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# Artificial Nutrition and Hydration: Recent Changes in Understanding Obligations

by

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The current case involving Terri Schiavo, a Florida woman whom doctors have determined has been in a persistent vegetative state (PVS) since 1990, has sparked renewed interest in the ethical issues surrounding the use of artificial nutrition and hydration (ANH). The Schiavo situation not only reveals the difficulty involved in choosing whether to discontinue a patient's ANH, but also the bitter divisiveness that sometimes accompanies the controversy over the moral justifiability of withdrawing ANH.

"By the rules of war and the Geneva Convention such actions — death by starvation — would be harshly condemned and punishable in an international court," said Judie Brown, president of the American Life League, a pro-life organization that purports alignment with the magisterium of the Catholic Church.<sup>1</sup>

Mary Ann Kreitzer, president of the Catholic Media Coalition, said "The euthanasia murder of Terri Schindler Schiavo by starvation and dehydration . . . is a violation of her right to life and a crime against humanity."<sup>2</sup>

"We're delighted that the president [George W. Bush] supported his brother's [Florida Governor Jeb Bush] position that Terri Schiavo should not be starved," said Burke Balch, director of the Robert Powell Center for Medical Ethics, an affiliation of the National Right to Life Committee.<sup>3</sup>

These are impassioned words issued by seemingly powerful organizations. Such remarks may lead some to think that a decision to remove ANH from a loved one's care is immoral and contrary to Catholic Church teaching. Is it?

The purpose of this discussion is not to propose a solution to the Schiavo case, rather, it is to address one aspect of the current controversy that has sparked renewed interest: the Church's stance on the use and removal of ANH. Health care providers at Catholic institutions, patients, family members, and others charged with their care, look to Church teaching for guidance on medical moral matters. Prolonging life through ANH is one topic that has certainly been addressed by the magisterium and other Church bodies. But is there continuity between the Church's recent statements and the moral tradition?

To begin this discussion, I will present the current Catholic Church position on the moral justifiability of withholding ANH from such patients as those in a PVS. This will be followed by some arguments made by contemporary moral theologians who question these more recent Church teachings. Following that, I will lay out the historical developments of this ethical issue, the origins of which contemporary theologians cite when making their case.

### **The Last 20 Years**

When a situation calling for the consideration of the removal of ANH — commonly known as tube feeding — presents itself, patients who are able to participate in the decision-making process, or the loved ones responsible for making the decision by proxy, are seldom in a situation where the answer is uncontestedly “no, you should not remove the feeding,” or “yes, you should remove the feeding.” The difficulty of making this decision is by no means alleviated by Church pronouncements over the past two decades.

For guidance on moral medical issues, Catholic health care institutions in the United States rely on a collection of directives promulgated by the United States Conference of Catholic Bishops (USCCB) called the *Ethical and Religious Directives for Catholic Health Care Services* (ERDs). In the most recent edition of the ERDs, the USCCB acknowledges the need for further reflection on “the morality of withdrawing medically assisted hydration and nutrition from a person who is in the condition that is recognized by physicians as the ‘persistent vegetative state’ (PVS).”<sup>4</sup> This same acknowledgement of the U.S. bishops appeared in their earlier publication of *Nutrition and Hydration: Moral and Pastoral Reflections*.<sup>5</sup>

Despite the call for further reflection, the U.S. bishops do offer a



certain level of guidance here. "There should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to the patient."<sup>6</sup> Some maintain that this directive "reflects a way of reasoning known as *tutorism*. Tutorism holds that, in cases of doubt, one acts responsibly when the safer course is followed."<sup>7</sup>

"Tutorism should not degenerate into rigorism," however,<sup>8</sup> and there are signs that recent Church teaching on ANH for PVS patients has done just that. In 1981, The Pontifical Council on Health Affairs said "There remains the strict obligation to apply under all circumstances those therapeutic measures which are called 'minimal': that is, those which are normally and customarily used for the maintenance of life (alimentation, blood transfusions, injections, etc.). To interrupt these minimal measures would, in practice, be equivalent to wishing to put an end to the patient's life."<sup>9</sup>

