Religious, ethical and psychological aspects of overzealous treatment. A qualitative research in the group of Japanese Roman Catholics

Religijne, etyczne i psychologiczne aspekty nadgorliwego leczenia. Badanie jakościowe w grupie Japończyków wyznania rzymskokatolickiego

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Abstract

This article examines doubts and concerns regarding overzealous treatment in the group of Japanese Roman Catholics.

Keywords: overzealous therapy, Japan

Streszczenie

Artykuł bada wątpliwości oraz obawy dotyczące nadgorliwego leczenia w grupie Japończyków wyznania rzymskokatolickiego.

Słowa kluczowe: terapia nadgorliwa, Japonia

Introduction

There are various intricate dilemmas and concerns, which are associated with death and dying. One of them is a problem of overzealous treatment (sometimes called "persistent therapy", sometimes also "futile treatment" [1], in Japanese language *Muekina chiryou* 無益な治療). What is the "overzealous therapy" from the bioethical point of view? The working Group on End-Of-Life Ethics in Poland provides the following definition:

"Persistent therapy is:

- the application of medical procedures with the goal of sustaining vital functions "at any cost/effort"
- in a terminally ill person that results in
- prolonged dying and is
- associated with excessive suffering and/or
- with violation of patient's dignity.

Persistent treatment does not include:

- basic nursing,
- control of pain and the other symptoms
- or feeding and fluid administration, as long as these actions are beneficial to the dying person" [2].

The problem of end-of-life care is also a crucial problem in Japan. The society is rapidly ageing and the number of patients suffering from terminal illness is rising. That is why, it is necessary to examine quite delicate questions: (1) How do laypeople conceive the end-of-life and overzealous treatment? (2) What are the doubts associated with this problem? Let me elucidate these matters.

The Objectives

This paper presents a part of the results from the qualitative research on conducted in the group of Japanese Roman Catholics and aims to:

(1) **scrutinize** the way of perceiving the overzealous treatment at the end-of-life;
(2) **reveal** nature, quality of existing doubts and concerns, which arose in the mentality of selected group of Japanese Roman Catholics;
(3) **identify** the sources and causes of doubts/anxieties and create their **typology**;

From a scientific point of view the group of Japanese Roman Catholics is a very attention-grabbing research object because of two main reasons.

Firstly, Japanese Catholics is a very unique and small group. There is quite little research on it, particularly from psychological and bioethical point of view.

Secondly, there are two engrossing aspects: Catholic doctrine with its requirements and obligations from the one side and personal convictions with the references

to traditional beliefs rooted in the Japanese cultural context, from the other side. The juxtaposition of these two areas and exploration between them might be a good case for understanding the conditions of assimilation of bioethical ideas.

Let me present the method applied in this research.

The Method

This study was conducted on a group of Japanese Roman Catholics in Hokkaido prefecture (60 questionnaires collected from respondents). The group was large enough to observe the processes and mechanisms of assimilation of bioethical ideas in the local community (qualitative study). Hokkaido prefecture was chosen because of its tradition of "Ezo Christians". This region is also a "melting pot" of cultures (for example Ainu culture) and has quite new history compared to the other parts of Japan (absorbing research object for observing the process of value assimilation).

The research group consisted of 60 people (39 women, 19 men, 2 respondents didn't disclose their gender). It is important to notice that this was the elderly group. Respondents' age ranged as it is shown in the table 1.

The research involved devising a special questionnaire with a large number of statements on various bioethical issues (21 items). Among them there was also an item concerning overzealous treatment. The text of questionnaire was back translated into Japanese language and the answers – into English. This paper presents only the part concerning overzealous treatment.

The first exercise (A) consisted of modified Likert scale answers:

1. I completely agree;
2. I rather agree;
3. It is difficult for me to decide;
4. I rather do not agree;
5. I completely do not agree.

The survey was not designed as a typical question-style one. Instead of questions, certain statements (alternately: "it ought to be done x" and "it ought not to be done y") were given so that respondents could express their personal views.

