

# Did doctors defy Pope John Paul II's wishes on treatment?

**Tomasz Dangel** and **Marek Wichrowski** on whether the medical interventions in the Pope's last days can be seen as palliative withdrawal from treatment or aggressive therapy

Pope John Paul II's terminal state deserves a thorough medical and bioethical enquiry, something this brief paper does not aspire to represent. Rather, it is our wish, on the basis of available materials, to voice our doubts regarding the use of a respirator and the resort to aggressive therapy when the Pontiff was terminally ill.

Such an objective requires a brief introduction to Catholic bioethics. Its main principle is the sanctity of life of the innocent human being, as formulated in the fifth century by St Augustine. In its contemporary form, that principle stipulates that, regardless of circumstances, it is forbidden to act, or refrain from acting, with the intention of taking someone's life. Nonetheless, certain circumstances do permit action whose foreseeable, albeit undesired, consequence is death. Important amendments to the doctrine on the value of life were introduced during the pontificate of Pius XII (1939–1958).

## Doctrinal changes were made to accommodate medical advances

Several new therapeutic trends appeared in the early 1950s, both for cancer patients and others who were similarly close to death. Primitive forms of chemotherapy and radiotherapy were beginning to be applied on a mass scale, and in the equivalents of

today's intensive therapy units the modern respirator acquired a permanent place. Those methods inevitably extended the lives of patients with terminal illnesses.

Concomitantly, the belief among doctors was that the lives of patients should be extended at all costs, regardless of suffering. This imperative to apply aggressive therapy was at odds with the fact that doctors did not then know how to administer morphine effectively to eliminate pain. The respirator, in turn, enabled artificial breathing, and swiftly became one of the main heroes (or villains) of medical ethics. On the one hand, it saved lives – for instance, victims of road accidents. On the other, it allowed artificial prolongation of life for those in a vegetative state, who in normal conditions would die in peace.

Pius XII interpreted the above state of affairs in numerous pronouncements. Concerning aggressive therapy, he elaborated a solution that has remained unchanged to this day. Namely, he supplemented the core of the principle of the sanctity of the life of the innocent – the ban on the intentional taking of life and the related condemnation of euthanasia – with the well-known earlier division into action and refraining from action, and he introduced a new element: to wit, that of ordinary and extraordinary medical means. In no instance is it permissible to act, or refrain from acting, with the intention of killing someone, although in some circumstances withdrawal from treatment that sustains a vegetative state is allowed if the foreseeable, albeit undesired, consequence is death. In such cases it is permissible to desist with the use of extraordinary medical means (for example, a respirator or chemotherapy), although ordinary means (for example, alleviating the patient's pain and providing nourishment) need to be continued. Withdrawing treatment is permissible only when the patient is in a terminal state, where disproportionate medical means are being applied (especially a respirator), and the only

## Key points

- The main principle of Catholic bioethics is the belief in the sanctity of life of the innocent human being.
- Pope John Paul II said: 'Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate'.
- In all likelihood it will remain a secret as to whether the Pope himself knew that a respirator and other intensive care equipment had been installed in the Vatican.

result of aggressive therapy is to extend the period of suffering.

### The three questions of Pius XII

Pius XII observed in his *Address on Reanimation* of 24 November 1957, that, 'The problems that arise in the modern practice of resuscitation can therefore be formulated in three questions. First, does one have the right, or is one even under the obligation, to use modern artificial respiration equipment in all cases, even those which, in the doctor's judgment, are completely hopeless?'

'Second, does one have the right, or is one under obligation, to remove the artificial respiration apparatus when, after several days, the state of deep unconsciousness does not improve if, when it is removed, blood circulation will stop within a few minutes?'

Third, he asked, 'Must a patient plunged into unconsciousness through central paralysis, but whose life – that is to say, blood circulation – is maintained through artificial respiration, and in whom there is no improvement after several days, be considered *de facto* or even *de jure* dead? Must one not wait for blood circulation to stop, in spite of the artificial respiration, before considering him dead?'

For the purposes of our considerations, the Pope's answer to the first question is of greatest relevance. Indeed, Pius XII had no doubt but that 'since these forms of treatment go beyond the ordinary means to which one is bound, it cannot be held that there is an obligation to use them nor, consequently, that one is bound to give the doctor permission to use them'.

