

End-of-Life Palliative Care Issues: Quality of Life Issues

By Dr. Paul Fiacco and Father Charles Vavonese

Editor 's note: This is one in a series of articles that will explain and explore the Church teachings on end-of-life and palliative care issues.

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The previous article discussed the factors to be considered at end-of-life to help determine if proposed treatment imposes an excessive burden and may therefore be morally forgone or withdrawn. Since a "burdensome treatment" is determined by each individual and there is room for interpretation, different individuals in similar situations may assess these factors differently and come to different conclusions, both of which are morally acceptable. In the process of making a decision regarding treatment, the patient must have accurate information from the medical staff and is encouraged to seek the counsel of family and a priest.

Quality of life

The discussion of burdensome treatments that was undertaken in the previous article will be helpful as we discuss quality of life issues.

To begin, many people find the use of the term "quality of life" confusing. This is understandable because the term is used in two different contexts; one in accord with Catholic teaching, the other not.

Perhaps at this point, a case study will illuminate this issue. A 93-year-old, frail female patient is diagnosed with a stomach tumor. Her physician meets with her to discuss the diagnosis, options for treatment, and the risks and benefits. In this situation, to treat the woman's cancer would require major surgery and extensive chemotherapy. The burden of surgery and chemotherapy would be substantial, and would make the patient's remaining life very uncomfortable. In addition, the doctor further explains that despite these aggressive treatments the cancer will not be cured, though it might extend her life for a short period of time. The question that the patient faces is whether to undergo the surgery and aggressive chemotherapy, both of which would make the patient's end-of-life very difficult, or opt to forgo these treatments as extraordinary and burdensome and live out the remainder of her life without the treatment, thus opting in favor of a quality of life over quantity of life.

Catholic theology requires an individual to use ordinary or proportionate means to preserve life, and holds that "A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden..... (The Ethical and Religious Directives for Health Care in the United States, #57, 2018).

In this case, the patient opted not to have the surgery and chemotherapy. She reasoned that, in light of her advanced age and poor health, the proposed extensive surgery and aggressive chemotherapy might extend her life a short period of time but would not ultimately cure her cancer. At the same time these treatments would make her remaining time extremely difficult. When weighing the benefits and burdens of the situation, she concluded that these treatments were disproportionate, and because they would impose on her an excessive burden and offered a limited benefit, such treatments may be forgone.

Another situation

There is another situation where "quality of life" is used. This is in reference to a determination by some that a person with a disability or serious illness does not have a sufficient quality of life, which is then used to justify terminating their lives by euthanasia or assisted suicide. Catholic theology teaches that no matter how physically diminished or weakened a life is, it remains sacred and inviolate. We may never directly take an innocent life, and in fact we have a moral obligation to protect the lives of these vulnerable individuals. Since euthanasia or assisted suicide would directly take innocent life, it is never morally permissible.

Summary

This article discussed two contexts in which "quality of life" is used in end-of-life discussions. The first is when a patient with a serious condition decides to forgo or withdraw a treatment that is considered extraordinary care or excessively burdensome in favor of enjoying the remainder of life in a comfortable manner. This decision is permissible in Catholic theology. In the second situation, the diminished "quality of life" of a person with a disability or serious illness is used by some to justify terminating lives by those who propose euthanasia or assisted suicide, which are never permissible in Catholic moral teaching.

Next article

The next article will discuss the morality of pain management even if such treatment results in shortening the patient's life. The article will also explain St. Thomas Aquinas' principle of "double effect," which makes this type of treatment of pain possible.