

John Paul II's terminal state

Palliative withdrawal from treatment – or aggressive therapy?

Tomasz Dangel¹

Marek Wichrowski²

Introduction

Pope John Paul II's terminal state deserves thorough-going medical and bioethical enquiry, something this brief paper does not aspire to represent. Rather, it is our wish, on the basis of currently 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 that of the sanctity of the life of the innocent human being, as formulated in the 5th century by St. Augustine and expanded upon in the pronouncements of Pius XII (r. 1939-1958) and John Paul II (r. 1978-2005). 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. Among that set of morally acceptable actions St. Augustine included the just war and self-defense. The death of a soldier belonging to the army of an aggressor or that of an attacker threatening one's own life or other essential good – unintended, although foreseeable in regard to the character of collective or individual defense – is morally justified, and the actions that lead to it are deemed good. Important amendments to the doctrine on the value of life were introduced by the Magisterium of the Church during the pontificate of Pius XII.

Several new therapeutic trends appeared in the early 1950s both for cancer patients and those who, though not stricken with cancer, were similarly close to death. Primitive forms of chemotherapy and radiotherapy were then beginning to be applied on a mass-scale, and at the equivalents of today's intensive therapy wards the modern respirator acquired a permanent place.

¹ Dr. hab. med. Tomasz Dangel, specialist in anesthesiology, reanimation, and palliative medicine, founder of the Warsaw Hospice for Children, where he works as a physician.

² Professor Marek Wichrowski, philosopher, bio-ethicist, director of the Unit for the History of Medicine and Philosophy at the Medical University of Warsaw.

Those methods inevitably extended the lives of patients with terminal illnesses. Concomitantly, the reigning belief among doctors was that the lives of patients should be extended at all costs, regardless of their suffering. This “imperative” or unquestioned commandment to apply aggressive therapy was accompanied by a telltale inability: doctors did not then know how to administer morphine effectively, that is, in a way to eliminate pain. The respirator, in turn, enabled artificial breathing and swiftly became one of the main heroes (or villains) of medical ethics. For on the one hand, it saved lives – for instance, victims of road accidents. On the other, however, it allowed the artificial prolongation of life for persons in a vegetative state, ones who in normal conditions would pass away in peace.

Pius XII called attention to and 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 (e.g., a respirator or chemotherapy), although ordinary means need be continued (e.g., alleviating the patient’s pain and providing nourishment). The permissibility of such cases of withdrawing treatment is possible only when the patient is in a terminal state, where disproportionate medical means are being applied (especially a respirator), and the only result of aggressive therapy is to extend the period of suffering. Pius XII observed in his “Address on Reanimation” of November 24, 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, 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 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” (Congregation for the Doctrine of the Faith, May 5, 1980), the encyclical *Evangelium Vitae*, and most explicitly in *The New Catechism*. The Pontiff gave particular focus to the principle of the sanctity of innocent human life in a passage of the *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.³ Here one does not will to cause death; one’s inability to impede it is merely accepted” (par. 2278). 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” (par. 2279).

A reconstruction of events

Now, 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, January 30, 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 naturally displaced by coughing, for his Parkinson’s disease had most likely interfered with the functioning of the

³ The Vatican’s use of “over-zealous” is synonymous with its use of “aggressive” in the phrase “aggressive medical treatment”.

