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The Scholl Institute is a nonprofit, Judeo-Christian organization that addresses biethical issues including euthanasia, (physician-assisted-suicide) the withholding or withdrawing of food and water from non-dying patients, brain death, organ transplantaton, genetic engineering, and the rights of disabled or mentally ill persons.

CHANGES IN HOSPICE IN THE LAST THIRTY YEARS

by Rabbi Louis J. Feldman, Ph.D.

Ask a very elderly physician who has reached the venerable age of 95 or older and he/she will tell you heart-rending stories of entire wards of patients who died for lack of a simple antibiotic. The progress made in curing illness has been spectacular. However, there comes a time when even modern medicine cannot cure a particular malady and we must admit that we have lost the battle. At this point, we must switch gears from curing to caring. Modern medicine is very good in the art of curing but needs much improvement in the art of caring.

This need was recognized by the remarkable Dame Cicely Mary Saunders (1918-2005) and led to founding of the St. Christopher Hospice in England in 1967. There are three basic goals of this hospice: 1) to provide supportive care for the dying patient 2) to ease the pain and suffering of the dying patient and 3) to help the patient and family deal with the trials they face.

The ideals of the hospice movement were eloquently expressed by Richard Huzeler: "Some of the public has a mistaken idea about hospice. They say it is about death. Hospice is really about life. It is valuing each moment, each particle of life. It is making the best of the time we have to live."

By 1979, 26 demonstration programs were initiated in hospices across the United States. Many of these in-patient hospices were magnificent, to say the least. However, the in-patient hospices were unable to survive the vicissitudes of the medical world and the economic world. Within a few years, hospice efforts were directed towards the patient's home and terminally residents in nursing homes.

The mid-1980's saw a rise of the "do not" culture in the medical world: do not resuscitate, do not feed or hydrate, do not hospitalize, etc. The "do not" culture was bound to have its effect upon hospice care. In the year 2000, The National Hospice Organization changed its name to National Hospice & Palliative Care Organization (NHPCO). By 2004, many of the pro-euthanasia forces were absorbed into the NHPCO.

In the words of Ron Panzer, President of Hospice Patients Alliance and forthright advocate for terminal patients, "There is no further need for Euthanasia Society of America, (or its successors) as the NHPCO is carrying on its work." People who labored in the hospice movement thirty years ago are horrified by what is now happening in contemporary hospices. In addition to the invasion of the "do not" culture, hospice bureaucracy has multiplied exponentially, burying even hospice chaplains under tons of paper-work.

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Two key issues confronting contemporary hospice care:

- 1) With very few exceptions, it is never justified to withhold feeding and hydration from a dying patient.
- 2) In the words of Dr. Avraham Steinberg, Head and Director Hadassah's Center for Medical Ethics in Jerusalem and author of the most comprehensive encyclopedia of Jewish Medical Ethics, we are obligated

to perform "therapies that help treatable complications unrelated directly to the terminal illness, such as antibiotics for pneumonia or blood transfusion after a hemorrhage." Contemporary Medicare appears to be siding more and more with the "do not" culture. For example, if an unrelated medical emergency requires a trip to the hospital, Medicare will not cover the cost of the ambulance; the rationale being "You are supposed to be dying and you are not doing your job."

If a family is considering hospice care for a loved one, it is important to ascertain where a particular hospice stands on these aforementioned issues. If not, you may be setting your loved one up for a hastened and horrific death. Unfortunately, too many hospices are walking on the edges of euthanasia.

Author: Rabbi Louis J. Feldman, Ph.D., member of the Scholl Institute of Bioethics executive board and a retired chaplain after 23 years at the Los Angeles Jewish Home For The Aging.

Hospice Basics:

WHAT IS HOSPICE? IS IT FOR ME?

Hospice is an approach of care for a person who has diagnosed a terminal illness and has less than six months to live. Hospice provides a multidisciplinary team of physicians, nurses, chaplains, social workers, bereavement counselors and volunteers who work together not to cure the underlying lethal disease, but to provide for the person's physical, emotional and religious needs while managing pain and discomfort during the last days. (Scholl Bioethics Review 6/06)

ORIGINS OF THE HOSPICE MOVEMENT

In 1967, Britain's Dame Cicely Saunders, M.D. founded the current hospice movement. She believed "you matter because you are you. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but to help you live until you die".

WHAT IS PALLIATIVE CARE IN HOSPICE?

In the past twenty years it has been recognized that suffering needless pain is a major issue in medical ethics. Currently, hospitals have made tremendous strides in preventing needless pain. However, there is still a tremendous dearth of physicians who are truly expert in the field of pain control. This revolution in pain control is called Palliative Care.

Palliative Care, if used rightly, is a total care concept that does not preclude medical treatment for conditions not related to the terminal illness.

HOW HAS HOSPICE CHANGED?

In the past thirty years, pronounced changes in philosophy and end of life practices have altered hospice care. Much of the philosophy of euthanasia advocates has been absorbed into the contemporary hospice movement. Many hospices are walking on the edges of euthanasia. The public must be especially aware of changes in the philosophy of palliative care in hospice. Sedation is given to relieve pain prior to death, with death occurring as a result of the terminal illness but not due to the sedation itself. Practitioners of hospice and palliative care that respect the sanctity of life do not terminally sedate their patients, nor do they impose death in any way. Terminal Sedation can be misused to hasten the death of the patient so that the patient dies from the sedation and not the terminal illness.

Where to get more information:

Ron Panzer for Hospice Patients Alliance
<http://www.hospicepatients.org>

Ron Panzer writes, "Betty Wickham, PhD, has written an excellent new article published by Celebrate Life magazine, 'Today's palliative care disrespects the natural law.' See it online at:
<http://www.clmagazine.org/article/index/id/MTA5NjE/>

Panzer continues, "We need to remember the original mission of healthcare, and especially hospice and palliative care, ... which is to care, not kill, and to allow for a natural death that is not imposed or manipulated to occur in any fashion.

The rate of medical killing of patients (whether direct euthanasia, assisted-suicide or stealth euthanasia of various forms) is accelerating around the world (evident from numerous articles and professional observations), and the deceptive language used to mislead the public is obscene. For

professionals to lie to the public and the patients about what is occurring is extremely unethical and disgraceful.

We need to promote reverence for life and the sanctity of life within all of society!" Panzer adds, "All healthcare is meant to be prolife, otherwise it is not healthcare."

Contacts for Advanced (Medical) Directives:

Being prepared can save lives and prevent heartbreak and guilt.

Will to Live: National Right to Life Committee:
www.nrtc.com (Left side of the homepage.)

Protective Medical Decisions Documents:
www.PatientsRightsCouncil.org (Down the right side)

Jewish Medical Directives: http://www.mhri.org/ss_files/downloads/jewish_medical_directives.pdf

Los Angeles Archdiocese Medical Directives:
<http://www.la-archdiocese.org/Pages/Publications/AHCD.aspx>

Christian Resources for Medical Directives:
www.christianliferesources.com%2F%3F%2Fmdstatement%2Findex.php>

Southern Baptist: www.sbc.net (Put in Search box: medical directives.)

For direct links go to: www.pastorsprolife.org (Put in Search Box **Bioethical Issues** - and go down to **Directives.**)