

# Facing the End of Life...

Recovering our Catholic Traditions

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# Context

- Ballot initiative to permit assisted suicide in some cases in the Commonwealth of Massachusetts
- Personal background: physician with training in Internal Medicine and Geriatrics, Jesuit priest, medical educator, expertise in palliative care
- My perspective: people are afraid and mistake assisted suicide as a good thing out of their fears
- Our Catholic tradition is a powerful positive force for excellent care in serious illness and at the end of life



# Objectives

- Place death in the context of our Catholic faith
- Understand the Catholic view of the value of life and the need for preparation for death
- Develop an appropriate sense of the role of medicine, the nature of suffering, and acceptance of diminishment



# Facing a current reality

- Many people are terrified of dying
- They fear poor pain control, distressing symptoms, loss of dignity, and being a burden on their family
- Others avoid ever thinking about death and dying
- Some refuse to discuss end of life with family and friends



# How Americans Died in the Past

- Early 1900's: average life expectancy 50 years, high childhood mortality, adults lived into their 60's.
- Infectious disease and accidents major cause of death in absence of antibiotics
- Medicine focused on care and comfort with sick cared for at home [EPEC]



# Medicine's Shift in Focus...

- Science, technology, communication
- Marked shift in values: denial of death; value youth, productivity, and independence; devalue age, family, and interdependent caring
- Potential of medical therapies: life-prolonging, aggressive fight against death [EPEC]



# Medicine's Shift in Focus (cont.)

- Improvements in sanitation, public health, antibiotics, other new therapies with increased life expectancy (1995 avg. 76 yrs--73 men, 79 women).
- Death as the Enemy
  - Organizational promises
  - Sense of failure if patient dies

[EPEC]



# End-of-Life in America Today

- Modern Health Care: some cures, lots of chronic illness, prolonging dying process
  - How we die---
    - <10% sudden, unexpected;
    - >90% protracted illness with differing trajectories--cancer vs. other chronic illnesses
- [EPEC]

# What people fear and experience

- Symptoms and suffering are subject of fears, fantasy, and worry driven by experiences with family members and media dramatization [EPEC]



# Symptoms, Suffering...

- Multiple physical symptoms: inpatients with cancer average 13.5 symptoms, outpatients average 9.7
- Greater prevalence with AIDS
- Symptoms related to primary illness, adverse effects of meds and therapy, intercurrent illness [EPEC]



# SUPPORT Study

- JAMA 1995;274:1591-8
- Poor patient-physician communication about end of life preferences;

DNR orders written very close to time of death;

Many patients perceived by family to be in moderate to severe pain.

# Dying Experience of Older Patients

- Ann Intern Med 1997;126:97-106

“Most elderly and seriously ill patients died in acute care hospitals. Pain and other symptoms were commonplace and troubling to patients. Family members believed that patients preferred comfort, but life-sustaining treatments were often used.”



# Gaps between fears and desires

- Patients are afraid of...
    - Dying on a machine
    - Dying in discomfort
    - Being a burden
    - Dying in an institution
  - Patients desire...
    - Die not on a ventilator but with family/friends, in comfort, at home
- [EPEC]



# Patient wants to die at home...

- 90% of Gallup survey want to die at home
- But deaths in institutions are increasing:
  - 1949---50%
  - 1958---61%
  - 1980 to present---74%
- Most deaths could occur at home but lack of familiarity with dying process [EPEC]



# Family caregiving of dying

- 90% of Americans believe it is a family responsibility
- Frequently falls to a small number of people, often women, often ill equipped to provide care
- Coping strategies vary from family to family and patient to patient: may be destructive and include suicidal ideation and premature death by PAS or euthanasia [EPEC]



# What is death about?

- Despair?
- Unrequited fears?
- Poor pain and symptom control?
- Amnesia?



# The context of our faith

- As Roman Catholics, we have “a more excellent way” to face the end of life
- We do not take death out of the context of what we believe
- We believe that Jesus Christ suffered, died, and rose from the dead
- We are called to eternal life



# Meaning and hope

- American culture often focuses on individualism, personal independence at all costs, wealth, success, youth
- Catholics find meaning in community, shared values, duty to others, respect for life, the dignity of all people
- Our hope is not limited to this world alone

# We declare to you what was from the beginning... (1 Jn 1:1-4)

- We begin with our faith
- We are called to eternal life and fellowship with God as promised by Jesus Christ
- Human life is more than our time on this earth
- Our dying is how we are born to eternal life



## The value of our time in this life...

- We have a supernatural vocation to share in the very life of God
- Life on earth has inestimable value
- But “it is precisely this supernatural calling which highlights the relative character of each individual’s earthly life”

John Paul II, *Evangelium Vitae*

# Life on earth: a sacred reality but not the most important

- “After all, life on earth is not an ‘ultimate’ but a ‘penultimate’ reality; even so, it remains a sacred reality entrusted to us...”