Four years later, the Pontifical Academy of Sciences reiterated this understanding more explicitly: "If the patient is in a permanent coma, irreversible as far as it is possible to predict, *treatment* is not required, but all *care* should be lavished on him including feeding. . . . If *treatment* is of no benefit to the patient, it may be withdrawn, while continuing with the *care* of the patient."<sup>10</sup>

Distinguishing between *treatment* and *care* has become an important point in debates on the use of ANH for PVS patients because of Church statements that permit the removal of interventions deemed burdensome. In 1992, for instance, the U.S. bishops said "Such measures must not be withdrawn in order to cause death, but they may be withdrawn if they offer no reasonable hope of sustaining life or pose excessive risks or burdens."<sup>11</sup>

With the Vatican clearly on their side, bishops of the New Jersey State Catholic Conference said in 1987, "that nutrition and hydration, being basic to human life, are aspects of normal care, which are not excessively burdensome, and should always be provided to a patient."<sup>12</sup> Writing on behalf of Nancy Jobes, a severely brain damaged woman whose husband sought to remove her ANH, the New Jersey bishops said nutrition and hydration are not a form of medical treatment. Medical treatment is for curing disease. Nutrition and hydration are for sustaining life. "For that fundamental reason we insist that nutrition and hydration must always be maintained."<sup>13</sup>

The Catholic bishops of Pennsylvania express a similar viewpoint as that of the New Jersey bishops:

The feeding — regardless of whether it be considered as treatment or as care — is serving a life-sustaining purpose. Therefore, it remains an ordinary means of sustaining life and should be continued. In

other words, the mere distinction between treatment and care does not of itself resolve the moral problem. Rather, its resolution still remains within the scope of the usual norms of ordinary and extraordinary means. Whether it is viewed as treatment or care, it would be morally wrong to discontinue nutrition and hydration when they are within the realm of ordinary means.<sup>14</sup>

Classifying ANH as treatment or care therefore becomes unnecessary, according to the bishops of Pennsylvania. All that matters is that ANH is an *ordinary* means of sustaining life, and therefore should not be removed. The Pennsylvania bishops define ordinary means as “those which are available and do not require effort, suffering or expense beyond that which most people would consider appropriate in a serious situation.”<sup>15</sup> While the U.S. bishops’ Committee for Pro-Life Activities did say ANH has not been definitively deemed “normal [ordinary] care” by the magisterium, and that the issue surrounding the obligation of providing ANH is unresolved, it contends “that while legitimate Catholic moral debate continues, decisions about these patients should be guided by a presumption in favor of medically assisted nutrition and hydration.”<sup>16</sup>

In 1998, Pope John Paul II made a statement that supports the pro-life committee’s position cited above.

As ecumenical witness in defense of life develops, a great teaching effort is needed to clarify the substantive moral difference between discontinuing medical procedures that may be burdensome, dangerous or disproportionate to the expected outcome — what the Catechism of the Catholic Church calls “the refusal of ‘overzealous’ treatment” (No. 2278; cf. *Evangelium Vitae* 65) — and taking away the ordinary means of preserving life such as feeding, hydration and normal medical care. The statement of the U.S. bishops’ pro-life committee, “Nutrition and Hydration: Moral and Pastoral Considerations,” rightly emphasizes that the omission of nutrition and hydration intended to cause a patient’s death must be rejected and that, while giving careful consideration to all factors involved, the presumption should be in favor of providing medically assisted nutrition and hydration to all patients who need them. To blur this distinction is to introduce a source of countless injustices and much additional anguish.<sup>17</sup>

On March 20, 2004, following an international conference sponsored by the Pontifical Academy for Life and the World Federation of Catholic Medical Associations (FIAMC), the pope made his stance even clearer. He emphasized that nutrition and hydration, regardless of how they are administered, are “a natural means of preserving life, not a medical



procedure. Therefore, their use must be considered ordinary and appropriate and as such, morally obligatory."<sup>18</sup>

John Paul II very explicitly places ANH directly in the category of ordinary care, the administration of which is to be presumed. This essentially brings to fruition a trend in Church positioning that has been growing since the early 1980s. Contemporary theologians, however, are not so sure this is consistent with the moral tradition.

