Theological Dialogue on Medically Administered Nutrition and Hydration

January 18 – 19, 2006

Summary of Discussion

THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

Introduction

THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

Meeting Objectives

On January 18 and 19, the Catholic Health Association (CHA) convened a group of theologians, ethicists, ministry leaders, clinicians, bishops, and representatives from the USCCB for a theological dialogue on medically administered nutrition and hydration (MANH). The objectives of the meeting were to:

- Identify areas of **agreement** regarding MANH and areas where there is **lack of consensus.**
- Examine **differing positions** on MANH in light of the tradition.
- Achieve greater **clarity and mutual understanding** of different positions on MANH.
- Explore **potential implications** of the positions on MANH reflected in the papal allocution for Catholic health care.

* * * * * *

The key themes from discussion during the meeting are summarized in the remainder of this document.

Dialogue Participants

Participants in the dialogue included:

- Peter J. Cataldo, PhD
- Sr. Jean deBlois, CSJ, PhD
- Richard Doerflinger
- Sr. Karin Dufault, SP, RN, PhD
- Sr. Patricia A. Eck, CBS
- John M. Haas, PhD, STL
- Ron Hamel, PhD
- John Collins Harvey, MD, PhD
- Sr. Carol Keehan, DC, RN, MS
- Rev. Thomas Kopfensteiner, PhD
- James LeGrys, PhD
- Rev. J. Daniel Mindling, OFM Cap., STD
- Rev. Albert S. Moraczewski, OP, PhD
- Archbishop Edwin O'Brien, STD
- Rev. Kevin D. O'Rourke, OP, JCD, STM
- Most Rev. Arthur J. Serratelli, STD
- Thomas Shannon , PhD
- Rev. Myles N. Sheehan, SJ, MD
- Very Rev. Russell E. Smith, STD
- Most Rev. Joseph M. Sullivan, MSW, MPA, DD
- Daniel J. Sulmasy, OFM, MD, PhD
- Sr. Patricia Talone, RSM, PhD
- Rev. John F. Tuohey, PhD
- Rev. Thomas Weinandy, OFM Cap., PhD
- Sr. Laura Wolf, OSF, JD

Organization of the Report

This summary report is organized in five sections corresponding to the main agenda items for the meeting.

	Section
"Settled" Issues	I
Understanding of the Tradition	II
Differing Positions on MANH • PVS • Papal Allocution	III
Implications for Catholic Health Care	IV
Closing Comments	V

An Executive Summary is provided first.

Executive Summary

The overall goal of the meeting was to identify common ground related to MANH as well as areas where there is still lack of consensus. As indicated in the remainder of this report these key areas include:

Common Ground	Diversity of Opinion
✓ There is inherent value to human life. ✓ There is an obligation to always respect the dignity of the person, both in what we do and do not do. ✓ Human life finds its fulfillment in eternal life. ✓ There is no duty to prolong life in all circumstances. ✓ The broad picture must be taken into account in the evaluation of ordinary/extraordinary means. ✓ Theory of burden and benefit must be discussed in light of specific cases. Calculus of burden/benefit is patient specific, not procedures specific.	✓ Components (and relative weights) in the calculus of burden and benefit – Consideration of cost in the calculation of burden – Consideration of impact on caregivers in the calculation of burden – Benefit of sustaining life versus sustaining purposeful life ✓ Definition of "in principle" (from papal allocution) ✓ Whether patients in PVS are able to suffer – How is suffering defined and what role, if any, does consciousness play in this definition

THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

Executive Summary

Common Ground	Diversity of Opinion
✓ Distinction between medical and non-medical procedures is not morally decisive or determinative ✓ There is a presumption in favor of providing MANH (though this is interpreted variously). ✓ It is permissible to forego treatment when burdens are disproportionate to benefits. ✓ The distinction between a disability and a terminal condition is not useful for purposes of moral analysis. ✓ Hope of recovery is not morally decisive, although it is a contributing factor.	

