Tradition can guide tough decisions

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THE MORAL LIFE

I recently spoke with a woman about the guilt and confusion she experienced regarding a decision about her elderly mother's health care. Her mother had suffered from advanced cancer and from serious end-stage heart disease.

The mother's conditions had progressed to the point at which she was rarely conscious and could do nothing for herself. While doctors agreed there was little chance of this woman ever recovering, or even of leaving the hospital, they still proposed a number of treatments for the two diseases.

The woman who spoke to me described the decision she and her brothers had made: they asked doctors to stop treating their mother's diseases, but to make sure that she was comfortable and without pain until she died, which happened three days later. The woman questioned whether she had done all she could for her mother. She also wondered if she had broken a "church law" about keeping people alive as long as possible.

It occurred to me immediately that a look at our Catholic moral tradition could actually shed a bit of light and comfort on this woman's doubts.

Catholics have for centuries acknowledged an important distinction regarding medical moral decisions. That distinction is between what we have called "extraordinary" and "ordinary" care. Traditionally, moralists have recognized that some treatments are "costly" in financial terms perhaps, but costly also in terms of pain, discomfort and inconvenience.

Thus treatments that would cause patients considerable suffering, could only be offered at enormous expense, or would require patients to travel extreme distances were considered to be examples of "extraordinary" care. These treatments were deemed to be optional; patients would have no moral obligation to accept them.

On the other hand, treatments that would offer reasonable hope of success, could be obtained with a reasonable amount of suffering and risk, were available at reasonable expense and could be secured without traveling enormous distances were deemed to be "ordinary care." Such treatments ought to be accepted, since they hold every rational hope of prolonging life and improving the patient's situation, without exceeding a reasonable limit of "cost." (It really is not by accident that the term "reasonable" appears so often in this paragraph. Even though this term cannot be defined with the certainty of mathematics, the judgment it requires is exactly what Catholic moral thought has always called for.)

Life today is much more complicated than it was in the past, and our relationship with healing and death reflect this increased complexity. Advances in medical technology have caused us to face more decisions about our own health care and about the care of our loved ones. These advances have also caused us to adapt the traditional distinction between "ordinary" and "extraordinary" care in new ways.

Today it is often the case that we cannot name individual treatments isolated from the patient at hand as being either "ordinary" or "extraordinary." More often, we must now view a proposed treatment in the light of the patient's overall condition. Sometimes even relatively simple treatments that – under ordinary conditions – would be accepted without question can be considered optional in view of a given patient's overall condition.

Moralists would agree that for a patient suffering from end-stage stomach cancer, treatment for pneumonia might reasonably be refused since the patient cannot recover from the stomach cancer. In some cases, an available treatment would not be prolonging life at all, but instead would be prolonging death.

So today we do not talk as easily in terms of "ordinary" and "extraordinary" care. But we recognize the wisdom behind this distinction. That wisdom recognizes that sometimes treatments for diseases, although available, do not hold out reasonable hope of benefit for the patient. When that is the case, patients or those acting on their behalf are under no obligation to receive such treatments.

Today, patients and families are likely to be weighing the potential benefits of a proposed treatment against what it will "cost" – on the several levels mentioned above. If a treatment offers little hope of healing a patient or improving his or her situation, we are not obligated to accept that treatment.

The wisdom of this line of thought, carried forward from the centuries-old distinction between ordinary and extraordinary care, is an example of the strength and beauty of our Catholic moral tradition. At its core, and when it is used well, this tradition offers us a rational, sound, and "common-sense" guide for even the complex decisions 20th century living demands of us.

Rather than placing on us a "heavy yoke," this tradition acknowledges that all our decisions are made within the context of very real limits. Medicine is a limited profession, and so is the care we ultimately can offer to one another. We cannot, ultimately, save one another from death. But as Christians we have a strong belief in the resurrection of the body and life everlasting. It is within this context that our tradition invites us to make appropriate, reasonable, common-sense decisions of care about ourselves and our loved ones.

I think the woman who spoke to me misperceived something of this tradition when she assumed that "church law" demands that we keep people alive simply for the sake of being alive. In fact, our tradition is much more humane and its wisdom is much more profound than that.

I think the decision that this woman and her brother made was a very good decision in light of the Catholic moral tradition and in light of the best care they could offer their mother in her particular situation.