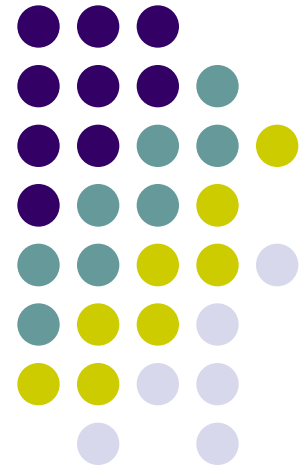
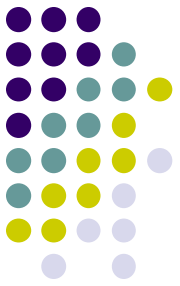


# Applied Ethics

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Rev Kevin McGovern,  
Caroline Chisholm Centre for Health Ethics:  
Multifaith Academy for Chaplaincy & Community Ministries,  
15 July 2015

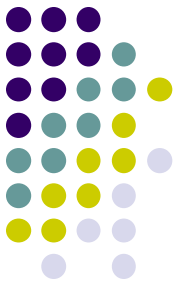




# Overview

1. Introduction to Catholic Ethics
2. Issues at the Beginning of Life
3. Issues at the End of Life

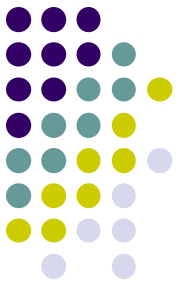
# 1. Introduction to Catholic Ethics



## A. For those who are not Catholic

- Catholic moral theology is in continuity with the traditional morality of Western civilisation.
- You will probably agree with some of this Catholic teaching.
- You may disagree with some of it too!
- I hope that this unit leads you to:
  - look at the teaching of your own faith tradition, and
  - reflect on your own judgements about all these matters.

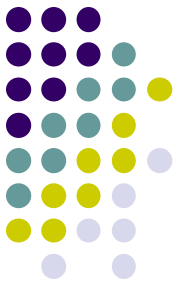
# 1. Introduction to Catholic Ethics



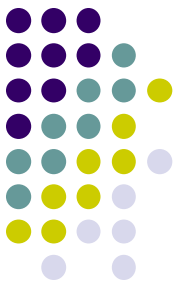
## A. For those who are Catholic

- Catholic teaching includes infallible dogma, definitive doctrine, and authoritative but non-infallible doctrine.
- The Catholic teaching presented today is authoritative but non-infallible doctrine. The Church asks Catholics to give this sort of teaching a respectful hearing and prayerful consideration.
- Scandinavian bishops on *Humanae Vitae*: “(I)f someone, from weighty and well-considered reasons, cannot become convinced by the argumentation of the encyclical, it has always been conceded that he [or she] is allowed to have a different view from that presented in a noninfallible statement of the Church. No one should be considered a bad Catholic because he [or she] is of such a dissenting opinion.”

## 2. Issues at the Beginning of Life



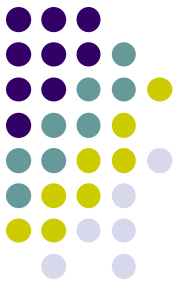
- A. Catholic Standards
- B. Contraception
- C. Assisted Reproductive Technologies
- D. Prenatal Screening and Diagnosis
- E. Perinatal Palliative Care
- F. Abortion
- G. Preventing Pregnancy after Sexual Assault



## 2A. Catholic Standards

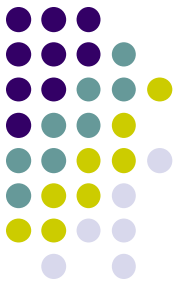
- Two of the meanings of sexual intercourse are its procreative meaning and its unitive meaning – life and love.
- Paul VI's *Humanae Vitae* (1968) → The Inseparability Principle: There is an “inseparable connection, willed by God and unable to be broken by man (sic) on his own initiative, between the two meaning of the conjugal act: the unitive meaning and the procreative meaning.” (#12)

## 2B. Contraception



- The Catholic Church supports Natural Family Planning, but rejects contraception.
- Modern methods of Natural Family Planning include the Sympto-Thermal Method, the Billings Ovulation Method, and the Creighton Fertility Care Method.
- The effectiveness of these methods is comparable to that of contraceptive measures (apart from sterilisation). These methods are natural. They enhance the couple's communication. They deepen the woman's appreciation of her body. They do require some discipline (for up to 9 days of each cycle).
- Reference: Australian Bishops Commission for Pastoral Life, *God's Gift of Life and Love: A Pastoral Letter to Catholics on Natural Fertility Methods* (2009).

# 2C. Assisted Reproductive Technologies



- Artificial Insemination (AI)
- In Vitro Fertilisation (IVF)
- Gamete Intra-Fallopian Transfer (GIFT)
- Use of Donated Gametes (sperm or eggs)
- Surrogacy
  - In Australian jurisdictions, only altruistic surrogacy is allowed. Each case usually requires approval from a government-appointed committee.
  - In some countries overseas, commercial surrogacy is also legal.

