"Death: end or beginning?" A series on the end of life

Monday, February 5, 2018 "Suffering, euthanasia, and palliative care: what to do?"

1. Opening prayer
2. Welcome
3. Brief recap: where we have been and where we are going
    a. Think about your death, talk about your death, prepare for your death
    b. God decides the time of death of the body
        i. Always be prepared spiritually
        ii. Sacraments early
    c. Ask: are we sustaining life or slowing imminent dying?
4. Limitations of advanced directives
    a. Predicting future and predicting yourself
    b. Specifying the options: not A vs B, but continuum
    c. MPOA (medical power of attorney) and AD (advanced directive, living will) both important, but your agent is most important
        i. Knows you, your faith, your concerns
        ii. Is willing to honor you, even if she or he does not agree with you
    d. Revise them as necessary, especially if your health changes and you are near or at terminal or irreversible stage of life
    e. Keep a copy and have copies for hospitals, clinics
    f. Impact of EMR (electronic medical record)
5. Limitations of DNR (do not resuscitate)
    a. May be morally acceptable and reasonable
    b. You and MPOA should make it clear that you want to have the final decision
    c. OOHDNR, MOLST, POLST
    d. Futile care provision
    e. DNR success rate
6. Categorizing medical care
    a. Proportionate or ordinary care
        i. In the judgment of the person offer reasonable hope of benefit ***and***
        ii. Do not entail excessive burden on person or impose excessive expense on family or community
        iii. Morally obligatory
    b. Disproportionate or extraordinary care
        i. In the judgment of the person ***do not*** offer reasonable hope of benefit ***or***
        ii. Entail an excessive burden or impose excessive expense on family or community
        iii. Morally optional
    c. Person's judgment may change with time and condition
    d. Also contingent on time, place, circumstances
    e. Special case of food and water
        i. Persistent vegetative state: chronic state of low-level responsiveness
        ii. John Paul II, March 20, 2004
        iii. In some cases food or water can be withheld licitly
7. Principle of double effect
    a. All treatments have positive and negative effects
    b. May tolerate evil effect in some cases.
    c. Example of morphine
    d. Action good in itself, and is intended effect
    e. The bad effect is only foreseen, not intended
    f. The good effect is not brought about by the bad effect
    g. Due proportion between good and bad effects
8. Futility
    a. "Futile care" provisions of Advanced Directive Act
    b. "Medical futility difficult to define in a meaningful way; do not use term with patients or families" Mark Casanova, MD lecturing medical students
    c. Ask: is this person dying, and can medical science change that?
    d. Ethics Committee and futility
9. Quality of Life
    a. Assumption: there is a life that is not worth living.
    b. Whose life is it?
    c. Utility, productivity are not what impart dignity

10. Euthanasia and physician assisted suicide
    a. Good term coopted for evil
    b. Derek Humphrey and the Hemlock Society (1980) and others: right to die
    c. Joined with Compassion in Dying Federation, forming Compassion and Choices (2007)
    d. Brittany Maynard (2014); funding
    e. USCCB opposing through others
    f. False compassion: not suffering with
    g. Humans are not animals
    h. Canada: shift from PAS to MAID (medical assistance in dying)
    i. Both euthanasia and PAS intentionally take human life
11. An ethical alternative (when done correctly): palliative care
    a. Part of continuum including hospice
    b. Catholic perspective largely good
    c. Relieve of symptoms when cure not possible
        i. Does not preclude ongoing treatment (unless hospice)
    d. Can transition to hospice (terminal condition)
        i. Treatment options limited or nonexistent
    e. Serious illness conversation project
        i. Clarify priorities
            1. Who should be present (or absent)
            2. What place is desired
            3. How much pain (and other symptoms) vs sedation
        ii. Make or revise end of life documents, preferences
    f. Children, grandchildren, great-grandchildren
12. Suffering
    a. Opioid crisis: myth of pain control
    b. Spiritual value of suffering
        i. USCCB does not, cannot use
        ii. Humans are not animals
        iii. John 15:13
        iv. Colossians 1:24
        v. Romans 8:38–39, Lambert Riley, OSB, pp 76-77
        vi. Can be part of spiritual healing and preparation for a good death
        vii. Family and friends accompany with true compassion
13. Organ donation
    a. Licit under strict guidelines
        i. No coercion
        ii. No commercialization
    b. Cadaveric organs
    c. Living donor: paired organs only
    d. Unpaired organs
        i. Brain death
        ii. Donation after cardiac death
    e. Tissue donation
    f. Reproductive organs: no
    g. Optional
14. Sources and resources
    a. New American Bible, Revised Edition, 2010
    b. https://www.ncbcenter.org
    c. John Paul II, Address to the Participants in the International Congress on Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas, March 20, 2004
    d. John Paul II, Apostolic Letter *Salvifici Doloris*, On the Christian Meaning of Human Suffering, February 11, 1984
    e. Lambert Reilly, OSB, *Latin Sayings for Spiritual Growth*, OSV, 2001
15. Questions, comments, suggestions
16. Closing prayer and blessing