muscles of his rib cage. The next day, following a late dinner, 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. And yet the Pope did not wish to be taken to the hospital. However, his private secretary, archbishop Stanisław Dziwisz, decided to have the Pope transported to the Gemelli Clinic, where, in result of measures taken to clear his respiratory tract and administration of medications, the Pope's coughing subsided. The patient remained in the hospital from February 1 to 10. Papal spokesman Joaquín Navarro-Valls informed journalists that "in result of the treatment given, John Paul II's general condition has stabilized [...] the Pope did not lose consciousness even for an instant, and now he merely has a slight temperature". The spokesman added that "a therapy that improves breathing had been applied". The anesthesiologists who remarked on that announcement were convinced 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 – something quite dangerous for a person advanced in years. Doctors then began to weigh more radical methods of therapy. John Paul II was again taken to the Gemelli Clinic on February 24, where in the late evening he underwent a tracheotomy lasting 30 minutes (20:20 to 20:50), something to which the Pope consciously agreed. His trachea was cut open and a tracheostomy tube was introduced, one that enabled breathing via bypassing his obstructed throat. The operation was performed under general anesthesia. During the early hours of the 25th, he was connected to a respirator. That same morning, the machine was disconnected from him. Having left the operating room the Pope wrote: "So what have they done to me? Whatever the case, I am ever *Totus tuus*". In the official communiqué it was stated that the Pontiff's convalescence was proceeding properly, and that he was breathing without a respirator. On Friday he ate breakfast and before noon he received his first visit at the Gemelli Clinic. It was Camilio Ruini, the chairman of the Italian Conference of Bishops. However, the Pope's doctors exhorted the Pope to refrain from speaking for at least several days. John Paul II remained at the Gemelli Clinic until March 13, after which he was driven to his Vatican apartment.

Over the next days the Pope's health gradually improved, although he was encumbered with serious difficulties in swallowing, speaking, and eating. However, his overall physical distress was plainly visible. Already then his

doctors began to notice the telltale signs of a serious infection. From March 30, the Pope was being fed via a nasogastric tube, i.e., one running through his nose and down to his stomach.

On Thursday, March 31 the Pope was beset by strong shivers and a fever of 39.6 degrees Celsius. It was then that he refused to be taken to the Gemelli Clinic, where, it will be recalled, he had twice been hospitalized for a total of 28 days (first from February 1-10, and then from February 24 to March 13).

During the evening of Friday, April 1, the Pope once again began to feel very bad, as his urinary tract had developed an infection. Treatment with antibiotics did not bring about the desired results and the Pope's condition worsened. Witnesses have stated that he remained conscious, although in critical condition. Rumors began to circulate about Extreme Unction.

At 12:30 on Saturday, April 2, a press conference was held and journalists received the official medical report, which told of the serious blood poisoning that had been caused by the infection of the Pope's urinary tract. At 13:00 the Pope was still fully conscious. He listened to the stations of the Cross and received his close colleagues. He breathing was labored, but he managed without a respirator. At approximately 15:30, he said in his native language, his voice frail: "Pozwólcie mi odejść do domu Ojca" – "Let me depart to the home of the Father". Shortly before 19:00 he lost consciousness. That evening the Pope was in an agonal state and was breathing via the respirator that doctors had placed in his chambers. Information concerning the use of a respirator was revealed by one of physicians from the Pope's medical team ("Corriere della Sera", April 3). Father Professor Tadeusz Styczeń, the Pope's friend and someone who accompanied him during his final hours of life, said: "I saw his body bound up with various devices meant to help prolong his life". Two hours after having lost consciousness, the Pope's heart and brain were still functioning, but his kidneys and other organs had ceased to do so. His blood pressure began to plummet. At about 21:37 John Paul II died at age 84. He was the first pope who, during terminal illness, was placed on a respirator, that most important device of aggressive therapy.

The death certificate signed by the Pope's personal physician states that the cause of death was septic shock and the accompanying collapse of the patient's cardiovascular system. Following an examination that lasted 20

minutes, death was declared on the basis of the electrocardiogram that had been monitoring the Pope's heart.

Thus, the sequence of events over the Pope's final 24 hours of life was as follows: 1) infection of the urinary tract; 2) renal insufficiency; 3) blood poisoning – sepsis; 4) dramatic poisoning of the entire body – septic shock; 5) concomitant with septic shock, collapse of the cardiovascular system; 6) the use of a respirator and – probably – other techniques applied at intensive therapy wards; 7) heart failure and brain death.

Discussion

Though maintaining their anonymity, doctors from the Pope's medical team repeatedly stressed in their press statements (“Corriere della Sera”) 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. 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 honored his will. For indeed, the Pope had left the Gemelli Clinic primarily to distance himself from the intensive therapy ward there. And yet it was made known that, besides antibiotics and blood pressure medications, a respirator, too, was used! In all likelihood it will remain a secret as to whether or not the Pope himself knew that a respirator and other intensive care equipment had been installed in the Vatican. If such equipment had already been brought in with the anesthesiological team (which is altogether certain), then that would mean their use was planned. And that, in turn, inexorably 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 – and not a specialist in palliative medicine?

