



# Medical Ethics Newsletter

## Catholic Medical Students' Association

*Affiliated with the Catholic Medical Association*



### CMSA Goals

- To provide guidance and support for medical students.
- To support & nurture spiritual growth and moral leadership.
- To promote education in Catholic physician values.
- To develop community among students entering the medical professions.

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## HOSPICE: MORALLY RIGHT? MORALLY WRONG?

Modern hospice had its beginning some twenty-five years ago. It is not a hospital, nor a nursing home, nor a place where a person goes to die. Hospice is a system of care which is designed for patients who have no hope of recovering from their sickness and who have stated that they have no desire to be kept alive by life sustaining treatments. Hospice care also means the stopping of all curative treatments, such as chemotherapy for cancer, and providing only palliative services to all terminally ill patients who are in the final stages of cancer, cardiac, respiratory, Alzheimer's, or neurologic illnesses. In order to qualify for hospice, a physician must certify to the best of his knowledge that a patient has less than

six months to live because of the severity of his or her health condition.

From a moral perspective there is no problem with hospice care. It is reasonable and morally sound. However, to avoid all misunderstanding and charges of inconsistency, it must be pointed out from the very beginning that there is a real difference between what is morally permitted for a patient under hospice care and what is morally permitted for a patient in a nursing home. For example, assisted feeding may be withheld from a hospice care patient who suffers from Alzheimer's disease, whereas it would be morally wrong to withhold that treatment from a patient with Alzheimer's disease in a nursing home.

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## TALKING ABOUT POLITICS:

The people that I most admired growing up, those that I would call "radical Catholics", were characterized by their ability to dialogue without having to impose their ideas. Rather they proposed, inspiring others with creative insights, highlighted by their humble presence.

They were, and are controversial, since they do not conform themselves to any political party's ideology, although they are ready to praise any

real effort to protect the poor, the sick, the marginalized, the unborn, the immigrant, the family, in one word, all those in need in our unjust world.

They were not and are not silent. They raised their prophetic voice against any government's decisions against their sense of justice and their catholic conscience. Yet, many times few people could hear their voice.

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## HOSPICE: Continued...

The fact that death is imminent in hospice care is the basic reason for this difference. Hence, a hospice care policy can state categorically that all patients in hospice will be denied life sustaining treatments and be morally acceptable. On the other hand, such a statement would be morally unacceptable as part of a nursing home policy. Nursing home patients may indeed have terminal diseases, but this of itself does not necessarily imply that death is imminent, i.e., that it is on the horizon.

weigh the benefits, then the life support treatment is considered extraordinary means and may be withheld or withdrawn upon the request of the patient. The same holds true if a particular life support treatment would provide benefits to a patient for only a short period of time, for example, a ventilator that extends a patient's life for two or three months. Ethically, even though a benefit is present, the ventilator is considered "futile" (useless) and, therefore, optional at the patient's request.

*"Have patience with all things, but chiefly have patience with yourself."*

*Do not lose courage in considering your own imperfections, but instantly set about remedying them -- every day begin the task anew."*

*St. Francis  
De Sales*

Hospice programs are found in a variety of health care institutions: hospitals, nursing homes, and independent health care facilities. However, since the purpose of the hospice program is to provide the patient with as much comfort as possible in the least threatening atmosphere, many hospice programs actually take place in patients' homes.

Notwithstanding the moral rightness of hospice care, the "why" remains to be addressed! In other words, why is it morally acceptable for a hospice program to categorically exclude all life sustaining treatments as a matter of policy, whereas nursing homes may not? Such a presumption implies that life sustaining treatments for those under hospice care are by their very nature extraordinary means and, therefore, optional.

As is clearly taught by the Magisterium of the Church, life sustaining treatments can become extraordinary means under one or two conditions. If they create burdens for the patient to such an extent that these burdens out-

In hospice care all life sustaining treatments are futile, since one of the prerequisites for entrance into hospice is a life expectancy of six months. In other words, in the opinion of a physician the health condition of a patient has so deteriorated that he or she can reasonably predict that the patient will die within six months notwithstanding the best of medical technology. Therefore, since death is imminent, all life sustaining treatments are considered ethically useless (extraordinary means) because they just put off the inevitable.

