

End of Life Ethical Decision-Making References

By Elizabeth Hanink, RN

Decisions made at the end of life affect not only the dying person, but also everyone around them. Often times the situation is fraught with anxiety and fear. Members of Scholl understand that the end of life, its nature and its timing, is in the hands of God. Our autonomy is limited. We also believe that people who are terminally ill can be productive and joyful until the very end and that the support of family and friends can make all the difference.

We urge readers to educate themselves on the ethical principles concerning food and hydration at the end of life, the difference between palliative and terminal sedation, and the characteristics of adequate hospice care.

Food and Hydration at the End of Life

Catholic Medical Association article on feeding tubes: The CMA has an excellent article on the use of feeding tubes, which was issued in response to an earlier paper issued by the Consortium of Jesuit Bioethics Programs Statement “Undue Burden?” It is addressed to the professional, but very accessible to general readers.

<http://www.cathmed.org/assets/files/CMA%20Response%20to%20Jesuit%20Consortium.pdf>

Principles Governing Medical Decision Making: This decision tree, printed by Scholl is available through our store in a card format and as a wallet insert. Click here. (**Link** to medical Cards – in Store? (Waiting on digital cards for internal LINKS)

Futile Treatment: Position Paper from the Catholic Medical Association(CMA) laying out the principles to be considered in deeming care “futile.”

<http://www.cathmed.org/assets/files/Resolving%20Conflicts%20About%20Treatments%20Deemed%20Futile.pdf>

“When to Recommend a PEG Tube”: Study group report from the CMA laying out a decision tree for the use of permanent feeding tubes.

http://www.cathmed.org/assets/files/LQ%2079_1%20025%20Howland.pdf

“The Feeding Tube Dilemma: Key Questions”: The Center for Bioethics and Human Dignity explores the benefit -burden equation when considering tube feedings from an evangelical Christian worldview.

<https://cbhd.org/content/feedin-tube-dilemma-key-questions>

Address of John Paul II to the Participants in the International Congress on “Life-Sustaining Treatments and the Vegetative State: Scientific Advances and Ethical Dilemmas.” In this short talk, John Paul II reaffirms the inherent dignity of human life despite its various circumstances. He exhorts participants always “to cure if possible, always to care.”

http://w2.vatican.va/content/john-paul-ii/en/speeches/2004/march/documents/hf_jp-ii_spe_20040320_congress-fiamc.html

“The Critical Role of Religion: Caring for the Dying Patient from an Orthodox Jewish Perspective.”:

Easily understood explanation of traditional Jewish teachings regarding artificial feeding, discontinuation of ventilators, and other decisions from the *Journal of Palliative Medicine*.

[https://www.bikurcholim.net/static/pdf/The Critical Role of Religion, Caring for the Dying Patient from an Orthodox Jewish Perspective.pdf](https://www.bikurcholim.net/static/pdf/The_Critical_Role_of_Religion,_Caring_for_the_Dying_Patient_from_an_Orthodox_Jewish_Perspective.pdf)

Palliative vs. Terminal Sedation

Is It Terminal or Palliative? Are you confused about what the terms means? How do you tell the difference? Scholl's newsletter lays out the difference between care that is palliative versus care that has the intention to end the life of the patient. Click here. (INTERNAL LINK to Archive)

“What Do Patients Mean When They Say They Want to Die”

Dr. William Toffler explains what suffering patients might mean when they express the wish to die. It might mean many things, but what it doesn't mean is that they want you to kill them.

http://www.choiceillusion.org/p/what-people-mean_25.html

Considerations When Choosing a Hospice

Not all illness can be cured. At some time, recognition may come that a person is suffering from a terminal disease and that additional medical treatment is not useful. That does not mean that caring ceases. In fact, it becomes more necessary. Hospice is designed to provide the medical, nursing, spiritual care that can make the last six months of life meaningful and joyful. (Internal Link to Scholl Article sent with this article)

“Changes in Hospice in the Last Thirty Years”: Written by our own Rabbi Louis J. Feldman several years before he died, this newsletter outlines just how far the modern hospice has diverged from the original idea put forth by Dame Cecily Saunders. Click here. (LINK to Rabbi Feldman's Changes in Hospice in Archive)

“Hospice”: Scholl brochure that briefly describes what to look for in a hospice and outlines what you can expect. Click here.(LINK to digital on Hospice Brochure)

A Faith-Filled View of Suffering

Different denominations have different views of suffering. Most recognize that human suffering is inescapable and something we will never fully understand. Some believe there is redemptive value in suffering; others reject this notion. What is clear is that our view of suffering has a direct bearing on how we make end-of-life decisions.

“A Pope’s Answer to the Problem of Pain”: Christopher Kaczor provides an exploration of the nature of suffering based on the teachings of John Paul II.

<http://www.catholic.com/magazine/articles/a-pope%E2%80%99s-answer-to-the-problem-of-pain>

“Suffering According to James” by Christopher Morgan: A lengthy, but insightful biblical discussion of the nature of suffering from the Southern Baptist Theological Seminary. Read online or download as a pdf.

<http://www.sbts.edu/resources/journal-of-theology/sbjt-174-winter-2013/suffering-according-to-james/>

The Jewish View of Suffering:

This article deals with the Biblical historicity of the Old Testament concepts of Suffering: different religious philosophical points of

view, Compassion for the Suffering of Others, and Judaic concepts of Purification and Punishment.

<http://www.jewishvirtuallibrary.org/suffering>