### **Contemporary Theologians**

A 1986 document of the U.S. Catholic bishops sums up the current Church understanding of the administration of nutrition and hydration for all patients:

Because human life has inherent value and dignity regardless of its condition, every patient should be provided with measures which can effectively preserve life without involving too grave a burden. Since food and water are necessities of life for all human beings and can generally be provided without the risks and burdens of more aggressive means for sustaining life, the law should establish a strong presumption in favor of their use.<sup>19</sup>

Though "food and water" generally refers to naturally administered food and drink, the statement above has been used to classify ANH in two distinctly important ways: 1) it is an ordinary means of sustaining life that 2) causes benefit (namely the prolongation of biological life) rather than burden. Current arguments over these two points are what fuel much of the furor surrounding cases like that of Ms. Schiavo. If ANH is understood as an ordinary means of sustaining life and it offers sufficient benefit over potential burdens, then, according to the tradition, its use would be morally obligatory.

Kevin O'Rourke, OP, refutes this notion that ANH is an ordinary means that offers benefit to PVS patients. "The medical community has decided without equivocation that ANH is a medical therapy and may therefore be withdrawn from PVS patients because it is not beneficial."<sup>20</sup> He goes on to explain that arguing against the removal of ANH because it causes suffering and starvation is groundless: "PVS patients have no sensory capacity, they feel no pain as a result of withdrawal of ANH. Moreover, though death is foreseen, it need not be the direct intention of withdrawal. Rather, the direct intention of withdrawing ANH is simply to discontinue futile therapy."<sup>21</sup> This last point is crucial because all involved agree that any action done specifically to cause death is considered euthanasia, and that is clearly illicit.

The contention that removing ANH does not *cause* a patient's death is supported by Lisa Sowle Cahill. "To omit to provide extraordinary life support to a patient is not to directly cause his death, but to permit it to occur as a result of disease."<sup>22</sup> She continues by explaining that the decision to remove life support is not done to kill the patient, but because in the current, unchanging state, the patient no longer possesses "the sufficient conditions for the fruitful development of loving relationships, both with other humans, and through them, with God."<sup>23</sup>

In other words, when ANH offers no hope of benefit, or has been deemed burdensome to the PVS patient or those closest to him, its removal is licit because continuing to provide nutrition and hydration "would impede the [patient's] response of love to God."<sup>24</sup> Individuals are "able to love God in the context of human life through loving others as [themselves]. Yet human life is not itself an absolute good. The good of life is a limited good precisely because it is the basis for pursuing the higher, more important spiritual goods of life (love of God and love of neighbor)."<sup>25</sup>

Reacting to the Pennsylvania bishops' statement, Richard McCormick said traditional Catholic moral teaching "maintains that life is a basic good but not an absolute one and that, therefore, not all means must be used to preserve it... Artificial nutrition-hydration that 'simply puts off death by maintaining physical existence with no hope of recovery... is useless and therefore not ethically obligatory.'"<sup>26</sup> Essentially, he is saying that life on earth is not to be regarded as an ultimate end, and to speak in such terms denies the fact that sometimes patients should be allowed to die.

McCormick is arguing from the same standpoint as O'Rourke, Cahill, and numerous other contemporary moral theologians.<sup>27</sup> ANH for the accurately diagnosed PVS patient does not fall within the realm of ordinary means that offers benefit, its removal is not the cause of death, and its continuation is an unfortunate impediment to the patient's greater fulfillment. These are not new ideas. Moral theologians today, when reacting to recent Church statements on ANH and the care of PVS patients, appeal to a well-established theological tradition that goes back nearly 800 years.

