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Prolonging Life or Prolonging Death? The Use of Medically Assisted Nutrition and Hydration

The history of bioethics often recounts the sufferings of individuals and their families and how their particular medico-moral dilemma pushed the medical and bioethical community to deeper reflection. The story of medically assisted nutrition and hydration in the United States will be marked in bioethics by names like Nancy Beth Cruzan (1980s), Hugh Finn (1990s), Terry Schiavo (2000s) and others who were all diagnosed as persons in a persistent vegetative state. Some trauma deprived their brains of oxygen and left them with no upper brain function and unable to swallow.

Debates about the nature of the persistent vegetative state, among other things, revolve around the nature of the condition itself and the possibility of recovery, the determination of death, and the moral obligation to offer nutrition and hydration, especially when surgery is required to provide them.

If some studies report that there are documented cases of people recovering at

least partially from a persistent vegetative state, others assert that no such case has ever truly been verified. While some associate death with the absence of upper brain function, others argue that the functioning of the lower brain is sufficient to declare a person alive and to warrant the best of medical care. Some people argue that the use of nutrition and hydration is always morally obligatory because it is ordinary care of a patient. Others consider nutrition and hydration a medical treatment that should be used according to the same criteria that govern other medical interventions.

In this brief column I cannot respond to all of these issues but intend to offer the current teaching of the Church on the final point raised here, that is, the nature of nutrition and hydration and the moral obligation to use it. In doing so I will note the values that the Church is attempting to uphold in its teaching and the reasons why it argues as it does. Of course, nutrition and hydration are recommended in instances other than the persistent vegetative state.

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I will point out how particular circumstances may warrant different judgments as to the moral obligation to use nutrition and hydration.

Two principal documents serve as reference points for this topic. The first comes from Pope John Paul II, an address to participants at an international congress in Rome on “Life-Sustaining Treatments and the Vegetative State: Scientific Advances and Ethical Dilemmas,” on March 20, 2004. A second document, “Nutrition and Hydration: Moral and Pastoral Reflections” was drafted by the Pro-life Activities Committee of the United States Conference of Catholic Bishops in a 1992. The Pope’s address is the most authoritative statement on this matter. While offering guidance for making critical judgments about continuing or withdrawing nutrition and hydration, neither his speech nor other texts of Catholic Church doctrine offer a definitive moral teaching on this matter.

What is the nature of nutrition and hydration? Pope John Paul asserts in his address that nutrition and hydration are “natural means” of providing food and water, that their use should be considered “ordinary and proportionate,” and consequently “morally obligatory.” It is interesting to note that the criteria that the Pope uses to judge whether ordinary care is necessary are those used to judge whether medical treatment is morally necessary, that is, whether its use is proportionate to the good to be gained. The Pope makes the judgment, it seems, that being alive even in a persistent vegetative state is to be preferred to death. Why would the Pope make such an unequivocal statement regarding the use of nutrition and hydration for patients in a persistent vegetative state?

Pope John Paul has three major concerns: the dignity of the person, his or her health, and the value of human life itself. He fears that often judgments about the

quality of life of persons in a persistent vegetative state lead to a devaluing of them as persons, a disrespect for their dignity, even that people suffering from this condition (although lack of awareness of self raises a question of one’s capacity to suffer) might be viewed as disposable. He cautions that the very language that we use, “persistent vegetative state,” might suggest that a person’s dignity is lessened, implying that this patient is now a “vegetable” or an “animal.”

Aware that the persistent vegetative state is not fully understood in the scientific community, he urges full ordinary and medical care in case a patient could return to health. Concerns for the health of the patient warrant patience and care.

Regarding human life, the Pope’s position is coherent with what might be called the Church’s consistent concern to protect human life from conception to natural death. In cases where some people question the existence of human life, for example, the status of a fertilized egg or a person with partial brain death, Church teaching takes the “safer” and “stricter” stance so that human life is protected.

Yet, are there times, even for a person in a persistent vegetative state, when withholding or withdrawing nutrition and hydration would be morally acceptable? The Pope suggests that this decision would be justified if nutrition and hydration no longer served their twofold purpose: providing nutrition and alleviating suffering.

Regarding persistent vegetative state patients, it seems clear that the Pope has taken this unequivocal stance out of a desire to protect the dignity of the patient and out of a fear that a more nuanced approach on this issue could contribute to attitudes that cheapen human life and undermine the good of the person.

What of the use of nutrition and hydration in cases apart from the persistent

vegetative state? Employing criteria for judgments about the use of medical treatment, as the Pope does, we can note the following position of the 1992 text from the Pro-Life Committee of the United States bishops. It argues for a presumption in favor of the use of medically assisted nutrition and hydration for patients who need it. Yet, one is not morally obliged to use or continue to use medically assisted nutrition and hydration in all cases.

Why speak of a presumption in favor of nutrition and hydration? Once again, as stewards of the good of creation, we are responsible for the life and health of ourselves and others. However, as valuable as human life is for us, the Catholic Tradition does not present it as an absolute good. We are disciples of Jesus who offered his life that we might have life; we venerate martyrs who suffered death rather than renounce their faith. So, life is a fundamental but not an absolute good in our tradition.

When might it be morally acceptable to withhold or remove medical treatment, particularly nutrition and hydration? The teaching states that medical treatment may be withheld or withdrawn, nutrition and hydration included, when it no longer offers a reasonable hope of benefit for the patient. “Out of respect for the dignity of the human person, we are obliged to preserve our own lives, and help others preserve theirs, by the use of means that have a reasonable hope of sustaining life without imposing unreasonable burdens on those we seek to help, that is, on the patient and his or her family and community” (cf. *Catechism of the Catholic Church*, 2278; “Ethical and Religious Directives for Catholic Health Care Services,” #57).

