

has been some disagreement among Catholic theologians as to whether or not artificially administered nutrition and hydration may be withdrawn. Pope John Paul II addressed this subject in a speech on March 20, 2004:

“...I should like particularly to underline how the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act. Its use, furthermore, should be considered, in principle, ordinary and proportionate, and as such morally obligatory, insofar as and until it is seen to have attained its proper finality, which in the present case consists in providing nourishment to the patient and alleviation of his suffering. The obligation to provide the ‘normal care due to the sick in such cases’...includes, in fact, the use of nutrition and hydration.” (3)

In any case, before withdrawing or withholding, there must be clear evidence that receiving nutrition and hydration through artificial means is in fact clinically useless or excessively burdensome. Being in a persistent vegetative state, by itself, is not a sufficient reason for withholding or withdrawing artificially administered nutrition and hydration.

Conclusion

It will not always be easy to make a judgment concerning medical interventions. The circumstances, including the assessment of benefits and burdens, may be so complex as to cause doubts about the way in which moral principles should be applied. However, sound judgments are possible by studying the type of medical intervention, its degree of complexity and risk, its cost and availability, and comparing these factors with the results that can be expected, taking into account the state of the sick person and his or her physical, emotional and moral resources. Factors must be weighed carefully, for each individual person, on a case-by-case basis.

In cases in which it is not immediately clear that a medical intervention is or has become ethically extraordinary, the benefit of doubt must be for the preservation of life.

Because health-care decisions, especially those having to do with life-sustaining treatment, have important values at stake and are often complex, difficult and emotionally taxing, frequent, honest discussions of one’s convictions and feelings about medical interventions with loved ones, caregivers and clergy are to be encouraged. Those who desire clarification on Catholic teaching and the Church’s concerns should consult with a priest or other spiritual advisor for guidance. The office of the Diocesan Bishop or his delegate for medical-moral issues is the recommended source of Catholic teaching. Also, additional information about a Catholic teaching on medical-treatment decision-making and relevant Nebraska law may be obtained by contacting this office at (402)477-7517.

(1), (2), (3): Address of Pope John Paul II to the participants in the International Congress on “Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas”, March 20, 2001.

**Nebraska Catholic Conference v 215 Centennial Mall South, Ste. 310
Lincoln, NE 68508 v 402/477-7517**

MEDICAL-TREATMENT DECISIONMAKING:

MORAL GUIDANCE AND CONSIDERATIONS FROM CATHOLIC TEACHING

Nebraska Catholic Conference

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Introduction

The Catholic Church affirms the sanctity and dignity of every human life as a precious gift of a loving God. All men and women must respect the lives of others while accepting the duties of responsible stewardship for their own lives and for the lives in their care.

At the same time, however, faith in the resurrection and hope for eternal life have enabled the Catholic tradition to accept death as the inevitable end to temporal life and to believe that death is the gateway to eternal life. It is for this reason that there is no obligation to utilize all possible medical interventions, all possible means of prolonging life. Death need not be avoided at all costs.

Although Catholic teaching does not look upon biological life as an absolute value, nevertheless it rejects suicide, assisted suicide and mercy killing because they are intrinsically opposed to the reverence for life that Christians are called upon to manifest and express. Compassion and care for dying and seriously ill or disabled persons must never include the willingness to assist in the direct ending of their lives.

General Principles for Decisionmaking

- ❖ It is consistent with Catholic teaching that each person has a right to make his or her own health-care decisions, always in accord with responsible stewardship for the gift of life and other Catholic moral principles.
- ❖ When a person is incapable of making health-care decisions, his or her family members or others must assume that responsibility. As a responsible steward for the life of another, anyone in the position of surrogate decision-maker must make decisions according to the wishes, values and beliefs of the patient, but always within the framework of Catholic moral principles.
- ❖ It is morally permissible and recommended that one designate another (or others), whether by written instrument or otherwise, to make future health-care decisions in the event one would become incapable of making his or her own decisions. For Catholics, directives which accompany such designations must reflect Catholic teaching.

Moral Principles and Catholic Teaching

- ❖ While responsible stewardship for one’s own life and for lives in one’s care is morally obligatory, this does not mean that all possible medical interventions must be used in all circumstances.
- ❖ If a particular medical intervention is necessary or useful for the preservation of life or restoration of health, it is ethically ordinary and there is a moral obligation to use it. If, however, a particular medical intervention is analyzed and judged by the patient to be useless (offering no reasonable hope of benefit) or excessively burdensome, it is ethically extraordinary and therefore morally optional.

[NOTE: An important distinction exists between *medically* ordinary/extraordinary and *ethically* ordinary/extraordinary. Medical treatment that can be viewed as medically ordinary, that is, of common usage, could be judged ethically extraordinary under certain circumstances and proper analysis.