### **Development of the Tradition**

When Thomas Aquinas (1224-1274), the "Angelic Doctor," says that a person is "bound to nourish his body... and to all the other items without which the body can not live,"<sup>28</sup> it might be inferred that he believes "we have an absolutely binding obligation to take every step necessary for the preservation of one's life."<sup>29</sup> A qualification of sorts appears, however, in his *Summa* where he addresses the question of whether one's fearlessness can be considered a sin.



It is inbred for a man to love his own life and those things which contribute to it, but in due measure; that is, to love things of this kind not as though his goal were set in them, but inasmuch as they are to be used for his final end... So it is possible for someone to fear death and other temporal evils less than he should... Temporal goods ought to be despised in so far as they hinder us from love and fear of God... But temporal goods are not to be despised in so far as they are helpful means of attaining things which promote fear and love of God.<sup>30</sup>

Simply put, individuals are obliged to take care of themselves, but must be wary of letting the objects of this care, and even their lives on earth, become the primary goal of existence. (By no means, however, is he degrading life or calling for a happy pursuit of death.) Ultimately, each is to use his life for the pursuit of God. This is about as far as one can apply Aquinas to the topic at hand, but it is quite important nonetheless. In the above quote from question 126 of the "*Secunda Secundæ*," he opens the door for future theologians to explore the notions of ordinary/extraordinary means, burden/benefit, and love of God as *the* fulfillment of life.

One theologian from the sixteenth century is held up by moralists as the father of nutrition and hydration discussions regarding obligations in the preservation of life. Francisco de Vitoria (1486-1546), a Spanish Dominican, makes first mention of the usefulness of food in his *Relectiones Theologicae*. It is here that he presents a qualification to Aquinas's proposition that to act against the natural inclination to preserve one's life is a mortal sin. "If this is so, then it would seem that a sick person who does not eat because of some disgust of food would be guilty of a sin equivalent to suicide."<sup>31</sup>

Chief among Vitoria's points on this matter is that "a sick person is required to take food *if* there exists some hope of life."<sup>32</sup> Exceptions are made for the patient who simply cannot bring himself to eat or drink. "If the patient is so depressed or has lost his appetite so that it is only with the greatest effort that he can eat food, this right away ought to be reckoned as creating a kind of impossibility and the patient is excused, at least from mortal sin, especially if there is little or no hope of life."<sup>33</sup>

He is not condoning self-inflicted starvation as a means of suicide, nor is he allowing "much leeway if the means (food) are effective (a certain "hope of life") and do not involve a grave burden... Clearly, Vitoria recognizes psychic as well as physiological illness, and his notion of grave burden involves more than physical pain."<sup>34</sup>

For Vitoria, food and drink are natural means for preserving life. Drugs, on the other hand, are unnatural. His distinction between the two means is somewhat ambivalent, though. Food is more obligatory because it is simply a natural necessity for life; drugs are less obligatory simply



because they are never always necessary or natural. "But on the other hand, medicine is also intended by nature for health. It would seem, then, that medicine is also natural."<sup>35</sup>

Theologian Daniel Cronin, STD, Archbishop Emeritus of Hartford, CT, raises an important point that helps clarify Vitoria's apparent indecisiveness about the natural and unnatural nature of drugs: "Drugs and medicines are not the basic way by which man is to nourish his life... If man were never to be sick, he would never need medicines. If he is sick, however, it is quite *natural* for him to make use of *artificial* means of *conserving* life."<sup>36</sup> This is the first inkling of the ordinary/extraordinary means distinction to appear more substantively in the years to come.

