Teaching Human Dignity

Euthanasia and End-of-Life Decision-Making

CASE STUDIES

TEACHER GUIDE

University of Notre Dame | McGrath Institute for Church Life

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Resource Description

This supplemental resource provides three case studies and accompanying discussion questions that teachers can use to guide students through the complexities of end-of-life decision-making within the framework of Catholic moral teaching. It is intended to prepare students to apply the principles of Church teaching to practical situations that deal with end-of-life decision-making.

Grade Level:
11-12

Suggested Subject Area:
Religion/Theology; Health/Wellness; Philosophy

Ideal For:

- teaching how doctrine is applied to practical decision-making
- demonstrating the role of action and intention in moral reasoning
- passing on Church teaching on euthanasia

Goals

STUDENTS WILL LEARN:

- how to reason through difficult moral decision-making.
- that doctrine can be viewed as providing useful guidance rather than limiting a person's freedom.
- there is a great deal of consideration involved when making end-of-life decisions.
- how to apply the catholic moral tradition when considering contemporary moral issues.
- the role of intention in guiding moral actions.

Things to Consider

Student Safety. Learning how to think about death and end-of-life is important but can also be emotionally challenging for students. For this resource to be most beneficial, it will be important for the teacher to address the topic of death in a way that responds to the student's level of readiness to address it. Clearly each individual student will come with a unique understanding about the details of death and prior experiences with it. Some students may have no direct, personal experience with death while others may have experienced a direct personal trauma. It is even possible that a student may have been affected by an end-of-life decision that involved choices that did not align with the teachings of the Catholic Church. As a result, it will be important for the teacher to survey his or her students and gain a better understanding of this. Administering a simple (and potentially anonymous) survey to acquire a sense of the individual student's entry points to the topic of death may provide information that can be used to ensure all students are supported while they engage with serious topics of deep significance.

Before Beginning

- **Foundational Understanding.** Students need to have a working grasp of the **principle of double effect** in order to navigate the case studies. This curriculum resource assumes students' prior knowledge of this principle. The teacher may want to ensure that students are ready for this learning by asking them to display their understanding of double effect, challenging them to suggest non-medical examples of this principle. See the terminology list for more specialized terms.
- **Student Comprehension.** After reading each case study, and before discussing the ethical principles and implications of each case study, the teacher will want to confirm that students understand the medical details of each case (i.e. what is being described medically in each case). Otherwise, there could be confusion about ethical implications.

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)?

Teacher Notes

Cases of this sort were brought to the Pope in the middle of the twentieth century, and the Church has spoken clearly that the use of palliative care in such a case is permissible and need not constitute euthanasia. Why? The point, or purpose, or intention of the treatment is the easing of pain. If the patient dies, that is a foreseen side effect of the voluntary action to ease pain, and not the very point of the act itself. This could appear to be merely semantics or perhaps seem to be a way to have an idea in one's head to justify an evil act. Intentions are not merely ideas in the head; they are action-guiding. If the patient is given palliative care in the manner appropriate to the relief of pain (incremental increases in dosage only as needed to alleviate pain), the intent of the act **is** pain relief. If death occurs as (even a foreseen) result of this act, it is a side effect rather than its point. If a patient is given a large dose of painkiller to cease respiration, the death is not a side effect but the very point of the act. A helpful way to distinguish these is to imagine what would happen if the patient does not die. Would one's act be frustrated? No in the former case (assuming pain is relieved), but yes in the latter case.

This is a classic example of the "doctrine of **double effect**." This doctrine helps ones determine which act(s) is / are permissible when it seems good and bad effects ensue either way. Consider an easier example. A patient needs open heart surgery. It is well known that complications lead a small percentage of patients receiving such surgery to die from it. Can one receive the surgery?

Teacher Notes Continued

If one does, it could heal the heart but could also cause death. If not, the surgery would not cause death, but one will die earlier from heart problems.

This is a classic example of double effect with good and bad effects either way. Can one choose the surgery? Yes. If the point (intention) of the surgery is to heal the heart, even if it is foreseen that surgery could end the patient's life, that is a side effect not the point of the act. We use double effect reasoning all the time in everyday matters.

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?

Teacher Notes

The Catholic Church teaches that this is an act of euthanasia and is never morally permissible. (In most states such action would be illegal.) Why? In both this case and Case # 1, a person faces immanent death, is prepared for death, and faces great suffering. In both cases the patient takes action to alleviate suffering, aware that he will or might cause death. Why are they therefore not the same? The Catholic Church teaches this case is one of euthanasia because the death of the patient is not merely a foreseen but unintended side effect. Death is the very point of the act (taking a life-ending drug). Why is that wrong? Two reasons are offered here.

