

# Palliative Care: A Hallmark of Catholic Health Care

## *Key Messages for Health Care Ministry Leaders*

### Member Organizations

Archdiocese of Boston  
Ascension Health  
Avera  
Benedictine Health System  
Carmelite Sisters for the Aged and Infirm  
Catholic Health Association of the United States  
CommonSpirit Health - Legacy Catholic Health Initiatives  
Franciscan Missionaries of Our Lady Health System  
Mercy  
OSF HealthCare  
PeaceHealth  
Providence St. Joseph Health  
Sisters of Charity Health System  
SSM Health

Inspired by our rich faith heritage, Catholic health care offers the highest quality palliative care services that address physical, intellectual, emotional, social and spiritual needs, provides information, and facilitates patient and family decision-making.

The Supportive Care Coalition, formed in 1994, is comprised of 18 Catholic health care organizations and a Catholic Archdiocese with health care ministries in 43 states. Working to assure excellence in palliative and end-of-life care in all Catholic health care settings, its members collaborate to develop educational opportunities, establish quality standards, share and promote leading practices and engage in advocacy efforts, partnering with other like-minded organizations.

Our goal is to assist seriously ill individuals live fully in community and to support their survivors in their bereavement. Through such care, we believe that God's healing love is revealed. We envision a society in which all persons living with or affected by serious illness receive compassionate, holistic, coordinated care.

As a “hallmark” is seen as a mark of quality, palliative care is a hallmark of Catholic health care, intrinsically linked to Catholic mission and values. It embodies our commitment to provide compassionate, high quality, patient- and family-centered care for the chronically ill and dying by anticipating, preventing and treating suffering.

- Catholic health care describes itself as ‘attending to the needs of the whole person’; palliative care implements a holistic, interdisciplinary care plan that identifies, assesses and addresses the comprehensive needs of the seriously ill patient, including pain and other symptom management, psychosocial issues, emotional support and spiritual care.
- Palliative care’s interdisciplinary approach to patient-centered care is completely compatible with Catholic teaching as articulated in Part V of the Ethical and Religious Directives for Catholic Health Services (ERDs) regarding the use of pain medication, the refusal of treatment and the administration of medically assisted nutrition and hydration.  
<http://www.usccb.org/about/doctrine/ethical-and-religious-directives/>
- Palliative care begins at the moment of diagnosis with a life limiting illness; it is not restricted to end-of-life care, but it is the model used in hospice care of the dying.
- Palliative care can be delivered simultaneously with treatments aimed at curing or delivered by itself when curing is no longer an option. Recent studies demonstrate cancer patients receiving palliative care concurrently with curative oriented treatments experienced a greater quality of life and often a longer length of life than patients who did not have the benefit of palliative care services.
- Palliative care planning is initiated with the conversations and discussions between patient and providers, patient and family, patient and support network that results in the creation of advance care planning documents, particularly with the designation of a health care proxy for decision-making when the patient no longer has the capacity to do so, as referred to in ERDs 25, 26, 27, 28.
- A document such as POLST (Physician Orders on Life-Sustaining Treatment), completed by patients in collaboration with their providers is a tool that transmits the patient’s informed decision into a medical order that travels across the continuum of care from one facility to another.
- One of the tools for the treatment of intractable pain is palliative sedation for the imminently dying, the use of which for the alleviation or mitigation of pain can be morally permissible even though it will bring diminished cognition and may even hasten death.

*Prepared by MC Sullivan, JD, MTS, RN and Tina Picchi, MA, BCC, Executive Director, SCC in collaboration with the SCC Ethics and Church Relations Committee*