The second exercise was an "open-answer" one. The respondents were asked to write about their doubts/concerns (if any). This task included two incomplete sentences.

The first sentence was given to indicate the object of doubts/concerns:

I have doubts about...

The second aimed to reveal the source of expressed doubts:

My doubts arise from...

The third exercise was devised to examine the value hierarchy of respondents so that possible justifications could be given to choices in the first exercise:

a) religious,
b) moral,
c) scientific,
d) customary,
e) aesthetic,
f) utilitarian (practical)
g) other – one's own.

The respondents were asked to put given justifications in descending order of importance or at least mark what is the most important reason of their decision.

The Results

The results are classified in three sections consisting of exercise A (choosing), B (writing own reason), C (choosing the justification for the answer in exercise A). These results in detail are presented below.

The Answers in the First Exercise (A)

Respondents expressed their answers to the statement: "Human life (of terminally ill patient) ought to be sustained by any effort and at any costs" varied as follows (table 2).

The Answers in the Second Exercise (B)

In this part respondents were asked to express their doubts, concerns or write their personal feelings, remarks. Among obtained qualitative answers (from respondents who had doubts/concerns), the following types were distinguished:

I Ethical aspects:

a) Type concerning relation between human dignity and condition of terminal disease:

"I am not sure about the relationship between dignity and condition of terminal illness. It is difficult to decide because we want to prolong his life and we want to shorten his suffering" (man 30-39)

b) Type concerning dignity of death:

"We should not lose dignity of death by exaggeration with extension of life"
(man 80 +);

II Religious aspects:

a) Type concerning God's decision:

"In my case God will decide, we will know when we face it" (woman 60-69);
"I wish that I would rely on God without extension of life" (woman 50-59);

Table 1.

Age ranged between	Males	Females	Undisclosed gender and age
18-29	1	1	
30-39	3	1	
40-49	2	4	
50-59	1	11	
60-69	4	14	
70-79	5	6	
80 and over	3	2	
Total	19	39	2

Table 2.

I completely agree	I rather agree	It is difficult for me to decide	I rather don't agree	I completely don't agree	Didn't answer
7	6	25	15	4	3

Namely, completely agree – 7; rather agree – 6; difficult to decide – 25; rather don't agree – 15, completely don't agree – 4, didn't answer – 3.

Table 3.

religious	moral	scientific	customary	aesthetic	utilitarian (practical)	other	without ranks
17 (some people marked double answer, both religious and moral reasons)	15 (some people marked double answer, both religious and moral reasons)	8	3	0	6	8	8

b) Type concerning eternity of religious life:

"It is impossible to keep their life by scientific and technological way. Religious life is eternal" (man 60-69);

c) Type concerning relief by religious care:

"Not medical treatment, but we should give them relief by religious care" (woman 60-69);

III Psychological aspects:

a) Type concerning pain:

"We cannot refuse to terminate life if this person suffers very much" (man 30-39);

"If someone says that keeping life would bring only pain (from medical and scientific viewpoint), I might not be patient" (woman 70-79);

b) Type concerning "natural way of dying"

"Death should occur in the natural way" (woman 60-69);

"If patient is in the terminal condition, he might have a wish to die in the natural way, so I don't think that we should keep his life at any cost" (woman 40-49);

"Natural way (of death) is best" (woman 40-49);

c) Type concerning patient's will:

"What is the patient's will?" (woman 60-69);

"It depends on patient's will" (man 18-29);

"The important is the will of a patient. I hope that they will make a law of euthanasia" (woman 50-59);

"The will of a patient (is important). In some cases, they don't wish to extend life" (woman 60-69);

d) Type concerning dilemma: "feelings of family - patient's will":

"From family side, we want him to live as long as possible, but finally we should respect patient's will" (woman 40-49);

e) Type concerning feelings of sustained patient:

"I think patient would not feel happiness by unnatural extension of life" (woman 60-69);

f) Type concerning the doubt in necessity of artificial sustaining of life:

"I doubt very much whether we should keep life by artificial (medical mechanic technology) way" (man 70-79);

g) Type "lack of knowledge":

"Terminal illness means illness of the person who for sure will be dead soon?" (man 60-69);

"It means that we should keep his life with many instruments....?" (woman 50-59);

The Answers in the Third Exercise (C)

Respondents were asked to create the ranking of their justifications. The most important reasons (justification number one) are listed in table 3.