The document encourages a benefit/burden analysis as a way toward making a judgment of conscience. We are to weigh the benefits that medical treatment promises against the burdens that it presents. In

the past we spoke of ordinary and extraordinary means. Current documents address proportionate and disproportionate means. “Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community” (“Ethical and Religious Directives for Catholic Health Care Services,” #56; cf. “Declaration on Euthanasia,” section IV). Disproportionate means, by contrast, “do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community” (“Ethical and Religious Directives for Catholic Health Care Services,” # 57). This analysis takes place bearing in mind not only the good of the patient but also the good of those with whom the patient is in relationship. Notice the final words of the above quotation: excessive expense on the family or the community. A fourth value, then is to be included: the relationships of the patient.

There is no question that nutrition and hydration, food and water, are basic human needs and, in most circumstances, would be seen as ordinary care of a patient. However, there are situations where the use of nutrition and hydration might well offer no reasonable hope for a patient and indeed pose a burden; in fact there are instances where nutrition and hydration cannot be absorbed by the patient and prolong the dying process. Thus, one must proceed on a case by case basis with a presumption in favor of nutrition and hydration as a starting point.

A key question regarding withholding or withdrawing nutrition and hydration is, “What am I trying to do by this action?” If our response is that we are withholding or withdrawing nutrition and hydration in order to kill a patient, then our action is morally wrong. The Pope argues in his address that removing nutrition and hydra-

tion from a person in a persistent vegetative state is the equivalent of euthanasia by omission. If, however, our intention is to withdraw nutrition and hydration because continuing its use poses no benefit to the patient and imposes a burden on the patient as well as his or her family, we may proceed. The Pro-Life Activities Committee statement puts it this way: "We reject any omission of nutrition and hydration intended to cause a patient's death. We hold for a presumption in favor of providing medically assisted nutrition and hydration to patients who need it, which presumption would yield in cases where such procedures have no medically reasonable hope of sustaining life or pose excessive risks or burdens." The reader will note quite readily that the judgment of the morality of this particular action, then, rests principally on the intention of the person making the judgment.

In the final analysis, decisions regarding withholding and/or withdrawing medical treatment, nutrition and hydration in particular, must take into account at least four values which may appear to conflict with one another in caring for a loved one at the end of life: the value of human life itself, the dignity of the person, the health of the patient, and good of the patient as a person in relationship; more specifically respect for the various relationships and obligations between the patient, his or her family, and the wider community.

One may err by treating these goods independently of one another: choosing to preserve life at all costs, no matter the burden to patient or family; more particularly, seeking physical health at the expense of spiritual and psychic health. As mentioned earlier, in some cases medically assisted nutrition and hydration unnecessarily prolongs the dying process, burdening the patient and his or her family; finally, one must be cautious about making a judg-

ment to withhold or withdraw treatment because a family or community does not wish to be burdened with the care of a loved one. A responsible exercise of freedom will hold these goods in tension and move toward a responsible judgment that respects all these goods while recognizing human limitations.

Life and death decisions are never easy. Many of us would prefer to have someone make the decision for us in order to relieve us of the responsibility for such a weighty decision for a loved one. Similarly, many think it would be easier if the Church's teaching left no doubt as to how to proceed in an issue as complex both medically and morally as withholding or withdrawing nutrition and hydration. The Pro-Life Activities Committee recognizes this complexity when it remarks on the content of its own statement:

These principles do not provide clear and final answers to all moral questions that arise as individuals make difficult decisions. Catholic moral theologians may differ on how best to apply moral principles to some questions not explicitly resolved by the Church's teaching authority. Likewise, we understand that those who must make serious health care decisions for themselves or for others face a complexity of issues, circumstances, thoughts, and emotions in each unique case. . . .

We realize that such guidance is not final, because there are many unresolved medical and ethical questions related to these issues, and the continuing development of medical technology will necessitate ongoing reflection.

Pastoral ministers may help people in the process of the formation of conscience by

assisting them in obtaining clear information about the medical situation of their loved one and bringing a thorough familiarity with the teaching of the Church to any

pastoral encounter. In this way we may be a valuable resource to family members as they make crucial emotional decisions about the life and care of their loved one.

References

- Congregation for the Doctrine of the Faith. "Declaration on Euthanasia," 1980.
http://www.vatican.va/roman_curia/congregations/cfaith/documents/rcconcfath_doc19800505euthanasiaen.html
- Committee for Pro-Life Activities of the National Conference of Catholic Bishops. "Nutrition and Hydration: Moral and Pastoral Reflections" (April, 1992), in *Pastoral Letters and Statements of the United States Catholic Bishops*. Washington, D.C.: USCC, 1998, 429–48. <http://www.ncbuscc.org/prolife/issues/euthanas/nutindex/htm>
- John Paul II. *Evangelium Vitae*; especially pars. 64–74.
http://www.vatican.va/edocs/ENG0141/_INDEX.HTM
- John Paul II. "Discorso Di Giovanni Paolo II ai Partecipanti al Congresso Internazionale su "I Trattamenti di Sostegno Vitale e lo Stato Vegetativo. Progressi Scientifici e Dilemmi Etici." March 20, 2004.
http://www.vatican.va/holy_father/john_paul_ii/speeches/2004/march/documents/hf_jp-ii_spe_20040320_congress-fiamc_it.html
- United States Conference of Catholic Bishops. "Ethical and Religious Directives for Catholic Health Care Services," Fourth Edition. Washington, D.C.: USCC, 2001.
http://jmahoney.com/ethical_and_religious_directives.htm