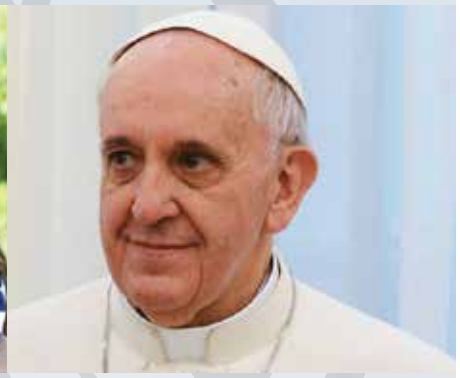


Be Not Afraid

THE GIFT OF PALLIATIVE CARE

DISCUSSION QUESTIONS

WITH LEADER NOTES

RESPECT LIFE



Show the video *Be Not Afraid: The Gift of Palliative Care* before guiding participants through the following discussion questions.

Video link: http://goo.gl/y4XJN3

PEACE AT THE END OF LIFE

1. Consider the comparison made between accompanying people at birth and accompanying people as they approach death. Describe what you think makes these two moments sacred.

- Birth and death are life transitions – the first from life in the womb to life as we experience it outside. Death is a transition from the womb of this world into another way of living - face to face with God.

2. If your own death was drawing near who would want to accompany you at that time? In what ways could you accompany someone at the end of their life?

- Most people want family, a spouse, close friends, nurses, doctors and other carers who are skilled in meeting their physical and emotional needs. A priest, pastoral worker or someone similar can help us prepare spiritually to face our God. Simply being present with the person is often what they most need. Listening to them and looking for ways to provide what comfort we can are the best forms of accompaniment.

A TRANSITION FROM CURE TO COMFORT

3. How might Dr Natasha Michael's suggestion in the video, that involving a palliative care team early on – not just at the very end – help the patient, as well as family members and friends to adjust as an illness progresses?

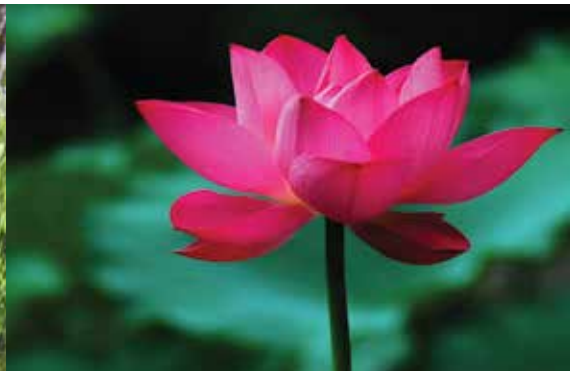
- The sooner the individual and their family can share their concerns and have those responded to, the more likely it becomes that death can be faced peacefully by all concerned. This can be done more effectively before an illness becomes critical. Uncertainty and fear can make this phase of life more difficult than it need be. Knowing what can be done, the options available and having time to consider these while the patient is competent and able to make choices is important.

4. Think of some of the challenges a patient and their family face when there is no longer any possibility of curing a disease. Do you think is it important for the inevitability of death to be clearly recognised and talked about?

- Questions people face may include what types of care are available, how, by whom and where that care is provided. Receiving advice along with spiritual and emotional support at a time that is inherently difficult will be a comfort for all concerned.

- Providing the environment for someone to focus on the things that matter most at the end of life is a great act of love.





PALLIATIVE CARE - TREATING THE WHOLE PERSON

5. Why do you think palliative care also includes care for family members and others close to the patient? How might care for the family contribute to the care of those who are sick?

- The death of every person has an impact on others – especially those closest to them. After the person has died, those left behind will continue to be in pain as a consequence of their sense of loss.
- In addition, it is often those same people who will either be directly caring for or supporting the person as life's end draws near. If they are to assist the person effectively, they too will need help. Caring for carers is an important part of caring for the patient.

6. Do you agree that having access to palliative care creates the best environment to help people die well?

- Our Catholic tradition sees the person as an integrated whole – body, mind and spirit – who lives in relationship with others – a community. Each of these dimensions requires care. We cannot treat physical symptoms without responding to a person's emotional and spiritual needs as well. Attending to the environment in which they live and people to whom they are close is also essential to dignified human care. Palliative care provides this kind of fully human response.

LETTING GO WHEN THE TIME IS RIGHT

7. Using overly burdensome or extraordinary means to keep people alive is described in the video as 'violence' to a person. Describe some considerations that would help you to decide what treatments might be too burdensome in the final stages of life.

