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Compassion allows death instead of defying it

Allowing death to occur when life reaches its natural conclusion can be an act of humanity

Ethics Made Real

Gordon Self



Everyday across Covenant Health we withdraw and withhold treatment, on young and old alike. These are difficult decisions and never made lightly. They must be informed by the medical facts of the case, as well as the needs, wishes and values of the person receiving care.

Sometimes the patient or resident, as the main decision-maker, is able to weigh the benefit and burden associated with the different medical options themselves. They personally make the free and informed choice to stop dialysis, for example.

Sometimes decisions are made on behalf of a person lacking capacity. Decisions then are made by an agent named in the person's personal directive, a public guardian or, as customary practice, by family. The result of these medical decisions is some may succumb to their illnesses and die.

How can this be? A Catholic hospital practising euthanasia or assisted suicide? Is that what withdrawing and withholding treatment means?

LIFE AT ALL COSTS

An ongoing misunderstood issue is whether we are morally obligated to pursue life at all costs. In effect, to squeeze every ounce of life out of a person before we can finally concede "we've done everything possible," and turn off ventilators and such. This approach flies in the face of what Catholics and other faith traditions must truly consider a scandal.

At the root of this principle is the belief that bodily existence itself is the ultimate goal of life. While Christians certainly consider biological life a good, indeed a great gift from God, it is not an absolute good. We are ordered to something much more. This something more is friendship and life with God.

Still, we are called to be stewards, taking responsibility for our health by living well and prolonging life so long as treatments are beneficial and do not pose an excessive burden.

Only God has the right to take away life. While we can never intend to hasten death either by an action or omission, we can, nevertheless, allow death to occur when life has reached its natural conclusion.

Let me give an example. A person with terminal illness may decide not to undergo chemotherapy or surgery, even if it may extend their life by a few weeks or months. My father died last year, and there was a point when he was no longer able to tolerate further treatment.

Talking with my mom and the doctors caring for him, my dad decided not to continue. While he certainly wanted to live and not leave his family behind, he just could not tolerate further treatment. It would have only made him sicker, affecting his ability to spend the remaining days saying goodbye, receiving the sacraments and preparing for the life to come.

RAGE, RAGE

To expect my dad to "rage, rage against the dying of the light," as poet Dylan Thomas urged, would have been a form of brutality - a heavy burden to impose on my dad. In reality, his life had come to its natural conclusion.

When exactly God chose to call him home at the end was out of our hands. All we could do was keep vigil with him. But we at least did not want to stand in the way.

We all get these situations. Yet when it involves a baby or young person we can lose sight of the same

principles that should consistently frame our decision-making. At times, we can impose our own needs, sometimes out of fear, guilt or helplessness, expecting our loved ones to take another treatment even when it may cause them more pain and suffering.

ARMCHAIR QUARTERBACKS

The danger is when we are armchair ethics quarterbacks, not knowing the clinical facts of a case, unaware of what people like my father, their families, or the health care teams actually languish and pray over in coming to a difficult but morally justified decision. We assume hospitals are hastening or assisting in someone's death, based on perceptions alone and often without any facts.

At Covenant Health, we have a proud history of providing compassionate and quality end-of-life care, rooted in a Catholic moral tradition. In future columns I will explore this tradition to dispel lingering misunderstanding about withdrawing or withholding treatment.

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