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Cessation From Feeding a PVS Is Not "Killing"

by

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The author lives in Japan.

With all due respect to Father Joseph C. Howard, I do not agree that cessation from feeding a PVS "kills" him (*Linacre Quarterly*, November 1994, pp. 60-61). PVS, in this writing, is used as he uses it without further specification.

I have argued (*Linacre Quarterly*, February 1991) that force-feeding a permanently unconscious patient becomes optional at some point; it is no longer obligatory thereafter. The hospital which has done what it can to bring the person back to a conscious state and has exhausted all reasonable approaches to do so; which has kept the patient alive at public expense up to that point of time, is thereafter free of further obligation to preserve his physical life. If relatives then wish to take him home or elsewhere to continue administering life support, they may opt to do so freely, but they are not under obligation.

I added that the possibility of rare exceptions of unexpected recovery does not nullify this stated general moral principle. Indeed, there are instances of regained consciousness after years or even decades; but exceptions do not dis-establish the general moral principle. Caretakers may stand by and allow PVS (Permanent Vegetative State) patients to die if their PVS condition has been diagnosed by rigorous standards and by apt procedures, and the passage of sufficient time has confirmed the condition.

Father Howard, however, argues the contrary; that one who stops supporting the physical life of a PVS patient "kills" him:

It is necessary to recognize that it is possible to kill a person by acts of omission (passive euthanasia) or acts of commission (active euthanasia). We must recognize that the deliberate denial of food and water to innocent human beings in order to bring about their deaths is homicide for it is the choice to kill by starvation and dehydration. Such killing is seriously immoral and should never be legalized . . . The fact that the killing is done by an act of omission makes it no less reprehensible (p.61).

With that last sentence he shot himself in the foot. By what title does he absolve himself from "killing" PVS patients whom he could save if he would not neglect them? If he would abandon his job tomorrow to save them? By omitting to do so, does he not "kill" them by omission, just as he theorizes that caretakers do? What

is good for the goose is good for the gander.

Is “Allowing to Die” the Same Thing as “Killing”?

There is such a thing as deliberate denial of food and water done “with the intention” of killing a person of course. The brothers of Joseph initially intended to kill him in a bitter act of vengeance: “They said to one another: ‘Here comes that master dreamer! Come on, let us kill him and throw him into one of the cisterns here.’” (Gen 37:19-20) Reuben, however, prevailed on them to throw him into the cistern while still alive. He planned to save him later. The intention of the other brothers was to kill Joseph by starvation in the cistern. It is an example of intending to kill by preventing access to food and drink.

But the doctors in a hospital are not vengeful sons of Jacob bent on killing a brother. The doctors did not throw a PVS patient into a cistern. They found him there, unable to reach out for food and drink. The question for them is: how long are we obligated to keep him alive at the expense of the public?

“Thou shalt not kill” is a negative command. It therefore binds everywhere and always. It is not the same as the positive command: “Thou shalt keep alive.” Positive commands bind everywhere but not always; not beyond reasonable limits. We have a positive obligation to attend Mass on Sundays; but the obligation ceases when attendance would be an unreasonable act; for example, if one has a fever and exposure is contra-indicated.

Who has an obligation to support the PVS? The medical profession in general has the obligation *in globo*, so long as treatment is reasonable. So long as a diagnosis provides sound prospects that medical intervention can bring about a cure, a healing, a restoration of conscious life.

Who has an obligation to support the PVS when a diagnosis no longer provides plausible prospects of a cure, of a healing, of a recovery of conscious life? The purpose of a hospital is not the same as that of a soup kitchen. In Japan, health insurance officials are ever on the watch to prevent hospital beds from becoming convenient parking places to which families bring their aged relatives instead of caring for them at home. An overload of such hospital inmates would deprive sick people of a hospital bed which they need temporarily while undergoing treatment for a curable condition.

Do hospices, then, have an obligation to nurture PVS persons until they die of natural causes? I think they are not obliged. Not unless they accept such an obligation on a contractual basis with relatives of the PVS. Do relatives of a PVS have an obligation imposed on them by God and nature to care for him until he dies of natural causes? They are not bound, I believe, to make extraordinary sacrifices to do so.

Many argue, in this situation, that provision of food and water via tubes is ordinary care, therefore obligatory. To which we respond that what is *ordinary* treatment from the viewpoint of a patient — receiving food and drink — may require *extraordinary* sacrifice on the part of a provider. For a custodian becomes practically house-bound by having to watch a PVS patient at home. He may have to abandon a job or profession, a source of livelihood and personal interest, in order to make this unconscious person the main focus of his activities. He must

remain near the patient, turn him over periodically, change bed pans, bathe him, wash the sheets, race to the supermarket and back between feedings, pay attention to his needs day in and day out, night upon night, week upon week, month after month, year after year.

To do so he may have to go on welfare and so become dependent upon the labor of others. All this amounts to more than *ordinary* care for one's neighbor. Such *extraordinary* care is beyond the call of duty. Fr. Howard, for example, would not be obligated to abandon his life profession in order to become a full time caretaker of any PVS patient, be it a relative or fortuitous neighbor.

There is an appointed time for everything,
and a time for every affair under the heavens.
A time to be born, and a time to die (Eccles 3:1-2).

The cause of death of a PVS is already fixed into his body. His acquired impotence to feed himself, even to clamor for food and drink, is comparable to a mortal wound. He is mortally incapacitated. Although he retains his right to *not be killed*, he has no innate right to be *kept alive* by others in this helpless condition. Caretakers have a positive obligation to keep him alive if there is reasonable hope of recovering consciousness. When that prospect terminates, the positive obligation to keep him alive ceases in tandem. The time to allow the permanently unconscious person to die has come.

"Let my people go," said the Lord to Pharaoh (cf. Ex 5:1). A guardian need not, I believe, force-feed a PVS to keep him physically alive as long as possible. He may even be doing the patient a disfavor by preventing him from making a timely rendezvous with the Lord. A custodian should indeed provide medication to ease the physical signs of encroaching death. But he may, and perhaps even should, desist from force-feeding a patient when the action can no longer assist him to regain consciousness. There comes a time, I believe, when a caretaker of a PVS may conscientiously heed the call of nature and of God; "Let my people go." It is my opinion.