Let's go back to Thursday, February 24, 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 that this would be temporary, and he was assured that he would be able to speak. Nor can it be ruled out that the doctors themselves, in being under the enormous pressure of the

world's press, also believed in the possibility of removing the tube. The Polish Vaticanist Jacek Pałasiński in his book *Papież już nie umrze...* ("The Pope won't now die..."), Rosner i Wspólnicy, Warsaw 2005) writes: "It's claimed that [the Pope] was informed about the necessity of and the reasons for carrying out the operation and that he expressed his consent. Let's hope that's how things really were. After all, physicians and journalists gave quite differing interpretations to the account that, right after he was awakened, the pope asked for a notepad and wrote, 'Co wyście mi zrobili?' – What have you [plural] done to me? According to Navarro-Valls, this was a case of the Pope's special way of joking. But according to many others it was only then that the Pope realized that he might never speak again. And for him speaking was his life...".

But for the surgical intervention (the tracheotomy) and the use of the respirator, the Pope would most likely have died on February 24 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 very much. That amount of time can allow one to attend to a range of important matters. Unfortunately, after February 24 the Pope could not speak publicly (however, according to Jacek Pałasiński the Pope spoke several sentences publicly on the 11th and 12th of March, but on Palm Sunday, March 20, he could not utter a single word). 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 upon their patient, against his will? We shall not endeavor to respond.

The next case of medical intervention involved the decision to feed the Pope via a nasogastric tube on March 30 (4 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 March 23.

Finally, the last case of medical intervention – the use of the respirator during the Pontiff's agonal state on April 2 – clearly bears the hallmarks of aggressive therapy. All the more so, 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 report published in “Corriere della Sera” on January 30, 2005. Luigi Accattoli (one of the best informed Vaticanists) then stated: “The decision to transport the Pope to the hospital was taken by his personal secretary, archbishop Stanisław Dziwisz. Purportedly, the Pope for some time resisted going to the hospital. After all, his reluctance toward physicians is rather well known”. 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, as what is really the case is that doctors attempted 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 physicians.

The teaching of the Catholic Church as presented in the introduction, in accord 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 favor of palliative treatment. In his dramatic confrontation with the obstinate stance of physicians, defined in Church documents as aggressive therapy, it was tracheostomy, the nasogastric tube, and the respirator that emerged victorious.

Is that how we are to die? Are we to preserve our lives as long as intensive therapy specialists wish? Are our home bedrooms to be furnished with reanimation equipment? Would that be in accord with the Gospel? After all, as Jesus told His disciples: “Anyone who does not take his cross and follow in my footsteps is not worthy of me. Anyone who finds his life will lose it; anyone who loses his life for my sake will find it”. And to Peter, who did not wish to accept the prophecy of his Master’s passion and resurrection, Jesus thundered: “Get behind me, Satan! You are thinking not as God thinks, but as human beings do”.

Translated by Philip Earl Steele

CITTA' DEL VATICANO — Il grande cuore di Karol Wojtyla si è fermato alle 21 e 37, mentre la piazza era piena di persone addolorate, che avevano pregato a lungo per lui e che guardavano verso le due finestre accese: quelle dello studio. Quando la vita del Papa si è spenta, si è accesa la luce nella terza stanza, quella d'angolo.

Da quelle luci in fila si è capito che tutto era compiuto, prima che arrivasse per alto-parlante l'annuncio della morte, dato dall'arcivescovo Sandri. E pareva che quell'aumento della luce moltiplicasse le lacrime sugli occhi dei riguardanti.

Erano forse in sessantamila, quelli che pregavano il rosario in quell'ora. In maggioranza giovani, ragazzi arrivati da tutta Italia e dall'estero che scandivano il silenzio e la preghiera con i cori delle Giornate mondiali della Gioventù e spiegavano: «Non vogliamo lasciarlo solo». A loro il Papa aveva mandato un ultimo pensiero, con le ultime parole che si era sforzato di soffiare dalla gola: «Vi ho cercato. Adesso voi siete venuti da me. E vi ringrazio».

