Moral Priorities and Principles

Proportionality, Assisted Nutrition and Hydration, and Life Support

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I – Proportionate Interventions, Medical "Futility", and Pain Management

II – Medically Assisted Nutrition and Hydration

III – "Life Support"?

I

Proportionate Interventions, Medical "Futility," and Pain Management

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?)

Ethical and Religious Directives

PART THREE

- **Directive 32**: Ordinary means of preserving health v. extraordinary
- **Directive 33**: Well-being of whole person

PART FIVE

- **Directive 56**: Proportionate
- **Directive 57**: Disproportionate
- **Directive 60**: Euthanasia & assisted suicide prohibition; pain management
- **Directive 61**: Pain management

Benefits v. Burdens: Proportionate?

- **Proportionate means** = obligatory; "ordinary"; ERD 56
- **Disproportionate means** = not obligatory; morally optional; "extraordinary"; ERD 57
  - May be sought out nonetheless
  - Experimental treatments
  - High-risk treatments, with possible but unlikely benefit

Benefits v. Burdens: Proportionate?

- **Proportionate treatment**
  - Reasonable hope of benefit; **AND**
  - Not excessive risk or burden; **AND**
  - Not excessive cost (family/community)
- **Disproportionate treatment** (≠ futile)
  - No reasonable hope of benefit; **OR**
  - Excessive risk or burden; **OR**
  - Excessive cost (family/community)

Medical Futility?

- **Disproportionate treatment**
  1. No reasonable hope of benefit
     - **a) MEDICALLY FUTILE**
       - Futility is not a value judgment, risk assessment, or recommendation based on quality of life or other subjective parameters
       - Futility is not a determination that an intervention will fail to *cure* the patient of every condition or restore a previous level
       - Futility is a determination that a proposed intervention **will not reasonably achieve *any* medical benefit at all**
     - **b) Medical benefit possible**, but very unlikely, minimal, or tenuous
  2. Excessive risk or burden
  3. Excessive cost to family or community

"Therefore one cannot impose on anyone the obligation to have recourse to a technique which is already in use but which carries a risk or is burdensome. Such a refusal is not the equivalent of suicide; on the contrary, it should be considered as an acceptance of the human condition, or a wish to avoid the application of a medical procedure disproportionate to the results that can be expected, or a desire not to impose excessive expense on the family or the community."

CDF, Iura et bona (1980)

Benefits v. Burdens: Says Who?

- **"in the patient's judgment"**
  - Directives 56-57
  - Presumptions:
    - Competence
    - Medical information and counseling (28)
    - Moral information and counseling (28)
    - Holistic understanding of person and situation; spiritual care; discussion (55)
- **"free and informed consent of the person or the person's surrogate"**
  - Directives 26-27

Pain Management: ERDs 60-61

- **Pain Management: Palliative Care**
  - Good; important part of patient care
  - Should not exclude proportionate care (e.g., antibiotics as warranted) or basic care (e.g., nutrition and hydration)
  - Consciousness, right to prepare for death, spiritual considerations
  - **Euthanasia requests?** → provide psychological and spiritual support and "appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death" (ERD 60)

Pain Management: ERD 61

"Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. . . ."

Pain Management: ERD 61

- **High dose morphine?**
- **Palliative sedation?**

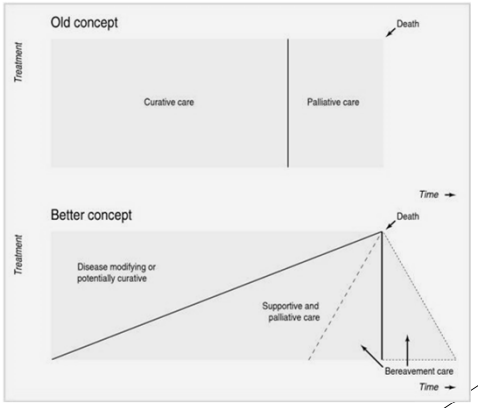
"Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person's life so long as the intent is not to hasten death."

