

European Network of Health Care Chaplaincy  
From Quality to Sanctity of Life  
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**Pastoral Care and Euthanasia  
in Belgium**

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## Conceptual Framework of End of Life Decisions

*Stopping curative or life-sustaining treatment (passive):* withdrawing or withholding a curative or life-sustaining treatment because it is no longer meaningful or effective or because the patient refuses

*Life-shortening treatment (indirect)*

*Pain control:* administration of analgesics and/or other drugs in order to adequately relieve pain

*Palliative sedation:* administration of sedative drugs in order to reduce consciousness as much as necessary to relieve refractory symptoms

*Life-terminating treatment (active and direct)*

*Voluntary euthanasia:* administration of lethal drugs in order to painlessly terminate life, at the patient's request

*Assisted suicide:* assisting a patient to terminate his or her life, at the patient's request

*Involuntary euthanasia:* administration of lethal drugs in order to painlessly terminate life, not at the patient's request

## Belgian Act: Euthanasia on Current Request

### *Material requirements*

1. *Patient*: attained age of majority, legally competent and conscious at moment of making request
2. *Request*: voluntary and well considered, repeated and durable, not result of any external pressure
3. *Condition*: medically futile condition of constant and unbearable physical or mental suffering that can not be alleviated, resulting from a serious and incurable disorder caused by illness or accident

### *Formal requirements*

#### Duties of physician

Informing and discussing with patient the request and medical condition and coming to belief that there is no reasonable alternative

Consulting second physician on medical condition

Eventually discussing with nursing team and relatives

#### Duties of physician in non-terminal situation

Consulting third physician on request and medical condition

Allowing one month between request and euthanasia

#### Duties of patient

Written, dated and signed request

## **Belgian Act: Euthanasia on Advance Directive**

### *Material requirements*

1. *Patient*: attained age of majority and legally competent
2. *Request*: written, advance directive
3. *Condition*: patient is unconscious, suffers from a serious and incurable disorder, caused by illness or accident, and this condition is irreversible given the current state of medical science

### *Formal requirements*

#### Requirements for advance directive

- Designation of one or more confidential persons in order of preference
- Written, dated and signed request with two witnesses
- Eventually amendment or revocation
- Validation of five year

#### Duties of physician

- Consulting second physician
- Discussing with nursing team, confidential persons and relatives

# **Magisterium of Roman Catholic Church**

## *Main argument of Roman Catholic Church*

Philosophical argument

Sanctity and dignity of human life

Basis and condition for all goods and values

Theological foundation

Divine creation: God is Lord of life and life is God's gift

Heteronomy makes autonomy relative

Divine law: fifth commandment: "Thou shalt not kill"

Euthanasia is murder

## *Additional arguments of Belgian Bishops*

Medical deontology: medicine in service of life, not of death

Meaning of request for euthanasia: death or less suffering?

Limits of autonomy: related to and responsible for other persons

Alternative of palliative care

# Belgian Organisation of Catholic Care Services

## *Fundamental options*

Respect for the human person: dignity of the human person

The value of autonomy: relational autonomy

## *General rule*

No euthanasia

Palliative care for all: palliative filter procedure

Specialised palliative support team discusses and applies the palliative possibilities to alleviate the patient's suffering

## *Exceptional cases*

Respect for physician's decision made in good conscience

Three additional requirements

Application of palliative filter procedure

Terminal situation of patient

Physical cause of unbearable suffering

Consequence: no euthanasia for mental suffering in non-terminal situation

# Euthanasia in Mental Suffering in Non-Terminal Situation?

## *Belgian Act*

In principle: inclusion of physical and mental suffering  
in terminal and non-terminal situation

In practice: tension between voluntary and well-considered request  
and serious and incurable psychiatric disorder

## *Ethical reflection*

Conflict of values: sanctity of life versus respect for autonomy

Non-terminal situation: no natural death expected in near future

Meaning of request: longing for death as consequence of pathology?

Psychiatric condition: is pathology incurable and untreatable?

## *Advice of Brothers of Charity*

No euthanasia, but 'psychiatric palliative care'

If persistent request, reference to external physician

Patient's respect for therapeutic freedom of physician

Physician's respect for autonomy and care relationship

## **Euthanasia in Dementia?**

### *Belgian Act*

In principle: not included

Current request: conflict of voluntary and well-considered request  
and constant and unbearable suffering

Advance directive: not unconscious

### *Ethical reflection*

Conflict of values: sanctity of life versus respect for autonomy

Difficulties of advance directive

Judgement about future situation of suffering

Interpretation of advance directive

Different opinion of physician, caregivers and relatives

Possibility of external pressure

### *Advice of Belgian Organisation of Christian Care Services*

No euthanasia in dementia

Other end of life decisions

## **Ethical Option of Pastors**

### *Tension of values*

Pastor's fundamental option for sanctity of life

Pastor's respect for patient's autonomy

Pastor's relationship to patient

### *Option of majority of pastors*

Priority to pastoral relationship as integrating value

Integration of autonomy of patient and sanctity of life through relationship

Development and continuation of pastoral companionship

### *Process of pastoral companionship*

Respect for the patient's autonomy

Advocacy of the sanctity of patient's life

Empowerment of patient to achieve valuable and responsible option

Acceptance of moral diversity

# Foundation of Model for Pastoral Care

## *Foundation in ethics and therapy*

### Presumptions

Integration of ethical care into pastoral care

Necessity of preparatory psycho-social care

### Practical morality of Thomas Aquinas:

Intention, act, circumstances and moral deliberation

### Contextual therapy of Nagy

Facts, psychology, interactions and relational ethics

## *Five depth levels in pastoral counselling*

Context            Facts and Events

Subject            Emotions and Motives

Object            Inter-actions and Effects

Ethics            Values and Responsibilities

Spirituality        Meaning and Faith

## **Development of Pastoral Model**

### *Hermeneutic process*

Searching and deepening spiritual resources in life story

Confronting with and interpreting through resources of Christian faith

### *Process of pastoral care*

Clarifying Facts and Events

Context: situation of patient with facts and events

Clarifying Emotions and Motives

Subject: emotions and opinions inciting motives for end of life option

Clarifying Inter-actions and Effects

Object: possible actions, interactions and effects of end of life option

Deepening and Interpreting Values and Responsibilities

Ethics: values and responsibilities at stake in end of life option

Deepening and Interpreting Meaning and Faith

Spirituality: meaning of life and death, in the light of Christian faith

# Scheme of Pastoral Model