“Settled” Issues

THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

Introduction

We began the meeting with a discussion of the following proposed “settled” issues that had been identified based on a pre-meeting survey of participants. Through discussion, these “settled” issues were refined further.

- One may not do anything with the intention of ending someone’s life.
- “The value of a man’s life cannot be made subordinate to any judgment of its quality expressed by other men.”
- The same ethical principles apply to both withholding and withdrawing MANH.
- “Our brothers and sisters who find themselves in the clinical condition of a ‘vegetative state’ retain their human dignity in all its fullness.”

Results of Discussion: “Settled” Issues

Issue	Comments
One may not do anything with the intention of ending someone’s life.	✓ Intention can have different meanings (purpose, motive). – “Purpose” may be the more appropriate word. ✓ Statement is ambiguous and, perhaps, not settled. – However, Declaration on Euthanasia can be considered “settled.”
“The value of a man’s life cannot be made subordinate to any judgment of its quality expressed by other men.”	✓ Quality of life is not a deciding factor.
The same ethical principles apply to both withholding and withdrawing MANH.	✓ The same process of ethical evaluation applies, although the specific ethical principles may vary. ✓ That MANH has been started implies no special moral obligation to continue. – However, there is a distinction between a decision to establish a PEG tube and a decision regarding a tube that is already in place. ✓ “Foregoing” is perhaps a better word than “withholding.”
“Our brothers and sisters who find themselves in the clinical condition of ‘vegetative state’ retain their human dignity in all its fullness.”	✓ The condition of persons in PVS is neither well understood nor settled.
Human life is not the highest good, but the most basic without which we cannot enjoy other goods	✓ Should be added as a “settled issue.” – Belief in the resurrection is a factor – Human life is a finite good

THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

Understanding of the Tradition

THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

Introduction

We spent most of the first day of the meeting exploring what the tradition tells us and identifying:

- Areas where there is agreement on what the tradition says.
- Areas lacking consensus on what the tradition says.

The following specific topics were explored:

The "duty to preserve life"	**The meaning of ordinary (proportionate)/ extraordinary (disproportionate) means**	**The meaning of burden-benefit**
The distinction between medical and non-medical treatment	**Circumstances under which it is morally permissible to forego treatment**	**Application of the ordinary/extraordinary distinction to nutrition and hydration**

Provided on the following pages is a summary of the small and large group discussions regarding the tradition.

Results of Discussion: The Tradition

Element	Areas of Agreement	Areas Lacking Consensus
Duty to Preserve Life	✓ Duty is rooted in our faith and supported by natural law. ✓ Duty is a stewardship responsibility. ✓ Human life finds its fulfillment in eternal life. ✓ There is no duty to prolong life in all circumstances.	✓ Do "preserve" and "conserve" mean the same thing in this context? ✓ Appropriateness of the term "allowing to die"; negative concept
Meaning of Ordinary and Extraordinary	✓ Definition in ERDs 56 & 57 ✓ Eternal life is background for assessing ✓ The broad picture must be taken into account & not just clinical aspects ✓ O/E applies beyond "imminently dying" ✓ Distinction applies to all medical decisions.	✓ Role of "the ability to perform spiritual acts" in assessing O/E ✓ Is it a benefit to prolong life when no hope of recovery ✓ What fonts of morality does distinction belong to (formerly circumstances)

THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

Results of Discussion: The Tradition

Element	Areas of Agreement	Areas Lacking Consensus
Meaning of Burden and Benefit	✓ Categories of burden and benefit. – Burden » Pain/suffering » Expense » Abhorrence » Inconvenience » Restriction of liberty – Benefit » Prevention » Cure » Palliation » Prolonging of life ✓ Application is patient specific, not procedure specific. ✓ "Impossible" acts are not required. ✓ Must be discussed in light of specific cases.	✓ Benefit of prolonging life versus prolonging purposeful life.

