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Rev. Robert Barry reviews contributions to *By No Extraordinary Means* in *Linacre*, November, 1987, including my own chapter in the book. He is correct about at least *one* thing: The euthanasia mentality is indeed very dangerously looming over the land and polluting the moral air of medicine today. He is correct also in seeing the move to establish a "right to suicide" as an essential component of the euthanasiasts' strategy. The ascendancy of the euthanasia movement very much threatens our world with a new version of the totalitarian horrors of the Nazi movement, only now on perhaps a worldwide level and with a different kind of dictatorial "planners" to impose their "new order". Unfortunately, one of the most powerful ploys being used by euthanasia promoters today is the plight of the irreversibly comatose — particularly their intubation for feeding and hydration.

My own view, and that of many, if not most, moralists working out of the officially committed moral doctrine of the Catholic Church, on the issue of intubation of the irreversibly comatose draws, I believe, on principles validly developed in Catholic moral tradition over the centuries. This view, as I would present it, can be outlined as follows:

1) Any man-made contrivance to replace a natural function of the body is of necessity a burden, for instance, a stomach tube to replace the natural process of ingestion, or a dialysis machine to replace kidney function, or a respirator to replace diaphragm function, etc. These would not necessarily be a burden of such significance as to exempt one from using them to prolong life. But they are of necessity a burden, at least to some degree.

2) It is clear that such is indeed the case if one compares, on the one hand, the normal human reaction to the prospect of having to have a stomach tube for a few months after a throat operation to, on the other hand, the normal human reaction to having to eat meals by normal ingestion for the same period. No one looks forward to the first; any normal person naturally looks forward to the second.

   The only way one could deny the intrinsically burdensome nature of such artificial substitutes for normal bodily functions would be to deny the moral validity of both sentiment and conviction in the common estimate of the human race. Such a denial is foreign to the Catholic moral tradition, not to mention sound systems of rational ethics.

3) What is *always* a burden becomes a *significant* burden if it must be continued *over a long period of time.* Thus feeding and hydration by intubation *over a long period of time* are a significant burden, this, regardless of pain, great expense, etc., being involved or not. Simply "putting up with it" is more than burden enough.

   To deny this, one would somehow have to convince himself that the normal human person would look forward to such an arrangement. That is unthinkable. And there is only one basic reason why: the arrangement is a significant burden.

   Who in his right mind would look forward with gloom to the prospect of eating three square meals a day normally for the next 20 or 30 years? No one! Who would look forward to being fed by a stomach tube for 20 or 30 years? No one with common sense! Why not? Because it is a significant burden.

4) It follows inexorably, then, that one would have a moral right to exclude such an arrangement for oneself, and even make provision ahead of time for such an exclusion in the eventuality that one would become totally incompetent at some later date. One always has a moral right to exclude life-prolonging measures which are significant burdens.

5) One still retains the moral *option* to use even a procedure of significant burden. But it is an *option,* not an obligation. One might choose freely such an option IF there were some compensation in sight for putting up with the significant burden involved. Opportunity for prayer, study, visits with family and friends, etc. might lead a person — freely, without any moral requirement to do so — to choose the life-prolonging option in spite of its significant burden.

6) The point with the irreversibly comatose is that only in the rarest cases is there any compensation. Therefore only in the rarest cases is there any obligation to continue tube feeding for a presumably extended period of time. (If the irreversibly comatose person will be kept alive for only a short period of time — say two weeks — by such feeding, such feeding becomes morally optional because it is a significant burden by reason of its futility.) The *option* of such artificial feeding may be present, but *not* the *obligation.*

In my opinion, Father Barry's review does not really give adequate consideration to the approach outlined above. And though he is correct about there being a euthanasia threat to our society, he is not correct about much else. Indeed his review so *distorts* and outright *misrepresents* the truth, I believe, that it does a distinct disservice to the pro-life movement and especially to the movement's concern to protect the life of the seriously ill. I believe that, regrettably, this is obvious particularly in his critique of my own contribution to the book.

The distortion shows itself when Father Barry does not quote my words, but instead, gives his interpretation of them. Two examples out of, unfortunately, many will suffice to show the distortion.

He says that, according to me,

> . . . nutrition and fluids . . . when they cannot be ingested [in a normal manner] become electable medical treatments.

This is a highly simplistic version of my views. Indeed, it contradicts what I actually said in the chapter.

First of all, I never called nutrition and fluids "medical treatments", because I consider the term not very helpful. For the Catholic moral tradition of the centuries has considered, not only "medical treatment", but even the normal ingestion of significantly burdensome food or medicines — even those necessary for life — sometimes morally "electable", i.e., non-obligatory, e.g., if they are extremely expensive.

Nor did I say that food or fluids *delivered by tube* are simply "electable". Indeed, I said the contrary:

> A means of prolonging life is "obligatory on its own merits" when one must answer yes to all three of the following questions:
>
> a) Is this means physiologically possible to the patient?
> [Obviously, one is not obliged to give, e.g., intravenous treatment if the patient's collapsed veins do not allow it.]
>
> b) Will this means substantially prolong life?
> [Obviously, one is not obliged to go through a procedure which will stave off death for at most a couple of days.]
>
> c) Will this means, as a means, escape significantly adding to the burdens of the patient?
> [On the one hand, obviously, one is not obliged to perform highly

> painful, major surgery when no anesthesia is available or usable. The surgery, *precisely as a means*, would significantly add to the burden of the patient. The answer to the question would then be "No" —meaning that the procedure *on its own merits* would not be obligatory. On the other hand, if it does not add burden *as a means*, but does so simply by prolonging a life which already has much misery inherent in it, the answer would be "Yes" — meaning that the procedure is morally obligatory. Thus, if the other two questions also had to be answered affirmatively, the procedure would be morally obligatory.] (p. 91, emphasis and bracketed inserts added.)

