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Incurable illnesses: the deeper meaning of support (Angelos Alekopoulos)

[Ξένες γλώσσες / In English](#)



The Church has always respected the efforts of science and has shared the concern of all people for the extension of life. But the extension of life should aim at increasing the time for repentance and spiritual progress, because however long we extend life for, at some point it will end, since biological life• is a one-way street. Christian theology sees people holistically and, apart from their bodily health is also interested in the health of their souls, which is why it supports the contribution of medical science in this matter.

Besides, for Christian theology, support for patients such as those with incurable illnesses is as important as the cure. This view is in sharp contrast with utilitarianism, which modern society imposes as a mode of thinking and which affects the way in which we form our reactions to patients, especially those who are in the last stages of their lives.

In medical science and practice, a relatively recent distinction has been made between therapeutic and palliative care.



Therapeutic interventions and treatments involve the whole range of medical practices, from prescribing pharmaceutical products to surgical operations. Treatments which support or maintain vital functions of the body (e.g. cardiopulmonary resuscitation or the artificial introduction of nutrients and fluids) would also fall into this category.

The distinction between support and maintenance of the vital functions of the body is to be found precisely in the fact that, in the first case, some organic function is supported and then the patient returns to an earlier state of health; whereas the second means that a patient who is in the last stages of an incurable disease is kept alive. In the latter cases, there is no therapeutic benefit to patients, since their clinical state does not allow for any improvement and, indeed, any intervention may prove detrimental.

Palliative medicine is employed in precisely those cases where patients are suffering from incurable diseases, are close to death and it is deemed that supportive treatment will bring no benefit to the patients or that the cost to the latter will outweigh any good it does. Palliative medical care is aimed at improving the quality of life for patients and those close to them and concentrates on the prevention and amelioration of their difficulties through timely diagnosis and management of the symptoms of pain or other physical, psychological or spiritual needs of the patients. So, in essence, the patients continue to have medical support, but the aim of this care is not cure, since this is not a possibility, but the alleviation of the many kinds of pain which accompany people in the last stage of their lives. Palliative care facilitates the procedure of bidding farewell to life,

without shortening it. This is the distinction between permitting death and hastening it.

If, therefore the impending death can be forecast with relative accuracy (as in, for example the last stages of cancer) and provided that medical treatment is considered pointless or likely to do more harm than good, the choice of palliative care can be offered to patients. Of course, as with any medical action, the consent of patients or those close to them is required. Given the fact that consent in such cases is psychologically painful, involving as it does the acceptance of impending death, the process (the context) of decision making is crucial.