So for Vitoria, food and drink are a natural, necessary means of preserving life, but, like drugs, are not obligatory when their administration causes grave burden and offers no hope of benefit for the patient. Simply put, there can be circumstances, regarding the use of nutrition and hydration, where one is not morally obligated to preserve life. It is important to note that Vitoria lived at a time when the only way nutrition and hydration could be administered was through the mouth. If he allowed for circumstances when food and drink could licitly be declined, how much more so for tube feeding?

In the century following Vitoria, numerous theologians continued to address the issue of obligations in preserving life. The terms *ordinary* and *extraordinary* are in fact first applied to this discussion in 1595 by Dominican theologian Domingo Bañez (1528-1604). At a time when anesthesia was so primitive that it gave little relief from the pain of surgery, "Bañez points out that people are called to conserve their lives but not by extraordinary means involving great pain, anguish, or undertakings disproportionate to their state."<sup>37</sup>

Jesuit Juan Cardinal de Lugo (1583-1660) takes Vitoria's ideas and develops them with different examples that are employed even today. One of his more noteworthy illustrations, which conveys the lack of obligation to use ordinary means that offer no hope of benefit, places a man squarely in the face of certain death by fire.

The man notices that he has water to extinguish part of the fire, but not all of it, and that he can only delay his death by the water's use. Is the man under an obligation to use the water? De Lugo answers in the negative, "because the obligation of conserving life by ordinary means is not an obligation of using means for such a brief conservation."<sup>38</sup>

This does not mean, however, that if there were a possibility of extinguishing the entire fire that it should not be attempted. On the contrary, the man would be obliged to try. "The use of water would be analogous to eating ordinary foods... Thus, de Lugo wished to admit the

possibility that an ordinary means need not be obligatory because the benefit to the person is too slight to carry moral weight."<sup>39</sup>

According to de Lugo, any means used to conserve life "must give definite hope of being proportionately useful and beneficial before it can be called obligatory. It is noteworthy also that de Lugo applies this doctrine even to the taking of food which is a purely natural means of conserving life."<sup>40</sup>

Alphonsus Liguori (1696-1787), though deemed an authority on this matter, adds little that is new to the tradition taking shape at the hands of his predecessors. His review and confirmation of what they posited is still important nonetheless.<sup>41</sup> He restates what were already widely accepted norms for assessing the duty to preserve life:

1. There is no obligation to employ expensive or "uncommon medicines"
2. Moving to a more healthful climate is not obligatory
3. Extraordinary means, such as amputation of an extremity, are not required
4. There is an obligation to employ ordinary interventions if the hope of benefit exists<sup>42</sup>

Regarding the popular example of amputation as an extraordinary means, it must be remembered that such a surgery, at a time of primitive anesthesia, would have been considered so extreme that a patient was almost always justified in forgoing the painful ordeal, even if it was determined that there was a possibility of benefit. Developments in health care have all but rendered that example useless.

Following Liguori, and throughout the nineteenth century, the writings of moral theologians on issues related to ordinary/extraordinary means of conserving life had become relatively unified around the four points listed above.<sup>43</sup> During this time, and into the twentieth century, numerous theologians supported the idea that there are "some *non-obligatory* means that remain optional *regardless* of the condition of the patient."<sup>44</sup>

Hieronymus Noldin (1838-1922), for instance, says that moving to a more healthful climate or enlisting the services of the best physicians is not obligatory, even for a person who could easily afford it. All that is required of anyone is the use of those means that are ordinarily employed.<sup>45</sup> This same idea is found in the manual of Heribert Jone, OFM Cap. (1924-1999).<sup>46</sup> Henry Davis, SJ, concurs as well. He says that although an individual is required to employ ordinary means to preserve his life, he is



not required to use "extraordinary expensive methods, nor methods that would inflict on him almost intolerable pain or shame."<sup>47</sup>

In 1950, theologian Gerald Kelly, SJ, (1902-1964), published "The Duty of Using Artificial Means of Preserving Life." Eighteen months later, he followed up with "The Duty to Preserve Life." These two articles together present a summation of the theological tradition regarding ordinary/extraordinary means and applies that tradition to the "modern" medical situation. In line with his predecessors, Kelly relies on hope of benefit when it comes to assessing the obligation to preserve life.