In the free space "other", respondents expressed their remarks, comments and personal justifications:

"It will be different answer when we have different standards" (woman 60-69);
"I don't want to undergo euthanasia. I also don't want the life prolonging treatment" (woman 50-59);
"It is not desirable to keep life by machine" (man 70-79);
"I don't think in any way. I hope that they could live as long as possible; the most problematic is that family will lose money and heart when patient is dead"; (woman 60-69);
"From family's compassion and my feeling" (woman 40-49);
"It depends on family condition. And there are also different thoughts of patients" (man, 60-69);
„I hope, I could live longer" (woman 60-69);
"The person, who wants to do it, should do it" (man 40-49)

One person stated that except for the religious reason he has no any other justifications.

The Summary of Results

In the first level of answers to the problem on overzealous therapy the group of Japanese Roman Catholics showed the tendency of "difficult to decide" (25) and "rather no" (namely, 15 people "rather don't agree and 4 people "completely don't agree").

In the second level of an open-style exercise, where various kinds of doubts/concerns were revealed, I distinguished the main 5 types, namely:
1. Type concerning dignity (of life and death) [the source of doubts];
2. Type concerning the religious point of view (God's decision, eternity of life); [the source of doubts];
3. Type concerning the lack of knowledge and the doubt of necessity of artificial sustaining of life; [the source of doubts];
4. Type concerning the family and patient's will and feelings (included in pain); [the subject of doubts];
5. Type concerning "the natural way of death"; [the subject]

In the third level of justifications of their answers to the exercise A (why did you answer like that, please write, at least, the most important reason) as a justification number one it was chosen:

- religious justification (17)
- moral justification (15)

It must be underlined that the justifications enumerated in the questionnaire were subject to free choice of the respondents, which also means, that some of the justifications could be absolutely omitted (not taken for the consideration) and new justification could be added. Some people marked more than one justification (mainly the combination of religious and moral)

Discussion Points

"Human life of terminally ill patient ought to be sustained by any effort and at any cost." The answers regarding this statement revealed many attention-grabbing doubts and concerns.

The first type of concern is associated with dignity, namely dignity of death. In Japanese language "death with dignity" is expressed by the word *Songenshi* (尊厳死). Here the most thought-provoking remark given by the respondent was the reflection: "We should not lose dignity of death by exaggeration with extension of life" (man 80+). The "exaggeration" might be interpreted as:

- lack of acceptance of the situation, that every possible methods were applied, and nothing more can be done;
- "stubbornness" and "persistence" of family who wishes to prolong life of the loved person.

This "exaggeration" is interpreted as a negative desire, which might violate dignity of human death.

The second type of concern is linked to religious point of view. In the face of terminal illness some respondents want to rely on God and His will (additionally, religious justification was the most frequent one). In the situation when nothing can be done, believers tend to cede their will on external source (external locus of control). Some respondent mentioned that "it is impossible to keep their life by scientific and technological way. Religious life is eternal" (man 60-69). This can be interpreted that "religious" or spiritual life, in the contrast to biological life, is everlasting. That is why there is also need to cherish and care for "religious", spiritual lives.

The third type is related to lack of knowledge and the doubt regarding the necessity of artificial life sustaining. In difficult (but theoretical) situation, it is natural to escape (from the responsibility, from cognitive dissonance, from inconsistence in the worldview) to the statement "I don't know; it is difficult to decide". Such escape was visible in the answers of the examined group. Two respondents didn't provide the answer to this item, which also might be interpreted as some escape from the uncomfortable question. However, there are also answers, in which respondents try to dispel their doubts concerning overzealous treatment: "Terminal illness means illness of the person who for sure will be dead soon?" (man 60-69); "It means that we should keep his life with many instruments....?" (woman 50-59). These answers also show that the concept of overzealous treatment (and its abandonment) is still not well known and should be explained in Japanese communities.