Questo testamento per i giovani, il Papa l'ha comunicato a gran fatica nella serata di venerdì, in risposta al segretario don Stanislaw, che gli diceva come nella piazza ci fossero — come sempre — ragazzi e ragazze venuti per lui.

Non le ha dette, quelle parole belle, tutte di seguito, ma «a più riprese», finché il segretario non è stato in grado di capirle.

Accanto a ogni morente capita che vi sia — quando c'è — un familiare o un amico che intende anche le parole fatte scure dall'agnia. Don Stanislaw è stata questa persona per il Papa: si è fatto suo figlio, fino a farsene interprete quando ha perso la parola.

Nel Pontificato di Giovanni Paolo II ci sono i giovani, fin dall'inizio ed è giusto che vi siano stati anche alla fine: l'ultimo saluto dalla finestra, mercoledì, l'ha rivolto a cinquemila adolescenti milanesi, venuti in pellegrinaggio per la «professione di fede».

I medici avevano detto a Wojtyla che non si doveva affacciare, perché rischiava troppo. Ma quando gli hanno riferito che in piazza c'erano i ragazzi, è voluto andare alla finestra e lì ha compiuto il bel gesto, l'ultimo che gli abbiamo visto, di chiedere il microfono, di afferrarlo con la destra, come per essere sicuro del fatto suo e di tentare di salutarli.

Dalla sua gola torturata non è uscito altro che un respiro strozzato, ma quella è stata la sua ultima volontà di parola.

Era altrettanto giusto che l'ultima parola

vera fosse anch'essa per i giovani: alla loro «gioia di vivere», al loro destino aveva dedicato tante energie, contro ogni speranza li aveva attirati, mentre scappavano dalle chiese ed era bene che a essi fossero dedicati i suoi momenti estremi: l'ultimo atto pubblico e l'ultima parola privata.

Detto in breve, come fanno i morenti, che hanno poche parole per dire ciò che importa: «Vi ho cercato, siete venuti».

La notte tra venerdì e sabato è continuata nella piazza, come la notte precedente e appena giorno si è rifatta folla tra le braccia del colonnato. Gli occhi sempre alle finestre.

Dietro di esse un risveglio più affannoso di quello del giorno precedente: «condizioni generali — dirà Navarro-Valls a mezzogiorno — sostanzialmente invariate e pertanto gravissime».

Il peggioramento sul giorno precedente è legato all'affievolirsi dell'attenzione. Il segretario e le suore l'avvertono subito: a volte, quando lo chiamano o lo toccano, il Papa non reagisce.

Dirà il portavoce che «dall'alba è stata osservata un'iniziale compromissione dello stato di coscienza».

I MEDICI

«Abbiamo fatto tutto il possibile ma senza nessun accanimento»

«Per salvarlo è stato fatto il massimo. Lo abbiamo però assistito evitando manovre senza utilità. Non c'è stato accanimento terapeutico». Profonda emozione tra i medici che si sono avvicendati nelle ultime ore attorno al letto del Santo Padre. Uno di loro rivela pochi dettagli sulle cure di questi ultimi due giorni: «Solo farmaci antibiotici e per la pressione e il ventilatore per la respirazione». Non riesce a parlare per l'emozione Rodolfo Proietti, il rianimatore del Gemelli che lo conosceva da 20

anni e l'ha seguito, assieme a Massimo Antonelli, negli ultimi due ricoveri in ospedale: «Nell'ultimo periodo eravamo stati molto vicini, provo tristezza profonda». Antonelli ricorda quando il 13 marzo lo videro andar via dal Gemelli, dopo la tracheotomia: «Fu lui a dirci, con la poca voce che aveva, "Voglio tornare in Vaticano". Lo lasciammo andare sapendo che avremmo potuto non vederlo più. Il rischio di un'infezione era stato messo in conto».

Margherita De Bac