



Healing Persons in an Imperfect World

Spiritual and Corporal Aid

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I

Concepts and Language:
“Principlism” vs. *ERDs*

Ethics Concepts & Language

Beauchamp and Childress, *Principles of Biomedical Ethics*, 1979 (1st) – 2012 (7th)

- ▶ 4 principles; “prima facie” duties:
 - ▶ *Respect for autonomy* – wishes, instructions; informed consent
 - ▶ *Nonmaleficence* – “do no harm” to patient
 - ▶ *Beneficence* – achieve patient’s good
 - ▶ *Justice* – resource allocation, costs
- ▶ No hierarchy; in the case, “balancing” of demands
 - ▶ No agreed way of resolving conflicts

Ethics Concepts & Language

USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 2009

- ▶ Health care in light of the mystery of Christ:
 - ▶ “Christian love as the animating principle of health care”
 - ▶ “healing and compassion as a continuation of Christ’s mission”

USCCB, *Ethical and Religious Directives*, 2009, General Intro
- ▶ Bioethics / clinical ethics, natural moral law?
 - ▶ *vs. encounter with Christ, human persons*

Ethics Concepts & Language

USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 2009

- ▶ True good of the whole person (ERD 33)
 - ▶ Spiritual care – sacraments, spiritual direction, preparation for death
 - ▶ Basic human care – nourishment, warmth, pain management, personal presence
 - ▶ Benefits v. burdens of treatments
 - ▶ Informed consent and patient judgment

Caring v. Curing Near the End

- ▶ The task of medicine is **to care even when it cannot cure**. [...] The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death. In this way **two extremes are avoided**: on the one hand, an insistence on useless or burdensome technology even when a patient may legitimately wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death.
 - ▶ USCCB, *Ethical and Religious Directives* (2009), Part Five, Introduction, emphasis added

Health Care: Is it?

- ▶ When “care” really isn’t
 - ▶ “excessively burdensome care”
 - ▶ “futile care”
 - ▶ “therapeutic abortion / sterilization”

- ▶ Other terms:
 - ▶ Treatment
 - ▶ Intervention
 - ▶ Procedure
 - ▶ Surgery
 - ▶ Drugs (vs. medication)

Well-being: “whole person”

“The **well-being of the whole person** must be taken into account in deciding about any therapeutic intervention or use of technology. Therapeutic procedures that are likely to cause harm or undesirable side-effects can be justified only by a proportionate benefit to the patient.”

ERDs, Part Three, n. 33

Ethics Concepts & Language

USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 2009

“For Catholic patients or residents, provision for the sacraments is an especially important part of Catholic health care ministry” (ERD 12)

Respect for the fullness of human dignity: spiritual, psychological, emotional, physical

- ▶ Penance (ERD 13-14), Anointing of the Sick (ERD 15), Viaticum (ERD 16), Baptism (ERD 17), Confirmation (ERD 18)

II

**Limitations:
Falleness, Suffering,
Sickness, Death, Complexity,
and Uncertainty**

The Fall: A Broken World

- ▶ **Beautiful, perfect creation → Paradise Lost**
 - ▶ **suffering, sickness, DEATH**
 - ▶ **“Why do we have to die?”**
- ▶ **Why didn’t God just “fix it”?**
- ▶ **Disorder, hardship, struggle**
 - ▶ **His Sorrowful Passion**

The “Fix”: A New Creation

“for those who are in Christ, **suffering and death are the birth pangs of the new creation**. ‘God himself will always be with them [as their God]. He will wipe every tear from their eyes, and there shall be no more death or mourning, wailing or pain, [for] the old order has passed away’ (Rev 21:3-4).”

ERDs, General Intro

Complexity and Uncertainty: Ethical Decision-Making

DANGER: too much complexity, “thinking”, de-personifying, bureaucratizing...?

“While the Church cannot furnish a ready answer to every moral dilemma, there are many questions about which she provides normative guidance and direction. In the absence of a determination by the magisterium, but never contrary to church teaching, the guidance of approved authors can offer appropriate guidance for ethical decision making.”

ERDs, General Intro

What has the Church said?

- ▶ **Pius XII**, “The Prolongation of Life,” Address to Anesthesiologists, November 24, 1957
- ▶ **CDF**, Declaration *Iura et bona* (Declaration on Euthanasia), May 5, 1980
- ▶ **Pontifical Council Cor Unum**, “Questions of Ethics Regarding the Fatally Ill and Dying,” June 27, 1981
- ▶ **John Paul II**, Address “On Life Sustaining Treatments and the Vegetative State,” March 20, 2004
- ▶ **CDF**, “Responses to Certain Questions of the USCCB Concerning Artificial Nutrition and Hydration,” August 1, 2007
- ▶ **USCCB**, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (Washington, DC: USCCB, 2009)

Complexity and Uncertainty

▶ How to address it:

▶ Church teaching resources

- ▶ what is clear
- ▶ how to reason

▶ Personal encounters

▶ Communication

▶ Details, facts

▶ Prayer and sacraments

▶ Prudence

III

Spiritual vs. Corporal: Life as Gift and Healing as Salvation

Life as Gift

“Human life is the basis of all goods, and is the necessary source and condition of every human activity and of all society. Most people regard life as something sacred and hold that no one may dispose of it at will, but believers see in life something greater, namely, **a gift of God's love, which they are called upon to preserve and make fruitful.**”

CDF, Declaration on Euthanasia (Iura et bona), May 1980

Life as Gift

Three consequences:

1. Attempts on the lives of innocents oppose God's love for them and constitute grave crimes.
2. Duty to lead one's life in accord with God's plan.
3. Suicide is equally as wrong as murder.

