November 1970

Moral, Philosophical and Religious Considerations in Hopeless and Dying Patients: A Seminar with Medical Students

Stephen J. Galla
There is one factor which appears to be common to all cases; it is a social which to some degree affects every member of society in any social class. Whatever the details, the causes for failure have been traced again and again to houses that are not homes, to parents who will not act as parents — whether they are frankly neglectful, or autocratic or over-protective, with little understanding for their children's individuality. Thus, with Jean de Fabregues we must ask: "What has happened to those families that they should be so empty, why are these parents so bankrupt in their parenthood?". Here is his answer, which I would make my own: "There is no room for doubt. The evidence fits together too neatly. All this springs from the atmosphere of universal meaninglessness which these children breathe. Love is nothing and has no meaning, respect for the home has no meaning, neither faith nor understanding hold any meaning, it is possible to kill because nothing matters, nothing exists, that is the point we have reached ... if the family is impaired man himself is impaired. And there is only one human law that has ever served the family — the Christian ideal of Marriage".

1 "Christian Marriage" by Jean de Fabregues (A Faith and Fact Book, Burns & Oates, London)

Moral, Philosophical And Religious Considerations In Hopeless And Dying Patients
A Seminar With Medical Students
Stephen J. Galla, M.D.

For eight years a seminar has been conducted with medical students at the University of Pittsburgh School of Medicine during their third year of leadership in Anesthesiology. The groups were limited to eight students and the moderator. Although initially, the seminar stressed medical aspects of hopeless and dying patients, a void was present in the discussions. Consequently, the stress now is placed almost entirely on the moral, philosophical and religious considerations of these patients. This subject is not discussed in any other area of the student's training during the four years in Medical School. To the students who do not possess any specific religious beliefs, much of the information presented and discussed was not always acceptable to them.

On the part of the faculty there seems to be a tendency to relegate moral and religious attitudes of patients to a lesser importance than medical considerations. Particularly in the setting of a teaching hospital, trainees frequently are unaware of the spiritual and emotional needs of critically ill patients. By contrast, the medical literature contains numerous articles alluding to these emotional needs. For example, some titles of recent articles are: "Let 'Hopeless Cases' Die, MD's Say"; "If A Man Die, Shall He Live Again?"; "Let's Retain the Dignity of Dying"; "A Person's Right to Die"; "Medical Students Puzzle Over Ethics".

Today, moral issues are the subject of considerable controversy (e.g. the abortion problem). Consequently, it is important that we inculcate into our medical students sound moral principles which will guide them in the future. This paper presents a synopsis of the subject matter discussed at our seminars and analyzes the reactions and contributions of the students.
The seminar was opened by discussing specific examples of patients with whom the author was personally familiar. The students' attention was focused on real-life situations, rather than generalities. The group then defined Life and Death. Generally, the students recognized that extensive, irreversible brain damage was a good criterion of death. However, the definition of Life was more difficult. Frequently, they were evasive and were preoccupied with a definition of biological life, or the "antitheses of death", without considering the essential human attributes of life. With assistance and prodding, some students could identify such attributes as rationality, creativity, interpersonal communication and the ability to love and be loved.

Much controversy was generated during the discussion of euthanasia. Opinion was divided sharply as to whether a difference existed between positive (directly intending death) and negative (unintentional death resulting from a treatment) euthanasia. Most students believed that either the omission or removal of efforts, which might prolong a dying patient's life (e.g., discontinuing long-term artificial respiration), were equally wrong and a form of positive euthanasia. They agreed that giving large doses of analgesics for patients dying of carcinoma was humane (negative euthanasia).

The concepts of ordinary and extraordinary means of preserving life were presented as guidelines. Although most students agreed that the physician was not obligated to institute extraordinary means, they found it difficult to differentiate between them. The extraordinary means of today are often the ordinary ones of tomorrow. Possibly their opinions were influenced by the experience at a major teaching center where the latest advances in medicine, regardless of efficacy, are often used to treat patients.

Specific reasons for prolonging the life of a hopeless or dying patient were considered in detail. A consensus was reached that a patient's life should be prolonged artificially for religious reasons, to settle a legal and financial matter, to visit with relatives or friends, or to participate in a special event (graduation of a daughter). Opinion was divided over prolonging a patient's life for the advancement of science, especially without informed consent.

Probably because of seeing patients in an intensive care environment, students often did not appreciate the importance of dying with quality. They did not realize that many instances it might be better for a patient to die at home among his friends and loved ones, rather than in the environment of a hospital. The spiritual concept of a "heavenly body" was a controversial subject. Most students felt that all men wanted to live as long as possible, regardless of the "quality of life". This feeling was prevalent among Jewish students, who have no concrete beliefs concerning heaven. A minority appreciated that a patient might look forward to death as a reward for living a good life, or to take him out of misery.

Other frequently discussed topics were: a) "playing God", b) value judgments, and c) making decisions. Many students stated that a physician who chose not to institute a particular treatment, or to withdraw one which had been started previously, was "playing God". They would not accept an explanation that the natural course of events (God's will) was taking the life of the patient. The morality of making value judgments was discussed intensely. For example, how does one decide which of two patients should receive a kidney transplant, if only one is available? Many students tried to abrogate their responsibility for making decisions concerning medical treatment. They felt that the patient should be required to make these decisions after being presented all the facts. It was stressed that physicians should influence decisions by presenting facts in that they are in the best interests of the patient.

Frequently, students were puzzled over several ethical matters. What does one do if a patient asks to die? When and how does one tell a patient bad news concerning death or malignancy? When should one tell a patient with cancer the facts and how much should be told? Do moral and religious attitudes influence the recovery of patients? Students without religious values felt that consideration of such attitudes was inconsequential. Therefore, it was emphasized that regardless of the physician's own beliefs, he should not impose them on his patients. Only a few students agreed that a clergyman could play an important supportive role in managing critically ill patients.

Without exception, students were concerned about making the right decisions in the interests of their patients. They were told always to follow their conscience in making a decision. And because a conscience can be erroneous, they should become as informed as possible about moral and medical facts.

Much of the seminar was devoted to the topic of love and its real meaning. Although many were married, few students have thought about the true meaning of love, and how to apply it in their professional lives. It was stressed that if physicians would love their patients (i.e., always be concerned about their health and happiness), it would be very difficult to make a wrong decision.

**SUMMARY**

For a complete education, medical students must be introduced not only to the medical and scientific aspects of the disease process, but also to the moral, philosophical and religious aspects. Discussions with over 800 students during this eight-year period have been beneficial to both the students and the author. Although the seminars are usually intense and controversial, the students are now reflecting on some of these matters in their daily associations with patients.

Students come from varied cultural and religious backgrounds, and their moral and philosophical attitudes are often confused or lacking. As physicians and educators, who are also Christians, we have a definite obligation to communicate to these students during their formative years the importance of morality, sympathy, and love in the care of patients. If we succeed on our task, patient care and the image of the medical profession will inevitably improve.