

End-of-Life Palliative Care Issues: Ordinary and Extraordinary 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 in this series discussed the Catholic vision of life, which has as its ultimate destiny eternal life with God. We believe that life is a sacred gift from God and that we are the stewards of that gift. Catholic moral theology provides us with a road map to exercise that stewardship. When exercising that stewardship at end-of-life, Catholic moral theology counsels us to avoid the extreme of vitalism, which holds that all possible measures must be taken to preserve life, and subjectivism, which holds that an individual may determine on his or her own when life no longer has value and may be ended. This article will deal with another guidepost on this moral roadmap: the distinction between those medical treatments we are, and are not, morally obligated to accept.

Ordinary vs. extraordinary care

It is critical to understand Catholic teaching on the distinction between ordinary and extraordinary care.

This distinction was articulated in an address to Italian anesthesiologists by Pope Pius XII in 1957 and it is critical because it aids us in making morally sound end-of-life decisions.

Ordinary care is the treatment of an illness that provides the patient with a reasonable hope of recovery and whose benefits outweigh its burden(s) (ERD #56, 2018). Some examples of ordinary care are food, water, hygiene, and interventions (medications, procedures, etc.) that are reasonably expected to return us to a state of health without disproportionate burden. As stewards of our lives, we have a moral obligation to accept ordinary care.

By contrast, extraordinary care offers the patient little or no reasonable hope of recovery or whose burdens outweigh its benefits. There is no moral obligation to accept extraordinary treatments and these treatments may be forgone or withdrawn (ERD #57, 2018). Further, St. John Paul II affirmed this teaching, stating "that to forego or withdraw extraordinary treatments are not suicide or murder" (Evangelium Vitae, 1995).

An example

This example will help to illustrate the distinction between ordinary and extraordinary care. In the case of a patient with pneumonia, a ventilator assisting the patient to breathe for a few days to help them recover is considered ordinary care. Yet, for a patient in the final stages of lung cancer, being connected to a ventilator will not lead to recovery, and it may be unduly

burdensome and simply prolong the dying process. For this patient, the ventilator is extraordinary. Thus, it is an analysis of the patient's condition, the benefit that the treatment can provide versus the burden(s) it may involve, that determine if a treatment is ordinary or extraordinary.

Imminent death

When death is imminent, one may refuse forms of treatment that would result in the precarious and burdensome prolongation of life. Ordinary care is always obligatory, but the refusal of additional treatment when death is imminent is not the equivalent of murder or suicide. When death is imminent, even ordinary means may be omitted since they would not provide a benefit to the patient.

A consideration

While extraordinary treatments are not morally required, they remain optional; for example, patients may wish to try to extend their lives and decide to undergo extraordinary treatments in order to see family for one last time or to participate in a future family event.

Summary

This article illustrated the difference between ordinary and extraordinary medical treatments. Ordinary care provides a benefit to the patient and presents no excessive burden; because of this, in Catholic theology, this type of care is morally obligatory. By contrast, extraordinary care does not provide a benefit to the patient and may present an excessive burden. In Catholic teaching, there is no moral obligation to accept these extraordinary treatments.

The next article

The next article in the series will further discuss the Catholic teaching regarding extraordinary treatment and will illustrate the number of factors that need to be considered when a patient is determining if a treatment is disproportionately burdensome.