

## **Philosophical Practice during End of Life Care**

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**Abstract:** This paper applies Logic-Based-Therapy to the context of end of life decisions, with focus on how a medical practitioner can help patients rationally and philosophically confront the impending death of a loved one.

As an ICU nurse, I often care for and help patients and families who are facing the possibility of death, especially patients who are unable to express their wishes at the end of their lives. This is an emotional time of crisis for their families, where rational thought can easily go by the wayside. Fallacies of thinking can take over, like Awfulizing, Distorting Probabilities and the World-Revolves-Around-Me Thinking (Cohen, 2007, p.14). These thought processes can cause undue harm to patients and their families. This is where philosophical virtues and reflection, when used with patience and empathy, can help families to manage their emotions and perceptions to make more rational and compassionate decisions.

Consider, for instance, the following situation. An adult patient suffers from a severe bleeding stroke that leaves him unresponsive and on a breathing vent. After emergent treatments, lab tests and imaging reveal minimal to no possibility of a full recovery. There is minimal higher brain activity; and this patient is no longer able to communicate and respond, breathe independently, or eat. The patient did not leave a living will and it is up to the family to make decisions. Time passes and the decision must be made either to keep the patient alive indefinitely with a tube through his throat, a feeding tube into his stomach, and at high risk for infection and skin breakdown; or to withdraw life support to minimize suffering with the support of hospice care.

Now let us imagine this patient has two children who are responsible for this decision. The first states, "How could I decide? You have no idea the terrible situation I am going through. I can't let my parent die. That is horrible. How could you even say that?" This statement highlights the fallacy of Awfulizing. "In yielding to this rule, you can send yourself into a tailspin of self-destructive emotions. In following this rule, when something perceivably shitty happens or might happen, you overreact to just how shitty it really is. In your mind, it is catapulted to the absolute worst thing in the universe" (Cohen, 2007, p.50). Awfulizing allows emotions like anxiety, fear and anger to take over, paralyzing rational decision-making and action.

The second child states, "My parent gave me life; I love him too much to let him go. I could not live with the decision to withdraw life support. I would feel awful. And unlike you I have hope. I don't care what you tell me; my parent will recover because I have faith." These words show that this person is thinking mainly about herself and how the death of her parent will bring her guilt and sadness. There is no focus on the pain, suffering, and indignity caused by invasive medical equipment and tests, and the poor quality of life that awaits the patient. Probabilities are also distorted by denying the extremely poor statistical probability of recovery along with

wishful thinking. This is “thinking that even though something has consistently gone wrong in the past, it’ll still improve for the future. While fatalism crushes your future prospects by locking you into gloom and doom no matter what you do, wishful thinking crushes them by deluding you into thinking that you needn’t make any changes for things to change” (Cohen, 2007, p.245).

However, there are philosophical antidotes that, when used with tact and empathy, can help families avoid self destructive thinking by making rational, informed decisions. We are striving for a shift in perception and thinking. An antidote for Awfulizing death is letting go of the irrational fear of death and concentrate on qualitatively living with courage. Death is inevitable, and “how you deal with this fact can make the difference between your personal happiness and existence rife with anxiety and even depression. If you perceive death as something utterly horrible, the worst thing that could possibly happen to anyone, then it will hang over you like a dark cloud, stifling your ability to live contentedly” (Cohen, 2007, p. 54). As Epicurus wisely stated in his *Letter to Letter to Menoeceus*, “The wise man neither renounces life nor fears its end; for living does not offend him, nor does he suppose that not to live is in any way an evil. As he does not choose the food that is most in quantity but that which is most pleasant, so he does not seek the enjoyment of the longest life but of the happiest” (Cohen, 2007, p..55). Therefore the quality of our lives and seeking happiness should concern us, rather than death.

One way to tactfully share this antidote in the situation in question is to strike a conversation with the family that revolves around the patient, the good memories, the things he or she enjoyed, and the happiness he brought to others. Once focus is put on what it means to live, then an honest conversation can be started as to what death is. “The dread of death, its awfulized hue, can be stripped away when seen in the light of the wisdom of the ages: death is but a natural boundary of human life that is no more inherently evil than an uninterrupted night’s sleep” (Cohen, 2007, p.57). Lying in a bed on life support with no prospect to interact, enjoy life, do what is good, and bring happiness to others is not life, but extended existence devoid of what makes life worth living. This is of no benefit to the patient or family.

This prospect brings us to the antidotes for the World-Revolves-Around-Me Thinking. To combat this form of egotism one must tap into our ability to care and show empathy. As Hume stated in his *Enquiry concerning the Principles of Morals*, “No qualities are more entitled to the general good will and approbation of mankind than beneficence and humanity, friendship and gratitude, natural affection and public spirit, or whatever proceeds from a tender sympathy with others and a generous concern for our kind and species” (Cohen, 2007, p. 184). This philosophy therefore stipulates that empathy is part of what makes us human and therefore can be fostered and cultivated. Knowing this I would ask the family members to imagine themselves in that bed unable to move, show emotion or communicate their wants and needs. Is this the life they would want for themselves? Is avoiding personal emotional distress more important than the well-being and quality of life of their parent? Is a prolonged and painful death the best for their parent? Empathy can help the family members to transcend their own subjectivity and move them to do what is best for the patient.

Regarding the last fallacy, Distorting Probability, with blind optimism, can be addressed through the guiding virtue of Foresightedness with the help of concrete evidence. “Make it your

avocation to question anything and everything that is not backed by sufficient evidence. If the conditions of the past have repeatedly produced consistent undesirable results, saying that “things will be different” flies in the face of reason. It rises to the height of absurdity on stilts. It portends more of the same unless something significant in your life changes” (Cohen, 2007, Pg.247). Scientific evidence allows us to make hypotheses and predictions about the material world we inhabit. Even though doctors can’t predict with absolute certainty the future of each patient, they are able to provide a prognosis based on scientific research published in medical journals, test results, and the state of the individual patient. However, a shift in thinking away from this fallacy can be very difficult. Strong emotion and ingrained beliefs can make individuals blind to concrete evidence. Knowing this I would try to provide information in an easy to understand manner so the family is well informed before making decisions. Beliefs and blind hope are hard to change with one simple conversation. Providing information often and repeatedly at a time when emotion has subsided and clear thinking is possible can be of benefit to facilitate rational decision-making. Finally, when providing end of life care to families, I must always remind myself of my own biases and fallacies of thinking. I should respect the decisions of the family and avoid Damnation and Awfulzing of my own. I should show empathy and open my mind to other cultures, beliefs and ways of thinking. And I should concentrate on the evidence rather than preconceptions and emotion.

The discussion above clearly shows that philosophy can be used as a practical tool for everyday problems, not merely an intellectual exercise without any benefit to society. Before helping others, however, it is imperative that I first clarify my own irrational thinking and concentrate on philosophical virtues and antidotes that can help me to overcome it and attain greater peace of mind. Then I can also be better situated to help my patients avoid the same pitfalls in themselves.

#### References

Cohen, Elliot. D. (2007) *The New Rational Therapy: Thinking Your Way to Serenity, Success, and Profound Happiness*. Maryland: Rowman and Littlefield Publishers, Inc.