Results of Discussion: The Tradition

Element	Areas of Agreement	Areas Lacking Consensus
Distinction Between Medical and Non-Medical Treatment	✓ Distinction is not morally decisive or determinative. ✓ There is an obligation to always respect the dignity of the person, both in what we do and do not do. ✓ The presumption that a certain level of care leads to respectful treatment must be analyzed.	
Application of Ordinary/ Extraordinary Means Distinction to Nutrition and Hydration	✓ Can forego nutrition and hydration if the individual is imminently dying or is unable to absorb it. ✓ There is a presumption in favor of providing.	✓ Application in PVS. ✓ Benefit of MANH to patients in PVS ✓ Assessment of burdens of MANH
Circumstances Under Which it is Permissible to Forego Treatment	✓ When burdens are disproportionate to the benefits.	✓ Elements to be taken into consideration in determining benefit and burden.

THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

Differing Positions on MANH

THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

Introduction

This part of the agenda built on the discussion regarding the tradition, with a focus on the following critical issues:

Critical Issue	Specific Question
PVS	➢ How do we describe the PVS patient? ➢ What are the benefits of sustaining life for a PVS patient? ➢ Can we say philosophically/theologically that the person in PVS, integrally considered, suffers?
Papal Allocution	➢ What does it say? ➢ Consistency with tradition and application of the allocution.

Results of Discussion: PVS

Element	General Consensus	Areas Lacking Consensus/Not Resolved
How do we describe the PVS patient? What is PVS medically?	✓ PVS is a fatal pathology with no remedy ✓ PVS patient, if correctly diagnosed, has no ability to recover.	
What are the implications of this description for moral analysis?	✓ There is no intrinsic connection between the conception of the condition (disability or terminal condition) and the use or non-use of any measures. The distinction between a disability and a terminal condition is not useful for the purposes of moral analysis. ✓ Similarly, hope of recovery is not morally decisive, although a consideration for burden/benefit analysis. ✓ There must be flexibility in the application/analysis of burdens and benefits.	Lack of Consensus ✓ Role of consciousness in moral analysis. ✓ Consideration of moral horror in the determination of burden.
What are the benefits of sustaining life for a PVS patient?	✓ There is an inherent value to human life. ✓ Each [differing] position on MANH affirms the inherent dignity of human life. ✓ One cannot set aside circumstances in determining the obligation to sustain life. ✓ Hope of recovery must be part of the calculus of benefit and burden.	Differing Positions: Meaning of Benefit ✓ Sustaining physiological life even with excessive burden is an obligation. *versus* ✓ Obligation is to sustain purposeful life; life with consciousness. Lack of Consensus ✓ Relative weight given to burden versus weight given to benefit in making determinations related to sustaining life.

(Continued)

Results of Discussion: PVS

Element	General Consensus	Areas Lacking Consensus/Not Resolved
Can we say philosophically/ theologically that the person in PVS, integrally considered, suffers?		Differing Positions ✓ Suffering is a confrontation with evil which implies or requires consciousness. ✓ Consciousness is not required if our understanding of suffering is broad enough (e.g., to include relationships with others). – Isolation is suffering. ✓ Question is not medically resolved; no evidence is available.

Other:

- ✓ While there is no obligation to provide means that are determined to be extraordinary (in a particular situation), these means still should be an option.
- ✓ A decision to continue MANH does not mean that there is no belief in life after death.
- ✓ Respect for the dignity of human life can lead to a conclusion that it is time to stop MANH.
- ✓ There can be less than laudatory reasons that people decide to continue MANH for persons in PVS.