The same is true for any life threatening diseases that might develop during that six month dying period. What might require treatment in other medical situations could well be left untreated under hospice care. For instance, a physician could ethically not treat a hospice care patient who develops pneumonia and let the disease run its course. The reason for not treating is the same. It is a useless treatment. Death is so imminent that it does not provide the patient with any real long lasting benefit. Such treatment would be senseless. To treat a

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## Hospice: Conclusion...

hospice patient in such a case would be equivalently rendering a person well so that he or she could die. Not very reasonable

To repeat what was already said, one must be very careful not to apply to those in nursing homes what is ethically permitted to one in a hospice program. As was stated above, even though those in nursing homes may have terminal diseases, nevertheless that reason alone does not necessarily



qualify them for the with-holding or the withdrawing of all life sustaining treatments as a matter of policy. For example, many times a patient afflicted with Alzheimer's disease is denied tubal feeding because the disease at this state in

medical science is considered terminal, i.e., a person will never recover from it. This is morally wrong. Terminal does not necessarily imply that death is imminent. Many persons with terminal diseases, such as ALS, Alzheimer's, MS, and a host of others, live long lives with the proper care.

To summarize: It is morally acceptable for a hospice program as a matter of policy to exclude the use of all life sustaining treatments and treatments of other life threatening diseases which may occur. A prospective hospice patient may enter into such a program with a clear conscience as long as he or she knows and freely accepts the terms. They have right to withdraw from the program at any time.

† Patrick J. Boyle, S.J.  
University of St. Mary of the Lake

*The Hippocratic Oath is the best summary of medical ethics thus far articulated.*

*A tradition which should be exemplified by every physician.*

## TALKING ABOUT POLITICS:

(Continued from Page One...)

They disliked to be called liberals or conservatives, because they wanted just to be called followers of Christ, witnesses of the Spirit that moves and transforms our present social reality through the many efforts of humankind.

Although radicals in their loyalty to their Catholic convictions, their love for the Church, their creative fidelity to the Holy See and sincere affection to the Roman Pontiff, they were able to talk to those who opposed their ideas, with deep respect and reverence for

them. They were careful to present their ideas with intelligence, moderation and balance, allowing their opponents to be heard with dignity and undivided attention, in a clear attempt to give their best interpretation to everything said, and recognizing their own human limitations. Many called them "humble people", "easy to talk with" or "simple Catholic thinkers".

Talking about politics, I miss the people I admired growing up...

† By Francisco Javier Díaz, S.J., M.D.



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*Serving God and man*

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ON THE WEB AT  
[WWW.CATHMSA.ORG](http://WWW.CATHMSA.ORG)

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Catholic Medical Students' Association  
P.O. Box 214  
Oak Park, IL 60302  
Email: [info@cathmsa.org](mailto:info@cathmsa.org)

## **UPCOMING EVENTS**

### **2006 BIOETHICS CONFERENCE**

Regional Meeting of the Catholic Physicians'  
Guilds of Milwaukee and Chicago

**April 1, 2006 from 12-6pm**

ST. FRANCIS SEMINARY  
3257 S. Lake Drive, Milwaukee, Wisconsin  
Registration \$40.00; \$10.00 Students

Speakers: Fr. James R. Gould & Gene Diamond, JD

Panel Discussion on Terry Schiavo Case:  
Thomas L. Potter, JD; Thomas Zabiega, MD  
Rev. Monsignor Robert J. Dempsey, MA, STD

### **CATHOLIC MEDICAL ASSOCIATION**

75th Annual National Conference  
"The Natural Law: God's Gift to Mankind"  
October 26-28, 2006  
*Boston, Massachusetts*

Address Label Here

### **NEW MEMBERS**

We encourage Students to join the Catholic Medical Association.  
For Registration & Membership Information,  
Call 1-877-CATHOLIC or visit [WWW.CATHMED.ORG](http://WWW.CATHMED.ORG)