

**From quality to sanctity of life**  
**Pastoral care and euthanasia**

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## **Situation in the Czech Republic**

- Euthanasia and assisted suicide are not permitted.
- The political and public discussions have continued.
- Palliative care is not developed.
- Complex Oncology Centres of integrated oncology and palliative care

# The political and public debate

- Politicians
- Young people, healthy people
- Medical students (cca 80 %)

## Case report

- Patient: a woman in her 60s, widow, 1 daughter (relationship between mother and her daughter not so good, but not bad), domicile South Bohemia
- Dg: non-Hodgkin lymphoma, osteoporosis (few fractures in anamnesis)

# Treatment

- She was treated at the outpatient department for many years.
- Later on when she was getting worse (far-advance lymphoma and severe osteoporosis) she was treated at our inpatient unit.

## Short hospitalizations

- The hospitalizations for advanced disease were short (2-3 days),
- in period of 3 weeks
- Treatment: ChT with palliative goal, analgesics and bisphosphonates.

- The plan during the last hospitalization before her death:
- to continue with palliative ChT at our department.

# Her suffering (total pain) and quality of life

## A) Physical symptoms:

- well-relieved pain,
- fatigue and generalised weakness,
- able to walk with a stick

## B) Psychosocial problems

- loneliness,
- the anticipation of progress of the illness, fear of the progressive disorders,
- sadness/depression;
- feelings of frustration and hopelessness, fear of a lack of the support from her daughter,
- no financial concerns.

## C) Existential distress

- hopelessness,
- futility,
- meaninglessness,
- disappointment,
- death anxiety

## D) Spiritual/religious issues

- „non believer“

## Request for euthanasia

All these symptoms contributed to the development of thinking about euthanasia.

Really?

- Her suffering was not intolerable and beyond effective remedy.

## Meaninglessness, hopelessness

- It was clear that her psychosocial distress diminished her quality of life.
- Even with good pain management and psychosocial support her life seemed to be without meaning.

## **My questions**

- Where was the potential for her personal development?
- Where were the clue and the key to the relief of her suffering?
- How to open her heart?

## Request for euthanasia

- She insisted on euthanasia, she daily asked why euthanasia was not legalized.
- Her wish was to end her life quickly and painlessly.

- Euthanasia became our daily topic of communication. It was a ping pong.
- Euthanasia should be decriminalized/legalized.
- Euthanasia should be permitted by a law.

- Each day her conclusion was:  
it is your religious view  
that euthanasia should not be  
legalized
- It was clear that these words were out  
of spite.

## **My daily argument**

- Prohibition of euthanasia stands also upon religious view, but there are many other reasons why euthanasia should not be decriminalized

# Arguments

- History: Hippocratic Oath
- II. World war and Hitler program of euthanasia (need of beds, economical reasons and „lives not worth living“, genocide and holocaust)
- b) Human rights – the right to life
- c) Slippery slope

# Risk

- Profound social change (grant doctors authority to administer death)
- Demoralization in society, psychosocial and emotional manipulation...
- New “social experiment” – can we do it if we have experiences from the War?

- Czech particular problems – economic situation in our country, undeveloped palliative care, lack of hospital beds, imperfect legislation.
- Existence of palliative care - Euthanasia can never be ethically acceptable or tolerable within palliative medicine.
- Respect to autonomy – patient's autonomy, doctor's/caregiver's autonomy

# My approach to this patient

(Bible, Rogers)

- Acceptance, respect for patient's autonomy with remark that she should have respect for my autonomy, too.
- Empathy
- Authenticity (including my personal, ethical and Christian view on the euthanasia, but not the emphasis on religious view)

- My presence (Immanuel);
- listening, listening, listening...

Once, during the last hospitalization,  
she was sitting at the chair in our corridor  
and I was passing by her.  
She asked me strictly to sit down.

- She narrated and narrated but I recognised that she was playing another play.
- It was not pig pong, it was not the current topic of communication: euthanasia.

- At the end of her long speech she asked me for prayer.
- I was shocked.

- Although the plan was to continue with palliative ChT, it was her last hospitalization at our department. Shortly afterwards she died in a hospital in South Bohemia.

# Immanuel – God with us





**Thank you**