### The views of Pope John Paul II

The teaching on ordinary and extraordinary means, proportionality, and on acting or refraining to act was continued by John Paul II (in several documents issued by the Magisterium of the Church, most notably in the *Declaration on Euthanasia* and the encyclical *Evangelium Vitae*.<sup>1,2</sup> His most explicit comment was in a passage in The New Catechism pertaining to euthanasia, where he said: 'Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous" treatment. [The Vatican's use of 'over-zealous' is synonymous with its use of 'aggressive' in the phrase 'aggressive medical treatment'.] Here one does not will to cause death; one's inability to impede it is merely accepted.'



A statue of Pope John Paul II, who died, aged 84, in 2005

Later we read, 'The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable. Palliative care is a special form of disinterested charity. As such it should be encouraged'.

### A reconstruction of events

On the basis of press reports and information available on the internet, along with the briefings given by the Holy See's spokesman as well as the body of Vatican documents *Acta Apostolicae Sedis*, let us attempt to reconstruct the final weeks of the Pope's failing health.

On Sunday 30 January, John Paul II fell ill with the flu. This caused serious nasal congestion and, subsequently, inflammation of his larynx and trachea. The discharge flowing to his throat was not displaced by coughing, for his Parkinson's disease had probably affected the functioning of the muscles of his ribcage.

The following day, he suffered laryngospasm, and the mass of discharge began to obstruct his respiratory tract. This condition entailed a life-threatening risk, as his respiratory tract could have become obstructed altogether, causing

hypoxia and death by suffocation. The Pope did not wish to go to hospital. However, his private secretary, archbishop Stanislaw Dziwisz, decided the Pope should go to the Gemelli Clinic. There, measures were taken to clear his respiratory tract and medicines administered. The Pope's coughing subsided. He remained in the hospital from 1–10 February. Papal spokesman Joaquín Navarro-Valls said that 'John Paul II's general condition has stabilised ... the Pope did not lose consciousness even for an instant, and now he merely has a slight temperature'. He added that 'a therapy that improves breathing had been applied'. Anaesthesiologists who commented on that announcement believed that a simple oxygen mask had been used, and not a respirator.

Over the ensuing days the episodes of acute respiratory insufficiency returned, along with a choking cough. Doctors began to weigh more radical methods of therapy. On the evening of 24 February, John Paul II was again taken to the Gemelli Clinic, where he agreed to undergo a tracheotomy under general anaesthesia. During the early hours of 25 February, he was connected to a respirator. That same morning, the machine was disconnected. Having left the operating room, the Pope wrote: 'So what have they done to me? Whatever the case, I am ever *totus tuus* [totally yours]'. He remained at the clinic until 13 March.

### The Pope's last days

He returned to his Vatican apartment and his health gradually improved, although he had serious difficulties in swallowing, speaking, and eating. However, his overall physical distress was plainly visible. Already his doctors began to notice the signs of a serious infection. From 30 March, he was being fed via a nasogastric tube.

On Thursday 31 March the Pope was beset by strong shivers and a fever of 39.6°C, but he refused to return to the clinic. During the evening of Friday 1 April, he once again began to feel very bad, as he had developed a urinary tract infection. Despite antibiotics, his condition worsened. Witnesses have stated that he remained conscious, although in a critical condition. Rumours began to circulate about Extreme Unction.

At 12.30 pm on Saturday 2 April, journalists received the official medical report, which told of the serious blood poisoning caused by the urinary tract infection. At 1 pm the Pope was still fully conscious. He listened to the Stations of the Cross and received close colleagues. His

### The sequence of events over the Pope's final 24 hours of life

- Infection of the urinary tract
- Renal insufficiency
- Blood poisoning – sepsis
- Dramatic poisoning of the entire body – septic shock
- Concomitant with septic shock, collapse of the cardiovascular system
- The use of a respirator and, probably, other techniques applied in intensive therapy wards
- Heart failure and brain death

breathing was laboured, but he managed without a respirator. At approximately 3.30 pm, he said in his native language, his voice frail, 'Let me depart to the home of the Father'. Shortly before 7 pm he lost consciousness, and that evening he was breathing via a respirator that doctors had placed in his chambers.

Information concerning the use of a respirator was revealed by one of the doctors from the Pope's medical team.<sup>3</sup> Two hours after he lost consciousness, the Pope's heart and brain were still functioning, but his kidneys and other organs had failed. His blood pressure began to plummet. At 9.37 pm the 84-year-old pope died. He was the first pope who, during terminal illness, was placed on a respirator, that most important device of aggressive therapy.

