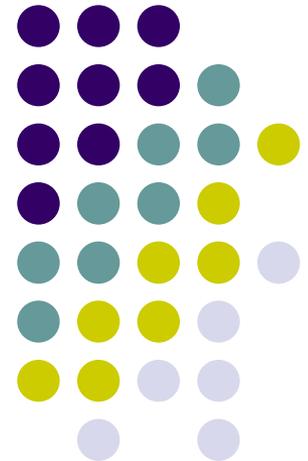
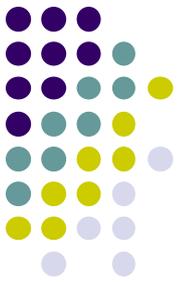


The Catholic Way of Making Decisions about Treatments

Rev Kevin McGovern,
Caroline Chisholm Centre for Health Ethics:
AACB Colloquium,
2 February 2016



Caroline Chisholm
Centre for Health Ethics

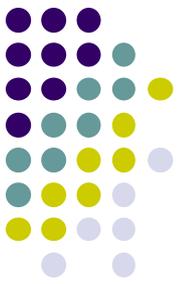


Overview

The Catholic way of making decisions about treatments is:

1. clear in theory
2. complicated in practice
3. sometimes controversial

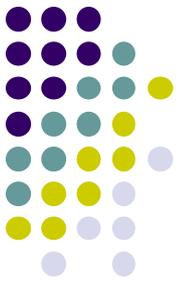
1. Theory



CHA & ACBC's *Guide for people considering their future health care*:

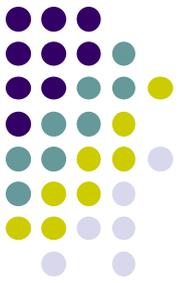
- Each person has a moral responsibility to use those means of sustaining our lives that are effective, not overly burdensome and reasonably available ('ordinary' or 'proportionate' means).
 - obligatory
- Each person has a moral right to refuse any treatment that is futile, overly burdensome or morally unacceptable ('extraordinary' or 'disproportionate' means).
 - optional

2. Practice



- Treatment is **extraordinary** or **disproportionate** if it is
 - EITHER **futile**
 - OR **overly burdensome**
- We do have the **option** of refusing treatment which may not be **futile** but which is **overly burdensome**.

What **futility** is:



- Treatment which offers no therapeutic benefit.
- In other words, it does **NONE** of the following:
 - relieves the patient's distress or discomfort,
 - slows down the progress of disease,
 - sustains the patient's life.

What **futility** is NOT:



- **Futility** is NOT a judgment about the patient, their state, or their quality of life. It is NOT:
 - “If Mrs Jones survives, she will be in a vegetative state. That is not a life worth living, and so any further treatment is futile.”
 - “Mr Brown has said that being confined to a nursing home would be an unacceptable outcome for him. As we cannot guarantee that this won’t happen, any further treatment is futile.”
 - Ageism or age discrimination against elderly people (e.g. Dr Karen Hitchcock’s *Dear Life: On Caring for the Elderly*, pp. 6 & 22)

Overly Burdensome



- physically too painful
- psychologically too distressing
- socially too isolating
- financially too expensive
- morally repugnant
- spiritually too distressing
 - In some cases, we may have to consider burdens on the patient, their family and the community.

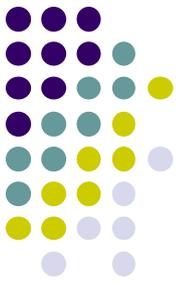
Complexity



CDF's *Declaration on Euthanasia*:

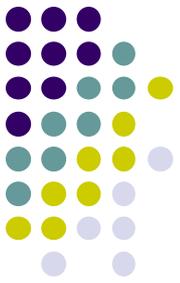
- In making a decision about treatment, “it will be possible to make a correct judgement... by studying the treatment to be used, its degree of **complexity** or **risk**, its **cost** and the **possibilities of using it**, and comparing these elements with the **result that can be expected**, taking into account the **state of the sick person and his or her physical and moral resources**.”

Changes



- As these multiple considerations change, what is **ordinary** or **extraordinary** may change over time:
 - What was an **ordinary** means of sustaining life may become **extraordinary**.
 - In some cases, what was an **extraordinary** means of sustaining life may become **ordinary** and **obligatory**.

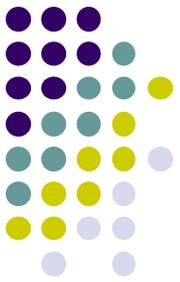
3. Controversy



The Mental Capacity Act and ‘Living Wills,’ by the Department for Christian Responsibility and Citizenship of the Catholic Bishops’ Conference of England and Wales:

- “Some people are more concerned about the danger of under-treatment.... Others are more concerned about the danger of over-treatment.... We must acknowledge both of these concerns... If we focus only on one of these dangers we may fall into the opposite danger without being aware of it.” (pp. 17-18)

Presenter



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