IN fOCUS
Topics in health care ethics
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Catholic Teaching on Artificially Administered Nutrition & Hydration in PVS

On March 20, 2004, when Pope John Paul II spoke on artificially administered nutrition and hydration for patients in permanent vegetative state (PVS), his remarks renewed discussion of this important topic both within and beyond the Catholic moral community and raised profound questions for patients, families, and health care professionals.

VHA policy clearly rests authority for decisions to accept or forgo life-sustaining treatment with patients or their authorized surrogates. However, clinicians in VHA should be familiar with the Pope's remarks to help them understand the concerns those statements may raise for patients, families, and surrogates facing decisions about artificially administered nutrition and hydration. This ***In Focus*** from the National Center for Ethics in Health Care seeks to clarify this important discussion for patients, families, and clinicians in VHA.

> ***Decisions should be guided by a presumption in favor of medically assisted nutrition and hydration. A decision to discontinue such measures should be made in light of a careful assessment of the burdens and benefits of nutrition and hydration for the individual patient and his or her family and community.***
>
> Secretariat for Pro-Life Activities
> U.S. Conference of Catholic Bishops
> June 3, 2003

The Papal Address

The papal address itself is divided into seven parts.[1] Part 1 limits the remarks to the specific context of artificially administered nutrition and hydration for patients in PVS, and notes the complexity of concerns raised by this intervention on "scientific, ethical, social, and pastoral" levels. Part 2 emphasizes scientific and clinical issues, stressing particularly the challenges of diagnosing PVS with accuracy, the high rate of diagnostic errors, and the difficulty of offering reliable prognoses. Part 3 reaffirms the "intrinsic value and personal dignity" of all human beings, no matter how seriously ill or disabled, including patients in PVS.

Part 4, which has provoked the most debate, defines artificially administered nutrition and hydration as "a natural means of preserving life," and asserts that its use "should be considered, in principle, ordinary and proportionate" and therefore morally obligatory. This section also stresses the Church's teaching against euthanasia, i.e., an act or omission that has the direct intention of ending innocent life.

Part 5 notes that "quality of life" language is ambiguous. It emphasizes that such language can be ethically problematic when psychological, social, or economic pressures are proposed as factors in considerations about quality of life. Part 6 affirms a social ethical responsibility to provide a full range of support to families caring for a loved one in PVS. And Part 7 stresses that the task of medicine is "to cure if possible, always to care."

Understanding the Pope's Remarks

There are different understandings of this papal teaching among Catholic scholars and theologians. Some see the remarks as a departure from the dominant line of teaching on these matters in Church tradition.[2] Others see the Pope's remarks to be in keeping with a perspective that has become increasingly prominent in the Church in recent decades.[3,4]

An important focus of many responses to the papal teaching has been uncertainty about the statement in Part 4 that artificial nutrition and hydration "should be considered, in principle, ordinary and proportionate and as such morally obligatory…" It's important to remember that the phrase "in principle" does not mean "in all cases, without exception."

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Interventions cannot be definitively classified as "proportionate" or "disproportionate" ahead of time, abstracted from the individual circumstances of a particular patient—circumstances that include not only his or her clinical condition, but also his or her wishes and values. The statement should be understood to allow consideration of other duties that might apply in individual cases.[5]

Guidance from Catholic Authorities

The Catholic Health Association (CHA) has indicated that pending further study of the allocution and clarification of theological consensus within the Church, guidance found in the current (2001) *Ethical and Religious Directives* of the U.S. Conference of Catholic Bishops "remains normative" for Catholic health care providers.[2]

Part 5 of the *Directives,* "Issues in Care for the Dying," specifically addresses the question of artificially administered nutrition and hydration.[4] Briefly, the relevant directives state that a person has a moral obligation to use ordinary or proportional means of preserving his or her life, but may forgo extraordinary or disproportionate means. Directive 58 instructs that there should be a presumption in favor of providing nutrition and hydration to all patients "as long as this is of sufficient benefit to outweigh the burdens involved to the patient."

Part 5 also refers to guidance offered in a 2003 report on medically assisted nutrition and hydration by the Secretariat for Pro-Life Activities of the U.S. Conference of Catholic Bishops.[6] With respect specifically to patients in PVS, the Secretariat concluded that there should be a rebuttable presumption in favor of nutrition and hydration. Importantly, the Secretariat stated that decisions to discontinue such measures "should be made in light of a careful assessment of the burdens and benefits of nutrition and hydration for the individual patient and his or her family and community."

Implications for VHA

Pending further dialogue and reflection, Catholic faithful within and outside VA may wish to take guidance from the *Ethical and Religious Directives* prepared by the U.S. Conference of Catholic Bishops, and from the report of the Committee on Pro-Life Activities, as interpreted by their local bishops. For VHA chaplains and ethics committees, guidance is also available through the Archdiocese for the Military Services.

Patients and authorized surrogates must be respected as the ultimate decision makers with regard to care, including artificially administered nutrition and hydration and other life-sustaining interventions. VHA clinicians should continue to follow patients' advance directives and/or the instructions of authorized surrogates acting on behalf of no longer competent patients. (VHA clinicians may continue to exercise their right not to participate in withholding or withdrawal of life-sustaining treatment for reasons of conscience as provided by VHA policy.[7])

Caregivers should encourage patients or surrogates who raise concerns about the implications of the Pope's recent teaching to consult their spiritual advisors.

References

1. John Paul II. Address to the participants in the International Congress on "Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas," March 20, 2004.

2. The Catholic Health Association of the United States. "Statement on the March 20, 2004, Papal Allocution."

3. Doerflinger RM. John Paul II on the "Vegetative State."

4. United States Conference of Catholic Bishops. *Ethical and Religious Directives for Catholic Health Care Services* (4th ed.), August 29, 2003.

5. Colloquium of the Canadian Catholic Bioethics Institute. Reflections on artificial nutrition and hydration. *The National Catholic Bioethics Quarterly* 2004; Winter, forthcoming.

6. Secretariat for Pro-Life Activities, United States Conference of Catholic Bishops. "Questions about Medically Assisted Nutrition and Hydration," June 3, 2003.

7. VHA Handbook 1004.2: *Advance Health Care Planning (Advance Directives)*, paragraph 13.

For a more in-depth discussion, see the transcript of the National Center for Ethics in Health Care's October 26, 2004 National Ethics Teleconference, "Life Sustaining Treatments and Vegetative State: Implications of the March 2004 Papal Allocution for VHA Health Care." The Ethics Center gratefully acknowledges the contributions of Paul-Stephen Holt and Lowell Kronick of VA's National Chaplain Service and Dr. William Sullivan of the University of Toronto, who served as faculty for the teleconference. Ms. Anuja Mathai of Case Western Reserve University provided research assistance.