



SaskEthics

An Ethics Newsletter for Catholic Healthcare Organizations in Saskatchewan

Basic care or medical intervention?

Dear *SaskEthics* Readers,



Food. Can you think of anything else that can be taken for granted one moment, the object of desperate desire the next, and

remains a critical part of human health, happiness and joy? You'd be surprised at how many of my ethics consults have to do with nutrition and hydration, particularly when the lifelong tasks of eating and drinking start to present risks such as swelling, choking and aspiration.

Near the end of someone's life, questions about nutrition and hydration can become particularly challenging, especially as families try to process their grief alongside medical information. Imagine a family whose grandmother has suffered a stroke. While in acute care, the family decides to have a feeding tube placed to give her a chance to recover. After being sent to long-term care, staff begin to see signs that the resident is experiencing difficulty: she has frequent bouts of diarrhea despite efforts to regulate her intake, and on several occasions she has attempted to pull

the tube out. The family tries to ask their grandmother what she wants to do, but she is incapable of communicating.

While every situation is unique, for families who would like to be guided by their Catholic faith, there can be great comfort in the Church's approach to these types of situations (Health Ethics Guide, pages 64-65).

First and foremost, every Catholic document I have read on this subject stresses the importance of giving food to the hungry and water to the thirsty. The Church also acknowledges that there are three scenarios in which we may not be able to do that: (1) when we do not have adequate resources, which is almost never the case in the Canadian healthcare system; (2) when the person receiving the food and water is incapable of processing them, which is often the case at the end of life; and (3) when the burdens of the means used to provide food or water (e.g., a feeding tube) outweigh the benefits to be gained.

For families in the situation described above, one of the greatest challenges can be trying to figure out whether or not a feeding tube is actually fulfilling its purpose. I often prompt such families to



St. Paul's Hospital



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ask their care providers if there are signs that the body is “shutting down” or that their loved one is uncomfortable. There are so many questions regarding the burdens and benefits of feeding tubes that receiving good information from the healthcare team becomes a critical part of the decision-making process.

In the end, these decisions often have to be made without clear answers. Many families rely on prayer to help them discern their path forward, often with the

assistance of a spiritual care provider or of their own faith community.

Has your team ever journeyed with a family who struggled with their decision to accept/reject a form of medical nutrition or hydration? Were you able to help them find clarity? How did you help them carry their grief?

Dr. Mary Heilman,
Bioethicist, St. Paul's Hospital & CHAS
(306)-655-5197
mary@chassk.ca

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Peter Oliver
p. 306-955-2427
peter@chassk.ca



KEYNOTE

REV. DAVID MAGINLEY
M.Div CSPC



FEATURED PRESENTERS

JOHN RUETZ
CEO the Catholic Health Alliance of Canada



DR. ANNE VARGAS-LEVERIZA PH.D.



MARICELA CAMPA
Program Manager Office of Mental Health Ministry



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