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

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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.”

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 Death and Life. Generally, the students recognized that extensive, irreversible brain damage was a good criterion of death. However, the difficulty of Life was more difficult. Frequently, they were evasive and were preoccupied with a definition of biological life, or the "antithesis 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 form of positive euthanasia, to settle important legal and moral matters, 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 dignity. They did not realize that many instances it might be kinder 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" death 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.

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 in the treatment of patients.

Specific reasons for prolonging the life of a hopeless or dying patient were considered in detail. A consensus felt that a patient's life should be prolonged artificially for religious reasons, to set up important legal and moral matters, 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.

"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 judgements 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 patient. 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 had 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, charity, 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.