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Moral Repugnance as a Source in Moral Analysis

by

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The contemporary moral and magisterial discussion regarding Artificial Hydration and Nutrition (AHN) with regard to the patient in the Permanent Vegetative State (PVS) focuses primarily around three "*quaestiones disputatae*": (1) whether AHN is "ordinary nursing care" or "medical treatment"; (2) whether the PVS patient is "terminally ill" or not; and (3) the benefit/burden calculus for such patients. To move this discussion along, or at least off dead center, perhaps assuming a new viewpoint or a fresh stance would help. Can the PVS patient be viewed as living in a "foreign state," in a culture and condition that the "*communis aestimatio hominum*" would consider morally repugnant and hence morally impossible?

Actually this is not a new viewpoint, but one that has proven useful and effective in the Catholic moral tradition. The following *casus conscientiae* might suggest that the contemporary dialogue between magisterium and theologians regarding AHN for PVS patients might reconsider the salient and relevant moral consideration of moral repugnance.

Casus Conscientiae

I have a penitent, David, the son of a widowed mother and a man in ordinary circumstances of life, who has developed consumption. He is in very poor health at present, and has been told by many reputable physicians, who have carefully examined him that he cannot live more than one year unless he remove himself from this climate and betake himself to the Rocky Mountains, where, if his health improves, he would have to stay for four or five years. There is no certainty, however, that even there he will recover his shattered health. Now David is not inclined to follow the advice of the doctors. He feels that it would be imposing too great a hardship on himself and upon his mother. He dreads the life he will be compelled to lead in the mountains, and declares that he prefers to remain, and die if must be, at home, where he can receive some consolation from his parent, and where he can be of help to her. I would like to know whether there is any

obligation on his part to go to the mountains? Does he commit sin by not going?

Answer: . . . It is our view that the conditions under which David labors, and which beget in him a repugnance to a change of climate and a long residence in the mountains, with consequent separation from home and his mother, may rightly be looked upon as out of the ordinary. Therefore we hold that he is not obliged to submit himself to them, and consequently he does not sin by refusing to accept the dictum of his physician. He may be *counseled* to go, but he cannot be compelled to do so under pain of sin. The hardship, the expense, the mental pain, the loneliness and the fact that after all he may not ultimately recover, all these conspire to make the remedy an extraordinary one. This case and its solution by an anonymous author appeared in *Homiletic and Pastoral Review* in May 1916.¹

In 1950 Gerald Kelly cited this case in his classic article, "The Duty of Using Artificial Means of Preserving Life." Kelly began with the observation:

The solution of many problems concerning the duty of preserving life undoubtedly depends on a prudent *communis aestimatio* of the factors involved in the problems. . . . In other words, an extraordinary means is one which prudent men would consider at least morally impossible with reference to the duty of preserving one's life.²

To those unfamiliar with the Manual Tradition the term "morally impossible" may be problematic. It is one thing to describe the "physically impossible" as being in two distant places at one time or scratching behind your right ear with your left foot. However, it is more of a challenge to define or describe types of actions which for a given individual might be so psychically repugnant or so psychologically difficult that that action would be "morally impossible" for that individual. As such that individual would not be held culpable for an acting or not acting in ways which s/he would otherwise be obligated. Thus, in the clinical situation, one might find a patient with widespread cancer for whom radical surgery or the complications of chemotherapy or radiation are so personally abhorrent that however much the physicians recommend, even cajole, that patient could not morally submit.

Both the term and the concept "moral impossibility" appear as a basic moral principle in the classic manuals, such as Genicot-Salsmans, which Kelly cites. This principle is often practically applied in the discussion of ordinary and extraordinary means of prolonging life. For example, in his treatment of the Vth Commandment, Genicot states:

No one is bound to preserve their health or bodily integrity by exceedingly extraordinary means (n. 134). Consequently, no one is obligated to take up residence in a foreign place, to travel to distant spas, or to undertake the burden of financial strain even if he cannot prolong his life any other way.³

Previously, in the discussion of factors which might excuse or exempt one from the obligations of a moral law (n. 134), Genicot explicitly grounds the concept of extraordinary means within the principle of "moral impossibility:"

In general, the obligation of a positive law ceases when its observation *per accidens* is conjoined with serious risk or inconvenience.⁴

In the following paragraph, Genicot specifies the meaning of *per accidens*:

"*Per accidens*" means that the inconvenience arises from the observation of the law, or is extrinsic to the law, and not from the law itself. Certain laws, for example, the divine law of integrity of confession, of their very nature include very great difficulties which in particular cases still do diminish the obligation of those laws.

