

End-of-Life Palliative Care Issues: Excessively Burdensome Treatments

By Dr. Paul Fiacco and Father Charles Vavonese

Editor : 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 illustrated the difference between ordinary and extraordinary medical treatments. A medical treatment is generally considered ordinary if its benefits outweigh its burdens and it offers a reasonable hope of benefit to the patient. In Catholic theology, this type of care is morally obligatory. By contrast, a medical treatment is extraordinary if its burdens outweigh its benefits or it offers no reasonable hope of benefit to the patient. In Catholic teaching, there is no moral obligation to accept these extraordinary treatments. The concept of burden is a complex one. This article will illustrate the number of factors that need to be considered in determining whether a treatment presents a burden, even an excessive burden.

Burdensome treatments

In many cases in Catholic moral theology, issues are clear, but since burdensome treatment is an individual assessment of circumstances there is much room for interpretation. This means that different people might assess the same situation differently and come to two different decisions, both of which would be morally acceptable.

There are a number of factors that might render a treatment to be excessively burdensome and render it an extraordinary means of preserving life that would not be morally required in a particular case.

The Church suggests the following factors be considered when determining if a particular treatment is required to be accepted or may be rejected: the patient's prognosis; the treatment proposed; the risks and side effects that the treatment would involve; the expectation of possible recovery; where the patient is in the dying process (terminal illness); the resources available to him or her; and whether the treatment imposes an excessive spiritual, emotional or financial expense to the patient, family or the community ("The Ethical and Religious Directives for Catholic Health Care in the United States," 58).

Since this is a serious moral decision, it is important that the patient receives accurate information from the medical staff. It is also advisable that the patient seek the counsel of family members and a priest.

Even when death is imminent, ordinary care to the patient may not be legitimately interrupted unless the treatment would offer no benefit. At that point, the treatment may become an extraordinary and thus may be withheld

or withdrawn. The refusal of such treatments is not the equivalent of murder or suicide.

Conclusion

This article discussed the factors the individuals need to consider in determining if a treatment proposed imposes an excessive burden and can be forgone or withdrawn. It pointed out that a burdensome is determined by an individual assessment. It is important to note that different individuals in similar situations will assess these various factors differently and come to different conclusions that are both morally acceptable. In the process of making the decision, the patient must have accurate information from the medical staff and is encouraged to seek the counsel of family and a priest.

Next article

The next article will clarify when the "quality of life" criteria may be used in a moral manner and when using it supports the practice of euthanasia, which is never morally permissible.