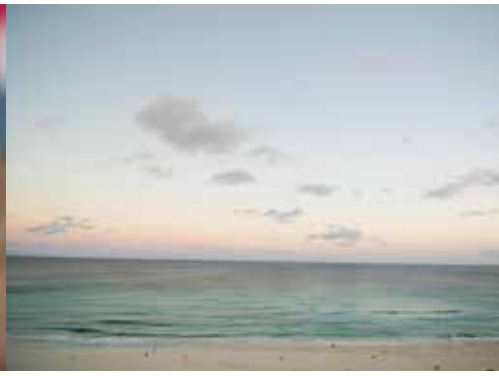
Some examples may be:

- How much treatment have I already had and can I cope physically and emotionally with more?
- Are there still things I want to try and do before I die that undergoing more treatment will allow me time for, or am I ready to be made as comfortable as possible as I allow the progression of this illness to take its course?
- Would the financial burden of accepting a costly treatment be too much for my surviving family to cope with?
- Do the difficulties and likely outcome of going through the treatment seem disproportionate to the positive outcomes?

8. Why is it important to understand the terms *overly burdensome treatment* and *extraordinary means*?

- Catholic teaching holds that a person is under no obligation to accept extraordinary, futile or overly burdensome treatments. What is overly burdensome to one person or in one set of circumstances may not be so in another. Extraordinary treatments are those which, while they may be possible and of some benefit, are not part of the normal basic care that is readily accessible. Futile treatments are those which would not be likely to benefit the patient.





PLANNING FOR THE END OF LIFE

9. The video raises the issue of fear as one approaches death. How might discussing a person's fears assist in better caring for them?

- Discussing fears can bring to light things we can and should do to assist a person. It may have to do with physical pain, with unresolved family tensions or how a surviving family member will cope. They are things which, if addressed while the person is alive, will help to bring them more peace and allow for an easier transition from this life. Even if there are things we may not be able to deal with as we might like to, the act of listening and empathising with the person is itself an act of loving accompaniment.

10. As part of end of life planning, what benefits can you see in appointing a trusted person who understands your values to make decisions when you are unable to? Who would you chose in those circumstances and why?

- Making difficult decisions alone can be isolating and create unnecessary difficulty for a person in an already a painful circumstance. Having a trusted person to discuss options with is helpful. If a decision needs to be made as an illness progresses and the sick person is no longer competent, having someone who understands the patient's values ensures that their wishes are respected.

- While a spouse or next of kin will often be the natural person to turn to, sometimes a trusted friend, family doctor, or lawyer may be preferred. The representative selected needs to be someone who we would trust to make life and death decisions for us.

EUTHANASIA

11. Some argue that people should have a right to end their life if and when they choose. What are the reasons outlined in the *Be Not Afraid* video for focusing on the common good rather than an individual's freedom regarding euthanasia and assisted suicide?

- No person exists in isolation. Like ripples in a pond, how we live and die has an effect on those around us - family, friends, carers, nurses, doctors.

- Society accepts all kinds of limitations on personal freedom for the common good. Speed limits are one example: for the safety of everyone we accept limits to how fast we can drive. Removing the limitation our laws places on taking human life would be similar to removing speed limits. It is a limit that governments and the medical profession in particular have insisted upon, for everyone's sake.

- Our society spends a great deal on trying to prevent suicide. While people can make that choice, it is not a 'right' that society must uphold through legislation. It is a tragedy we rightly seek to prevent.

- The elderly, disabled, chronically ill, those with psychiatric illness, and other marginalised people will be more vulnerable if euthanasia and assisted suicide are introduced.



12. How would the legalisation of euthanasia change the relationship that doctors and carers have with the sick and disabled people they care for?

- The sick, the elderly, the marginalised and the weak may fear and or begin to feel pressured by the possibility and/or suggestion that euthanasia is an option. Some will feel pressured to ask to be killed rather than be a burden.
- Doctors, nurses, carers and family members, may likewise feel pressured or be legally required to offer euthanasia as an option.
- Relationships that should be based on trust and the best interest of the patient would be eroded by fear, suspicion and economic motives. If a patient fears that a doctor may find it easier to kill them rather than care for them, they may not be entirely honest in speaking with their doctor. For the doctor's part, if patients withhold information about their condition, it makes it difficult for them to provide the best care.