

Hospice Palliative Care and Physician Assisted Suicide

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In recent years, different attitudes towards the provision of end-of-life care have entered into public discourse. The surfacing of end-of-life care issues and questions has in turn evoked a theological and pastoral response from the Roman Catholic Church. This article examines two prominent approaches to end-of-life care in the light of Catholic teaching.

HOSPICE PALLIATIVE CARE

Patients suffering from cancer, multiple sclerosis, AIDS, and other degenerative illnesses frequently receive a form of care called “palliative”. Palliative care aims to “provide the best quality of life for the critically or terminally ill by ensuring their comfort and dignity.”¹ Although its primary aim is to relieve pain, palliative care also seeks to meet other needs a patient may have (psychological, emotional, spiritual, social, cultural, etc.).

Even though palliative care has historically taken place in a clinical setting, over the last several decades there has been significant growth in the number of hospice organizations providing palliative care, that is, organizations that provide support and care for terminally ill patients who wish to die at home or in a place established specifically for end-of-life care. As a result, the term “hospice palliative care” is often used to speak of the type of end-of-life care provided outside a clinical environment.

The modern hospice movement began in 1967 in the United Kingdom. By 2001, over

650 hospice organizations in Canada were providing end-of-life care to terminally ill patients and their families.²

Each year roughly 70 per cent of all deaths in Canada are the result of chronic illness. While approximately 260 000 people die in Canada each year, 160 000 of these persons require palliative care. Statistics vary, but some claim that less than 15 per cent of the people who require palliative care have access to receive such specialized services,³ even though over 80 per cent of Canadians identified hospice palliative care as the type of end-of-life care they would like to receive at the end of their lives.⁴

According to research published by the Canadian Institute for Health Information, most Canadians have indicated that they would prefer to die at home in the company of loved ones.⁵

PHYSICIAN ASSISTED SUICIDE

Suicide is the intentional killing of oneself. By definition, euthanasia is the “ending the life of an animal or a willing individual who has a terminal illness or incurable condition.”⁶ Physician Assisted Suicide (PAS) is a form of voluntary euthanasia that differs from conventional suicide and euthanasia “in that it is facilitated by a physician who...provides the means for committing suicide.”⁷

The Roman Catholic Church has repeatedly spoken against all forms of euthanasia. Examples include Magisterial documents such as the *Declaration on Euthanasia*, *Cor Unum*, *Evangelium Vitae*, *Donum Vitae*, and the *Charter for Health Care Workers*. The Church’s stance is simple and

straightforward: from natural conception to natural death every human life is sacred. In the context of bioethical analysis, this view is commonly known as the “sanctity of life principle”. As the Sacred Congregation for the Doctrine of the Faith (CDF) states in the Instruction *Donum Vitae*, “Human life is sacred because from its beginning it involves ‘the creative action of God’ and it remains forever in a special relationship with the Creator, who is its sole end. God alone is the Lord of life from its beginning until its end: no one can, in any circumstance, claim for himself the right to destroy directly an innocent human being.”⁸

Life is viewed as the basic good proper to every individual human being, a good that is an essential aspect of each human person’s fulfillment, a good shared in common by all. In its *Declaration on Euthanasia*, the CDF writes “No one can make an attempt on the life of an innocent person without opposing God’s love for that person, without violating a fundamental right, and therefore without committing a crime of the utmost gravity.”⁹

This is followed by an even stronger statement: “Everyone has the duty to lead his or her life in accordance with God’s plan... Intentionally causing one’s own death, or suicide, is therefore equally as wrong as murder; such an action on the part of a person is to be considered as a rejection of God’s sovereignty and loving plan.”¹⁰

Currently, there are six places in the world—Switzerland, Belgium, the Netherlands, Oregon, Montana and Washington State—that legally authorize a patient’s request for PAS. Although the Criminal Code of Canada outlaws any form of assisted suicide, the law’s constitutionality has of late been challenged in court and debated in parliament.

Most recently an MP from Quebec introduced Bill C-384 which, however,

contains no such stipulation. Instead, it seeks to amend the Criminal Code of Canada by legally authorizing the consensual infliction of death upon any person who is “at least eighteen years of age...[and] either continues, after trying or *expressly refusing the appropriate treatments available*, to experience severe physical or mental pain, or suffers from a terminal illness.”¹¹ (emphasis added) In other words, Bill-C384 offers the license to request PAS for anyone undergoing some form of suffering who is eighteen years of age or older.

HUMAN SUFFERING

At the heart of the differences between the Catholic Church’s view on assisted death and the view held by those who support PAS is the issue of human suffering.

An inability to enjoy activities once pursued, loss of autonomy, an overall change in quality of life as the consequence of suffering—each is commonly cited by PAS proponents as rationale in support of a patient’s decision to choose PAS. In this view, human life appears to have value only to the degree that it brings a person pleasure and well-being. Since it cannot only limit but takes away altogether a patient’s ability to experience pleasure and well-being, suffering is considered something from which one should have the option to seek escape—even if escape means death with the aid of a licensed physician.

The Catholic Church’s view of suffering is very different from that of PAS advocates. Viewed through the optics of Catholic theology, suffering has a redemptive character.

Suffering is not something from which one must escape, but rather is an opportunity for a person to share in Christ’s passion, that is, to bring his or her own suffering in union “with the redeeming sacrifice which [Christ] offered in obedience to the Father’s will.”¹²

Difficult though this view may seem at first glance, it is grounded firmly in the words of Jesus himself (viz., Luke 9:23, Matt. 16:24, Mark 8:34).

