

END-OF-LIFE DECISIONS AND PALLIATIVE CARE SUPPORT: A PERSONAL PERSPECTIVE



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During a dinner table discussion on end-of-life decisions, I was asked to state precisely what my final wishes concerning sickness and death are. I strongly believe that any help to hasten death is interference in God's plan for me and I have conveyed this view to my family.

My children believe that rather than watch me suffer, it would be more caring to "pull the plug". A few of my friends also believe this is acceptable.

Not only do I believe that my pain tolerance is high, I believe in the redemptive quality of pain. I further believe that one is at the very place he/she is meant to be at any given time, including a painful end. Finally, I believe that there is a God who loves me and will take care of me in my end days.

I **hope** that my wishes will be considered in spite of sometimes strong arguments to the contrary, even those that come from doctors.

Fewer doctors are treating more patients. Legislation and powerful groups are inclined to force health care workers to participate, directly or indirectly, in morally controversial procedures. For some of these groups, euthanasia is seen as a service and not considered a moral issue.

An article published in *The Journal of Clinical Ethics* noted that, out of 150 medical schools in the United States and Canada, only 21 prohibit euthanasia in their modern adaptations of the Hippocratic Oath.

Canadian Physicians for Life is a non-profit charitable organization "dedicated to the respect and ethical treatment of every human being, regardless of age or infirmity". Members take the following oath: "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and beneficence, I will guard my life and my art."

League members can join their voices with the Canadian Physicians for Life to speak up against immoral laws. I would like to believe that in the future the above organization will continue to be heard. Ideally, it should not stand alone. Those of similar beliefs, such as League members, should let their position be known and speak up against laws that are morally wrong.

Governments should be pressured to improve access to good end-of-life and palliative care. Complete care would include holistic medical and psychiatric care to alleviate suffering, pain and anxiety.

The love and kindness with which good palliative care is given mirrors the kindness given by a loving parent to an injured child and enhances the effect of any traditional medical treatment.

In the Caribbean where I grew up many terminally ill persons spent their last days at home surrounded by family. There was always someone present to hold hands, offer water, chat with and listen to the sick. Prayers were said nightly at the bedside. Priests were available for counselling and confession. Death, like life, was good. I would guess that similar practices occurred in other countries.

For this reason, I believe that tender loving care combined with needed medication should be available to all. That's what good palliative care offers. It is necessary and should be fought for. It is the alternative to physician-assisted suicide in any form.

I realize that each of us has our own level of pain tolerance. For those who in need, pain management can be tailored and offered. Also counselling should be available for those who are finding it hard to accept and have begun to despair.

Personally, I would choose to be at home when medication is no longer effective, but I do realize that this could be a burden to family members and a long-term or palliative care centre may be the best option.

Some guidelines in choosing a palliative care centre:

1. Visit a reasonable number of centres before making a decision to place a family member. Take him/her with you, if possible. Visit more than once. Ask questions.
2. Check the patient/caregiver ratio.
3. Check the cleanliness of residents and their surroundings. Are bed linens clean? Is the centre secure? Are there adequate working fire alarms? Do patients seem over-medicated?
4. Does the staff seem happy?
5. Are children allowed to visit?
6. Are counselling services offered? How frequently?
7. Is there a chapel? Are church services held? How often? If not, can residents be taken to church?
8. Most important, are staff members and doctors pro-life and anti-euthanasia?

I will continue to speak openly to my family about my wishes. My final moment is decided by the Father who loves and cares for me. I pray for strength to accept with faith His plan for me. †