As regards human laws, the idea of this principle is that observance of a law should be morally possible (n.83). As regards divine laws, there is the added prudent presumption that God would not enforce his law where obvious extraordinary difficulties would change the obligations. — The physically impossible would all the more be excused because no one is obligated to (do) the impossible.⁵

In Note 83, mentioned in this paragraph, Genicot follows the traditional definition of Law:

In a wide sense the moral law is the right reason of doing or omitting. In a narrower sense, according to St. Thomas, (law) is defined: The ordering of reason to the common good promulgated by the one who has responsibility for the (good of the) community.⁶

The following paragraph defines the necessary conditions for a valid (*ut valeat*) law.

Such a law must be virtuous (*honesta*), equitable (*justa*) and:

It (the law) should not only be physically but also morally possible (to observe). It should not be exceptionally difficult for the greater part of the community, considering the customs and culture of the place where the law is to be applied.⁷

In summation, in the manual tradition, moral repugnance in the sense of moral impossibility articulates the concept that any moral law which is physically or morally impossible to fulfill, cannot, of itself oblige. Note especially that the meaning of moral impossibility is relative to "the majority of the community considering the customs and culture of the place." This last consideration will be particularly salient in the discussion to follow.

Moral Repugnance in the Manuals

As far back as the 13th Century, the concept of "*moraliter possibilis*" was an operative principle of moral discourse in the great Summas and Manuals of Moral Theology. Particularly in the expanding body of moral reflection upon issues of life and health, the concept of what is "morally possible" is particularly explicit and operative.

The great Canonist and Master General of the Dominican order, Raymond of Penafort (d. 1275) specifically obliged physicians to give normal care which includes food and drink.⁸ The first explicit treatment of withholding medical treatments, including hydration and nutrition, and hence, implicitly the idea of ordinary vs. extra-ordinary means to prolong life is found in the magnificent *Relectiones* of the great Spanish Moralist Francisco de Victoria. In his lectures of 1520, on the virtue of temperance in eating and drinking, Victoria explicitly addressed ethical questions associated with fasting. In this context, he proceeded to analyze the limits of medical treatment with specific reference to nourishment and to medicines. In the case of a sick person's refusal of food and the potentially mortal (physical and moral) consequence, suicide, Victoria concluded that,

objectively, the sick person is obligated to take food for the preservation of bodily life, only if there is some "reasonable hope of life."⁹ However, if the patient is so depressed that taking food becomes "a kind of impossibility," subjectively then the patient is not committing sin. Interestingly, in another lecture Victoria adds that with reference to kinds or quality of food, no one is required to use the best or most expensive food, even if such foods would objectively be more nutritious.¹⁰ Granted the premise that one is not obliged to use every means possible, especially if the patient is dying, Victoria argued further that medicinal drugs are not *per se* obligatory. However, if one has "moral Certitude" that a particular drug would indeed restore a patient to health then that drug for that patient becomes like ordinary food, obligatory.

Thus, early in the 16th century the concept, if not the explicit terms, of ordinary vs extraordinary means of prolonging life were operative in the Catholic moral tradition. Indeed, in the practice of 15th century medicine, many drugs could be considered experimental or, at best, questionably effective and hence the obligation to use them rested upon the degree of certitude of their effectiveness. Consequently, in dealing with one's obligation to use drugs, Victoria applied the same cost/benefit analysis as he did with "delicate foods" and concluded that one is not obliged to sacrifice one's whole means of subsistence, *nor one's general lifestyle, nor one's homeland* in order to acquire a cure or to maintain optimum health (emphasis added).¹¹