Theologians have responded favorably to the suggestion that even an ordinary artificial means need not be considered obligatory for a patient when it is relatively useless... [T]o avoid complications, it would be well to include the notion of usefulness in the definitions of ordinary and extraordinary means.<sup>48</sup>

He defines ordinary and extraordinary means as follows: "*Ordinary* means are all medicines, treatments, and operations, which offer a reasonable hope of benefit and which can be obtained and used without excessive expense, pain, or other inconvenience." Extraordinary means are those interventions that are excessively expensive, painful, or inconvenient, and "would not offer a reasonable hope of benefit."<sup>49</sup>

For Kelly, all patients are entitled to such things as nursing care, pain relief, food and drink, and "the opportunity of preparing for death." There is no moral obligation, however, to use "artificial life-sustainers... unless they offer the hope of some real benefit... without imposing a disproportionate inconvenience."<sup>50</sup>

Seven years later, Kelly revisited the issue in another article, "Preserving Life," where he expanded some of his previous observations. Like those before him, Kelly says that every person has a duty to conserve his life through ordinary means. To do otherwise, would be suicide. For ordinary means to be refused a patient, is equal to euthanasia. However, "It is not always easy to distinguish between ordinary and extraordinary means of preserving life."<sup>51</sup>

Moral theologians before Kelly knew of the difficulty in trying to distinguish between ordinary and extraordinary means. They knew that when making moral decisions about preserving life, avoiding evil and doing good were their guiding principles. "[B]ut there are reasonable and proportionate limits to one's duty of doing good."<sup>52</sup>

The moralists set out to make a prudent estimate of the limits of this duty. In other words, they wanted to answer the simple question that any good man might ask: "How much does God demand that I do in



order to preserve this life which belongs to God and of which I am only a steward?"<sup>53</sup>

As has been discussed previously, the moralists considered such inconveniences as expense and pain when measuring one's duty to do good when considering means for preserving life. Kelly reaffirms the idea that inconveniences thought to be excessive "by reason of expense, pain, or other hardship to oneself or others" are legitimately called extraordinary.<sup>54</sup> Among the examples of such extraordinary means, Kelly lists "intravenous feeding to prolong life in a terminal coma."<sup>55</sup> This appears to be a semantic development (not a change in thinking) from what he had said in a previous article. "Kelly wishes to consider such means ordinary, but useless, artificial means of preserving life and so optional."<sup>56</sup>

Kelly's question about how far one must go in trying to preserve life is addressed by Pope Pius XII.

Normally one is held to use only ordinary means according to the circumstances of persons, places, times and cultures — that is to say, means that do not involve any grave burdens for oneself or another. A more strict obligation would be too burdensome for most people and would render the attainment of a higher, more important good too difficult. Life, health, all temporal activities are in fact subordinated to spiritual ends.<sup>57</sup>

This statement not only reveals Pius' embrace of the moral tradition regarding ordinary/extraordinary means, but reflects his Christian understanding of mortality, and that there is higher achievement than life on earth.

Cronin wrote in his 1958 doctoral dissertation (which later became a chapter in *Conserving Human Life*, published by the Pope John Center) that "The teaching that an ordinary means of conserving life must offer a hope of benefit is certainly in harmony with common sense. It would be unreasonable to bind an individual with a moral obligation of employing a remedy or cure which offers no hope of benefit... No one writes in opposition to this teaching."<sup>58</sup> He even goes so far as to say that the ordinary intake of food (not to mention ANH) may be optional if no hope of benefit exists.<sup>59</sup>

