



# TEACHING HUMAN DIGNITY

## *Euthanasia and End-of-Life Decision-Making*

CASE STUDIES

STUDENT GUIDE



## Case #1

An 84-year old man discovers that the cancer he has battled in the last decade of his life has returned. It is a particularly virulent and painful form of cancer. Doctors do not deem the patient able to survive chemotherapy or radiation nor are they confident such treatment would even be effective. Surgery is out of the question for reasons of both effectiveness and the patient's ability to survive. It is virtually certain that the patient will die of this cancer and in the relatively near future. It is time to prepare for death. Due to the significant pain, doctors recommend palliative care or pain treatment. However, such treatment is not without risks. Its effectiveness relies on increasing dosage, and while a person's tolerance can be raised significantly through incremental increase in dosage, there may well come a point where the patient dies not due to the cancer itself but from suppression of respiration by the palliative care.

Granting there may be reasons the patient chooses against such a course of treatment, is it permissible to choose such treatment (either the patient himself if possible, or his loved ones if he is unable), knowing there is a chance that the treatment itself ends his life before the cancer does?

### DISCUSSION QUESTIONS

1. Would embarking on this palliative care treatment be **euthanasia** if the patient died? If so, why? If not, why not, and what would make it an act of euthanasia?
2. Does the Church teach that palliative care in this case is permissible, and why (or why not)? Do you think it is permissible, and why (or why not)?

### Important Terminology

**Euthanasia** is “an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering” (“Declaration on Euthanasia”). For example, withholding food or giving pharmaceuticals for the purpose of causing death is not morally licit. Euthanasia is defined primarily by the intention of the agents involved. Therefore certain acts (e.g., removing life-sustaining treatment) which cause a patient's death may or may not be euthanasia depending on the intention of the agents and the particularities of the patient's condition and possible treatments.

**Palliative Care** is the care given to those in the final stages of life to make suffering more bearable and support and encourage the person in any suffering he or she is experiencing. Advances in and more just availability of palliative care goes a long way toward alleviating desire for euthanasia. Since ongoing palliative care often requires increased dosages due to increased tolerance, there are occasions where the administration of the pain medication can be the cause of death. Even when foreseen, this ending of the patient's life by palliative care is not euthanasia if the patient's death is not the intent of the treatment and it follows standard protocols.

## Case #2

An 84-year old man discovers that the cancer he has battled in the last decade of his life has returned. It is a particularly virulent and painful form of cancer. Doctors do not deem the patient able to survive chemotherapy or radiation nor are they confident such treatment would even be effective. Surgery is out of the question for reasons of both effectiveness and the patient's ability to survive. It is virtually certain that the patient will die of this cancer and in the relatively near future. The patient lives in a state where euthanasia (or **physician assisted suicide**) is legal. He knows that death is coming and is preparing for it with family and friends and with God. He would like to be prepared for death and more actively welcome it by requesting

a life-ending prescription, in accord with state law, to avoid the more painful period at the end of life. Is it permissible according to Catholic teaching to choose such a life-ending prescription?

### DISCUSSION QUESTIONS

1. All agree that this is an act of euthanasia. What makes it so? How is it different from Case #1? If you do not think it is different, why not?
2. Why does the Church teach that euthanasia in a case like this is never permissible? Do you think it is permissible? Why or why not?

### Important Terminology

**Physician Assisted Suicide** is a form of legalized euthanasia where a person can legally end one's own life (suicide) with the assistance of a doctor in both certifying (for the state) the presence of suffering and terminal status of one's condition, and administering the pharmaceuticals to induce death. Though legal in certain states and other nations, it is a form of euthanasia and thus not morally permissible according to the Catholic Church (nor legal according to most states and nations).

## Case #3

A 92-year old woman is imminently dying. She has not had an appetite for two weeks and is even less interested in fluid intake. It appears her body is beginning to “shut down” as she approaches death. Her fluid and nutrient intake is low enough that it is possible she may die of malnutrition before she dies of other causes. Her doctors offer the possibility of “AHN” (**artificial hydration and nutrition**), commonly called “tube feeding.” Her family does not want to see her “starve to death” yet is also aware that she is about to die and do not want simply to prolong her life.

They are Catholic and want to follow Church teaching, but are genuinely unsure what to do.

### DISCUSSION QUESTIONS

1. What does the Church teach as to the permissibility of withholding (or removing) AHN? Is it ever permissible? If so, why and when? If not, why not?
2. Would you decide to refrain from receiving AHN in this case? Why or why not? Is such a decision in accord with Church teaching?

### Important Terminology

**Artificial Hydration and Nutrition (AHN)** is the providing of water and nutrients for patient who are unable to feed themselves or be fed by others. It is normally considered ordinary treatment and thus morally obligatory, though it can be extraordinary ( and thus permissible to withhold or withdraw) if it becomes useless or burdensome.