Victoria's successor in the Chair of Salamanca, Domingo De Soto, O.P. (d 1560) moved the discussion of extraordinary means from food and medicines to the practice of surgery. Prior to the discovery of anesthesia and asepsis, surgical procedures not only involved bodily mutilation and disfigurement but also certain and excruciating pain along with very high risk of death from infection. DeSoto thus explicitly argued that surgery such as amputation of a limb, because of the inevitable accompanying pain ought to be categorically optional. "Such torture," according to DeSoto, "was beyond the limits that the 'common man' ought be obliged to suffer for one's bodily health." DeSoto concluded that excruciating pain rendered an otherwise medically beneficial surgery "morally impossible" to bear.¹²

Along the same lines, one of the first Jesuit moralists, Louis Molina (d. 1600) argued that because man has been constituted the custodian and administrator of his own life and members, without his consent, no one can cut a member from him for the sake of curing him or apply any other medicinal remedy to him . . ."¹³ Molina states "The conclusion proposed, therefore, is understood only when it is not entirely certain that the remedy will be of profit for avoiding the grave harm of a neighbor; or when the remedy is such that, because of too intense a pain or other legitimate reason, he is not obliged to undergo that which he needs in order to conserve his life or members."¹⁴

Interestingly it was Molina's archenemy, Dominican Domingo Banez, who first introduced the specific terms "ordinary" and "extraordinary" into the discussion of obligatory and non-obligatory means for preserving life. Banez upheld the reasonableness of the positive duty to sustain human life, but insisted that one is "not bound to extraordinary means but to common food and clothing, to

common medicines, and to a certain common and ordinary pain."¹⁵

Juan DeLugo, S.J. (d 1660) made the next significant contribution to the discussion with the distinction "*parum pro nihil reputatur*", i.e., very little is to be considered as nothing. DeLugo started from the traditional casuistry on the Lenten fast laws. In regard to nibbling between meals during the Lenten Fast, DeLugo's opinion was, *parum pro nihil reputatur*.¹⁶ On this basis, DeLugo went on to argue that food must be taken only if beneficial or proportionately useful. For example, a man with only one bucket of water is not obligated to try to put out a burning building. From this perspective, DeLugo argued that no one is obligated to purchase expensive food or seek out rare medicines. In the genre of good casuistry, DeLugo offered the case of a novice who has been ordered by his superior to leave the monastery for health reasons. DeLugo argued that the otherwise obedient novice might legitimately refuse this order because the food in the community is "common" to his status of life.¹⁷

Before the suppression of the Jesuits in 1773, perhaps their most influential moralist was Herman Busembaum of Cologne (d. 1668). In the 1654 edition of his *Medulla Theologiae Moralis*, under heading of the Vth Commandment, with deference to such distinguished predecessors as Victoria, Vasques, Diana, et al. Busembaum presents the classic case of the "very sick" Carthusian monk:

Although a critically ill Carthusian monk could prolong his life by eating meat, which is probably allowable, it is permissible, even praiseworthy for him to refuse (meat) when death is certainly near because he is reasonably giving up his life for the common good of the order.¹⁸

In addition to the terminally ill monk, Busembaum offers a second illustrative case of "moral repugnance:"

It would seem that a young girl who is ill is not obligated to submit to the treatment of a physician or surgeon when this would be so exceptionally distasteful that she would prefer death itself.¹⁹

Succeeding Busembaum as Professor of Moral Theology at Cologne, Claude de La Croix, S.J. (d 1714) retained the structure and content his predecessor's writing and noted that the moral obligations of prolonging life are not the same associated with conserving life.

After the suppression of the Jesuit Order, much of Busembaum's writing was incorporated into the works of St. Alphonsus Liguori (d. 1787) and through him continued to influence both the shape and the content of Catholic Moral Theology well into the 20th Century. Interestingly, in discussing moral repugnance, Liguori cites Busembaum's example of the young girl who would find it morally impossible to be examined or treated by a physician. Writing a century later, Liguori added, "A young girl who would find it repugnant to be examined or touched by a male physician can, indeed should, accept medical treatment from another woman."²⁰

