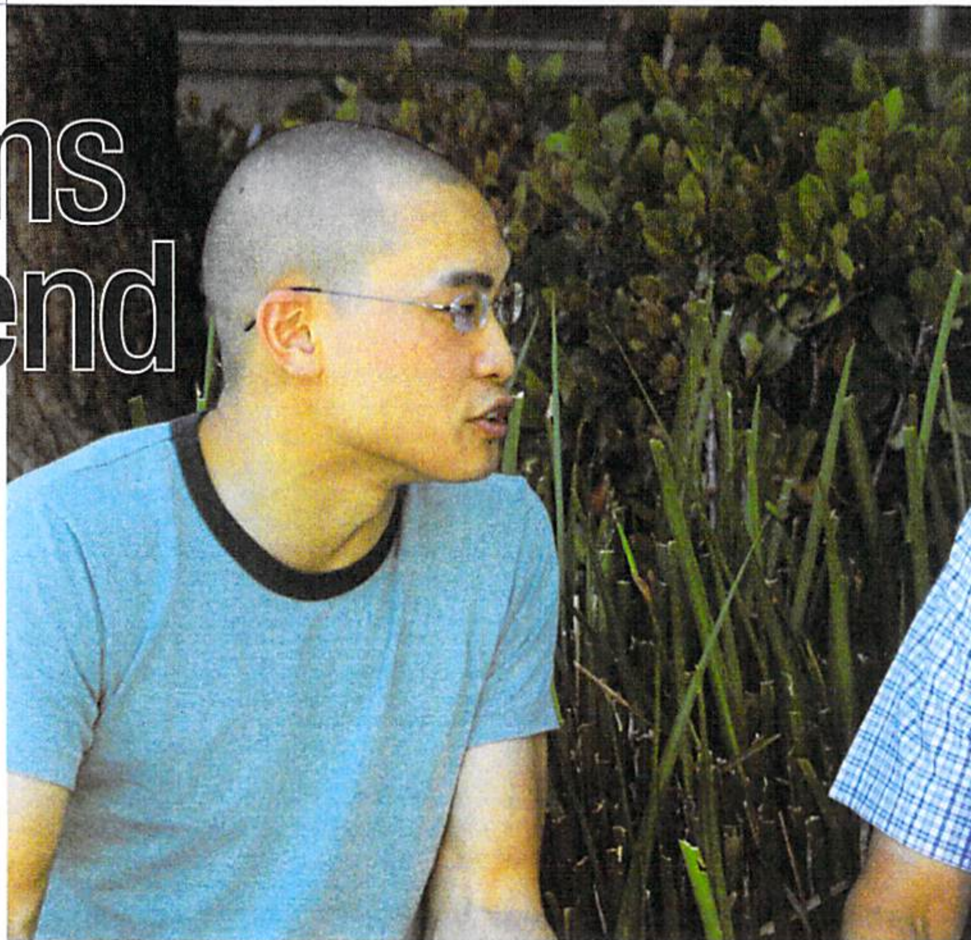
Decisions at the end of life



BY FR KEVIN McGOVERN

MY DAD DIED FROM PNEUMONIA in 2000. He was 80, and had been in poor health for four or five years. When he was in hospital and his condition became more serious, I realised that I had to speak to him about his medical care.

"Dad," I said, "no-one knows what's going to happen with this pneumonia – whether you'll get better or not – but what do you hope will happen?"

"I hope this is the final illness that takes me," my Dad replied. "I'm sick of being sick!"

I explained that the doctors might propose treatments that probably wouldn't work or might be hard to endure. "If you're not able to speak for yourself, what should I tell them?"

"Tell them I don't want that," my Dad said firmly. "In those cases, just let me go back to God."

I said, "If that happens, I'll miss you… I love you!" My Dad replied that he loved me too. Then, because we were two men not too comfortable with strong emotion, after a pause, we talked about the cricket!

Later, after my father became unconscious, the doctors did suggest that they could fly him from the regional town where we lived to the capital city. They could try treatments there that "might have a chance," but "might only give your father another month or two, pretty sick, confined to bed, and very dependent on nursing care."

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After my talk with Dad, I was very confident in saying that my father did not want this. Instead, we kept him comfortable, and he returned to God two days later.

Our Catholic tradition recognises that life is one of God's great gifts to us. We show our gratitude to God by using this gift well, and also by taking reasonable steps to preserve both our life and health. However, our Catholic tradition does not oblige us to preserve our life at all costs. The Australian bishops discuss this in a document entitled: *A Guide for People Considering Their Future Health Care* (available online at www.cha.org.au).

The guide states that we have a moral right to refuse any treatment which is futile or overly burdensome. Someone may still choose to receive such treatment, but the point is that they may morally choose to refuse it without committing any sin.

A treatment is futile if it provides no benefit. The guide explains that "treatments are burdensome when they cause distress and suffering to you, cause difficulties for you or your family (or the community), or

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are costly to obtain or provide." For example, any treatment that my father could have received in the capital city would have caused him much suffering, and therefore would have been overly burdensome. Further, because it was unlikely to save his life, it could also have been futile. For both these reasons, this treatment could rightly be refused.

On the other hand, in general we cannot ethically refuse tube-feeding, because except in exceptional circumstances it is neither futile nor overly burdensome.

Because we might be unconscious when these decisions have to be made, the bishops' guide suggests that we appoint someone as our health care representative, and that we discuss with them "our values and our wishes for medical treatment." That's what my Dad and I did in the hospital.

The bishops' guide offers two pieces of wise advice about this discussion. Firstly, it suggests that it's best to do this with our family, friends and health care professionals "over the years." That's not what my Dad and I did, but it does make sense. It gives us time to think through what we want, and to express that as clearly as possible. It gives our family and friends time to consider what we've said, and to seek questions and clarifications. And it gives us the opportunity to speak with our health care professionals, and for them to make notes about our wishes.

The second piece of advice is that it's a mistake to try to be 'too directive.' No one can anticipate what to do in every possible future situation. Indeed, if we try to do so, we may even leave instructions which complicate our care rather than help. It is far better to offer our views in general, and to trust our representatives to apply these in our actual situation to discern what is best to do.

The bishops' guide also contains a form which we can fill in to express our values and wishes in writing. This does not substitute for discussion with our family, friends and health care professionals, but it does provide a clear, written record of our wishes. In Victoria, there is another form which we should fill in as well. This is the legal document which officially appoints someone as our health care representative. It's called the *Enduring Power of Attorney (Medical Treatment)* form. To access this form, visit the website of the Office of the Public Advocate (www.publicadvocate.vic.gov.au). Note that this form requires two witnesses. Neither witness can be your chosen representative, and one of them must be authorised to take statutory declarations. A priest who is a registered marriage celebrant is one such person who has this authority.

I would complete both forms, and staple them together. I would make photocopies, and have these copies certified by a Justice of the Peace. I would keep the originals myself, and give copies to my chosen health care representative(s) and my doctor(s).

The discussion and the paperwork should give you and everyone else peace of mind that you have prepared well for the end of life, and that everyone understands your wishes.

Myles Sheehan, an American Jesuit priest who is also a medical doctor, once commented that helping people prepare in this way for the end of life is really a pro-life issue. This is so because it is pro-life to help people avoid unnecessary suffering. Let us all be pro-life by preparing well for the decisions which we must make at the end of our lives. ■

Fr Kevin McGovern is the Director of the Caroline Chisholm Centre for Heath Ethics (www.chisholm.healthethics.com.au), which is sponsored by Victoria's Catholic hospitals.

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