

Only When Death is “Imminent and Inevitable”? Reaffirming the Role of Prudence in Bedside Decision Making

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Professor Walter notes that there has been an elevation in terminology in Catholic thought of the words “imminent and inevitable.” That is, withdrawing death-delaying treatment is generally seen to be morally appropriate once it is clear that death will ensue shortly whether such invasive care is administered or not. The increasing importance of this terminology is disconcerting because if taken literally, could routinely impose undue burdens on dying patients and their families. Consider,

Case 1: Mrs. Jones is a seventy eight year-old resident of a nursing home resident who suffers from dementia and has a variety of illnesses probably related to her diabetes. She presents periodically at this medical center for sepsis. These infections have generally been effectively treated with intravenous antibiotics resulting in discharge. However, as the patient’s condition has been becoming progressively worse, her hospitalizations have become more frequent and it has been more difficult to alleviate the infections. Other organ systems are beginning to show signs of failure and soon decisions regarding more invasive treatments such as dialysis will likely have to be made.

Case 2: Mrs. Henderson is an eighty-year old woman who had a cerebrovascular accident (CVA), a large 7 centimeter, right-sided stroke and was admitted to an outside hospital. She was then transferred to Big Teaching Hospital Medical Center a day later for possible surgery for her CVA. This patient was intubated and placed on mechanical ventilation prior to transfer. The surgeons at Big Teaching Hospital do not believe the patient is a good candidate for surgery. Thus, the patient’s family must now decide what interventions are appropriate. The physicians are not sure whether the patient will survive to discharge. But, if she does, her best hope would be a long and difficult course of rehabilitation care.

The decisions these patients and their families face are similar to those of thousands of other people every day in hospitals across the United States. In situations such as these, the family must speak for the patient who is unable to communicate. They work with the health-care team to try to determine a plan of care that has a reasonable chance of benefiting the patient. Families typically wish to err on the side of “giving the patient every chance” for recovery but they seldom wish to put the patient through pain and suffering if there is little hope of helping the

patient to get better. In determining their course of action, the family is asked to try to approximate the choices the patient would likely make.

These patients seem to be on a trajectory toward death. One would likely be very surprised if either turned out to be alive a year from now. One would not be surprised if either were to die within a few days. As death is somewhere on this indeterminate horizon, families are faced with trying to figure out what kind of treatment plan will best serve the patient's interests. Whether death is imminent and inevitable is not at all clear. Certainly it is inevitable. But, the phrase would seem erroneously to suggest to families that they must consent to all forms of aggressive and invasive care unless they are completely sure that death will result in the narrowest of time frames, i.e., within a day or two. That cannot be what is intended by the Catholic tradition.

The Catholic tradition has generally manifested a healthy respect for the judgment of the patient or patient's surrogate decision maker in these situations in which the best plan of care is not obvious. The *Ethical and Religious Directives for Catholic Health Care Services* of the United States Conference of Catholic Bishops state that "Proportionate means [of preserving life] are those that *in the judgment of the patient* (emphasis added) offer a reasonable hope of benefit and do not entail an excessive burden. . ." (Directive 56). While many see occasions for sin and error in privileging subjective judgments, the Catholic tradition evidences a respect for the process of discernment and the exercise of prudence and conscience in these gray areas. Whether and for how long respirators, dialysis, resuscitative efforts, physical rehabilitation, antibiotic and, yes, feeding tubes, should be deployed are not easily codified but require the exercise of good faith judgment. It is important that the Catholic tradition continue to emphasize the prudential judgment of the faithful in making these decisions. Prudence should not be undermined by an insistence on overly rigid interpretations of words such as "immanent."

Reference

[United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Facilities*, Fourth ed., rev. 2001.](#)