Ollscoil Chathair
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Ordinary & Extraordinary Treatment: An Ethical Perspective

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Beaumont Palliative Care Study Day

Outline

1) Focus on Ethics
2) Ordinary/Extraordinary Principle
3) Short History
4) Development
5) Case Study
6) Conclusion

1) Focus on Ethics

- Ethics = focus on values
- Choices & acts
- Facts and values

2) Withholding or Withdrawing Treatments

- Ethical perspective
- When are we morally obliged to start or to continue a treatment?
- When are we morally obliged to refuse or discontinue a treatment (even if this would lead to death)?
- What are the ethical principles?
- Principle of Ordinary & Extraordinary Means

Ordinary Means

- Ordinary means = reasonable hope of benefit/success; not overly burdensome; does not present an excessive risk and are financially manageable
- Proportionate to the state of the patient
- “Ethically indicated” (Strong 1981 p. 84).

Extraordinary Means

- Extraordinary means = no reasonable hope of benefit/success; overly burdensome; excessive risk and are not financially manageable

- No obligation to use it/morally optional

3) A Short History

- 500 years
- Catholic theological tradition
- Non religious contexts
- Moral obligation to look after life
- Yet, obligation is not absolute
- Reasonable limit to the moral obligation to take care of life

- 16th century – Renaissance
- 1543: *On the fabric of the human body in seven books* – anatomy – Vesalius
- 1628: William Harvey – the circulation of the blood
- Developments in surgery – amputations
- Pain management
- Spanish theologians – School of Salamanca

Francisco De Vitoria (1486–1546)

“If a sick man can take food or nourishment with a certain hope of life, he is required to take food as he would be required to give it to one who is sick. However, if the depression of spirits is so severe and there is present grave consternation in the appetitive power so that only with the greatest effort and as though through torture can the sick man take food, this is to be reckoned as an impossibility and therefore, he is excused, at least from mortal sin” (Cited in Clark 2006 p. 50).

Domingo Soto (1494–1560)

- Amputation/mutilation

"[…] no one can be forced to bear the tremendous pain in the amputation of a member or in an incision into the body: because no one is held to preserve his life with such torture" (Cited in Cronin 1989)

Juan De Lugo (1583-1660)

- Reasonable hope of benefit
- Contextualized
- Patient’s perspective

Elements of Ordinary Means

1) Reasonable/proportionate hope of benefit/success
2) Common diligence
3) Proportionate – physical/social/financial
4) Not unreasonably demanding

• In sum: what is reasonable!

Elements of Extraordinary Means

1) "Certain impossibility" – physical or a moral

2) Great effort – excessive
3) Pain
4) Exquisite and extraordinarily expensive
5) Severe dread or revulsion

• In sum: what is inappropriate!

4) Development

- Gerald Kelly
- Ordinary means = “all medicines, treatments, and operations, which offer a reasonable hope of benefit for the patient and which can be obtained and used without excessive expense, pain, or other inconvenience”

- Extraordinary means = “all medicines, treatments, and operations, which cannot be obtained or used without excessive expense, pain, or other inconvenience, or which, if used, would not offer a reasonable hope of benefit” (Kelly 1957 p. 129).

Pope Pius XII (1957)

- Address to Anaesthetists

- “[…] normally one is held to use only ordinary means – according to circumstances of persons, places, times and culture – that is to say, means that do not involve any grave burden for oneself or another” (cited in O’Rourke and Boyle, 1999, p. 280).

- “the doctor, in fact, has no separate or independent right where the patient is concerned. In general, he can take action only if the patient explicitly or implicitly, directly or indirectly, gives him permission” (cited in O’Rourke and Boyle, 1999, p. 280).

5) Case Study

Susan is a 45 year old mother of two young boys. She recently noticed a small lump in her right breast. She ignored it for a while, thinking that it was probably a cyst. However, after some encouragement from her friends, she decided to see her GP. The GP referred her for a mammogram, which confirmed that the lump was abnormal and warranted further investigation. The results of a biopsy confirmed that it was a malignant tumour.

Surgery was recommended. Although it would not be a mastectomy but rather a lumpectomy, Susan was still very concerned about the scarring afterwards. She was a model when she was in her 20s.

The surgery was a success. But it was discovered that many of her Lymph nodes were involved. Her consultant immediately referred her to the consultant oncologist to discuss a programme of chemotherapy.

Susan is now quite adamant that she does not want to undergo chemo. She feels that this is too much to endure. Her aunt – who die some years ago from cancer – also had chemo and had a particularly difficult time with it. Up to now, Susan has gone private and paid for consultant's fees to ensure she did not have to wait long for treatment. However, she is not willing to spend more money on consultant's fees. She is a great believer in the body's natural healing powers and is happy to take any natural remedies to help her. She also believes that the health care team are not being completing honest with her; they speak in the language of "outcomes" and "survival rates". She thinks it is all for nothing.

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Discussion

Central Question:

1) Do you think the means of treatment is ordinary or extraordinary?

Debate in groups of 3:

1) Susan
2) Health care member
3) Husband or significant other or family or friend

6) Conclusion

- “[…] offers patients and doctors, regardless of their religious orientation, a reasonable and straightforward basis for assessing how much to strive to keep alive” (Gillon 1986 p. 259).
- Dialogue
- “For every human problem, there is a solution that is simple, neat, and wrong.” (H. L. Menckent)

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