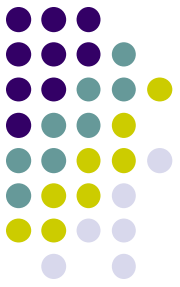


## 2C. Assisted Reproductive Technologies (cont'd)



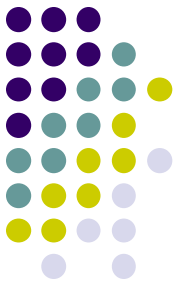
- The Catholic Church has not excluded AIH and GIFT when “the husband’s sperm is obtained as a result of a marital act of love.” (*Code of Ethical Standards*, II.2.12) It has moral objections to all the other ARTs. Concerns include:
  - Separation of conception from sexual intercourse
  - Masturbation (to obtain sperm)
  - The child may be seen not as a gift from God but as the product of a manufacturing process (‘commodification’)
  - Commodification of gamete donors and surrogates
  - ‘Left-over’ embryos
  - If donor gametes are used, the child may have no connection to his/her biological parent(s)

## 2C. Assisted Reproductive Technologies (cont'd)



- Some references:
  - Congregation for the Doctrine of the Faith. *Donum Vitae* (1987)
  - Congregation for the Doctrine of the Faith. *Dignitas Personae* (2008)
  - National Health and Medical Research Council. *Ethical Guidelines on the Use of Assisted Reproductive Technology in Clinical Practice and Research* (2004)

# 2D. Prenatal Screening, Prenatal Diagnosis



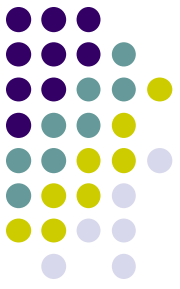
- **Prenatal screening**
  - e.g. ultrasound, maternal blood tests
- **Prenatal diagnosis**
  - Chorionic Villus Sampling (CVS)
  - Amniocentesis
  - Non-Invasive Prenatal Testing (NIPT)

# 2D. Prenatal Screening, Prenatal Diagnosis (cont'd)



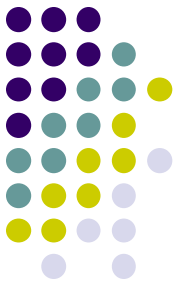
- Pros and Cons:
  - These tests may provide information which is important for the management of the pregnancy and delivery.
  - They can help parents to prepare for the birth of a child with disability.
  - They allow for the provision of perinatal palliative care.
  - With CVS and amniocentesis, there is a risk of miscarriage (0.5 to 1%).
  - Many parents terminate the pregnancy if the unborn child has a disability.
  - Some complain that they felt pressured to terminate, and that they were given no support to continue the pregnancy.

## 2D. Prenatal Screening, Prenatal Diagnosis (cont'd)

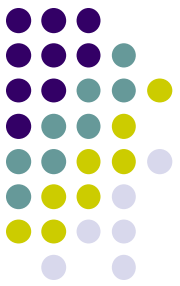


- John Paul II's *Evangelium Vitae* (1995):
  - “When they do not involve disproportionate risks for the child and the mother, and are meant to make possible early therapy or even to favour a serene and informed acceptance of a child not yet born, these techniques are morally licit.” If, however, they “are used with a eugenic intention which accepts selective abortion.... such an attitude is shameful and utterly reprehensible...” (#63)

## 2D. Prenatal Screening, Prenatal Diagnosis (cont'd)

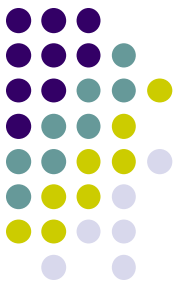


- ACBC Commission for Doctrine and Morals. *Prenatal Testing* (2012):
  - Do not go blindly into prenatal screening or other tests. Ask questions. Take time to think, and to decide what is best for you.
  - “Tests undertaken that are not too risky and that provide useful information for managing pregnancy well, and treating or preparing for a child with disability are compatible with Christian ethics and the true aims of medicine.”



## 2E. Perinatal Palliative Care

- General References:
  - **Perinatal Hospice website =**  
<http://www.perinatalhospice.org/>
  - **PeriNatal Palliative Care website =** <http://www.pnpc.org.au>
  - McGovern, Kevin. “Continuing the Pregnancy When the Unborn Child has a Life-Limiting Condition.” *Chisholm Health Ethics Bulletin* 17, no. 3. (Autumn 2012). CCCHE,  
<http://chisholmhealthethics.org.au/bulletin-2010-2014>
  - SANDS. *Making a difficult decision*. (24 page brochure)  
<http://www.sands.org.au/images/sands-creative/brochures/132911-Making-a-Difficult-Decision-Brochure.pdf>

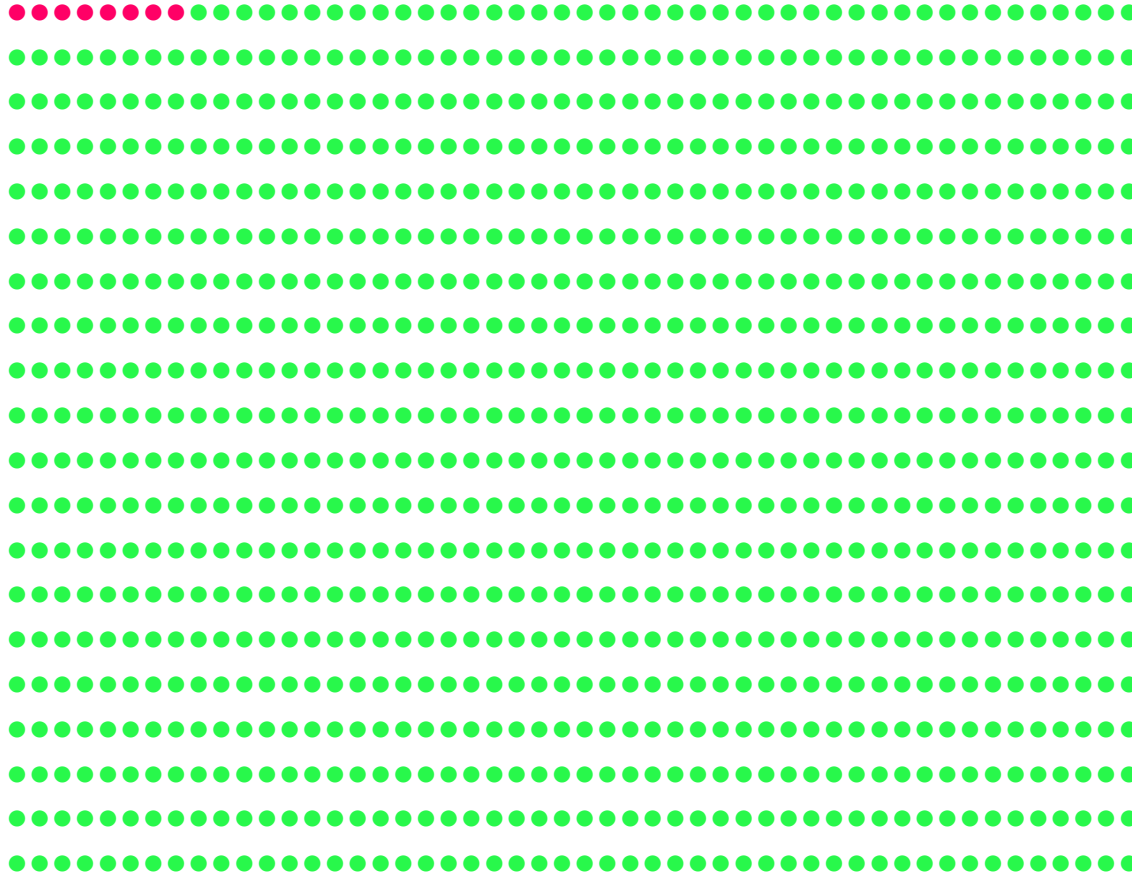
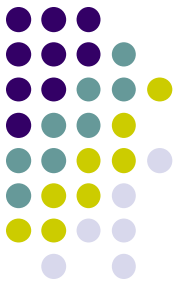