# TERMINOLOGY

## 1

### Intention

Broadly speaking, an intention is the goal or purpose of a human act. An intention is the “point” of what you are doing. The same observable act (e.g., picking up someone’s books) can “mean” different things based on why you are doing it (e.g., to help someone, to look good in front of others, to get a date, etc.). Intentions are not just “in our heads.” They drive action and give intelligibility to our action, enabling us to evaluate it. Sometimes people use “intention” regarding human action as distinct from “object” (Catechism, 1750-1754). In this sense an intention is a longer term goal, and the object is the immediately chosen action, for instance going to college (object) to make a lot of money or to become a doctor (intentions). This is a bit confusing because an object is not just a physical description but is also a chosen act with its own immediate point. In this latter sense of intention, a wrong intention can make an act bad (see Matthew 6:1-18 on hypocrites who pray, fast and give alms to be seen by others), but a good intention cannot make an evil object good. The ends do not justify the means (Rom 3:8).

## 2

### Double Effect

The doctrine (principle) of double effect helps us to determine when an act is permissible if good and bad effects ensue no matter what we do. It helps us distinguish what we intend from what are foreseen but unintended consequences. The principle of double effect gives four conditions for an action that has good and evil effects to be morally licit

- a. The act itself (“object”) must be morally good or at least indifferent
- b. The further goal, or “intention” (as distinct from the object) must be good.
- c. The evil effect cannot be willed in itself or the means to the good effect
- d. The good willed must be proportional to the bad. It must be sufficiently desirable to allow the bad effect.

## 3

### Euthanasia

Euthanasia is “an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering” (“Declaration on Euthanasia”). For example, withholding food or giving pharmaceuticals for the purpose of causing death is not morally licit. Euthanasia is defined primarily by the intention of the agents involved. Therefore certain acts (e.g., removing life-sustaining treatment) which cause a patient’s death may or may not be euthanasia depending on the intention of the agents and the particularities of the patient’s condition and possible treatments.

## 4

### Physician Assisted Suicide

This is a form of legalized euthanasia where a person can legally end one’s own life (suicide) with the assistance of a doctor in both certifying (for the state) the presence of suffering and terminal status of one’s condition and administering the pharmaceuticals to induce death. Though legal in certain states and other nations, it is a form of euthanasia and thus not morally permissible according to the Catholic Church (nor legal according to most states and nations).

## TERMINOLOGY

### 5 Palliative Care

Palliative care is the care given to those in the final stages of life to make suffering more bearable and support and encourage the person in any suffering he or she is experiencing. Advances in and more just availability of palliative care goes a long way toward alleviating desire for euthanasia. Since ongoing palliative care often requires increased dosages due to increased tolerance, there are occasions where the administration of the pain medication can be the cause of death. Even when foreseen, this ending of the patient's life by palliative care is not euthanasia if the patient's death is not the intent of the treatment and it follows standard protocols.

### 6 Common Good

The common good is the combination of all social conditions for humankind that help the individual and society reach its ultimate good and perfection. It takes into account the relatedness between the individual's and society's good. It consists of three essential elements. First, the respect for the person as a person in their freedom to develop and live out his or her vocation. Second, the social well-being and development of the group, ensuring access to necessities for human flourishing. Third, peace as the security and stability of a just order. The ordering of society to the common good finds its grounding and orientation in the value and development of the person.

### 7 Vitalist

This is the position that life should be preserved and extended at all costs. It would mean that any human action that resulted in the foreseen but unintended death of a patient would be impermissible. This is not the Catholic Church's position on end of life decision-making.

### 8 Artificial Hydration and Nutrition

AHN is the providing of water and nutrients for patient who are unable to feed themselves or be fed by others. It is normally considered ordinary treatment and thus morally obligatory, though it can be extraordinary (and thus permissible to withhold or withdraw) if it becomes useless or burdensome.

### 9 Extraordinary Treatment

These medical treatments are not morally required because they are useless or burdensome to the patient. Refusing or removing extraordinary treatment need not be an act of euthanasia, even if death is a foreseen consequence, as long as the intent is the avoiding burdensome or useless treatment. Note that the same treatment can be extraordinary for some patients yet ordinary (i.e., morally obligatory since not useless or burdensome) in others; even for the same patient a treatment might be at times ordinary and at other times extraordinary.

The McGrath Institute for Church Life partners with Catholic dioceses, parishes and schools to address pastoral challenges with theological depth and rigor. By connecting the Catholic intellectual life to the life of the Church, we form faithful Catholic leaders for service to the Church and the world.



[mcgrath.nd.edu](http://mcgrath.nd.edu)