- ❖ Determining whether a medical intervention is ethically ordinary or extraordinary involves comparing the burdens that the intervention introduces when used and the benefits it is expected to achieve, within the totality of the circumstances. The burdens of the intervention might include severe physical pain, psychological repugnance, intense anxiety or fear, excessive expense, severely disabling effects, and excessive risks caused by or associated with it. First and foremost, the extent of burdens of a medical intervention should be analyzed and judged from the perspective of the particular patient. Secondarily, such analysis and judgment may also consider burdens experienced by family members and by the community as a whole e.g., excessive expense.
- ❖ To choose to withhold or withdraw ethically extraordinary medical interventions is not suicide or 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.” (*Evangelium vitae*, #65) “Euthanasia in all forms is forbidden.” (*Vatican Declaration on Euthanasia*)
- ❖ There is an inherent human right to be free from inappropriate interference with one’s dying process. However, the idea of a “right to die” is invalid.
- ❖ No category of individuals, having certain confirmed symptoms, can be classified as not suitable for treatments, procedures or interventions which extend life. “[T]he intrinsic value and personal dignity of every human being do not change, no matter what the concrete circumstances of his or her life. A man, even if seriously ill or disabled in the exercise of his highest functions, is and always will be a man, and he will never become a ‘vegetable’ or an ‘animal’. Even our brothers and sisters who find themselves in the clinical condition of a ‘vegetative state’ retain their human dignity in all its fullness.”(1) Likewise, it is not possible to identify a given treatment, procedure or intervention and classify it as always, and in all circumstances, ordinary or extraordinary, that is, morally obligatory or non-obligatory.
- ❖ A medical intervention judged to be ethically ordinary, and therefore morally obligatory, may subsequently become ethically extraordinary, and therefore morally optional, as a result of changes in circumstances that cause the patient to reconsider the usefulness or burdensomeness of the intervention. Just because an intervention is initiated does not mean that it cannot morally be withdrawn or discontinued at a later time.
- ❖ The final decision as to whether or not to withhold or withdraw a particular medical intervention rests, after due consideration, with the conscience of the patient, or those authorized to speak on behalf of the patient. A morally appropriate decision can occur only after there has been sufficient deliberation based upon the best medical and personal information and the teaching authority of the Catholic Church.
- ❖ The withholding or withdrawing of a medical intervention must not be an occasion for neglecting the patient. Normal care, that is, basic personal

services every patient rightfully can expect, such as bed rest, hygiene, room temperature and appropriate pain medication, must always be administered. No surrogate, agent or attorney-in-fact can be authorized to deny such care.

- ❖ Respect for unborn human life requires that life-sustaining treatment must be provided and maintained for a pregnant patient whenever such treatment can benefit the child.
- ❖ Suffering is a fact of human life; one that has special significance for Christians as an opportunity to share in the redemptive suffering of Christ. Nevertheless, there is nothing morally wrong in seeking to relieve suffering so long as this does not interfere with other moral and religious duties. It is morally permissible in the case of terminal illness to use pain medication which carries the risk of shortening life, so long as the intent is to relieve pain effectively and not to cause death.

Applying the Principles to Nutrition and Hydration

- ❖ Nutrition and hydration should be provided as part of any patient’s normal care, even when the assistance of medical intervention is necessary. However, the circumstances of a patient’s condition may affect his or her moral obligation to accept nutrition and hydration provided in this artificial way, that is, non-orally, by means of an intravenous line, nasogastric tube, hyperalimentation or a tube inserted directly into the stomach. For example, if the provision of artificially administered nutrition and hydration is clinically useless (offering no reasonable hope of benefit) or causes excessive burdens it may be rejected as ethically extraordinary (morally optional). In addition to previously stated burdens, factors to be weighed include the patient’s ability to assimilate the nutrition and hydration and the imminence of death. [NOTE: Imminence of death means whether or not the patient is in the active process of dying]
- ❖ If there is doubt about whether utilizing artificially administered nutrition and hydration is ordinary (obligatory) or extraordinary (optional), the presumption must be in favor of utilizing it, unless the patient can no longer assimilate the nutrition and hydration or the patient’s death is imminent. Moreover, it is extremely important that the basis of judgment cannot be that the patient’s life is useless or devoid of value, (for this would be to reject life itself); rather, the decision must be based on whether utilizing artificially administered nutrition and hydration is useless or creates burdens that are excessive in relation to the benefits it provides. Decisions regarding human life must respect the demands of justice, avoiding all discrimination based on age or dependency. “Considerations about the ‘quality of life’, often actually dictated by psychological, social and economic pressures, cannot take precedence over general principles.” (2)
- ❖ In the case of a patient in a persistent vegetative state, there is common agreement among Catholic theologians that artificially-administered nutrition and hydration may be withheld or withdrawn if the patient can no longer assimilate the nutrition and hydration or if the patient’s death is imminent.
- ❖ With regard to patients in a persistent vegetative state who are able to assimilate nutrition and hydration, and for whom death is not imminent, there