

Catholic Medical Association Issues Support of the Palliative Care and Hospice Education and Training Act

Philadelphia, PA—The Catholic Medical Association, the United States' largest association of Catholic individuals in health care, exists to advance and uphold a Catholic vision of the dignity of every human person, including persons with serious and life-threatening illness, through the science and practice of medicine.

One urgent concern is the provision of palliative care for these patients. According to the World Health Organization's widely accepted definition, palliative care is aimed at assessing and treating "pain and other problems, physical, psychosocial and spiritual." It is not intended to hasten or postpone death -- but it can be provided alongside therapies to prolong life, and can positively influence the course of illness. For example, as everyone knows who has received aggressive treatment for cancer, distressing symptoms can arise not only from a disease but also from its treatment; alleviating those symptoms helps patients to be more able and willing to undergo therapies that may save their lives. Hospice care, in which palliative care is provided for terminally ill patients not expected to live longer than six months, offers such care for those who no longer seek a cure. Physicians who complete a palliative medicine and hospice fellowship get particular, specialized training in safe and effective pain and symptom management and learn best evidence-based strategies to help people live as well as possible despite serious illness.

Good palliative care and hospice care deserve support in their own right. They also offer a life-affirming response to patients and physicians who may otherwise be tempted to accept euthanasia and assisted suicide. As Pope St. John Paul II said in his great encyclical *The Gospel of Life*, such care is "the way of love and true mercy" by contrast with the "false mercy" of these gravely evil practices. Palliative care and hospice care accompany patients and their families. It is a caring society's answer to the cruel lie of the euthanasia movement that the only alternative to its agenda is to abandon patients to unbearable suffering.

Therefore we join with the U.S. Conference of Catholic Bishops, Catholic Health Association and many others in supporting S. 2080, the Palliative Care and Hospice Education and Training Act (PCHETA) pending in Congress. It will provide federal grants to train more health professionals with expertise in palliative care, so they can help physicians, nurses and other health professionals integrate such care into their own practices. It will also fund research to improve methods for palliative care, and support programs to inform patients and health professionals of the benefits of such care.

Most importantly, the Act incorporates the policy of the Assisted Suicide Funding Restriction Act, which since 1997 has excluded assisted suicide and euthanasia from all federal health programs. It also adds an explicit provision that in this new Act, “palliative care and hospice shall not be furnished for the purpose of causing, or the purpose of assisting in causing, a patient’s death, for any reason.”

Some of our friends and allies in the effort against euthanasia and assisted suicide have criticized the Act. They cite alarming stories of patients needlessly sedated or given large doses of pain medications to cause death. They point to efforts by some physicians, ethicists and state legislators to define assisted suicide as a form of palliative care. And they are deeply concerned that the HHS Office of the Inspector General has found deficiencies placing patients at risk at about 20% of hospices nationwide.

We share these serious concerns. However, we hold that legislation like PCHETA is not part of the problem but part of the solution. We believe support for quality palliative care is more needed than ever, that good practices will help drive out bad ones. Nothing in PCHETA modifies or weakens the federal government’s quality standards for the Medicare hospice benefit or interferes with the effort to enforce those standards. To the contrary, training a new generation of professionals committed to quality care is essential to that effort.

Our society is at a crossroads on the meaning of health care, particularly for those most vulnerable, including the chronically ill and disabled and those nearing the end of their earthly lives. Some medical organizations have taken a “neutral” stand on physician-assisted suicide, and some states have legalized that deadly practice. Yet the great majority of states have maintained or even strengthened their protective laws, and medical organizations such as the American Medical Association and American College of Physicians as well as the National Hospice and Palliative Care Organization continue to view assisted suicide as contrary to their goal of providing optimum care for patients in need. To give up on the entire field of palliative care, dismissing it as irredeemably morally corrupt, would be a terrible mistake and a counsel of despair.

Congress seems willing now to approve a bill with appropriate safeguards against lethal abuses, and the executive branch is ready to responsibly implement and enforce those safeguards. It is timely and urgently necessary that we help establish a national policy *now* that the goal of palliative care is to promote effective relief of pain and suffering, not to eliminate the sufferer. The goal of palliative care is to promote optimal human flourishing despite serious illness. We encourage colleagues concerned about our profession’s respect for human life to join us in this effort.