Like all the others, Cronin does highlight the moral responsibility to use ordinary means in preserving one's life. "Not to employ the ordinary means of conserving life is tantamount to suicide and thus a grave sin."<sup>60</sup> This statement, especially when it follows the one above, has led to confusion. Cronin says that *hope of benefit* makes all the difference here. "We have included the notion of utility or proportionate hope of success

and benefit as an essential part of our definition of ordinary means. Any means, therefore, that does not give definite hope of benefit is an extraordinary means."<sup>61</sup>

So food and drink, whether taken by mouth or administered through a gastrostomy tube, becomes an extraordinary means of conserving life when it offers no hope of benefit; rendering it, therefore, optional, or not morally obligatory. This is the approach taken by Catholic Church hierarchy even as recently as 1995.

### **An Apparent Shift**

The 1980 Vatican "Declaration on Euthanasia" reflects the centuries-old tradition laid out above.

[O]ne cannot impose on anyone the obligation to have recourse to a technique which is already in use but which carries a risk or is burdensome. Such a refusal is not the equivalent of suicide; on the contrary, it should be considered as an acceptance of the human condition, or a wish to avoid the application of a medical procedure disproportionate to the results that can be expected, or a desire not to impose excessive expense on the family or the community. When inevitable death is imminent in spite of the means used, it is permitted in conscience to take the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted.<sup>62</sup>

Fifteen years later, Pope John Paul II presented *Evangelium Vitae* (On the Value and Inviolability of Human Life). Part of this encyclical deals with conserving life and takes its moral cue straight from the above-cited *Declaration on Euthanasia*:

In such situations, when death is clearly imminent and inevitable, one can in conscience "refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted." 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. To forego extraordinary or disproportionate means is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death.<sup>63</sup>



Compare this, however, to what he said only three years later: "[T]he omission of nutrition and hydration intended to cause a patient's death must be rejected and that, while giving careful consideration to all factors involved, the presumption should be in favor of providing medically assisted nutrition and hydration to all patients who need them."<sup>64</sup> Here, the pope is much more aligned with the Pontifical Council on Health Affairs' statements that appeared in the 1981 publication of *Questions of Ethics Regarding the Fatally Ill and the Dying*, cited earlier.

Further cementing the pope's stance is his statement issued last March. Even a bleak prognosis for recovery, "when the vegetative state lasts longer than a year, cannot ethically justify abandoning or interrupting basic care, including food and hydration, of a patient." Discontinuing a patient's nutrition and hydration "is truly euthanasia by omission."<sup>65</sup>

This most recent statement is indicative of the Church's seeming modification of the centuries-old moral tradition that demands the presence of a reasonable hope of benefit (historically understood as contributing to the healthful recovery of the patient) before obligating anyone to use interventions for the conservation of life. Suddenly it has become a matter of choosing between the use of ANH to keep a patient alive (with hope of benefit being reduced to the sustaining of biological life) or withholding ANH to cause death. The apparent shift in terminology reveals a shift toward physicalism—that everything supervenes on the physical.

Responding to the Schiavo case, a recent statement of the Florida bishops claims to offer clarification on "the church's teaching about when it is permissible to withhold or withdraw nutrition and hydration. They have made clear that there should be a presumption in favor of providing medically assisted nutrition and hydration as long as it is of sufficient benefit to outweigh the burdens involved to the patient."<sup>66</sup> While presuming in favor of ANH, however, the Florida bishops do acknowledge the sometimes licit refusal of treatment. They specifically cite a "burdensome prolongation of life" as reason enough to discontinue ANH, "and that this may be properly seen as an expression of our hope in the life to come."<sup>67</sup>

In a single paragraph the Florida bishops appear to take both sides of the current debate surrounding the use of ANH. On one hand, there is a call for a presumption in favor of using ANH in all cases. This appears to be a popular line of thinking among many pro-life groups and Church officials. On the other hand, there is an appeal for avoiding anything that can become a burdensome prolongation of life. This is in line with the theological tradition.