Results of Discussion: Papal Allocution

Question	Key Themes from Discussion
The Pope said that we have a moral obligation toward PVS patients regarding MANH. What does this mean?	✓ Normally, MANH should be administered to PVS patients as long as it provides nourishment and relieves suffering. ✓ Person in PVS is not a vegetable and one cannot intend his/her death.
Is MANH ordinary and obligatory in principle?	✓ Yes, "in principle." However, theory must be applied to specific circumstances; nuance of burden and benefit is needed. ✓ Yes, if "in principle" means "as a general rule." MANH is a strong presumptive obligation. ✓ Does not mean that there are no exceptions.
Does the allocution only refer to PVS?	✓ Yes although the allocution is written in the overall context of euthanasia. – And may have broader implications, raising questions that apply to other situations.
Does the allocution allow for excessive burdens as an excusing cause for not using PVS?	✓ Yes
Do we presume that the allocution is factually accurate regarding PVS?	✓ The allocution is not reflective of universal neurological opinion.

- ✓ Allocution appears to set feeding apart from other means of care.
- ✓ **Care of the person in PVS is becoming the paradigm for dialogue around MANH. However, since PVS is relatively rare, it may be confusing the issue. PVS should not be the paradigm case for MANH.**

(Continued)

Results of Discussion: Papal Allocution

Question	Key Themes from Discussion
Does the recent allocution alter the tradition in anyway? Is it a departure from tradition or a development of teaching?	Three Different Perspectives Voiced ✓ Allocution is in line with tradition. ✓ Allocution applies the resources of the tradition to a new case [not previously presented]. ✓ Allocution is a departure from tradition (euthanasia by omission).
Does the tradition ever categorize something as ordinary apart from the condition of the patient?	✓ No. "Ordinary" cannot be defined apart from the condition of the patient. – However, allocution comes close to doing so.
Is there a basis in the Catholic moral tradition on the use of food for the "in principle" statement in the allocution?	Two Different Perspectives Voiced ✓ "Food" itself is a biased term. "Sustenance" would be better. Regardless, need to evaluate the medical aspects and potential of the patient. ✓ The current statement does reflect such a bias if "in principle" is defined to mean "as a general rule."
✓ Definition of "in principle" is critical.	

Implications for Catholic Health Care

THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

Implications for Catholic Health Care

General

- The allocution is not likely to have a big impact on **clinical practices** if it applies only to patients in PVS, although it does create a significant **public relations** challenge.
  - We have an obligation to help both the faithful and caregivers to understand the issues and options.
  - As part of any communication to families, it is incumbent on us to clearly communicate what we are doing with **palliative care**.
- Most substantial impact is on **long-term care**, not acute care providers.
  - Acute care institutions act on a presumption to use MANH.
  - Patient is then transferred to LTC where a diagnosis of PVS would be made.

Implications for Catholic Health Care

Question: What impact would there be if Catholic hospitals required MANH for someone in PVS?

- MANH is required as an initial component of care although it may be stopped based on the evaluation of burden and benefit.
- No health care providers [Catholic providers included] can force people to have a procedure that they do not wish to have.

Question: Given the allocution, can a Catholic health care facility remove MANH from someone in PVS who is otherwise stable?

- All patients receiving MANH do ultimately experience complications from the PEG tube [e.g., may not be otherwise stable].
- MANH can be removed based on the evaluation of burden and benefit.
  - Critical question is what is allowed to be part of the burden/benefit calculus.
    - If you don't use MANH to keep a patient alive are you doing something wrong?

      OR

    - Are you removing something that is excessively burdensome?

Closing Comments

THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

Closing Comments

Participants provided the following closing comments about the meeting:

- There is great value in dialogue to help to understand differing positions and to delve deeper—together—regarding the issues.
  - We need to continue to be prudent in our conversations with one another, viewing ourselves as colleagues and people of good will who are seeking answers to difficult problems.
    - By meeting together, we help one another personally and are able to inform other conversations.
  - And recognize that, while there are differences of opinion, there is much on which we agree.
- The best time for another conversation might be prior to any changes to the ERDs.

Dialogue like this helps to bring the totality together to better serve the people of God.

*****

"Combining the lived experience of care with the lived experience of the tradition of the Church."

THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES