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Concept Note

Palliative care for persons of all faiths (and no faith!) on World Day of the Sick February 11, 2019

On the 20th World Day of the Sick (WDS), Pope Benedict XVI made the case for palliative care in the following statement:

The Church wishes to support the incurably and terminally ill by calling for just social policies which can help to eliminate the causes of many diseases and by urging improved care for the dying and those for whom no medical remedy is available.

There is a need to promote policies which create conditions where human beings can bear even incurable illnesses and death in a dignified manner. Here it is necessary to stress once again the need for more palliative care centres which provide integral care, offering the sick the human assistance and spiritual accompaniment they need. This is a right belonging to every human being, one which we must all be committed to defend.

On the occasion of the 27th WDS, the IAHPHC wishes to encourage our members and partners to express clear support for *all* faith-based teachings on palliative care. There are now [Religions of the World Charters for Palliative Care for Children, and for Older Persons](#), and a meeting took place last month in Qatar to discuss Muslim-Christian perspectives on palliative care. [See for instance this page.](#)

It is important to increase public knowledge about the key role of palliative care in supporting people with [severe health related suffering](#).

Lack of knowledge leads to assumptions that palliative care is the same as euthanasia or may *lead to* euthanasia or physician assisted suicide. We have even seen it called “stealth euthanasia.” In some instances the extent of this confusion and misinformation has led to the deletion of palliative care language in the text of international agreements or made it impossible for representatives to reach a consensus. It is important to clarify this misinformation with the authoritative teachings of the Church.

In 2017, the IAHPHC published a non-denominational [Position Statement on Euthanasia and Physician Assisted Suicide](#), which defines these practices and describes why IAHPHC believes they both violate the bond of trust within the profession of medicine, and undermine the integrity of the profession and the dedication to safeguard human life. IAHPHC believes that no country or state should consider the legalization of euthanasia or PAS until it ensures universal access to



palliative care services and to appropriate medications, including opioids for pain and dyspnea. The position statement is also available in Spanish.

Main Points about WDS

- Pope Francis [message](#) for WDS 2019 celebrates the work of volunteers, who are key to the provision of palliative care and called for a culture of generosity. Likewise, his WDS 2017 stated “that every person is, and always remains, a human being, and is to be treated as such. The sick and those who are disabled, even severely, have their own inalienable dignity and mission in life.” Palliative care values and respect for human dignity until the end of life is consistent with this message.
- The Roman Catholic Church is largest non-governmental provider of health care services in the world. In 2018, Catholic-inspired organizations provided health care at 5,287 hospitals and 15,397 dispensaries, 15,722 residential programs for the elderly and for persons living with debilitating chronic illnesses and other disabilities, in all parts of the world. The Catholic Church manages 26% of the world’s health care facilities.

The Pontifical Academy for Life (APV) has taken up palliative care as a key issue, and in 2018 convened a conference in Vatican City to report on the [PALL LIFE project](#). The PALL Life expert group published a [White Paper](#) in 2018, and a book is in press.

Roman Catholic Teachings on Palliative Care

Table of Authorities

Paragraphs in the Catechism of the Catholic Church (CCC) that support Palliative Care

2276 Those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible.

2277 Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable. Thus an act or omission which, *of itself or by intention*, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded [this *seems* to exclude palliative sedation and withholding and withdrawal of nutrition and hydration. But see 2278 and 2279.]

2278 *Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous"*



treatment. Here one does not will to cause death; one's inability to impede it is merely accepted. The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected.

2279 Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. *The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable Palliative care is a special form of disinterested charity. As such it should be encouraged.*

Pope Pius XII (1957)

Pius XII affirmed that it is licit to relieve pain by narcotics, even when the result is decreased consciousness and a shortening of life, "if no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties." In such a case, death is not willed or sought, even though for reasonable motives one runs the risk of it: there is simply a desire to ease pain effectively by using the analgesics which medicine provides.

The question, "What is the maximum dose of morphine for a cancer patient in pain?" has one answer: "The dose that will relieve the pain. As long as a patient is awake and in pain, the risk of hastening death by increasing the dose of narcotics is virtually zero. Unrelieved pain is itself a stimulant, which overwhelms any depressive effects of narcotics. Patients whose unrelieved pain is distorting the very fabric of their lives need adequate pain control the way a diabetic needs insulin to function properly."

Only recently has the medical profession begun to appreciate that unrelieved pain can itself hasten death. It can weaken the patient, suppress his or her immune system, and induce depression and suicidal feelings. It can keep patients from living out their lives with a modicum of dignity, in the fellowship of their families and friends. So adequate pain relief can actually lengthen life. According to the Catholic Health Association "Unrelieved agony will shorten a life more surely than adequate doses of morphine."

Pope John Paul II, EVANGELIUM VITAE (EV)

The Vatican Summary of EV carefully distinguishes palliative care from euthanasia. "In modern medicine, increased attention is being given to what are called "methods of palliative care", which seek to make suffering more bearable in the final stages of illness and to ensure that the patient is supported and accompanied in his or her ordeal. Among the questions which arise in this context is that of the licitness of using various types of painkillers and sedatives for relieving the patient's pain when this involves the risk of shortening life. *While praise may be due to the person who voluntarily accepts suffering by forgoing treatment with pain-killers in order to*



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remain fully lucid and, if a believer, to share consciously in the Lord's Passion, such "heroic" behaviour cannot be considered the duty of everyone.

“And when earthly existence draws to a close, it is again charity which finds the most appropriate means for enabling the elderly, especially those who can no longer look after themselves, and the terminally ill to enjoy genuinely humane assistance and to receive an adequate response to their needs, in particular their anxiety and their loneliness. In these cases the role of families is indispensable; yet *families can receive much help from social welfare agencies and, if necessary, from recourse to palliative care*, taking advantage of suitable medical and social services available in public institutions or in the home.”

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