As I explained in the chapter *(ibid.)*, "obligatory on its own merits" means simply "obligatory" — period! There would be no moral excuse for not using a procedure which "tests positively" under these three questions. Thus, it is obligatory to give a simple, short-term antibiotic to a totally comatose patient whose life is threatened by pneumonia. I even make the point *(ibid.)* that procedures "*non*-obligatory on their own merits" can be rendered *obligatory* for non-therapeutic reasons. How then can Father Barry report — simplistically — that I make such treatments merely "electable"? To say that a certain procedure may *sometimes and for objective reasons* be electable, i.e., morally optional, is not the same as saying simply that it is electable *all the time.*

Another example of a breakdown in logic regards another contribution to the book.

> . . . *food and water* are different from *respirators* . . . patients can often survive the definitive removal of *respirators*, but no one can survive the definitive and absolute removal of *food and water. (Linacre,* p. 88, emphasis added)

Father Barry is here illogically comparing, on the one hand, *absolute physical necessities* ("food and water" — and, of course, air would be in the same category) with, on the other hand, the *contrivances* ("respirators" and, of course, tubes for artificial feeding would be in the same category) by which one might deliver them: in other words, "apples and oranges", as the saying goes in elementary logic courses.

Father Barry's review not only distorts what I did say, but also misrepresents what others have said. I will give only one, and a rather serious, example. Father Barry writes:

> Bayer would permit Elizabeth Bouvia to starve herself to death, but Archbishop Roger Mahony of Los Angeles condemned as irrational a [California Court of Appeals] decision permitting that choice. *(Linacre,* p. 89)

Actually the Archbishop accepted as morally defensible Elizabeth Bouvia's rejection of tube feeding. What he condemned (and rightly so!) was the euthanasia *reasoning behind* the decision, not the decision itself. He issued a lengthy statement which makes this point repeatedly. (See p. 83)

> True, a moral approach which, to the contrary, values each human life as a priceless gift can nonetheless justify not adding heavily to the burdens which already fill a patient's life. If taking food artificially, or even naturally, in a

patient's honest judgment is a source of significant pain, discomfort, risk or even dehumanization *added to* what he is already experiencing or will experience from his condition, one can defend the patient's right to say "No more!" This is a reasonable decision worthy of a human being, and nineteen hundred years of coherently developing Christian moral thinking affirm it. For it is not a decision to end one's earthly life, but to tolerate that life's passing away (as we all must someday) rather than *adding new* burdens to those already present in one's life.

Indeed, society has a right — even an obligation — to protect a patient's right to make this evaluation of the burden in a procedure and decisions which follow from it, even though at times others may disagree with a particular patient's thinking and choice in the matter. The [Appeal Court's] opinion . . . appears at first to contain much which is supportive both of the moral obligation not precisely to end life, and of the *right to refuse procedures precisely because they significantly add burden.* Elizabeth's present willingness to take whatever nourishment she can manage by mouth (even though she cannot long survive on this) would indicate *prima facie* an intent to do the same.

. . . true moral justification can be found for Elizabeth's refusal of intubation . . . (emphasis added).

It should be evident that the Archbishop champions precisely the very points and approach to which Father Barry objects in my chapter.

Perhaps Archbishop Mahony has changed his mind since he issued this statement. To my knowledge, however, he has given no evidence of that. If he does change, I would take that change very seriously, for I have profound respect for both his mind and his episcopal charism.

Perhaps the Church will someday embrace Father Barry's ideas. Once again, I see no sign of that. "One swallow maketh not a Spring," Shakespeare notes. And four archbishops cited by Father Barry make not "the Church" which Father Barry maintains has spoken on this issue. —not even if two of them are Cardinals and all of them on my list of hero pastors. I am especially concerned, however, about the highly questionable precision or even the out-and-out imprecision with which Father Barry handles the nature and content of their statements. As for the Pontifical Academy of Sciences, actually it was not the Academy, but a "working group" — a kind of subcommittee — which presented the report the Holy Father. It was a very short report with only one sentence touching the issue of the comatose, and no elaboration of reasons behind that sentence. The last advisory group to present its findings to a Pope on a truly dramatic issue was, of course, the "Birth Control Commission" —and we know just how authoritative that report was.

We should remember, too, that a group's "findings" can be rejected not only for being too lax, but also for being too rigoristic. I believe that is exactly what is going to happen to the opinion that we must keep a permanently comatose person alive, perhaps for 10 or 15 years by intubation. If, however, the Church does accept Father Barry's conclusions, I have every intention of accepting them exactly as the Church then indicates I should accept them — even though I will have a problem making sense of them.

Perhaps, finally, Father Barry or someone else someday will come up with truly impressive arguments that we are morally obliged to use medical contrivances to supply food and fluids to the irreversibly comatose even for 10 or 15 years. But, once again, I have seen no such arguments — certainly not in Father Barry's critique or in his other writings. Indeed, I believe that his efforts to make his point are proving counterproductive to his cause — and, unfortunately, I say with regret, to the pro-life movement as a whole. If what he maintains is actually true, I hope that he soon finds the logic and the facts to convince us all. As of now, at least in my judgment and that of many of my colleagues, he is not doing so.
