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Also in this issue: "The Catholic View on Discontinuing Treatment" by Joseph Meaney

SUFFERING WITH CHRIST: A CHRISTOCENTRIC APPROACH TO PALLIATIVE CARE AND HOSPICE

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Palliative care and hospice can provide wonderful services to the sick and suffering, particularly for those who are suffering from serious, chronic, or terminal conditions.¹ Sometimes, but (importantly) not always, palliative care and hospice are fraught with moral concerns, including the intentional hastening of death through inappropriate removal of necessary care, such as artificial nutrition and hydration (ANH), hastily and unnecessarily depriving a patient of consciousness, or voluntarily stopping eating and drinking. It is well accounted among many that palliative care and hospice should be holistic approaches to care, caring for both physical and spiritual needs. While this is eminently true, not only must basic spiritual needs be satisfied, but a patient's spiritual life should be cultivated and nourished and, God willing, should blossom through palliative care and hospice, for heroically accepting suffering and offering suffering to our heavenly Father leads to the concretization of our common priesthood.² Thus, palliative care and hospice patients have a unique, privileged opportunity to suffer with Christ, a suffering that yields the vivification of their participation in the common priesthood.

Nuts and Bolts of Palliative Care and Hospice

Before continuing, it is necessary to define our terms. Contrary to common misconceptions, palliative care is for those "at any stage of a serious illness."³ Palliative care aims at reducing a patient's negative physical symptoms and thereby "seeks to improve a patient's quality of life" so that the person does not become overly burdened by disease or treatment.⁴ Palliative care is holistic, caring for the patient's "physical, psychological, social, and spiritual suffering."⁵

Hospice largely shares the same ends as palliative care but is notably designed for those who have a terminal condition with a prognosis of six months or less to live. Whereas palliative care patients can receive curative treatments, such treatments for terminal diseases are foregone in hospice. Hospice is designed to help one enjoy his remaining days in this life, allowing him to spend time with family and friends; ideally, it is designed to help the dying person draw closer to our Lord.⁶

The pragmatic application of palliative care and hospice may differ, but the existential approach of these two specialties remains markedly similar. Pope Francis comments that "palliative care is an expression

of the truly human attitude of taking care of one another, especially those who suffer. It is a testimony that the human person is always precious, even if marked by illness and old age."⁷ Palliative care and hospice are simply an extension of the corporal works of mercy; the call to care for palliative care and hospice patients actualizes Christ's command to care for the "least of these" (Matthew 25:40 RSVCE).⁸

Despite the great good that can, and often does, spring forth from palliative care and hospice, there is tension sometimes felt within the Catholic interpretation of these specialties. While many laud palliative care and hospice due to their often exemplary care for those who are in the throes of suffering, others view palliative care and hospice in a rather dour manner due to the association that can occur between palliative care, hospice, and immoral practices such as forgoing *necessary* care (such as the premature removal of ANH, an act of passive euthanasia).⁹ Unnecessarily depriving a patient of consciousness in the pursuit of pain relief is likewise problematic and unethical. This reduction of consciousness often occurs through palliative sedation, "the intentional administration of sedative drugs and combinations required to reduce the consciousness of a terminal patient as much as necessary to adequately relieve one or more refractory symptoms."¹⁰ No patient is required to endure exorbitant amounts of pain—pain relief may be needed, and it can be a great gift for patients. However, pain medication must never be administered with the intent of hastening one's death. A patient "should not be deprived of consciousness without a compelling reason," most especially so that he can make recourse to the sacraments and have time for reconciliation with family, friends, and God.¹¹ Spiritual conversions can occur in one's final days, and reducing or eliminating a patient's consciousness can have the serious ramification of denying the patient the opportunity to receive these graces.¹² Voluntarily stopping eating and drinking, or VSED, which is seemingly growing in popularity, must also be prohibited at palliative care and hospice organizations.¹³ Graciela Ortiz aptly describes VSED as a patient "voluntarily starving and dehydrating himself to death." Any form of palliative care or hospice services given to a patient who is pursuing VSED is cooperation in evil and scandalous, especially from a Catholic organization.¹⁴

Palliative care and hospice can be wonderful specialties and are a tremendous benefit to those who are seriously ill or near death. In principle, palliative care and hospice are aimed at exercising the corporal works of mercy. In practice, however, some palliative care and hospice organizations may more or less fulfill their duty to care for the sick, particularly if the organization or their medical professionals have an aberrant understanding of compassion. Hospice and palliative care are beneficial and beautiful ministries so long as they assist a patient through his suffering and do not extinguish the patient's suffering by intentionally hastening death. We must laud the good work of, and advocate a moral and genuinely compassionate approach to, palliative care and hospice while remaining cautiously aware of immoral practices that may be disguised as compassion.