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20. Kevin D. O'Rourke, "Applying the Directives," *Health Progress* (July-August 1998). In fact, recent studies have shown that ANH not only does not provide comfort to PVS patients, but may actually cause additional physiological problems and suffering. See Muriel R. Gillick, "Rethinking the Role of Tube Feeding in Patients with Advanced Dementia," *The New England Journal of Medicine* (January 20, 2000): 206-210; Thomas E. Finucane et al., "Tube Feeding in Patients with Advanced Dementia: A Review of the Evidence," *JAMA* (October 13, 1999): vol. 282, no. 14, 1365-1370; and Raymond A. Viola et al., "The Effects of Fluid Status and Fluid Therapy on the Dying: A Systematic Review," *Journal of Palliative Care*, vol. 13, no. 4, (1997): 41-52.
21. Ibid.
22. Lisa Sowle Cahill, "A 'Natural Law' Reconsideration of Euthanasia," *On Moral Medicine*, edited by Stephen Lammers and Allen Verhey (Grand Rapids: William B. Eerdmans, 1987), 447.
23. Ibid., 447-448.
24. O'Rourke, "Development of Church Teaching on Prolonging Life," *Health Progress* (January-February 1988): 28.
25. Michael R. Panicola, "Withdrawing Nutrition and Hydration," *Health Progress*, (November-December 2001): 29.
26. Richard A. McCormick, "'Moral Considerations' Ill Considered," *America* (March 14, 1992): vol. 166, no. 9, 211-212. For the last part of this quote, McCormick cites Dennis Brodeur, "Feeding Policy Protects Patients' Rights, Decisions," *Health Progress* (June 1985).
27. Included here is a statement of the Texas Bishops Conference, "On Withdrawing Artificial Nutrition and Hydration," *Origins* (June 7, 1990): 53-55, where the traditional understanding of burden/benefit is upheld, temporal concerns are subordinated to the patient's spiritual needs, and the decision to remove ANH is not deemed an abandonment of the PVS patient.

28. Thomas Aquinas, *Super Epistolas S. Pauli*, II Thes., Lec. II, n. 77, as cited in Atkinson, Gary M., "Theological History of Catholic Teaching on Prolonging Life," in *Moral Responsibility in Prolonging Life Decisions*, edited by Donald McCarthy and Albert Moraczewski (St. Louis: Pope John Center 1981): 96.
29. Atkinson, 96.
30. Aquinas, *Summa Theologiae*, 2a, 2ae, Question 126. Blackfriars translation (New York: McGraw Hill, 1964), vol. 42, 75-77.
31. Francesco de Vitoria, *Relectiones Theologicae*, Relectio IX, de Temp. n. 1, as cited in Atkinson, 98.
32. Ibid., Emphasis added.
33. Ibid.
34. O'Rourke, 29.
35. Atkinson, 99.
36. Daniel A. Cronin, "The Moral Law in Regard to the Ordinary and Extraordinary Means of Conserving Life," Part I in *Conserving Human Life*, (Braintree: The Pope John Center, 1989). 79-80
37. José Janini, "La operation quirúrgica, remedio ordinario," *Revista Espanola de Teologia*, as cited in Patricia A. Talone, *Feeding the Dying: Religion and End-of-Life Decisions* (New York: Peter Land, 1996), 22
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60. Ibid., 113.
61. Ibid., 114.
62. Congregation for the Doctrine of the Faith, *Declaration on Euthanasia, Origins*, vol. 10, no. 10 (August 14, 1980).
63. John Paul II, *Evangelium Vitae*, 65, *Origins*, vol. 10, no. 10, August 14, 1980.
64. John Paul II, "Building a Culture of Life."

65. Press release issued by the Vatican Information Service, Vatican, March 22, 2004.
66. Press release issued by the Florida Catholic Conference, Tallahassee, October 23, 2003.
67. Ibid.
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