John Paul II, *Evangelium Vitae*



# Thinking about death and dying...

- On our own terms, from the perspective of our faith
- Not simply being against assisted suicide and euthanasia
- But building a civilization of love in the midst of a culture of death



# A civilization of love

Support for the dying and their families

Spiritual meaning and comfort

The love of a believing community

Forgiveness, hope, and care

Excellent pain and symptom control

Respect for life and one's own value even as one faces death



# Facing Fears

- We need not die alone, forgotten, and miserable
- Pain can be controlled
- Other symptoms can be treated
- There are ways to make dying better
- Our faith has the resources to give us hope



## Recognizing cultural support for changing care of dying: Roman Catholic Tradition

- Religious traditions, cultures, and customs can provide meaning and support for improving care of the dying
- The Roman Catholic tradition provides a voice of reason and love in the midst of a confusing time



# Ethical and Religious Directives

- Governing document for Catholic hospitals in USA
- Approved by US Conference of Catholic Bishops and Congregation for the Doctrine of Faith
- Emphasizes care for the dying, pain control, and caution about technology



# ERD on care for the dying

- Above all, as a witness to its faith, a Catholic health institution will be a community of respect, love, and support to patients...and their families as they face the reality of death. What is hardest to face is the process of dying itself, especially the dependency, the helplessness, and the pain that so often accompany terminal illness. One of the primary purposes of medicine in caring for the dying is the relief of pain and the suffering caused by it. Effective management of pain in all its forms is critical in the appropriate care of the dying...



## ERD on care for the dying (continued)

- The task of medicine is to care even when it cannot cure. Physicians and their patients must evaluate the use of technology at their disposal. Reflection on the innate dignity of human life in all its dimensions and on the purpose of medical care is indispensable for formulating a true moral judgment about the use of technology to maintain life...Only in this way are two extremes avoided: on the one hand an insistence on useless or burdensome technology even when a patient may legitimately wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death.



# ERD on withholding therapy

- While every person is obliged to use ordinary means to preserve his or her health, no person should be obliged to submit to a procedure that the person has judged, with a free and informed conscience not to provide a reasonable hope of benefit without imposing excessive risks and burdens on the patient or excessive expense to family or community...



# ERD on palliative care

- 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. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. Medicines capable of alleviating or suppressing pain may be given to a dying person even if this therapy may indirectly shorten the persons' life, so long as the intent is not to hasten death...

# Key points from ERD

- One of the purposes of medicine is care for the dying
- Effective pain control and relief of suffering is crucial
- Technology must be evaluated, not used blindly
- Avoid overtreatment or deliberate killing



## Value of Life in the Catholic Tradition

- “Both the artificial extension of human life and the hastening of death, although they stem from different principles, conceal the same assumption: the conviction that life and death are realities entrusted to human beings to be disposed of at will. It must be made clear again that life is a gift to be responsibly led in God’s sight.”

John Paul II

Address at the Rennweg

June 21, 1998

Hospice in Vienna

# Benedict XVI on Palliative Care

World Day of the Sick Message

February 15, 2007

- Sickness inevitably brings with it a moment of crisis and sober confrontation with one's own personal situation. Advances in the health sciences often provide the means necessary to meet this challenge, at least with regard to its physical aspects. Human life, however, has intrinsic limitations, and sooner or later it ends in death. This is an experience to which each human being is called, and one for which he or she must be prepared.



## ...Benedict XVI

- Despite the advances of science, a cure cannot be found for every illness, and thus, in hospitals, hospices and homes throughout the world we encounter the sufferings of our many brothers and sisters who are incurably and often terminally ill. In addition, many millions of people in our world still experience insanitary living conditions and lack access to much-needed medical resources, often of the most basic kind, with the result that the number of human beings considered “incurable” is greatly increased.



## ...Benedict XVI

- The Church wishes to support the incurably and terminally ill by calling for just social policies which can help to eliminate the causes of many diseases and by urging improved care for the dying and those for whom no medical remedy is available. There is a need to promote policies which create conditions where human beings can bear even incurable illnesses and death in a dignified manner.



## ...Benedict XVI

- Here it is necessary to stress once again the need for more palliative care centres which provide integral care, offering the sick the human assistance and spiritual accompaniment they need. This is a right belonging to every human being, one which we must all be committed to defend



## ...Benedict XVI

- Here I would like to encourage the efforts of those who work daily to ensure that the incurably and terminally ill, together with their families, receive adequate and loving care. The Church, following the example of the Good Samaritan, has always shown particular concern for the infirm. Through her individual members and institutions, she continues to stand alongside the suffering and to attend the dying, striving to preserve their dignity at these significant moments of human existence.