## 2E. Perinatal Palliative Care (cont'd)

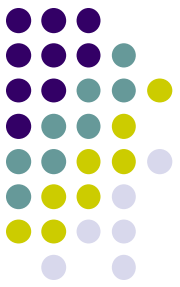
- References for Obstetric Health Professionals:
  - Caitlin & Carter (2002)
  - British Association of Perinatal Medicine *Report & Supplement* (2010)
    - Available on PeriNatal Palliative Care website at <http://www.pnpc.org.au/health-providers-overview>
- Reference for Parents:
  - Amy Kuebelbeck & Deborah L Davis. *Continuing Your Pregnancy When Your Baby's Life Is Expected to Be Brief* (2011)



# Pregnancies involving a life-limiting condition: Incidence



# Views about termination or continuing the pregnancy

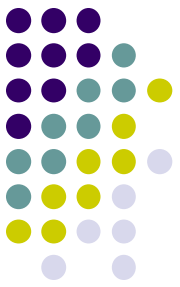


- General Australian Population:

- Sexton Marketing (2004) in *Common Ground?* (2007) → Support for Legal Abortion:

- **Choosing the child's sex** **9%**
- **A form of contraception** **16%**
- **Effect on career** **27%**
- **Healthy fetus, no abnormal risks to mother** **33%**
- **Mild disabilities** **60%**
- **Severe disabilities** **85%**

# Views about termination or continuing the pregnancy (cont'd)



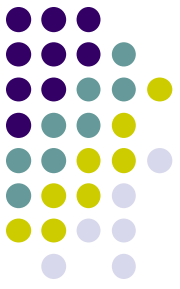
- Traditional morality & Catholic teaching
  - It is usually wrong to kill another human being.
  - For the few exceptions to this general rule, two conditions must simultaneously be present:
    - i. Someone poses a serious and imminent threat to human life or to values virtually as important as life (eg liberty).
    - ii. The only way to eliminate the threat is to kill this person.
      - resisting lethal attack, enemy combatants in war, some obstetric cases (eg ectopic pregnancy), capital punishment in rare circumstances
  - An unborn child with a life-limiting condition usually poses nothing more than the usual risks of pregnancy. They are not a serious and imminent threat to life. It is morally wrong to kill them.

# Informed decision-making



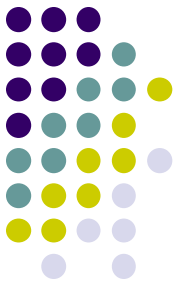
- Selena Ewing's *Women & Abortion (2005)*:
  - A section titled 'Harm resulting from abortion for disability or disease in the foetus' cites 10 peer-reviewed studies to conclude that "for women who abort because of disability or disease in the foetus, the procedure and the years afterward can be extremely traumatic, characterised by grief and guilt."
  - One study concluded that "termination of pregnancy due to foetal malformation is an emotionally traumatic major life event which leads to severe post-traumatic stress response and intense grief reactions which are still evident 2-7 years after the procedure."
  - Another study found that "among 196 women aborting for foetal abnormality, grief and post-traumatic symptoms did not decrease between 2 and 7 years after the event.... Pathological post-traumatic scores were found in 17.3% of participants."

# Informed decision-making (cont'd)



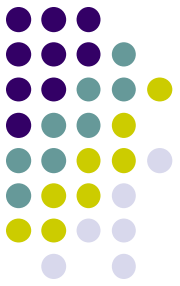
- What is required?
  - 1) Time: “slow down and take a deep breath.”
  - 2) Ongoing support: Part of the pain is a profound fear of abandonment. Families must be assured that there will be ongoing support if they decide to continue the pregnancy.
  - 3) Information: In almost all cases, the physical risk to the mother is no greater than the normal risks of pregnancy. And with most conditions, it is unlikely that the child will suffer.
  - 4) A full description of the proposed termination, along with information that “abortion for foetal abnormality is particularly traumatic and can be psychologically damaging for women.” (Ewing)
  - 5) Perinatal palliative care is offered as an alternative to termination.

