

Church teaching gives clarity to end-of-life decisions

By Maria Wiering

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People often fear two poles when it comes to medical care and dying – that technology will unnecessarily prolong their lives, or that not enough will be done. Catholic teaching on end-of-life care navigates the middle of these fears and avoids these extremes, said Father Tadeusz Pacholczyk, who spoke on “Ethical Decision Making in End-of-Life Situations” at St. Agnes in Catonsville March 27.

The right ethical approach will depend on each individual situation, since no two are exactly the same, he said, but there are still ethical guideposts and tools decision-makers can use, he said. The issue is not “fuzzy” or “gray,” he added.

“There are real lines in these discussions,” he said. “It’s not always easy to see where the line is, and that’s where we have to struggle sometimes. But with the help of God, and in understanding the teaching of the church and with using our own powers of rationality, we can see ... where those lines are. Then we have to make an earnest and conscientious decision to choose on the proper side of that line.”

A neuroscientist and priest of the diocese of Fall River, Mass., Father Pacholczyk is the director of education and ethicist for the National Catholic Bioethics Center in Philadelphia. Over the course of an hour and a half, he steered his audience through the importance of using correct terminology, the role of living wills and health care proxies, and the facts to consider in planning for one’s own end-of-life care, or in caring for a loved one.

Using the U.S. bishops’ document “Ethical and Religious Directives for Catholic Health Care” as a guide, Father Pacholczyk said that a complex blend of factors may be considered in making a judgment about particular treatments or care.

End-of-life ethics have tremendous practical importance, Father Pacholczyk said. Everyone will face their own death, but people are often involved in the deaths of those close to them, or in the care of someone with a long-term, chronic or debilitating situation.

“We may be faced with some rather complicated medical questions: Do we need to do this, or not? What are we required to do in this particular situation?” he said.

Stewardship of one’s life – not ownership – frames the Catholic understanding of end-of-life care, Father Pacholczyk said. “We should die from an underlying sickness or pathology, and not from an action or inaction by someone which directly and intentionally causes our death. The disease should claim our lives,” he said. “Your will can never be to end one’s life.”

The Catholic Church identifies end-of-life measures as “proportionate” or “disproportionate,” based on the measure’s benefits and burdens. Proportionate measures are those a person is required to take, and disproportionate measures are those that are optional, or sometimes unethical. What measures are proportional or disproportional depend on the individual circumstance, Father Pacholczyk said.

He recommends using these terms instead of “ordinary” or “extraordinary” measures, he said, because “proportionate” and “disproportionate” are more exact and lead a decision-maker to ask “to what?” There’s no list of measures that are always “proportionate” or “disproportionate,” he said. Each measure needs to be evaluated based on the benefits and burdens they would offer to the particular situation.

He also advises carefully chosen language. To say, “I don’t want a bunch of tubes in me” may sound like one is resisting measures that could be proportionate care, such as the use of a feeding tube to nourish the body. “Depending on the circumstance, ‘tubes’ may be a bridge to healing, and may be morally obligatory,” he said.

“We have to steer away from this kind of globalized, fear-driven language,” he said.

While some suggest living wills and other advanced directives are the answer to navigating these ethical issues, that isn’t always the case, Father Pacholczyk said.

Because one can't foresee the exact situation he or she may face, advanced directives actually may not reflect the patient's actual wishes when the situation comes.

It's far better to assign someone to be a proxy - usually a spouse or family member - who understands one's wishes and can make decisions if the person in need of care is incapacitated. If used, advanced directives could designate a proxy and defer to his or her decisions, or include a statement that a person wishes his or her health care to be in keeping with Catholic Church teaching, he said.

Father Pacholczyk also reminded his audience that they have the "power of the pen" and shouldn't sign any end-of-life directives that seem "off-base" to them. He urged Catholics to look at the National Catholic Bioethics Center's Catholic Guide to End-of-Life Decisions and the Maryland Catholic Conference's guide "Comfort and Consolation: Care for the Sick and the Dying." Both are available at the organizations' websites, ncbcenter.org, and mdcathcon.org. The National Catholic Bioethics Center offers consultation on health care ethics, and those seeking guidance on a particular situation are invited to call or email the center.

"I think it's important to understand what we're really called to do here. It's actually not super complex. We are all called to make a good, prudential judgment. If we do that, if we make our best effort to make that good judgment, we can die in peace, and we can let our loved ones die in peace as well," he said.

About 80 people attended Father Pacholczyk's talk, including St. Agnes parishioner Jan Vidmar, 57, who was present at her father's death and witnessed end-of-life decision-making, she said. She plans to take another look at the directives she and her husband have prepared for the ends of their lives, she said. "I feel like I need do more reading," she said.

"If you're really seeking God's will, I think you'll know, but it's nice to know that there are organizations out there, and there are people you can talk to. That's very comforting," she added.