CDF, Declaration on Euthanasia (Iura et bona), May 1980

Life as Gift

Three consequences, in other words:

1. No euthanasia (murder)
2. Life **entrusted** to individual, not owned or ultimate good; ordered to **perfection in eternal life** (salvation)
3. No suicide – it rejects God’s sovereignty and loving plan; flight from duties of justice and charity to neighbor, community, and society

CDF, Declaration on Euthanasia (lura et bona), May 1980

Life as Gift

Suicide – important note

“although, as is generally recognized, at times there are psychological factors present that **can diminish responsibility or even completely remove it.**”

CDF, Declaration on Euthanasia (lura et bona), May 1980

- ▶ Depression
- ▶ Mental illness

Life as Gift

“The truth that life is a precious gift from God has profound implications for the question of stewardship over human life. We are not the owners of our lives and, hence, do not have absolute power over life. We have a **duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute.**”

ERDs, Part Five Intro

Healing Mission: Spiritual

“Jesus’ healing mission went further than caring only for physical affliction. **He touched people at the deepest level of their existence;** he sought their physical, mental, and spiritual healing (Jn 6:35, 11:25-27). He ‘came so that they might have life and have it more abundantly’ (Jn 10:10).”

ERDs, General Intro

The Challenge of Focus

“The use of life-sustaining technology is judged in the light of the **Christian meaning of life, suffering, and death**”

ERDs, Part Five

LIFE – physical (fundamental); but also and primarily spiritual (ultimate)

Spiritual vs. Corporeal

“care offered . . . embraces the physical, psychological, social, and spiritual dimensions of the human person. . . . Catholic health care extends to the spiritual nature of the person. ‘Without health of the spirit, high technology focused strictly on the body offers limited hope for healing the whole person.’ Directed to **spiritual needs that are often appreciated more deeply during times of illness**, pastoral care is an integral part of Catholic health care.”

ERDs, Part Two Intro

Role of Medicine

Hippocratic Tradition: “Do no harm”

Catholic teaching: “Health care professionals pursue a special vocation to share in carrying forth God’s life-giving and healing work.”

ERDs, General Intro

Today’s providers:

Technical, specialized, bureaucratized, distant, computerized, de-humanized?

Preparing for Death

“55. Catholic health care . . . should provide them with appropriate **opportunities to prepare for death**. Persons in danger of death should be provided with whatever information is necessary to help them understand their condition and have the opportunity to discuss their condition with their family members and care providers. . . . They should be provided the **spiritual support as well as the opportunity to receive the sacraments** in order to prepare well for death.”

ERDs, Part Five

IV

Framing the Issue: Worthless Life vs. Declining Extraordinary Treatment

Acknowledging v. Intending Death

- ▶ **Euthanasia** = intending death as a means to eliminate suffering
 - ▶ Refusal of another's life (eliminating suffering by eliminating sufferer)

- ▶ **Assisted suicide** = intending death
 - ▶ Refusal of one's own life (suicide)
 - ▶ Deliberately helping another's suicide

- ▶ **Foregoing treatment** = intended refusal of unreasonably burdensome, risky, costly, or ineffective treatment; acknowledged outcome
 - ▶ Refusal of harmful *intervention*
 - ▶ Principle of double effect

Principle of Double Effect

In cases of an act with two (or more) foreseen effects, at least one of which is bad, the following criteria must be met to go ahead with the act:

1. Act is good in itself (not intrinsic evil)
2. Good effect alone is intended (not bad)
3. Good effect is not achieved through the bad effect (bad effect is not means)
4. There is a sufficient (proportionate) reason for positing the act anyway

Ordinary vs. Extraordinary:

But normally one is held to use only ordinary means—according to circumstances of persons, places, times, and culture—that is to say, **means that do not involve any grave burden for oneself or another**. A more strict obligation would be too burdensome for most men and would render the attainment of the higher, more important good too difficult. Life, health, **all temporal activities are in fact subordinated to spiritual ends**. On the other hand, one is not forbidden to take more than the strictly necessary steps to preserve life and health, **so long as he does not fail in some more serious duty**.

Pius XII, "On the Prolongation of Life," November 1957

Quality of Life vs. Declining interventions

- ▶ Poor quality of life → time to die
 - ▶ Life has lost value, meaning; cannot perform certain functions; don't want to live like this

- ▶ Burdensome and/or insufficiently beneficial interventions → time to cease / decline them
 - ▶ Benefits: can include quality of life considerations (how great are the benefits of the intervention?)