

LIFE ISSUES FORUM - Are We Not Dying Fast Enough?

When the hospice movement began to get traction in the United States in the 1970s, it brought a healthy attitude toward the treatment of patients who were nearing death. Rather than focusing on curing what could not be cured, hospice care centered on making the dying patient as comfortable as possible. Naturally, this included medications that kept the patient stable and comfortable, while providing food and fluids. If the patient was dying from cancer, the family allowed the patient to die from the cancer, and not from starvation, dehydration or a treatable infection. Throughout the dying process, good hospice care witnesses to the dignity of the human person. Countless are the patient and compassionate hospice workers who teach us the sacredness of this holy time period when one transitions from this life to the next.

Yet recent articles in the *Washington Post* are raising concerns about a possible growing trend in some hospice care. The *Post* suggests that as hospice programs enroll more patients who are not actually near death, a pattern of life-endangering doses of pain killers is emerging. Without delving into the accuracy of this charge, it does tend to coincide with other concerns over a perceived growing practice of “stealth euthanasia” in some hospitals, nursing homes and even hospice programs.

Reader responses to the articles fell into three categories: families that had a positive experience with hospice care; people working in hospice care who found the articles unfair; and suffering families who felt that the death of a loved one was indeed expedited. The articles told of fairly stable patients enrolled in hospice for “pain management” or “respite,” who instead were taken off their normal prescriptions, such as diabetes or blood pressure medicines, and given excessive doses of pain-killers. The pain-killers made them disoriented and unable to eat or drink, justifying even heavier doses of morphine to end their resulting discomfort. Patients don’t live long when food, fluids and helpful medications are replaced by ever increasing doses of morphine.

As one family member commented in reaction to the *Post* article: “Right up until the day my mother began hospice ‘care,’ ... she had been eating regular meals on her own, had no problems with swallowing, and was mentally ‘with-it.’ ... She was convinced to go into hospice to ‘be more comfortable.’ Within 24 hours of beginning hospice ‘care’ she was in a severely tormented subconscious state and never regained consciousness. She was no longer able to eat or drink on her own and since this was hospice ‘care’ she was given no fluids or sustenance. She was dead in five days.”

Catholic teaching certainly allows for the use of pain-killers, and in progressively higher doses if pain increases. But ideally this is balanced against the patient remaining conscious if at all possible. Preparing for death is often a time for healing relationships and restoring family unity. This is greatly aided when the patient is kept comfortable and conscious. However, if there is a growing trend to cease comfort care and ramp up pain-killers, even for those whose pain is already under control, that would dramatically change what most would hope and expect from hospice care. As one family noted, the response to any request was always more pain killers.

What would drive such a trend? Have the health care and insurance companies noticed that sick and dying patients are very expensive, so shortening the dying process saves resources? Is there a general fear of death that welcomes a lethal overdose, rather than the dying process? Or could this be another inroad of the culture of death, which treats human lives as expendable when they are no longer productive?

Whatever the extent or cause of this trend, as people of life we should do several things. First, we need to pray and work to build a culture of life. Second, we need to take care to make sure that our loved ones receive appropriate end-of-life care (and speak up if this isn’t the case). Last, but certainly not least, we should go out of our way to thank the hospice workers, nurses and doctors who truly value their patients, all the way through the natural process of dying. The best solution to bad care is providing and encouraging good and loving care, enabling each of us to live even our final days with dignity.