# Informed decision-making (cont'd)



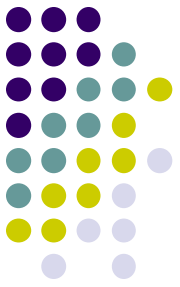
- Deciding to continue the pregnancy:
  - Kylie Sheffield's *Not Compatible with Life: a diary of keeping Daniel*: "If Daniel were to die, it would be in our arms, but not at our hands." (p. 34)
  - Others decide *not* to decide, but to let their unborn child lead them.
  - Rather than ending a life early, others decide to give their child the gift of life and to allow natural death.

# Informed decision-making (cont'd)



- With the offer of perinatal palliative care, what will parents decide?
  - Four case series reports:
    - Breeze et al (2007): 8 out of 20 families (**40%**) chose to continue the pregnancy.
    - Leuthner & Jones (2007): 68 out of 185 cases (**37%**) chose to continue the pregnancy.
    - D'Almeida et al (2006): 21 out of 28 families (**75%**) chose to continue the pregnancy.
    - Calhoun et al (2003): 28 out of 33 families (**85%**) chose to continue the pregnancy.
    - In total, 124 out of 266 families (**47%**) chose to continue the pregnancy.
    - There was no maternal morbidity in any of these cases.
    - None of the parents regretted their decision. To the contrary, all were highly positive about their experience.

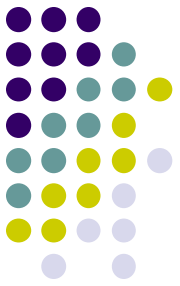
# Perinatal Palliative Care



- not *routine care*
- certainly not *routine care minus*
- *different care* specifically designed for these sorts of pregnancies
- “an active and total approach to care, from the point of diagnosis or recognition, throughout the child’s life, death and beyond. It embraces physical, emotional, social and spiritual elements and focuses on the enhancement of quality of life for the child and support for the family. It includes the management of distressing symptoms and care through death and bereavement.” (British Association of Palliative Medicine *Report*, page 1)

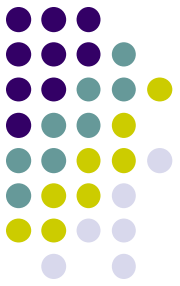


# Perinatal Palliative Care (cont'd)



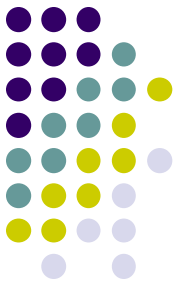
- a team approach. Usually, the core team is the family, their primary physician and a specially trained nurse/social worker/genetic counsellor who is their readily available contact. Other health professionals and religious practitioners are involved as required.
- support and education about grief, including anticipatory grief
- advice and help with talking to other children and other people
- as required, private appointment times
- as required, extra ultrasounds, involving family and friends
- choosing a name for baby

# Perinatal Palliative Care (cont'd)

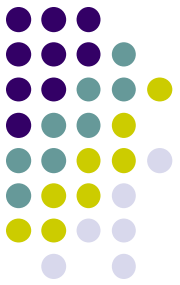


- Birth Plan
  - often, a personal Introduction, then detailed plans
- at birth, staff may facilitate bonding by pointing out non-anomalous features of the baby (eg cute hands or feet, soft skin, etc)
- keepsakes and mementoes (eg ultrasound pictures, photographs during pregnancy, photos of baby with family, foot or hand prints, baby's blanket, baby's clothes, etc)
- advice about the dying process
- planning for funeral/memorial service and final resting place
- perhaps, taking baby home with community support services
- often, a day or so with baby after death
- for the next year, ongoing contact with the family

# Continuing the pregnancy



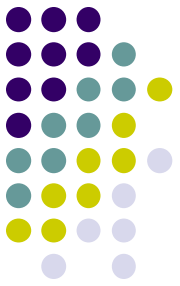
- Chelsea: “I learned... that there was a possibility that our baby would live up to an hour after birth. I decided that even five minutes with my baby alive in my arms would be worth it.”
- Jamie: “My whole family wanted me to terminate... In the end everyone was so glad that I decided to continue. We all fell in love with her.”
- Katherine (sensing good progress through grief): “I know that I wouldn’t be where I am emotionally if I had terminated her life early.”
- Annette G: “My soul has grown and matured. Nathaniel’s life has taken me in new directions and given me a larger, more patient and understanding heart. I am more focussed on relationships as the most important thing in life. I feel I live more purposefully and deliberately than I did before.”
  - These four quotes are from *A Gift of Time*, pp 30, 343, 342 & 369.



## 2F. Abortion

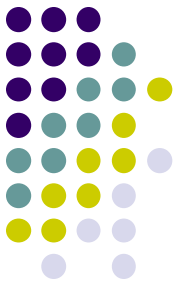
- Surgical abortion
  - suction (or vacuum) aspiration
  - dilation and curettage (D&C)
  - dilation and extraction (D&E)
  - intact dilation and extraction (D&X) or partial birth abortion
- Chemical abortion
  - RU486 mifepristone & misoprostol

## 2F. Abortion (cont'd)



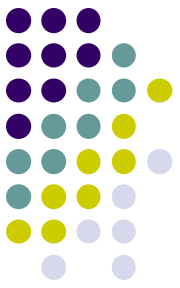
- John Paul II's *Evangelium Vitae*:
  - “Given such unanimity in the doctrinal and disciplinary tradition of the Church.... by the authority which Christ conferred upon Peter and his Successors, in communion with the Bishops... I declare that direct abortion, that is, abortion willed as an end or as a means, always constitutes a grave moral disorder.” (#62)

## 2F. Abortion (cont'd)



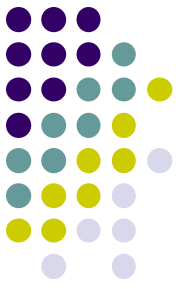
- The Pro-Woman Response to Abortion:
  - e.g. John Paul II's *Crossing the Threshold of Hope* (1994): "The only honest stance, in these cases, *is that of radical solidarity with the woman.*" (p. 207)
  - Walking with Love website = <http://www.walkingwithlove.org.au/>