Although anesthesia had been discovered and was in widespread use in the first half of the 19th century, in the second half of that century the Jesuit Antonio Ballerini (d. 1881) and the Redemptorist Clement Mark, (d. 1887) due to the uncertainties and danger, continued to consider anesthesia and procedures which

depend upon anesthesia to be extraordinary means and thus not obligatory. By the early 20th century, however, along with the advances in medicine in general and anesthesia in particular we find significant developments in the opinions of Catholic moralists. The German Jesuit August Lehmkuhl (d. 1918) was one of the first to state that, simply from the aspect of pain, a surgical operation could no longer be considered an extraordinary means. However, Lehmkuhl did distinguish between pain and *horror* and concluded that one need not be bound to undergo an operation that one views with a great deal of repulsion even though there may not be any actual pain involved.²¹ Here again, moral repugnance is a significant moral determinant of what constitutes ordinary versus extraordinary means of prolonging life.

Jerome Noldin, Jesuit moralist of Innsbruck (d. 1922), argued that amputations were now obligatory (ordinary means) since there exists the possibility of attaching artificial limbs, and one has the obligation to preserve one's life even with some bodily defect. On the other hand, Noldin specifically stated that a physician may stop nutrition and hydration if the patient is spiritually prepared to die. For Noldin, it should be the *communis aestimatio hominum* that determines what is ordinary means. On the other side, Noldin's Dominican colleague, Dominic Prummer (d. 1931) however, disagreed and continued to argue, well into the 1930's, that any surgical operation which is extremely painful or burdensome, such as the amputation of *both* arms, should be considered an extraordinary means: "Moral impossibility is present when the prescribed undertaking cannot be accomplished except through very extraordinary effort."²²

We have thus briefly traced the historical roots of the moral theory and illustrative examples of the "standard moralists" cited by Gerald Kelly in his classic article of June 1950. Moreover this tradition is apparent in Pope Pius XII's Allocution of November 24th, 1957 in to the International Congress of Anesthesiologists. After first acknowledging that the means of diagnosing the moment of death was beyond the Church's competence, Pius brought the manualist tradition to focus explicitly upon the issues of resuscitation and artificial ventilation as life-prolonging measures:

Normally one is held to use only ordinary means according to the circumstances of persons, places, times, and culture — that is to say, means that do not involve any grave burden for oneself or another. A more strict obligation would be too burdensome for most men and would render the attainment of higher, more important goods too difficult

...²³

Similar elements of the ordinary-extraordinary means tradition are found in *Vatican Declaration on Euthanasia* (1980). In turn, this document was incorporated, with criticisms, refinements, and additions, into the document of President Reagan's Commission on Bioethics on withdrawing and withholding life-prolonging measures published in 1983.

Moving from the past to the present, we can now examine three recent statements by American bishops on the issue of AHN with a view to how the concept of "moral repugnance" explicitly or implicitly is a salient element of moral reflection upon this issue.

Texas Bishops' Statement

The statement of the Texas bishops²⁴ begins with a consideration of basic moral principles. After stating (1) "Although life always is a good, there are conditions which, if present lessen or remove one's obligation to sustain life," and (2) "If benefits outweigh the burden the means are morally obligatory . . ." the Texas bishops then note:

(3) If the means are disproportionately burdensome compared to the benefit the means need not be used, they are morally optional.²⁵

Then citing the 1980 Vatican Declaration, the Texas bishops explicitly note that The National Conference of Catholic Bishops Committee for Pro-Life Activities came to the same conclusion regarding the situation when the burden is disproportionate to the benefits in their statement on the proposed Uniform Rights of the Terminally Ill Act. That statement (July 2, 1986) allowed that "laws dealing with medical treatments may have to take account of exceptional circumstances where even the means for providing nourishment may become too ineffective or burdensome to be obligations."²⁶

Oregon and Washington Bishops

The statement of the Oregon and Washington Bishops,²⁷ in the section which discusses "Suffering and Pain in Human Life," refers, implicitly perhaps, to the concept of "moral repugnance:"

The new problem in medical technology is that even when it cannot cure or relieve, it is sometimes able to delay the final experience of death beyond the point where the patient may value life or is capable of valuing anything at all. . . . Despite its uses, technological advance is frequently ambiguous. It has positive and negative aspects. When technology becomes an end in itself, the human use of technology becomes problematic. *Growing numbers of persons have fears about the end of life, e.g., being kept alive in a persistent vegetative (or permanently unconscious) state unable to make their own decisions.* (emphasis added)²⁸

