Pastoral Care and Euthanasia in Belgium

Axel Liégeois
Catholic University Leuven
Brothers of Charity – Belgium
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 cannot 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

- Destination
- Facts and Events
- Values and Responsibilities
- Emotions and Motives
- Meaning and Faith
- Inter-actions and Effects
- Origin
- Self
- Other