## 2F. Abortion (cont'd)



- Reference: McGovern, Kevin. “Abortion drugs wake-up call.” *Kairos Catholic Journal* 24, no. 9 (26 May 2013): 20-21. CCCHE, <http://chisholmhealthethics.org.au/articles-published-elsewhere>:
  - Develop our metaphysical imagination
  - Provide honest sex education: if you could not make a life-giving decision about a possible pregnancy, you are not ready for (heterosexual) sex
  - Support girls and women who face an unplanned pregnancy
  - Provide support and the hope of healing to women and men who have been hurt by abortion, miscarriage or stillbirth
    - Rachel’s Vineyard = <http://www.rachelsvineyard.org.au/>

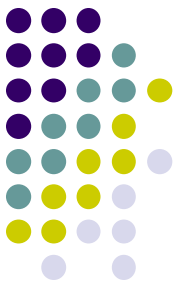
# 2G. Preventing Pregnancy after Sexual Assault



- Responding to a victim of sexual assault:
  - Treatment of physical injuries
  - With the consent of the victim, contacting the police who gather evidence for the possible prosecution of the offender
  - Long-term counselling
  - **Preventing pregnancy**



# 2G. Preventing Pregnancy after Sexual Assault (cont'd)



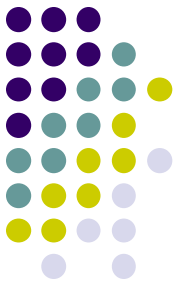
- References:
  - McGovern, Kevin. “Preventing Pregnancy after Rape.” *Chisholm Health Ethics Bulletin* 13, no. 3. (Autumn 2008). CCCHE, <http://chisholmhealthethics.org.au/bulletin-2005-2009>
  - German Catholic Bishops’ Conference (GCBC). “Moral and theological questions in the context of rape (‘morning-after pill’). GCBC, [http://www.dbk.de/fileadmin/redaktion/diverse\\_downloads/presse\\_2012/2013-038-8E-Pressenbericht-FVV-Trier\\_Auszug-Pille-danach\\_englisch.pdf](http://www.dbk.de/fileadmin/redaktion/diverse_downloads/presse_2012/2013-038-8E-Pressenbericht-FVV-Trier_Auszug-Pille-danach_englisch.pdf)

# 2G. Preventing Pregnancy after Sexual Assault (cont'd)



- The Catholic Church recognises that the use of abortifacient RU486 is morally wrong.
- The ‘morning-after pill’ is not RU486. It is levonorgestrel 1.5 mg (marketed as Postinor-1, NorLevo-1, or Plan B One Step)
  - We know that this drug can prevent or hinder ovulation (= contraception)
  - Other *possible* effects:
    - altering the cervical mucus to create a barrier to sperm (= contraception)
    - preventing fertilisation (= contraception)
    - hindering the movement of an early embryo along the Fallopian tube (= abortifacient)
    - impairing the development of the lining of the uterus to impede implantation of the embryo (= abortifacient)
    - If the lining of the uterus does develop, directly affecting this lining to impede implantation of the embryo (= abortifacient)

# Ethical Views

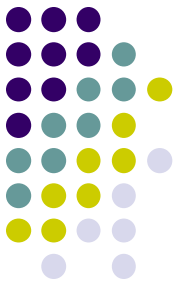


- **Abstract Principle:**
  - “A woman who has been the victim of rape is entitled, as a matter of justice, to defend herself against its continuing effects.” (*Code of Ethical Standards*, II.3.9)
- **THREE RIVAL Practical Guidelines:**
  - i. The ‘no treatment’ approach
  - ii. The ovulation approach = before emergency contraception, pregnancy testing to exclude an existing pregnancy *and* ovulation testing to test if the woman has recently ovulated
  - iii. The pregnancy approach = before emergency contraception, pregnancy testing to exclude an existing pregnancy *only*

# Practice in Catholic Hospitals



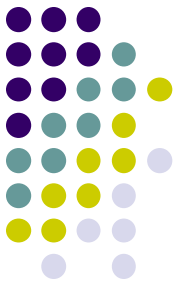
- Ron Hamel from CHAUSA: “Here in the U.S., my strong sense is that the majority of Catholic hospitals do not test for ovulation but only for a pre-existing pregnancy.” This is the pregnancy approach.
- Here in Australia, my own strong sense is that the majority of Catholic hospitals do not test for ovulation but only for a pre-existing pregnancy. This too is the pregnancy approach.
- Based on current knowledge, the Catholic Church accepts that the pregnancy approach is not inconsistent with Catholic standards.
- If an individual woman has concerns about a possible abortifacient effect, she may of course decide against taking levonorgestrel even after sexual assault.



# 3. Issues at the End of Life

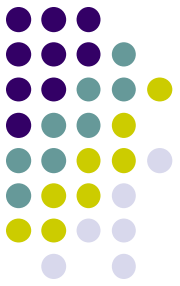
- A. Accepting Sickness and Suffering, Dying and Death
- B. Refusing Treatment
- C. Pain Control
- D. Renal Dialysis
- E. Tube Feeding
- F. Dementia
- G. Advance Care Planning
- H. Organ Donation
- I. Euthanasia

# 3A. Accepting Sickness and Suffering, Dying and Death



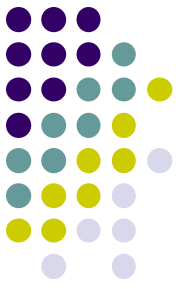
- *Code of Ethical Standards II.1.8:*
  - “Patients need to be able to rely on their practitioners to communicate truthfully and sensitively with them...”
  - “Although it is wrong to lie to patients, the information-giving process may need to take place over a period of time rather than all at once.”

