

Pain and Symptom Management in End-of-Life Care

I spent only one night in the intensive care unit. Then they brought me back to my own room, where I experienced the discomforts one normally encounters after going through extensive surgery. I wanted to pray, but the physical discomfort was overwhelming. I remember saying to the friends who visited me, “Pray while you’re well, because if you wait until you’re sick you might not be able to do it.” They looked at me, astonished. I said, “I’m in so much discomfort that I can’t focus on prayer. My faith is still present. There is nothing wrong with my faith, but in terms of prayer, I’m just too preoccupied with the pain...”

Joseph Cardinal
Bernardin, *The Gift of
Peace*

Pain is much more than an unpleasant sensation experienced by a patient. It can affect the total life of the patient. Pain can impair physical functioning, affect a patient’s mood, and hinder social interaction. As Cardinal Bernardin of Chicago pointed out, pain

can even affect the patient’s spiritual life.

The *Ethical and Religious Directives for Catholic Health Care Services* from the United States Conference of Catholic Bishops (2009) affirms that “patients should be kept as free of pain as possible so that they may die comfortably and with dignity...” (no. 61).

In the past there has been concern that the use of opioid (i.e., narcotic) medication to relieve pain may hasten a patient’s death by depressing respiration. Traditionally, using the ethical principle of double effect, the Catholic Church has taken the position that “medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person’s life so long as the intent is not to hasten death” (*Ethical and Religious Directives for Catholic Health Care Services*, no. 61).

Fortunately, we are moving beyond this problem with greater knowledge of how to administer pain medication. This is noted in the document *To Live Each Day with Dignity* from the United States Conference of Catholic Bishops (2011):

Respect for life does
not...mean we should

deprive suffering patients of needed pain medications out of a misplaced or exaggerated fear that they might have the side effect of shortening life. *The risk of such an effect is extremely low when pain medication is adjusted to ab patient's level of pain,* with the laudable purpose of simply addressing that pain. In fact, severe pain can shorten life, while effective palliative care can enhance the length as well as the quality of a person's life. (italics added)

Although most pain and distressing symptoms occurring near the end of life can be successfully managed, some dying persons experience distressing physical symptoms, such as pain, difficulty breathing, and agitated delirium, which are very difficult to control by symptom-specific treatments. In these cases, palliative sedation may be recommended. This is the use of sedating medications expected to reduce the patient's level of consciousness. In some instances, the patient may require sedation to the point of unconsciousness on a continuing basis. (*Hastings Center Guidelines for Decisions on Life-Sustaining Treatmentb and Care Near the End of Life*, 2nd ed.)

The moral permissibility of sedation which diminishes or suppresses consciousness was addressed by John Paul II in *Evangelium Vitae (The Gospel of Life)*: "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.' ...All the same, 'it is not right to deprive the dying person of consciousness without a serious reason': as they approach death people ought to be able to satisfy their moral and family duties, and above all they ought to be able to prepare in a fully conscious way for their definitive meeting with God." (sect. 65) Similarly, the *Ethical and Religious Directives for Catholic Health Care Services* states: "Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason" (no. 61).

Thus the practice of palliative sedation is not ruled out by Catholic teaching, but certain conditions must be satisfied. There must be a "serious" or "compelling" reason for reducing or suppressing the patient's consciousness. (Undoubtedly, some would give as an example the case of a patient who is experiencing such severe pain or other distressing physical symptoms that he or she repeatedly asks for euthanasia or assisted suicide.) Further, we must ensure that the patient has had the opportunity to satisfy practical and moral obligations which require maintaining consciousness (e.g., settling important inheritance matters, becoming reconciled with estranged family members) and to prepare spiritually for death (e.g., receiving the sacraments).

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