

Doctor: Pain Care Refutes Case for Euthanasia

By Ann Aubrey Hanson

Those who argue in favor of the "humanity" of killing patients through euthanasia typically cite a person's unrelieved pain as the primary rationale for taking life, but the argument is "absolutely not true," said a San Diego physician.

"Our ability to end pain is more powerful than at any time in the history of human experience," said Dr. Charles von Gunten, medical director for the Center for Palliative Studies at San Diego Hospice.

Palliative medicine--intensive multidisciplinary treatment of the pain and symptoms of serious illness--is a prime example of a new, patient-centered trend in health care.

Von Gunten, a widely published authority on palliative medicine, is a trustee of the American Board of Hospice and Palliative Medicine and a consultant to the National Board of Medical Examiners in the area of end-of-life care. He also leads a project to train physicians in palliative care and is associate clinical professor of medicine at the University of California-San Diego.

To some people, "palliative care" implies the absence of care, an indication that "there is nothing more that we can do," he said in an interview with *The Southern Cross*, newspaper of the San Diego diocese. "To the contrary, it means there's a lot more we can do."

Palliative care goes beyond pain control, he said, because pain is not the sole component of suffering. It is a physical experience, endured by the patient, but there are additional components endured by both the patient and the family, he explained. The components of suffering are physical, emotional, social and spiritual.

"The field of palliative care has developed as an interdisciplinary approach to relieving suffering in all four dimensions," said von Gunten.

Medication can relieve the pain, experts say, but the drug will not end the suffering because the patient may still suffer from worry, guilt, fear and uncertainty. Once the pain is under control, however, doctors, nurses, chaplains, social workers and family members are better able to work on the other aspects of suffering.

"Palliative care is so much more than simply pain management: It's explicitly a team approach for ending all suffering," he said.

Although strides have been made in heightening both physician and public awareness of relieving pain in advanced stages of disease, palliative care researchers believe that many physicians do not take pain seriously enough.

If pain has meaning to the physician, and if it is "visible," then efforts to control it are more aggressive. But if the pain is not manifesting itself in terms of disease or injury, doctors apparently are less inclined to pursue aggressive pain management.

But this practice is changing. In fact, California state law now permits physicians to "be aggressive" in pain management; if they are not, their lack of action can be considered malpractice. The term aggressive in pain management means that doctors continue to work to combine medicines to control pain, testing medicines until they find the combination that works for an individual patient.

"In a very few cases, in order to control pain," von Gunten said, "the patient must sleep, but that is very rare."

"For the vast majority of cases," he said, "pain can be controlled to their satisfaction." If you relieve the pain, he said, the patients can reclaim some quality of life.

The Center for Palliative Studies at San Diego Hospice is helping to make advances in palliative care.

"The challenge is to erase the barriers so that care can be available to every American," said von Gunten. Currently, he estimates that 700 out of 4,000 American hospitals offer palliative care programs.

"The percentage is higher in Catholic hospitals," he added, "because [palliative care] is so aligned with their mission." Scripps Mercy Hospital in San Diego will be launching its palliative care program this February.

For more hospitals to "come on board" with palliative care programs, said von Gunten, there must be an increased demand by patients. "Patients must ask, must demand, that their doctors and health care systems provide them with this service," he said. "There's nothing like the health care public to influence health care services."

Contrary to what some people would say, the cost for palliative care is not prohibitive, he said. "The resources are there. They're simply not being appropriately applied. We're teaching hospital administrators all the time that cost isn't a factor."

"The good news is that tools and approaches to ensure [palliative care] have been developed. Now they simply need to be broadly applied," he said. "People have been suffering too long."

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