# The Spiritual Quest



- Bruce Rumbold, “Dying as a Spiritual Quest,” in *Spirituality and Palliative Care: Social and Pastoral Perspectives*, 195-218:
  - **Restitution Narrative**
    - “I got sick. I got treated. Now I’m completely recovered.”
  - **Chaos Narrative**
    - Nothing makes any sense.
  - **Quest Narrative**
    - A quest is the story of a man or woman who journeys to a strange land in search of treasure.... This time, the strange land is the world of suffering and sickness. But there is treasure there too.
    - “Responding to the call involves initiation into suffering and trial, then (hopefully) transformation...”

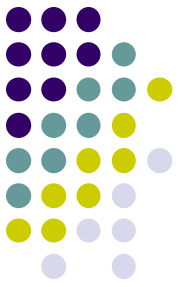
# Philip Gould's *When I Die*



- “Intensity comes from knowing you will die and knowing you are dying.... Suddenly you can go for a walk in the park and have a moment of ecstasy.... I am having the closest relationships with all of my family.... I have had more moments of happiness in the last five months than in the last five years.” (p. 127-129)
- “I have no doubt that this pre-death period is the most important and potentially the most fulfilling and most inspirational time of my life.” (p. 143)

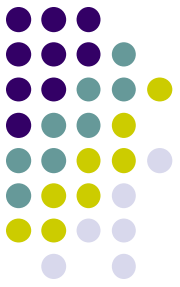


# Henri Nouwen's *Our Greatest Gift: A Meditation on Dying and Caring*



- Henri's secretary Connie Ellis had a stroke: "She who had always been eager to help others now needed others to help her." (pp 96-97)
- "I wanted Connie.... to come to see that, in her growing dependency, she is giving more to her grandchildren than during the times when she could drive them around in her car.... The fact is that in her illness she has become their real teacher. She speaks to them about her gratitude for life, her trust in God and her hope in a life beyond death." (pp 103-104)

# Henri Nouwen's *Our Greatest Gift: A Meditation on Dying and Caring*



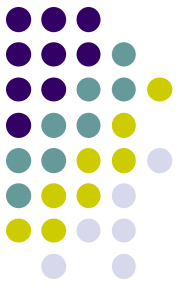
- “She, who lived such a long and very productive life now, in her growing weakness, gives what she couldn’t give in her strength: a glimpse that love is stronger than death. Her grandchildren will reap the full fruits of that truth.” (p 104)
- “Not only the death of Jesus, but our death too, is destined to be good for others... to bear fruit in other people’s lives.” (p 52) “In this way, dying becomes the way to an everlasting fruitfulness.” (p 53)



## 3B. Refusing Treatment

The traditional ethical standard of Western civilisation - and other cultures too:

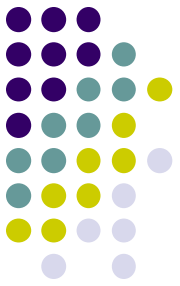
- We should take reasonable steps to preserve our life
  - ‘ordinary’ or ‘proportionate’ means
- We may refuse anything unreasonable or excessive
  - ‘extraordinary’ or ‘disproportionate’ means



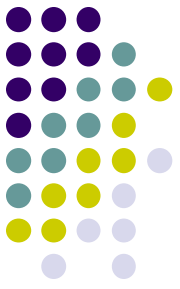
# Legal Standard

- Each competent person has an unlimited right to refuse all medical treatment.
- *These two standards*
  - *traditional morality*
  - *the legal standard*
- *co-exist in health care,*
- *sometimes in an uneasy tension.*

# Extraordinary or Disproportionate Means



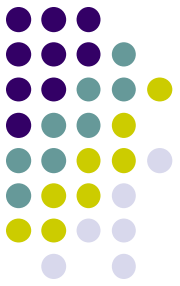
- Futile and/or
- Overly burdensome
  - physically too painful
  - psychologically too distressing
  - socially too isolating
  - financially too expensive
  - morally repugnant
  - spiritually too distressing
- ‘heroic’ or ‘cruel’ treatment
- may be refused



## 3C. Pain Control

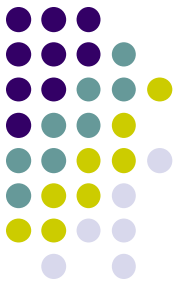
- Nowadays, it is rare for appropriate use of pain control to significantly shorten life.
- Even so, “it is licit to relieve pain by narcotics, even when the result is decreasing consciousness and a shortening of life, if no other means exist...” (Pope Pius XII, 24 February 1957)

# 3D. Renal Dialysis



- Gummere, Peter J. “Discontinuing Renal Dialysis.” *Ethics & Medics* 34, no. 19 (October 2009): 2-4:
  - “Dialysis treatment... and its repetitive nature (e.g. three times per week) are fatiguing for many, if not most, patients.” (p. 3)
  - “When the patient or surrogate has determined that the burden of treatment is greater than the benefit, continuation of dialysis treatment has become disproportionate or extraordinary care and it is not obligatory.” (p. 3-4)
  - “Withdrawal from dialysis is the cause of death for one in five dialysis patients across North America.” (p. 3)
- Howard, Joseph C., Jr., David E. Hargroder, and Aaron M. Seamands. “Depression and Renal Dialysis.” *Ethics & Medics* 35, no. 1 (January 2010): 2-3.
  - A psychiatric evaluation is necessary to ensure that the patient is not suffering from a clinical depression which is impairing their judgement.

