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 Ethics

Persistent Vegetative State and Artificial Nutrition and Hydration

Questions and Answers

Though not an exhaustive list, the following questions and answers are meant to help leaders in the Catholic health ministry better understand issues that may arise as the result of the new papal allocation delivered at the Vatican March 20, 2004.

Does the pope's recent allocation represent a shift in the Catholic Church's approach to medically administered nutrition and hydration?

Insofar as the pope refers to medically administered nutrition and hydration as a "natural means of preserving life" and, therefore, as ordinary means and morally obligatory, there does seem to be a change in the church's teaching on this issue. The implications of this change, however, are not entirely clear at this time.

Several things are clear, though. The pope affirms:

- The intrinsic value and human dignity in all its fullness of all those in a vegetative state.
- Patients in a vegetative state have a right to basic health care and should be given every opportunity for recovery or improvement.
- The withdrawal of artificially administered nutrition and hydration can never be done as a means of ending the lives of these vulnerable persons.

What will the pope's statement mean for Catholic hospitals and nursing homes?

The pope's allocation requires further study and discussion in order to better understand the meaning and intent of the text. Until the text is more fully understood, it is not possible to know with any certainty the implications of the allocation for Catholic hospitals and nursing homes.

Does the pope's allocation apply only to patients in a vegetative state or to other dying patients as well?

At this time, it is not clear whether the pope's allocation applies to patients other than those in a persistent vegetative state. While the purpose of the allocation is to address issues relating to the care of

persons in a persistent vegetative state, the logic of the pope's remarks about nutrition and hydration could have broader application. This, too, needs further study and discussion.

How will Catholic hospitals and nursing homes deal with patient or surrogate requests to withdraw medically administered nutrition and hydration?

While this, too, requires further study and discussion, it may be that, in many cases of patients in a persistent vegetative state, Catholic hospitals and nursing homes will not be able to honor requests to withdraw medically administered nutrition and hydration.

How will Catholic hospitals and nursing homes deal with advance directives that request the removal of medically administered nutrition and hydration?

In principle, it is possible that Catholic hospitals and nursing homes will not be able to honor advance directives that request the withdrawal of medically administered nutrition and hydration at least for patients in a persistent vegetative state. Like so much else, however, this requires further study and discussion, especially since this issue involves federal and state statutes.

If medically administered nutrition and hydration can be considered basic care and morally obligatory, might ventilators be as well? Could this reasoning be applied to other forms of life-sustaining treatment?

The pope's allocution referred only to medically administered nutrition and hydration. While one might make an argument that the pope's reasoning could be applied to other forms of life-sustaining treatment, there is nothing in the text to suggest this.

What should Catholic hospitals and long-term care facilities do now?

Until such time as we have a greater understanding of the meaning and intent of the pope's allocution, Catholic hospitals and long-term care facilities should continue to follow the United States Conference of Catholic Bishops' *Ethical and Religious Directives for Catholic Health Care Services* as interpreted by the diocesan bishop.