The fourth type of concern is connected with will and feelings of patient and will and feelings of his or her family. Patient's pain was the main factor, which led to permissible type of answers: "We cannot refuse to termi-

nate life if this person suffers very much" (man 30-39). However, here it is important to notice that abandoning of overzealous therapy is not euthanasia (neither active, nor passive).

A severe dilemma might occur when terminally ill person and his or her family has different desires ("from family side, we want him to live as long as possible, but finally we should respect patient's will", woman 40-49). That is why a dialogue with family and discussion on end-of-life decisions should occur well in advance.

The last, fifth type of concern is associated with the "natural way of death". Some respondents answered that "death should occur in the natural way" (woman 60-69) and "natural way (of death) is best" (woman 40-49). However, it is difficult to define the words "in natural way". Respondents are afraid of dying alone, on the bed in hospital, surrounded by technological equipment. More "natural way" is to die at home, being surrounded by loving members of family and without the assistance of ubiquitous life-supporting apparatus.

As it can be seen from the above mentioned five types there are various thorny dilemmas. However, among them the most difficult is the problem of helplessness.

Various Reactions to Helplessness

Family wants the patient to live as long as possible, at the highest quality of his/her life. They also want to use all available methods of treatment to save his or her life. However, there is a certain moment, at which they have to acknowledge, that nothing more can be done.

How do people react to hopeless situations, how do they cope with helplessness? In the examined group the following styles of responds could be observed:

1) rational acceptance of the natural order of things and the helplessness ("death should occur in the natural way" (woman 60-69) without "artificial" prolonging);
2) reliance on the external source of power (we are helpless, but we should rely on God, religion; contrasting the biological and spiritual elements of life).
3) lack of acceptance (family cannot accept helplessness and try to do "something" at any cost -"It is hard to decide because I want to extend their life and I want to stop their suffering" (man 30-39);

Respondents focused their attention on the physical situation of suffering person (mainly how to comfort and control his/her pain) and his/her will. The application of overzealous therapy might comfort the family (the sense of guilt). However, this way of coping with helplessness shows concentration on family's feelings (desperation).

However, the most puzzling remark concerning helplessness was: "Not for medical treatment, we should give them relief by religious care" (woman 60-69). This answer shows not only strong religious reasoning in the worldview of this specific Japanese Catholic believer. It also changes one-dimensional attitude toward terminally-ill person. Terminally-ill patients are provided with physical care. They also receive psychological support. However, the spiritual care for terminally-ill patients in Japan is still quite rare.

Conclusions: What Can We Learn from This Japanese Lesson?

1. It is very essential to discuss the matter of death, dying (the understanding of expression "dying with dignity") and the problem of "overzealous therapy" with family in advance. Such "theoretical" discussion might help to decide (and till some extend to control emotions) in a real situation.
2. People have different reactions to helplessness and hopelessness. However, in the face of a difficult (life threatening) situation, they refer to values and beliefs, which are most deeply rooted in their worldview.
3. It is important to keep a balance between physical and psychological care for terminally-ill patients. However, we should also provide possibility of spiritual care.

What should be examined in the next investigation?

1. What is the regulative role and functions of moral emotions (regret, anticipated regret, helplessness, hope) in ethical reasoning and justification in the end-of-life period?
2. What kind of rights/ privileges should be assured within a system of palliative care (hospital based-hospice and home-based)? In the face of death, how to assist in patient's moral growth?
3. What are the ways of spiritual support for terminally-ill Buddhist, Shinto believers in Japan?

Take Home Message

Providing spiritual care to the terminally-ill patients and their families might be a very essential way of coping with helplessness (also after the patient's death). This practice should be more available in Japan.

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