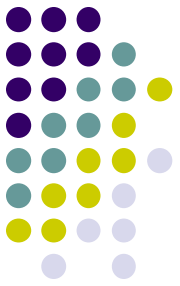
# 3E. Tube Feeding



- References:
  - John Paul II. “Address to Participants in the International Congress on ‘Life-Sustaining Treatments and Vegetative State.’” (20 March 2004)
  - ACBC Bishops Committee for Health, Bishops Committee for Doctrine and Morals, and Catholic Health Australia. “Briefing Note on the Obligation to Provide Nutrition and Hydration.” (2004)
  - Congregation for the Doctrine of the Faith. “Responses to Questions Concerning Artificial Nutrition and Hydration.” (1 August 2007)
  - McGovern, Kevin. “Catholic Teaching about Tube Feeding.” *Chisholm Health Ethics Bulletin* 16, no. 2 (Summer 2010): 8-12. <http://chisholmhealthethics.org.au/bulletin-2010-2014>
  - McGovern, Kevin. “Tube Feeding, Catholic Teaching and Dementia.” *Health Matters* 64 (Summer 2012): 36-37. <http://chisholmhealthethics.org.au/articles-published-elsewhere>

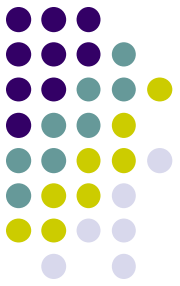


## 3E. Tube Feeding (cont'd)

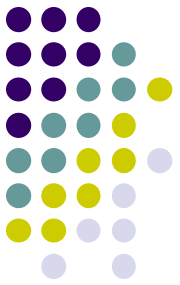


- Catholic teaching on tube feeding has considered a specific condition, *Post-coma unresponsiveness (Vegetative state) (PCU)*
- In PCU, tube feeding “should be considered, in principle, *ordinary* and *proportionate*, and as such morally obligatory.” (John Paul II)
- Tube feeding usually offers little if any benefit in advanced dementia.
- Decide on a case-by-case basis. In most cases, however, a feeding tube would not be inserted into a person with advanced dementia.

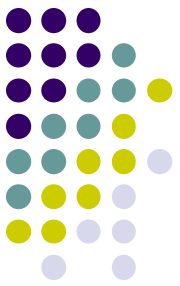
# 3F. Dementia



- Assure people with dementia that they will not be abandoned, and that they will be cared for.
- “With good care and support, people with dementia can expect to have a good quality of life throughout the course of their illness.” (UK Nuffield Council on Bioethics. *Dementia: Ethical Issues*, p. xviii, 24-26.)
- Nowadays, early diagnosis of dementia is common. This gives time for good preparation, Advance Care Planning, and good care and support.
- Over the last few decades, we have normalised physical disability. We must now normalise dementia so that people with dementia are not stigmatised and excluded from the everyday life of the community.

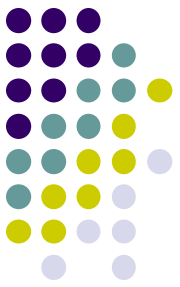


# 3G. Advance Care Planning



# Queensland Paperwork

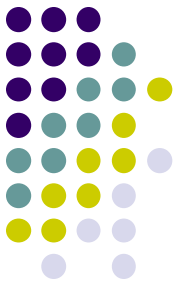
- Form 1 General Power of Attorney  
[http://www.justice.qld.gov.au/\\_\\_data/assets/pdf\\_file/0004/15889/general-power-attorney.pdf](http://www.justice.qld.gov.au/__data/assets/pdf_file/0004/15889/general-power-attorney.pdf)
- Form 2 Enduring Power of Attorney – Short  
[http://www.justice.qld.gov.au/\\_\\_data/assets/pdf\\_file/0004/15970/enduring-power-attorney-short-form.pdf](http://www.justice.qld.gov.au/__data/assets/pdf_file/0004/15970/enduring-power-attorney-short-form.pdf)
- Form 3 Enduring Power of Attorney – Long  
[http://www.justice.qld.gov.au/\\_\\_data/assets/pdf\\_file/0008/15983/enduring-power-attorney-long-form.pdf](http://www.justice.qld.gov.au/__data/assets/pdf_file/0008/15983/enduring-power-attorney-long-form.pdf)
- Form 4 Advance Health Directive  
[http://www.justice.qld.gov.au/\\_\\_data/assets/pdf\\_file/0007/15982/advance-health-directive.pdf](http://www.justice.qld.gov.au/__data/assets/pdf_file/0007/15982/advance-health-directive.pdf)



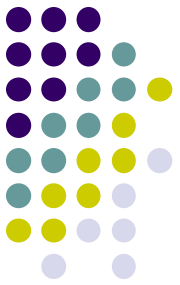
# Queensland Paperwork (cont'd)

- Form 5 Revocation of General Power of Attorney  
[http://www.justice.qld.gov.au/\\_\\_data/assets/pdf\\_file/0004/15988/revocation-of-general-power-attorney.pdf](http://www.justice.qld.gov.au/__data/assets/pdf_file/0004/15988/revocation-of-general-power-attorney.pdf)
- Form 6 Revocation of Enduring Power of Attorney  
[http://www.justice.qld.gov.au/\\_\\_data/assets/pdf\\_file/0003/15987/Revocation-of-Enduring-Power-of-Attorney.pdf](http://www.justice.qld.gov.au/__data/assets/pdf_file/0003/15987/Revocation-of-Enduring-Power-of-Attorney.pdf)
- Form 7 Interpreter's/Translator's Statement  
[http://www.justice.qld.gov.au/\\_\\_data/assets/pdf\\_file/0009/15984/interpreter.pdf](http://www.justice.qld.gov.au/__data/assets/pdf_file/0009/15984/interpreter.pdf)
- All these forms are available at:  
<http://www.justice.qld.gov.au/justice-services/guardianship/forms-and-publications-list#Forms>

