

CHA-USA

Statement on the Papal Allocution

The Holy Father's recent allocution affirms the church and the Catholic health ministry's abiding commitment to the inviolable dignity of human persons no matter their physical or medical condition. It reminds us of our responsibility never to abandon the sick or dying.

That being said, the guidance contained in his remarks has significant ethical, legal, clinical, and pastoral implications that must be carefully considered. This will require dialogue among sponsors, bishops, and providers, especially with regard to practical implications for those patients who are not in a persistent vegetative state.

As that dialogue commences, we assume that the guidance contained in the current Ethical and Religious Directives for Catholic Health Care Services, as interpreted by the diocesan bishop, remains in effect.

The Catholic Health Association commits itself to assisting the ministry and the bishops in order that this dialogue may be fruitful for the ministry, and especially for the sick whom we serve.

Church Teaching

On the Duty to Preserve Life, Forgoing Nutrition and Hydration, and Euthanasia

Church teaching on the duty to preserve life and on forgoing nutrition and hydration has developed over the past five hundred years. What follows is a brief summary of that teaching up to the recent allocution of Pope John Paul II on March 20, 2004.

The Duty to Preserve Life

In the Roman Catholic tradition, human life is regarded as sacred from the moment of conception until natural death because it is created and given to us by God. For this reason, we have a duty to protect and preserve our lives. Yet this duty is not absolutely binding under all circumstances because we know that our ultimate end lies in eternal life with God. In the well known words of Pope Pius XII: "A more strict obligation would be too burdensome for most people and would render the attainment of the higher, more important good too difficult. Life, health, all temporal activities are in fact subordinated to spiritual ends" ("The Prolongation of Life," November 24, 1957). Similarly, Pope John Paul II in *Evangelium Vitae* (1995) observes that "it is precisely this supernatural calling which highlights the relative character of each individual's earthly life. After all, life on earth is not an 'ultimate' but a 'penultimate' reality" (Introduction, Section 2).

In light of this belief, it has been widely accepted among Catholic moralists from the sixteenth century onward that one need only employ "ordinary" means of preserving life, but not those deemed "extraordinary," by which is meant measures that fail to offer a proportionate hope of benefit or impose excessive burdens. This teaching is

affirmed in the Catechism of the Catholic Church (1994): "Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of 'over-zealous' treatment. Here one does not will to cause death; one's inability to impede it is merely accepted" (#2278).

Proportionate and Disproportionate Means

When assessing which means are "ordinary" and which are "extraordinary" (or "proportionate" and "disproportionate," which is the language most often used today) the focus, according to traditional moralists, is not on how basic, simple, usual, or easily available the means are, but rather on what effect the means have, primarily on the patient, but also on the patient's family and on the community. The most basic and simple means can be extraordinary or disproportionate if they offer no hope of benefit to, or impose excessive burdens upon, the given patient. In other words, no means can be considered proportionate or disproportionate in themselves, but only in relation to the condition of the patient, holistically considered.

In the Vatican Declaration on Euthanasia (1980) we read: "It will be possible to make a correct judgment as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources." Likewise, Pope John Paul II states in his 1995 encyclical letter *Evangelium Vitae*: "Certainly there is a moral obligation to care for oneself and to allow oneself to be cared for, but this duty must take account of concrete circumstances. It needs to be determined whether the means of treatment available are objectively proportionate to the prospects for improvement." (See also the United States Conference of Catholic Bishops' Ethical and Religious Directives for Catholic Health Care Services (2001), directives 56 and 57.)

Furthermore, for traditional moralists, a "reasonable hope of benefit" was not limited to sustaining life. The mere preservation of physical life and vital physiological functions was not sufficient in itself to oblige someone to use a certain means, including food and fluids. Rather, the meaning of benefit, determined in relation to the condition of the patient, included at least restoration to health or improvement in one's condition, relief of pain, and maximization of comfort.

It should also be noted that in the Catholic tradition, it is morally permissible to take into account the effects of treatment upon family members and the community. For example, the Vatican Declaration on Euthanasia states: "This rejection of a remedy is not to be compared to suicide; it is more justly to be regarded as a simple acceptance of the human condition or a desire to avoid the application of medical techniques that are disproportionate to the value of the anticipated results or, finally, a desire not to put a heavy burden on the family or the community." (See also the Ethical and Religious Directives, directives 56 and 57).

Nutrition and Hydration

Although the traditional moralists did not have to contend with questions about feeding tubes, they did consider the moral obligation one has to preserve one's life with food and fluids. Given what was said above, it is not surprising that even ordinary food and fluids could be forgone if they failed to provide a proportionate hope of benefit or imposed excessive burdens. Dominican moralist Francisco De Vitoria (1486-1546) makes this clear when he argues that "if the depression of spirit is so low and there is present such consternation in the appetitive power that only with the greatest of effort and as though by means of a certain torture, can the sick man take food, right away that is reckoned a certain impossibility, and therefore he is excused, at least from mortal sin, especially where there is little hope of life or none at all."

De Vitoria's views were not unique. They were held by moralists down through the centuries as well as by contemporary moralists. One example of this is the 1950 Theological Studies article, "The Duty of Using Artificial Means of Preserving Life," by Jesuit moralist Gerald Kelly (1902-1964). In discussing whether oxygen and intravenous feeding must be used to preserve the life of a patient in a terminal coma, Kelly states: "I see no reason why even the most delicate professional standard should call for their use. In fact, it seems to me that, apart from very special circumstances, the artificial means not only need not but also should not be used, once the coma is reasonably diagnosed as terminal. Their use creates expense and nervous strain without conferring any real benefit."

It should be noted here, however, that since the 1980 Vatican Declaration on Euthanasia, a debate has ensued within the church regarding how to consider artificial nutrition and hydration. Some propose that artificial nutrition and hydration are basic care and, therefore, ordinary and morally obligatory as long as they can be assimilated by the body and bring comfort to the person who is imminently dying. (See, for example, the Pontifical Council on Health Affairs, "Questions of Ethics Regarding the Fatally Ill and Dying," 1981; the Pontifical Academy of Sciences, "Report of the Pontifical Academy of Sciences on the Artificial Prolongation of Life," 1985; the New Jersey Catholic Conference, "Providing Food and Fluids to Severely Brain Damaged Patients," 1987; the Pennsylvania Catholic Conference, "Nutrition and Hydration: Moral Considerations," 1992; United States Conference of Catholic Bishops Committee on Pro-Life Activities, "Nutrition and Hydration: Moral and Pastoral Reflections," 1992.)

Euthanasia

The traditional moralists made a clear distinction between allowing to die (i.e., forgoing extraordinary or disproportionate means where death is foreseen but not directly intended) and direct killing or euthanasia. The former is morally permissible; the latter is not. John Paul II reiterates the distinction in *Evangelium Vitae*, echoing the Declaration on Euthanasia:

Euthanasia in the strict sense is understood to be an action or omission which of

itself and by intention causes death, with the purpose of eliminating all suffering. "Euthanasia's terms of reference, therefore, are to be found in the intention of the will and in the methods used."

Euthanasia must be distinguished from the decision to forego so-called "aggressive medical treatment," in other words, medical procedures which no longer correspond to the real situation of the patient, either because they are by now disproportionate to any expected results or because they impose an excessive burden on the patient and his family (section 65)