

Ethical Challenges at the End of Life

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Introduction



At the end of life... :

1. The Subject
2. The Good Act
3. Ethical Labour

1. Which Subject ?

- a. The legal subject
- b. The psychological/anthropological subject
- c. The moral subject
- d. the social subject

a. The legal subject

- Belgium 2002 : three laws:
 - Law on patient rights
 - Law on palliative care
 - Law on euthanasia
- Advance care planning/directives: the former self
- Decision making capacity



b. The **psychological** /anthropological subject

- The subject of experience... unable to disappear – iatrogenic suffering
- Three kinds of suffering :
 - physical
 - psychic
 - mental (tired of living; expected suffering...)
- the end of suffering through the end of the
subject itself

b. The psychological /anthropological subject

The subject of experience: quality of life

- Subjective Dignity: Qualities/properties – Quality of Life
 - Dementia: being human = being reflexive?
- Intrinsic Dignity: the support of these qualities – Being human ('Soul')



c. The moral subject

- the idealisation of the autonomous subject
 - the paradox of the realisation of autonomy
 - new paternalism?
-
- -> autonomy in relation

d. The **social** subject

- Social justice and limited resources
- Modern social imaginaries (Ch. Taylor)
- A sinister alliance...

2. The Good Act ?

- Ethics as the systematic and critical reflection on morals
- Hippocratic oath & 4 principles of medical ethics: (Beauchamp and Childress 2003)
 - autonomy
 - non-maleficence
 - beneficence
 - justice



2. The Good Act ?

- withdraw/withhold a treatment
 - alleviation of pain and other symptoms
 - palliative sedation
 - Euthanasia
- + importance of a conceptual framework:
EAPC Whitepaper Euthanasia and Physician Assisted Suicide (2015)

2. The Good Act ?

Moral traditions answer:

- Liberal secularism : autonomy > welfare
- Dogmatism/Communitarianism : Wf > Au
- Pragmatism:
 - *patient central* legally and clinically (continuity of care)
 - but *offer* of PC accompagnement (guarantee for multidisciplinary/holistic care)



2. The Good Act ?

Can we justify this position also ethically?

- (the theory of) the double effect
- the lesser evil
- there is still morality *in the illicit...*

2. The Good Act ?

- the threefold danger of:

Legalism

Proceduralism

Instrumentalism

Medicalisation

- to do or to be? Impotence

=> Theory of Presentia/Presence



3. Ethical Labour

Renewed relevance of ethics

- Ethical labour by all, also by the patient
- The legal # the ethical:

care *beyond* the law – ethics of care

⇒ Be prepared

⇒ ‘Dirty hands’, no ‘schöne Seele’

See also

VANDEN BERGHE, P., DESMET, M., HUYSMANS, G.,
Assisted dying - the current situation in Flanders: euthanasia embedded in palliative care; death as disruption or disruptive dying? Some further reflections since 2013' in: Jones D. A., Gastmans Chr., MacKellar C. (Eds.) Euthanasia and Assisted Suicide: Lessons from Belgium, Cambridge University Press, Cambridge, 2017, p. 67-85

- RADBRUCH, L., LEGET, C., BAHR, P., MÜLLER-BUSCH, Ch., ELLERSHAW, J., DE CONNO, F., VANDEN BERGHE, P.,
Euthanasia and physician-assisted suicide - A white paper from the European Association for Palliative Care, Palliative Medicine, on behalf of the board members of the EAPC, Palliative Medicine. Prepublished 20 November 2015



Thanks for your attention!

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