# Catholic Resources



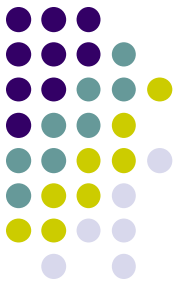
- Advance Care Plan
- A Guide for People Considering Their Future Health Care
- A Guide for Health Care Professionals Implementing a Future Health Care Plan
- Code of Ethical Standards for Catholic Health and Aged Care Services in Australia
  - Download them all for free from the **Catholic Health Australia** website:  
<http://www.cha.org.au/publications.html>



## 3G. Advance Care Planning

- Our best first step is to appoint a Substitute Decision Maker (SDM), who speaks for us if we cannot speak for ourselves.
- Decisions by an SDM should be :
  - faithful to our values and wishes
  - substituted judgement = not **deciding** for us, but **speaking** for us

# Advance Care Planning



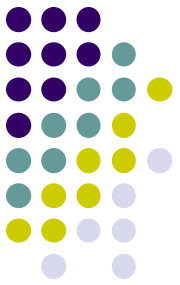
- We must guide our SDM:
  - ongoing communication between person, SDM, significant others, and health professionals
  - telling them our wishes verbally
  - recording our wishes in doctor's notes, hospital and aged care records



# Advance Care Planning

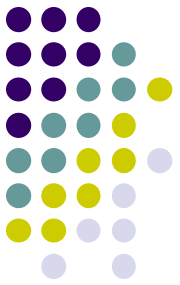


- Legally binding Advance Directives are sometimes problematic because they can bind us to a course of action which is inappropriate in unforeseen circumstances.
- Advance Directives may become more appropriate for those who are aged and frail, or those with serious or life-threatening disease.



# NB

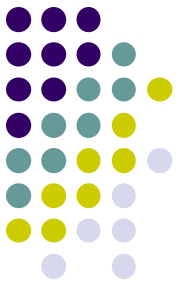
- Chaplains (Pastoral Practitioners or Spiritual Care Practitioners) have useful skills for Advance Care Planning.
- What structures should be set up so that chaplains are able to part of the multidisciplinary team involved in Advance Care Planning?



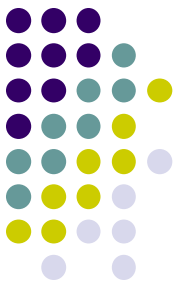
## 3H. Organ Donation

- I. Donation by a Living Donor
- II. Donation after Brain Death
- III. Donation after Cardiac Death

# Donation by a Living Donor



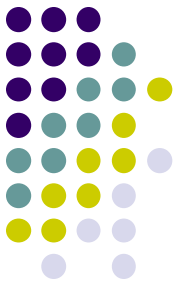
- We may sacrifice anatomical integrity, but not functional integrity. Living donors may donate blood, bone marrow, one of our two kidneys, or a lobe of our liver.
- The motivation for donation by a living donor must be love. Organs should not be bought or sold. However, the donor's medical expenses should be paid, and they may receive compensation for time off work.
- “Living donation should take place only when there are minimal risks of short and long-term harm to the donor... and a high likelihood of a successful outcome for the recipient.” (NHMRC, *Organ and Tissue Donation by Living Donors*, p. 6)



# Donation after Brain Death

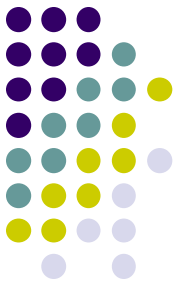
- A severe brain injury may cause a marked elevation of intracranial pressure. If intracranial pressure exceeds blood pressure, intracranial blood flow ceases and the whole brain dies. This is brain death.
- While they are on a ventilator, such a patient looks alive. However, they will never regain the capacity to breathe by themselves, and they will never regain consciousness.
- Intensive Care doctors have special tests to assess whether brain death has occurred. They consider the progress of the patient's disease. They test cranial reflexes and the capacity to breathe unaided. They may use brain imaging techniques to confirm that blood flow has ceased.
- The Catholic Church accepts the concept of brain death.

# Donation after Cardiac Death



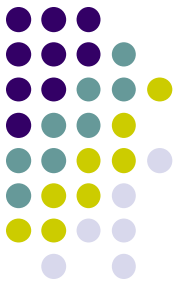
- The patient is not brain dead. However, they are dying, and the ventilator in intensive care is simply slowing down the dying process. The family and the doctors decide to withdraw treatment and to allow the patient to die.
- Once this decision to withdraw treatment has been made, the possibility of organ donation is discussed with the family.
- If the family agree to organ donation, they can remain with the patient until s/he dies. They must then leave to allow the retrieval of organs.
- If they want to, the family can see their loved one again after the organs have been retrieved.

# Registering as an Organ Donor



- Some Australians have registered their willingness to be organ donors at the Australian Organ Donor Register at <http://www.humanservices.gov.au/customer/services/medicare/australian-organ-donor-register>
- Even in these cases, the donor's family must also support donation. A family's decision not to permit donation should always be respected.
- Please consider registering as an organ donor and discussing your decision with your family.
- John Paul II called organ donation “particularly praiseworthy... offering a chance of health and even of life itself to the sick who sometimes have no other hope.” (*Evangelium Vitae*, #86)

# 3I. Euthanasia



- John Paul II's *Evangelium Vitae*, #65:
  - Euthanasia is "an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering."
  - "*I confirm that euthanasia is a grave violation of the law of God, since it is the deliberate and morally unacceptable killing of a human person.*"

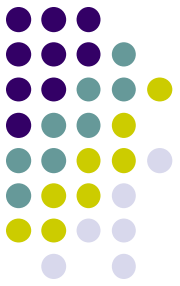


# Christian Response



- Education and Debate
  - A euthanasia law cannot contain adequate safeguards.
  - Legalising euthanasia puts vulnerable persons at risk. A right to die can easily develop into a duty to die.
  - If this is all about choice, this road leads logically to assistance to kill oneself for every competent adult (aged 16 and over) who wants it.
- Lobbying e.g. for palliative care
- Care and Witness

# Presenter



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