

End-of-life teaching more than 'dilemmas, controversies'

CHICAGO – Church teaching on end-of-life issues is much more than “dilemmas and controversies,” a priest-physician told a gathering of Catholic health care ethicists in Chicago March 1.

“Don’t let people hijack our church anymore,” said Jesuit Father Myles N. Sheehan, a geriatric oncologist who is senior associate dean for educational programs at the Stritch School of Medicine at Loyola University Chicago.

“Let’s pay attention to church teaching and not to what someone reads in this liberal magazine or that conservative magazine,” he added, noting that the 46-page “Ethical and Religious Directives for Catholic Health Care Services” is “a three-line document to the rest of the world.”

Too often, church teaching is reduced to “feeding tube in or out? Ventilator on or off?” he said. But an obsession with the controversies “makes us forget our areas of broad agreement.”

Father Sheehan spoke on the second day of a three-day conference on “Catholic Health Care Ethics: The Tradition and Contemporary Culture,” sponsored by the Neiswanger Institute for Bioethics and Health Policy at Loyola’s medical school and by the Catholic Health Association.

Addressing the most famous end-of-life case in recent years, the Jesuit said the events leading to the death of Terri Schindler Schiavo in March 2005 were “rare, unusual and a tragedy” but have little to contribute to the richness of church teaching on care for the dying.

“This was a family that hated each other,” he said of the Schindler family and Michael Schiavo, Terri’s husband, adding that he would not want such a case to be the basis for decision-making in his own death or anyone else’s.

“What do you do” in cases like that? he asked. “Run away screaming? Lock the

family in a room with their hands tied behind their backs until they can reach an agreement?"

But instead of focusing on unusual cases, Father Sheehan said the church's rich tradition in support of palliative care – reinforced by the teachings and example of Pope John Paul II and the teachings of his successor, Pope Benedict XVI – must be brought to the forefront.

"People are ethically illiterate rather than understanding that they are heirs to a great tradition," he said.

Some people come into the hospital saying, "You have to do everything (in my medical treatment) because I'm Catholic," Father Sheehan said.

"But you don't have to be more Catholic than the pope," he added. "If the pope (John Paul II) can die in his bed at home, why do we have to die in the ICU (intensive care unit)?"

He also criticized the physician who "always insists on a feeding tube" for his patients, regardless of their individual circumstances. "That guy and (assisted suicide advocate) Jack Kevorkian are flip sides of the same coin," he said.

Physicians and other medical professionals sometimes get caught up in discussing "the rules" and fail to see the patients in front of them as human beings, he said.

He told the story of one elderly patient whose left side had been affected by a stroke and who could not see the food placed on her left side or eat it since she was left-handed. While others were discussing whether she needed a feeding tube because she was not eating, "I sat down for 30 minutes and fed her," Father Sheehan said.

"Sometimes ethics committees have great fights but ignore the suffering that is in front of them," he said. "They walk by people who are starving and talk about feeding tubes."

Father Sheehan said palliative care – involving pain control and comfort care for the dying – should begin much earlier in the treatment of those with terminal illnesses. Instead, he said, doctors sometimes "use aggressive therapies and then say, 'Oh,

yeah, this person is going to die,'“ and send the patient off to hospice for the last few days of his or her life.

“It’s not exactly a news flash when things are not going well,” he said. “You don’t just snow people at the end of life. You give that person time to prepare, offer the sacraments to heal souls.”