

On Death VII

What are the consequences of making all the choices for a loved one?

In the advanced directive “other wishes” may be expressed. For example if an end stage person becomes infected, for example a urinary tract infection, should they be treated with antibiotics? You may wish to receive such treatments even if you are at the end of your life. Often pneumonia or other infection will overwhelm the dying person, but you may wish to choose to live out the full span of days and months by treating such infections. A more difficult choice is food and water. When we no longer can feed ourselves and take fluids, do we wish to have the “tube feeding” option used or not used? This is most often compounded by the inability to swallow by the dying person, for example if they have had a stroke which makes it impossible to swallow without aspirating food and water into the lungs. Because such aspiration causes pneumonia, Doctors and nurses are at pains to prevent it. It can be prevented by bypassing the normal route of feeding, and placing a tube directly into the stomach through the abdominal wall. This is a simple surgical procedure and may prolong one’s life indefinitely. However this opens the door to many other problems such as bed-sores that develop over bony prominences where the skin becomes thin and breaks down. Another issue is “contractures” where a person’s body becomes so stiff and the joints fold up into a semi fetal position. For myself having cared for many patients on tube feedings I would not elect to have that if I had no hope of recovery. But each one of us must decide for ourselves. If I have decided no tube feeding, and documented it in an advanced directive, my family is removed from this decision. No one is required morally to accept extraordinary mechanized technologies.

IHM Pray for us.

Fr. Jerry