The first set of arguments against euthanasia exemplify so-called "slippery slope" arguments. The claim is that if euthanasia were permissible in seemingly "easier" cases such as this, it would soon happen more and more frequently, to the poor and vulnerable due to societal pressure, on occasions where death is not yet immanent, for suffering that is less dire than the case here, and / or eventually without even people's consent. There is good reason to think this would indeed happen, and there is evidence of it in places like the Netherlands. The Church recognizes these "prudential" reasons but does not base its teaching on them. Presumably better legislation could limit euthanasia to the seemingly "easy" cases like the one here. Why, then, is it still wrong?

The Church teaches that in all cases, the intentional killing of the innocent, even purportedly "for their own good," is never permissible. There is a fundamental disjoint between intending to care for a person, and eliminating that person. This is the basis of the commandment "Though shalt not kill." It is not an arbitrary imposition but a recognition of the dignity of each human person and the interconnectedness of human flourishing. Intentional killing of the innocent not only violates that person's dignity but also hurts the common good.

Teacher Notes Continued

Much in life is beyond our control, and we cannot be held responsible for all the consequences (even foreseen ones) that occur as results of our actions.

Intentional action shapes who a person is, individually and also communally. To choose to end an innocent life, even for a merciful motive, makes us enders of life not caretakers of life, and corrodes the patient's caregiving environment to one where his dignity or worth is only conditional. Admittedly, in the difficult cases offered here the difference between euthanasia and permissible acts at the end of life seem at their slimmest. Yet even here there is a world of difference between intentional care and intentional elimination.

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?

Teacher Notes

Cases of intentionally ending a patient's life (euthanasia) or intending medical treatments that may have foreseen negative consequences (e.g., heart surgery) have more obvious intentions. Yet the state of medical technology is such that at times such decisions can seem far murkier. Consider a PVS (persistent vegetative state) patient who is on a respirator for years; can that respirator ever be removed? Or consider someone who cannot intake food or liquids on their own; can AHN (artificial hydration and nutrition) ever be withheld or removed? (Note that morally speaking there is no significant different between withholding or removing such a treatment, even though people sometimes feel it more difficult to remove it than withhold it.)

Catholics are not "vitalists," meaning people who seek to preserve life at all costs. If so, we would never embark on any action that could threaten life (fighting fire, driving a car, etc.). The dignity of human life is ascertained not only by duration but also quality (though these two most commonly align). But there can be occasions where a treatment that might prolong life is not chosen because it is either useless or burdensome. For instance, a new cancer treatment across the country might help prolong the life of an advanced cancer patient, but choosing it would keep the patient away from loved ones, and/or impose significant financial burden on the family. Refusing such treatment need not be a choice to die, even if that result of the choice is virtually assured. [Note, if one is making the choice to secure death than the choice is an act of euthanasia.] What is the intent? It is to withhold or withdraw a treatment that is *extraordinary* , meaning non-obligatory (as opposed to *ordinary* and thus obligatory), because it is useless or burdensome. Note, it is crucial that this is a judgment of the *treatment* and not the patient. And it is always a judgment of a treatment for a particular patient in a particular situation, as the same treatment may be ordinary for one and extraordinary for another. In cases where the treatment is useless or burdensome, it is permissible (though not of course required) to withdraw or withhold it.

Teacher Notes Continued

What are some examples of such decisions? The cross-country cancer treatment mentioned above is one. Even a respirator can impose a burden on a family by keeping someone alive who is permanently PVS. Though it may seem that removing the respirator is actively ending the life, assuming the choice is to cease a burdensome treatment (and that such assessment is accurate) it is permissible. What about AHN? At times AHN can impose a burden on a patient. This can happen when infections accompany the use of a tube (burdensome), or at the very end of life when one's body no longer assimilates liquids or nutrients (useless). In these occasions, the treatments are extraordinary means. If the treatment is withheld or withdrawn to cease or avoid that burdensome or useless treatment, it is not euthanasia.

Two points should be made in closing. First, these medical situations have become so complicated that it is possible to choose an act that can on occasion be permissible (like removing AHN) but actually intend to end the patient's life. This would likely never be prosecuted in states outlawing euthanasia, but it would certainly be immoral. Note, if the patient survived, the agent would presumably consider the act frustrated. Second, loved ones often experience enormous guilt over making decisions that lead to the end of a loved one's life. Let's assume there truly is no intent to end the loved one's life. Yet there may be a hope that one's loved one passes soon, to be at peace from the suffering and pain. Such a *hope* or *wish* is *not* the same as an intention. Intentions are action-guiding. If the cessation of AHN for a deeply suffering loved one did not soon result in the patient's passing, a loved one may indeed be disappointed at the ongoing suffering, but they would not "finish the job," so to speak, and act to end the patient's life. This reveals that what guided their action was the removal of a burdensome or useless treatment, not the goal of ending a life. This difference is crucially important pastorally in walking with the family of those at the end of life, who often experience great guilt, which is quite often not deserved.

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 defining 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 or 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 case 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.

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