The death certificate stated that the cause of death was septic shock and the accompanying collapse of the patient's cardiovascular system. Following a 20-minute examination, death was declared on the basis of the electrocardiogram that had been monitoring the Pope's heart.

### Was medical intervention planned?

Though maintaining their anonymity, doctors from the Pope's medical team repeatedly stressed in their press statements that they had not undertaken measures meant to artificially extend the Pontiff's life at the expense of causing him additional physical and mental suffering.<sup>3</sup>

It would seem that the emphasis given in those statements to their deliberate, intentional refraining from aggressive therapy was, on the one hand, an expression of respect for the dying man's views, and, on the other, perhaps a sign of guilt pangs over not having entirely honoured his will. For indeed, the Pope had left the Gemelli Clinic primarily to distance himself from the intensive therapy ward there. Yet it was made known that, besides antibiotics and blood pressure medications, a respirator, too, was used.

**He was the first pope who, during terminal illness, was placed on a respirator**

In all likelihood it will remain a secret as to whether the Pope himself knew that a respirator and other intensive care equipment had been installed in the Vatican. If, as seems certain, such equipment had already been brought in with the anaesthesiological team, that would mean their use was planned. That, in turn, leads to the conclusion that papal physicians had prepared to apply aggressive therapy. If our reasoning is both coherent and based on reliable premises, it need be wondered why matters took the course they did. Why was the patient's will not taken into consideration? Why were intensive therapy specialists summoned rather than a specialist in palliative medicine?

### Was it right to extend his life?

Let us go back to Thursday 24 February, when surgeons carried out the tracheotomy. John Paul II expressed his informed consent to surgical intervention, believing, as we may surmise, that the tracheostomy tube entailed but a transitional restoration of patency and that it would soon be taken out. In all probability the Pope was told it would be temporary, and was assured that he would be able to speak. Nor can it be ruled out that the doctors themselves, under enormous pressure from the world's press, also believed in the possibility of removing the tube.

But for the surgical intervention (the tracheotomy) and the use of the respirator, the Pope would probably have died on 24 February due to respiratory failure. Thus, the use of extraordinary means extended his life by 37 days. But was this the right thing to do? We shall not offer an unequivocal answer to that question. On the one hand, 37 additional days of life for a dying person is a lot. That time can allow one to attend to a range of important matters. On the other hand, 37 additional days filled with suffering is an onerous trial indeed. Was it shouldered consciously, in metaphysical union with the suffering of Christ? Or did doctors force it on their patient, against his will?

The next case of medical intervention involved the decision to feed the Pope via a nasogastric tube on 30 March (three days before his death). That intervention obviously did not prolong his life. It may be surmised that the Pope did not at once consent to this, for the doctors' statement 'he is not eating as he should' was published as early as 23 March.

Finally, the last case of medical intervention, the use of the respirator on 2 April, bears the hallmarks of aggressive therapy, particularly as

such therapy was performed without the consent of the unconscious Pope, and at variance with his will, as expressed earlier that very day ('Let me depart to the home of the Father').

A foreshadowing of this course of events is to be found in a statement of Luigi Accattoli (one of the best-informed Vaticanists) from *Corriere della Sera*: 'The decision to transport the Pope to the hospital was taken by his personal secretary, archbishop Stanislaw Dziwisz. Purportedly, the Pope for some time resisted going to the hospital. After all, his reluctance toward physicians is rather well known'.<sup>4</sup>

Here, the will of the Pope to avoid extending his life in the hospital was defined as 'reluctance toward physicians'. This is a textbook example of trying to turn the tables, with doctors attempting to mask their aggressive therapy with the Pope's supposed reluctance toward them. Indeed, the Pope's stance need be grasped as an attempt to defend his own autonomy vis-à-vis the paternalism of doctors.

### Aggressive therapy

The teaching of the Catholic Church as presented in the introduction, in accordance with tradition, demands a clear testimony for the faithful, a testimony to the harmony of that teaching with life. The first pope who could publicly give testimony to that teaching – thanks to the media coverage of his illness and dying – was John Paul II.

In our opinion, however, that did not happen. For the Pope was not allowed to make a choice between the proposed and applied treatment to extend his life, and declining such treatment in favour of palliative treatment. In his dramatic confrontation with the obstinate stance of physicians, defined in Church documents as aggressive therapy, it was the tracheotomy, the nasogastric tube and the respirator that emerged victorious.

This article was translated by Philip Earl Steele.

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