## John Paul II's endorsement of Palliative Care

- Particularly in the stages of illness when proportionate and effective treatment is no longer possible, while it is necessary to avoid every kind of persistent or aggressive treatment, methods of "palliative care" are required. As the Encyclical *Evangelium Vitae* affirms, they must "seek to make suffering more bearable in the final stages of illness and to ensure that the patient is supported and accompanied in his or her ordeal" (n. 65).
- In fact, palliative care aims, especially in the case of patients with terminal diseases, at alleviating a vast gamut of symptoms of physical, psychological and mental suffering; hence, it requires the intervention of a team of specialists with medical, psychological and religious qualifications who will work together to support the patient in critical stages.

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**(John Paul II, November 2004, Speech to the Pontifical Council for Health)**



# John Paul II

- Elderly man
- Long period of decline from Parkinson's Disease and other conditions but maintained public role
- Precipitous acute decline marked by several crises: pneumonia, tracheostomy, finally, sepsis
- Dies at home...not hospitalized



# What do we learn?

- A natural death is part of life
- John Paul II experienced a prolonged illness but decided to remain at home for his final days
- Did not choose intensive care, ventilator, pressors, etc.



# What did John Paul II teach us?

- Human dignity
- Human solidarity
- Presence of Christ in a world that does not always notice



## Value of life, dignity and solidarity...

- The Gospel of life is for the whole of human society. To be actively pro-life is to contribute to the renewal of society through the promotion of the common good. It is impossible to further the common good without acknowledging and defending the right to life, upon which all the other inalienable rights of individuals are founded and from which they develop...

# ...Value of life, dignity and solidarity (cont.)

- A society lacks solid foundations when, on the one hand, it asserts values such as the dignity of the person, justice and peace, but when, on the other hand, radically acts to the contrary by allowing or tolerating a variety of ways in which human life is devalued and violated, especially where it is weak or marginalized. *Ev Vitae*[101]



# What about suffering and faith?

- Pain and other symptoms should be treated aggressively and Catholics may seek all means short of suicide or euthanasia
- With modern techniques, physical suffering can be limited so that assisted suicide for pain control is irrational



# Suffering and life-threatening illness

- Suffering remains a part of the end of our lives---not physical agony but sadness and distress as we leave the only life we have known
- Being Catholic does not mean glorifying pain
- But we recognize suffering as having value



# Value of Suffering

- Suffering has value to the extent it allows one to be open to the transformative love of Jesus Christ
- Being in pain is useless...uniting one's suffering with Christ can be redemptive



# The witness of suffering

“Down through the centuries and generations it has been seen that in suffering there is concealed a particular power that draws a person interiorly close to Christ, a special grace...



# The witness of suffering (cont.)

...When the body is gravely ill, totally incapacitated, and the person is almost incapable of living and acting, all the more do interior maturity and spiritual greatness become evident, constituting a touching lesson to those who are healthy and normal.”

John Paul II *Salvifici doloris*, 26



But I shall show you a more excellent way... (1Cor  
12:31)

- ...Faith, hope, and love remain, these three; but the greatest of these is love  
(1 Cor 13:13)
- Building a civilization of love amidst our current American culture of death will not be easy
- Above all it means looking to Jesus as our model of love and humanity



# Looking to Jesus

- Hearing God's call, following God's commandments, caring for those in trouble
- Accepting one's life as a gift from the Father
- Recognizing God controls life and death and giving that life over to God:

“Father, into your hands I commend my spirit” (Luke 23:46)



## “Love is shown in deeds, not words”

St Ignatius of Loyola

- Marked improvements and rigorous standards of care for the dying
- Catholics must talk about death and dying and not act like those without hope
- Develop prudent advance directives
- Ongoing efforts of parish to reach out
- Working with Catholic health care to improve and develop palliative and hospice care



# Suggestions...

- Why are people in favor of assisted suicide?
  - Fear of agonizing death
  - Fear of being a burden
  - Fear of being on a machine
  - Need for control and fear of unknown



# ...Suggestions

- Emphasize
  - Catholic tradition in care of dying
  - Pope John Paul II's death experience...decline but not left on machines
  - Importance of excellent end of life care
  - Building a civilization of love: respect for individual and community care for those in need
  - Pain can be treated...burdensome therapies without benefit can be refused or removed...
  - Acknowledge need for better end of life care: improved palliative care and hospice



# Conclusions

- People are afraid of the end of life, this fear provides the impetus for many for assisted suicide
- Acknowledge the fear and point out the Catholic tradition is for individual dignity till natural death and a community that provides care and support
- Catholic tradition allows choices in health care, pain control, and Catholic health care provides leadership in excellent palliative and end of life care
- There are some who are terrified of giving up any control...and some people will always commit suicide...focus on those who need to learn and are afraid