Making Sense of Bioethics
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"No Tubes for Me"

"In order to decide whether a treatment is ordinary, we must also look at the patient's condition and circumstances, and not merely focus on the treatment, the medical device, or the medicine itself."

When discussions about end of life treatments come up, people will often say something like this: "I don't want to be a burden to anyone. No tubes for me. I just want to go quickly and peacefully." People are attracted by technology and what it offers when they are sick, but they also have fears about it when they are in a weakened or vulnerable state. In making end of life decisions, the important question we need to ask is whether a proposed treatment is likely to be ordinary or extraordinary. *Ordinary treatments are required as part of our duty to take care of our health.* Extraordinary treatments, on the other hand, are *optional.* The process of weighing whether a treatment is ordinary or extraordinary was concisely summarized back in 1980 in a passage from the Vatican's *Declaration on Euthanasia*:

In any case, it will be possible to make a correct judgment as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources.

Thus *ordinary treatments* will offer a reasonable hope of benefit to the patient, are not excessively costly and are not unduly burdensome. Taking antibiotics to fight an infection would generally be an ordinary treatment, since it would be effective in combating the infection, would not be unduly burdensome or expensive, and would be a low-risk procedure.

In order to decide whether a treatment is ordinary, we must also look at the patient's condition and circumstances, and not merely focus on the treatment, the medical device, or the medicine itself. So if a person were imminently dying from cancer, with but a few hours of life remaining, and the physician discovered that he had an infection in his lungs, the use of antibiotic medications would generally be considered extraordinary and optional in these circumstances, since their use would be largely ineffective to the patient's real-life situation.

Weighing and determining whether a treatment is ordinary or extraordinary may not be straightforward or simple, however. I recall once helping a woman whose 82 year old mother was in a

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nursing home with Alzheimer's. We spoke by phone every few weeks as the condition of her mother would change. She would ask, "Do I have to put Mom into an ambulance and take her to the hospital every time something goes wrong? It causes such stress and anxiety at her age." One time her mother developed a urinary tract infection. After some discussion, it became clear that making that ambulance trip would be expected to provide benefit and healing for her mother by directly addressing the infection, and hence she chose to send her to the hospital for treatment. When the urinary tract infection came back again a few months later, she had her taken to the hospital a second time. But after several more months passed, her mother's condition suddenly deteriorated further. She had several small strokes, in addition to a serious bowel obstruction and kidney problems. At a certain moment during our phone conversation, it became clear to both of us that her mother had now crossed a line into new territory. We could see that it was becoming an extraordinary intervention to put her into the ambulance again and try to treat her ever more serious maladies. Her daughter commented, "I just want Jesus to take her at the time HE chooses, and I want to be a good daughter to my Mom up to the end." It was becoming clear that her mother was in fact reaching the end of the line, and that Jesus was indeed ready to take her. She felt able to let her go at the proper time, and was able to decline or discontinue further significant medical interventions.

None of us should feel pressure about "quick exits." We should know that our family and friends will be there for us, loving us and journeying with us into the mystery of death. We should never feel we have to decline ordinary treatments. When tubes will serve as a reasonable bridge to healing for us, we shouldn't feel pressured to declare: "no tubes for me." Giving in to an undue fear and concern about tubes, suffering, and pain can cause us to fail to appreciate the manifold graces that come at the end of life. Above all, we must be willing to turn ourselves over to the Lord's plan, knowing that He will support us, and those around us, during those final days and hours, as our journey comes to its completion in Him.

Rev. Tadeusz Pacholczyk, Ph.D. earned his doctorate in neuroscience from Yale and did post-doctoral work at Harvard. He is a priest of the diocese of Fall River, MA, and serves as the Director of Education at The National Catholic Bioethics Center in Philadelphia. Father Tad writes a monthly column on timely life issues. From stem cell research to organ donation, abortion to euthanasia, he offers a clear and compelling analysis of modern bioethical questions, addressing issues we may confront at one time or another in our daily living. His column, entitled "Making Sense of Bioethics" is nationally syndicated in the U.S. to numerous diocesan newspapers, and has been reprinted by newspapers in England, Canada, Poland and Australia.