Similarly, in the section on "The Obligation to Sustain Life," the Oregon and Washington bishops cite Pius XII's 1957 Statement and the 1980 Vatican Declaration. The Oregon and Washington bishops then conclude:

Thus it is appropriate to weigh the anticipated benefit of a medical treatment (e.g., a drug, an operation, a ventilator) and *the burden it would impose on the patient* (e.g., added pain, loss of limb or bodily function, high risk, serious financial burden) in assessing whether to provide, withhold or remove such medical treatment. [Note the omission or neglect of moral or psychic burden.] In applying these principles, every consideration should be given to the reasonable wishes of the patient and the patient's family, and to the advice of competent physicians.²⁹

In an obvious parallel to the concept of "moral repugnance" the Oregon and Washington bishops continue:

The fear of overtreatment some people have is increased when they have a general sense that it is time to die, to "let go," and this sense is not respected, but instead is

violated through the application of painful and expensive technologies to maintain life "at any cost."³⁰

Following their section on "Nutrition and Hydration," the Oregon and Washington bishops note that both as infants and as aged many of us will need assistance in taking food and drink:

Usual or normal eating and drinking must be continued as long as a person can tolerate it. It is generally not required to force persons to eat against their will... 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 risks and burdens of more aggressive means for sustaining life they always should establish a strong presumption in favor of their use.³¹

The Oregon and Washington bishops conclude:

The general principles of weighing the benefit to the person against the burdens imposed on him or her would seem to apply in such cases.³²

In the best tradition of *Quaestiones disputatae* the Oregon and Washington bishops explicitly note absence of consensus among "Conscientious Moral Theologians." Some, they note, argue that artificially administered nutrition should be seen as normal care, insofar as the patient is "not dying." Other moralists, "insist that AHN is not obligatory when the burdens clearly outweigh the benefits, and they believe this to be the case when the person has been medically diagnosed as permanently unconscious."³³ Just as with dialysis machines and respirators, the use of burden/benefit proportionality would indicate if it is futile or burdensome or beneficial:

Granted that due to the potential for relatives abusing patients' interests there should be a presumption in favor of using AHN, concrete decisions "must be made on a case-by-case basis in light of the benefits and burdens they entail for the individual patient. (Thus) In appropriate circumstances, the decision to withhold these means of life support can be in accord with Catholic moral reasoning and ought to be respected by medical caregivers and the laws of the land."³⁴

Finally, the concept of "moral repugnance" appears in the section which promotes conscientious efforts at pain control:

We cannot condone an atmosphere that would make it more appealing to have people dead than to provide what is necessary for them to live the last part of their lives with dignity and relieved from their pain.³⁵

Pennsylvania Bishops' Statement

Under the heading "Principles of Decision Making,"³⁶ the Pennsylvania bishops cite as sources of moral decision making "moral teaching, medical information, and the concrete condition and means of the patient and the patient's family."³⁷ Which means do the Pennsylvania bishops intend here? Psychic, moral, physical, financial?

Questions of whether the procedure is "beneficial to the patient in terms of preservation of life or restoration of health . . . must be directed to experts in the field of medicine . . ."38 Here the Pennsylvania bishops seem to put "restoration of health" on the same level as "prolonging physical life." However the Pennsylvania bishops question whether:

. . . the procedure is a grave burden to the patient, (*communis aestimatio hominum?*) and has that burden become unbearable or intolerable . . . patient or the patient's family? Judgments in this area must be tempered by the presence of the varying degrees of depression that any suffering patient or family may be experiencing. We must still recognize, however, the subjective aspect of "Unbearableness" and must respect moral judgments made in good conscience.³⁹

In explicitly addressing "Decisions in Relation to Nutrition and Hydration," the Pennsylvania bishops first note that most modern modes of taking food and drink are "to some extent artificial."⁴⁰ Hence the real question regarding AHN must depend in the final analysis on something other than the distinction between artificial and natural means:

Thus, if the supplying of nutrition and hydration is of benefit to the patient and causes no undue burden of pain or suffering or excessive expenditure of resources, then it is our duty to take and to provide that nutrition and hydration. If the burdens have far surpassed the benefits, then our obligation has ceased.⁴¹

In the ensuing analysis of the terms "treatment" and "care" the Pennsylvania bishops observe:

In the case of the immanently terminal patient one would suppose (*communis aestimatio?*) that treatment is intended to reverse the course of the disease or, at least, to better the condition of the patient. If it no longer does that, then its discontinuance is no more than a clear recognition of its futility. . . . However, the PVS patient is not immediately terminal (provided that there is no other pathology present). (Hence) 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."⁴²

In other words, for the Pennsylvania bishops, the distinction between treatment and care does not of itself help to resolve the moral problem.