When caring for patients undergoing severe suffering, both PAS advocates and the Catholic Tradition recognize that the humane approach is to seek to reduce and, if possible, eliminate the suffering. The difference in perspectives can be summarized in the following way: on one hand, PAS supporters desire to eliminate a patient's suffering by eliminating the patient while, on the other hand, the Catholic Church promotes the discovery and use of means to alleviate the patient's suffering while providing care for both the patient and the patient's loved ones.

As John Paul II writes in the encyclical *Evangelium Vitae*, "True 'compassion' leads to sharing another's pain; it does not kill the person whose suffering we cannot bear."¹³ Here is where palliative care can make a difference.

CARE

End-of-life palliative care, when qualified by the term "hospice", refers to a specific concept of care. "Care" is both a noun and a verb. As a noun, "care" means "careful or serious attention; caution; protection or charge". As a verb, "care" is "to be concerned or interested; to provide needed assistance or watchful supervision"¹⁴ In virtue of its etymology, "care" is a term that has "a quality of continuance, a longitudinal dimension."¹⁵

Accordingly, hospice care is "inherently longitudinal, open-ended; extending beyond the patient's death to bereavement support for loved ones"¹⁶ PAS is neither open-ended nor longitudinal since its aim is the elimination of suffering through the elimination of the patient. PAS is immediate and final.

Over the last fifty years advances in pain management (via remarkable progress in pharmacology and other medical sciences) have resulted in both the resources and technology enabling physicians to manage a patient's pain and suffering effectively. During this same period the hospice palliative care movement has been developing in many countries. It is hardly unsurprising to note that health care providers who specialize in pain management and those involved with hospice palliative care are frequently more knowledgeable than the average physician about providing comfort and dignity at the end of a patient's life.¹⁷

Hospice palliative care is provided by an interdisciplinary team. Included in the team are the patient, the family, and trained volunteers, as well as the other health care providers—nurses, home health aides, social workers, therapists, counsellors, and physicians. While eliminating suffering is central to the care a patient receives, it is important to stress this is not hospice palliative care's sole goal. Hospice care also aims to provide social, psychological, emotional, and spiritual end-of-life care both to the patient and to the patient's family.¹⁸

IN CONCLUSION:

At the conclusion of this examination of two different approaches to end-of-life care, the following passage from *Evangelium Vitae* is particularly fitting to recall: "The request which arises from the human heart in the supreme confrontation with suffering and death, especially when faced with the temptation to give up in utter desperation, is above all a request for companionship, sympathy and support in the time of trial."¹⁹

End-of-life care is a bioethical issue that can in no way be adequately addressed without recognizing the fact that at its centre is a

suffering human person. Consequently, Catholic bioethics stresses the importance of developing an authentic understanding of care and compassion when discussing the provision of end-of-life care to patients.

For hospice palliative care, compassion means to suffer with another, to share another's suffering at the end of his or her life whereas, for PAS, compassion is the reduction of suffering through the elimination of the patient. The former is compatible with the words and actions of Jesus Christ; clearly, the latter is not. ■

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¹ http://www.phac-aspc.gc.ca/seniors-aines/pubs/info_sheets/palliative_care/pdf/pallia_e.pdf

² Natasa Milicevic, "The Hospice Movement: History and Current Worldwide Situation" (2002), <http://www.onk.ns.ac.yu/archive/Vol10/PDFVol10/V10n1p29.pdf>

³ <http://www.living-lessons.org/main/hospice.asp>

⁴ <http://www.living-lessons.org/main/background.asp>

⁵ Canadian Institute for Health Information, *Health Care Use at the End of Life in Western Canada* (Ottawa: CIHI, 2007), p. 22.

⁶ <http://law.jrank.org/pages/6600/Euthanasia-EUTHANASIA-PHYSICIAN-ASSISTED-SUICIDE.html>">Euthanasia - Euthanasia And Physician-assisted Suicide

⁷ <http://law.jrank.org/pages/6600/Euthanasia-EUTHANASIA-PHYSICIAN-ASSISTED-SUICIDE.html>">Euthanasia - Euthanasia And Physician-assisted Suicide

⁸ Sacred Congregation for the Doctrine of the Faith, *Donum Vitae* (1987), n.56. http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19870222_respect-for-human-life_en.html

⁹ Sacred Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (1980), 1.n.4. http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html

¹⁰ *Ibid.*, 1.n.3.

¹¹ House of Commons of Canada, *Bill C-384* (Second Session, Fortieth Parliament, 57-58 Elizabeth II, 2009), <http://www2.parl.gc.ca/HousePublications/Publication.aspx?Docid=3895681&file=4> (my italics.)

¹² *Declaration on Euthanasia*, n.3.

¹³ John Paul II, *Evangelium Vitae* (1995), n.66, http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html

¹⁴ <http://www.thefreedictionary.com/CARE>

¹⁵ Ira R. Byock, M.D. "Consciously Walking the Fine Line: Thoughts on a Hospice Response to Assisted Suicide and Euthanasia" in *Journal of Palliative Care*, (Vol.9, No), <http://www.amsa.org/dd/finelin.cfm>

¹⁶ *Ibid.*

¹⁷ F. Michael Gloth, III, M.D., *Physician-assisted Suicide: The Wrong Approach to End of Life Care*, <http://www.usccb.org/prolife/programs/rlp/03rlglloth.shtml>

¹⁸ <http://www.deathreference.com/Ho-Ka/Hospice-Option.html>

¹⁹ *Evangelium Vitae*, n.67.

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