone to make health decisions including withholding or withdrawing artificial nutrition and hydration.
Provide Your Proxy Guidance About Your Wishes

Have a frank conversation with your health care proxy. Excellent resources for this conversation can be obtained from: www.conversationproject.org

• Share with the proxy the document End-of-Life Decisions (California Catholic Conference of Bishops) which is also in your packet
Message Content

- I want treatment for pain even if such treatment may shorten my life
- I want treatment that will return me to health or provide a benefit
- I do not want treatment that the Health Care Proxy determines to be excessively burdensome
- I do not want treatment that is useless and will not provide a benefit

Be cautious not to be too specific remember the ventilator example
An **Advanced Care Directive** is a generic term for many documents that can provide guidance to Health Care Proxies.

A **Living Will** also gives guidance to Health Care Proxies about treatment preferences. This is not a legal document and provides only guidance to Health Care Proxy.

**Five Wishes** is a popular document that is used to share your wishes for care at the End-of-Life.
If You Don’t have a Health Care Proxy

- **New York State Health Care Decision-Making Law** will apply if you do not have a Health Care Proxy.
- The law provides a line of family and friends that will make the decision for you if your incapacitated.
- It’s not desirable since many cases result in conflict.

**Article 81 of Mental Hygiene Law** is a petition to the Court for an order to provide a guardian for person and property for the patient, that person may make health care decisions.
A **will or testament** is a document by which a person expresses their wishes as to how their *property* is to be distributed at death.

A **power of attorney** (POA) is written authorization to act on another’s behalf in private affairs, business or some other legal matter. A power of attorney is **not** authorized to make health care decisions.
Do Not Resuscitate (DNR)

DNR stands for “do not resuscitate.”

A DNR order instructs medical personnel not to use cardiopulmonary resuscitation (CPR), electric shock to the heart, artificial breathing devices or other invasive procedures on you should you stop breathing or your heart stop beating.

Without a DNR, emergency and hospital care providers will attempt to resuscitate a patient who has stopped breathing or has no heartbeat.
Medical Orders for Life Sustaining Treatment (MOLST)  
Physician Orders for Life Sustaining Treatment (POLST)

• A MOLST form does not replace an advance directive — they work together.

• MOLST form is a medical order for the specific medical treatments you want during a medical emergency.

• MOLST forms are appropriate for individuals with a serious illness or advanced frailty near the end-of-life.

• They work together! All adults should have an advance directive, but consider MOLST if and when you are diagnosed with a serious illness or frailty.
“Final Words”

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  - Ordinary vs Extraordinary Care
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  - Burdensome Treatments

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"You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but to live until you die."

-Dame Cecily Saunders