

## Consider Dignity When Considering Life-Support

Monsignor Calipari Encourages Doctor-Patient Alliance

By Marta Lago

VATICAN CITY, MARCH 5, 2008 ([Zenit.org](http://www.zenit.org)).- Life-support options should take into consideration the dignity of the person in order to avoid both excessive measures and possible neglect, says a theologian of the Pontifical Academy of Life.

Monsignor Maurizio Calipari told the two-day international congress of the Pontifical Academy for Life that took place last week in Rome that in order to avoid the extremes, it is necessary for the doctor and patient to work together and focus on a proper daily clinical practice, "which is to assist the patient in their needs."

The theologian, who is also a bioethics professor at the John Paul II Institute for Studies on Marriage and the Family, was one of the participants in the conference titled "Close By the Incurable Sick Person and the Dying: Scientific and Ethical Aspects."

In comments to ZENIT, Monsignor Calipari explained, "In order to work together -- doctor and patient -- both have to apply a set of judgment criteria to specific daily situations; these criteria refer, on the one hand, to technical and medical aspects, in other words an evaluation of the medical interventions that are planned."

"On the other hand," he added, "there is the patient's judgment about their perception of the medical intervention that is planned; this also should reference the objective criteria."

The monsignor insisted that by connecting "both criteria, you can really make the [doctor-patient] relationship useful and fruitful in order to face the person's condition in the most dignified manner. This is especially true of the final phase of their lives, when their resources are often less robust, weaker, and when they are in most need of companionship."

Here and now

Monsignor Calipari said in his intervention that the key to determining how to care for the terminally ill is "to recognize and respect the dignity of the person that needs attention and vital support, being sure to identify 'hic et nunc' [here and now], in the specific situation, the best way to care for their integral well being -- which includes physical well-being.

"This is done through the decision of whether or not to use a given method of life-support."

In light of this, he proposed a "three-phased evaluation dynamic," a gradual process that first considers the objective value of the procedure, then considers the perception of the patient, and allows for an ethical judgment that takes into account the earlier considerations.

Monsignor Calipari said a method is "proportionate or disproportionate" as "indicated by how adequately or inadequately it will accomplish a determined health objective or life-support objective for the patient, from a medical and technical viewpoint."

The theologian added that the doctor should follow certain criteria in making the decision: "In as much as they are available, doctors should always use [the methods] that are

most effective for the pathology they are diagnosing or treating, according to the most updated scientific knowledge.

"These are the methods that best address the particular physical and pathological conditions of the patient in question, imply least risk to health and life, and are most free from grave or prejudicial side effects."

#### Perceptions

Monsignor Calipari explained that "excessive" or "overreaching therapy" occurs when, referencing the criteria discussed earlier, "disproportionate methods of life-support" are used.

He added that medical neglect takes place when a person removes himself from a "hard situation to face," or maybe "needs so much care, that they think it is not worth the effort because there is already talk of a terminal phase and a very low 'quality' of life."

Monsignor Calipari continued, "We can say that a method of life-support should always be considered ordinary unless its use in a [specific] situation implies as least one significant extraordinary element for the patient, according to their own prudent judgment."

He clarified that a method could eventually be deemed extraordinary based on the fact that "in a specific circumstance, the patient subjectively experiences a certain physical or moral impossibility to use it."

The theologian this could be experienced due to "the excessive effort needed to locate or use the method," and "from the experience of tremendous or unbearable physical pain in relation to the use of the method, which cannot be adequately relieved."

It could also be deduced, he added, from "great fear or a strong repugnance toward the use of the method," as well as "a reasonably elevated risk to the patient's life or health" as far as his current physical condition is concerned.

#### "Therapeutic alliance"

Monsignor Calipari underlined that "the doctor who freely accepts to take charge of a patient, with the goal of helping him through his profession to stay alive and care for his health -- thus creating the so called 'therapeutic alliance' -- has above all the duty to fulfill the same moral obligations that the patient has with regard to staying alive and caring for his own health."

The theologian clarified to ZENIT that both doctor and patient "have a specific task, but in the end they must make the decision together, globally, so that there is only one operating decision."

He added, "If they reach judgments that pit the two consciences against each other, because this could happen, then both must be recognized, and sometimes the only possible solution is to break the therapeutic alliance that had been made."

In his intervention, Monsignor Calipari insisted that this process always revolves around the "centrality of the person, of his true good and special dignity, taken in his integral truth [...] as a first and final reference for all moral reasoning regarding life support and health care issues."

To ZENIT he added that in dealing with the terminally ill patient and the family, "more than anything else, we need to multiply our love -- [...] love, attention, solidarity with the

other person."

These are situations that become very dire, said the theologian, and "that is why we cannot leave these families alone."