(Principle of Double Effect)

Pain Management: ERDs 60-61

- **Hospice**
  - Terminal diagnosis; focus on palliative care
  - NOT inherently bad—palliative care is a good; preparing for death is good
  - **DANGER**: specific requirements regulated by Medicare (e.g., 6 months to live, etc.)
  - Should not exclude proportionate / ordinary treatments, basic human care
  - Should include spiritual care

Pain Management



Credit: S.A. Murray et al., "Illness Trajectories and Palliative Care", *BMJ* 330 (2005): 1007-1011.

II

Medically Assisted Nutrition and Hydration (ANH)

Ethical and Religious Directives

- **Directive 58**: Medically assisted nutrition and hydration
- **Directive 56**: Proportionate
- **Directive 57**: Disproportionate
- **Directive 60**: Euthanasia & assisted suicide prohibition

Benefits v. Burdens: ANH?

- **Obligation in principle**
  - "In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally." (Directive 58)

Benefits v. Burdens: ANH?

- **Basic human care, not "medical act"**
  - Fundamental nature of the act
  - Administering nutrition and hydration = giving food and water
  - Natural means of sustaining life even when methods are "artificial"

JPII, Address on Life-Sustaining Treatments and Vegetative State, March 20, 2004

Benefits v. Burdens: ANH?

But...exceptions in specific cases

- **medical intervention needed**
  - *Medically assisted* nutrition and hydration
  - Proportionality: burdens/costs of means of delivery
- **nutrition and hydration may not serve their proper finality**
  - Problems with *reception* and/or *outcomes* of nutrition and hydration
  - Proportionality: physiological futility/harm

Benefits v. Burdens: ANH?

Directive 58 excerpts:

- ***Unable to achieve finality***: "Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life"
  - Example: "as a patient draws close to inevitable death from an underlying progressive and fatal condition"
- Note: **NOT** when ANH fails to cure pathological condition, or fails to restore patient to previous baseline

Benefits v. Burdens: ANH?

Directive 58 excerpts:

- ***Excessive burden***: "or when they would be 'excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed.'
- Note: **NOT** when continuing to live in this condition is burdensome

Benefits v. Burdens: ANH?

- ***Excessive burden***

EXAMPLES:

- Very difficult access to veins in frail patient; burden to insert PICC line
- PEG tube insertion surgery too burdensome
- Patient with severe dementia high risk for tube-pulling self-harm

ANH: Summary

Obligatory in principle: Basic human care

- *Reasonable hope of benefit* = serving proper finality, which is nourishment/care or even comfort, not cure of overall condition
- *Not an excessive burden* = means do not cause serious harm or complications; cost and availability

- **NOTE**: Does NOT mean always required to provide food and water
- **NOTE**: Does NOT mean death must never result from dehydration or starvation (double effect)

ANH: Summary

Exceptions

1. ***Not assimilated*** = unable to achieve finality; true medical futility
   - Providing in these cases can cause serious harm / abuse to patient
2. ***Serious harm or complications*** *of means* = excessive burden/cost
   - Death might result from dehydration / starvation in these cases
3. ***Imminent death*** = withholding or withdrawing does not cause or hasten death

III

"Life Support"

What is "life support"?

- Life-sustaining treatment
- Life-prolonging measures
- Delaying the dying process
- Heimlich maneuver (choking relief)
- Staunching of bleeding, first aid, etc.
- Resuscitation (CPR) – compressions
- Dialysis
- Ventilation, intubation, and ANH
- Pressors or other stabilizing drugs
- Some combination or other variation

What is "life support"?

- Wholesale rejection of "life support" (undefined or not clearly defined)

vs.

- Rejection of particular interventions (or interrelated interventions) judged extraordinary / disproportionate in the patient's circumstances