In analyzing more explicitly the benefit/burden ratio under the heading of the "Patient's Medical Condition," the Pennsylvania bishops first state that although AHN *of itself* does not restore health, ". . . it is clearly beneficial in terms of preservation of life, since death would be inevitable without it and life will continue with it."⁴³ The Pennsylvania bishops thus ask, "Is it (AHN) adding a serious burden?" Their response:

In almost every case the answer is negative. The means of supplying food in themselves are all relatively simple and — barring complications — generally without pain.⁴⁴

It is important to note here, that the assessment of the burden at this point is essentially that of physical pain. In the paragraphs discussing the "Patient's Internal Disposition," the Pennsylvania bishops distinguish pain as physical

sensation from pain as the affective response associated with human suffering. Moreover:

... as the parts of the brain responsible for the specifically human qualities of anticipation and anguish that so affect human pain are precisely those parts which are not now functioning (in the PVS patient). Thus the response of the vegetative patient to noxious stimuli would indicate that there is a physical response to pain ... (but) ... the affective level of human suffering is not present.⁴⁵

The Pennsylvania Bishops go on to observe the fact that:

... feeding methods do not generally carry with them the sometimes serious discomfort which would be found in the patient on a respirator.⁴⁶

At this point we could ask whether, if hydration and nutrition are discontinued will the affective level of human suffering also not be present? In this regard, the Pennsylvania bishops explicitly note:

... with regard to "the discomfort of being in this condition for years, unable to communicate and unable to help oneself, it is not possible to make a final and decisive comment. If, indeed the patient is unconscious then there is no awareness of these inabilities, and, consequently, none of the anguish that would attend them."⁴⁷

Finally, the Pennsylvania bishops concede that much of this analysis is conjecture:

If we could indeed establish that there is pain, and that there is, in fact considerable pain, then our answer might be different. Finally, that question, however, remains to be answered, although present consensus (*communis aestimatio hominum?*) argues against the existence of such pain, mental or physical.⁴⁸

Lastly, under the heading of "Family and Care Givers," the Pennsylvania bishops note the range and ambivalence of emotions that the family members may experience:

The family members, however, must be careful not to allow their own fears or frustration to become the basis for the moral decision making that now falls to them. They must exercise for the one who is ill the same stewardship of life that is the obligation of each of us in our own regard. The desire to escape from our own burdens cannot become the source of a decision which would end the life of someone else.⁴⁹

The next paragraph, acknowledges that some families act out of "far less worthy motives," such as anger, spite, greed, which makes it prudent to give benefit of the doubt "to the continued sustenance of the life of the unconscious person."⁵⁰ Interestingly the element of "moral repugnance," is quite explicit in the concluding observation:

We must, however, take into real account situations in which the family has reached the *moral limits* of its abilities or its resources. In such a situation, they have done all that they can do and they are not morally obliged to do more. *They would then have reached the limits of ordinary means.*⁵¹

Yet, they go on to add:

However, in the society in which we live this does not present a fully convincing argument. Resources are available from other sources and these can often be tapped before a family reaches dire financial straits. Such assistance has been and continues to be available.⁵²

Here again the Pennsylvania bishops seem to be thinking primarily of the depletion of the family's physical or financial "resources." However much resources may be forth coming to sustain their loved ones, and however distant their journey thus takes them from "dire financial straits," the "*communis aestimatio hominum*" might also seriously consider reasonable limits to the family's *mental* or *psychic* resources. If, in the present as in the past, a journey to a distant mountain top or foreign land can be "morally repugnant" and thus "morally impossible" for the patient, might it not be equally "morally repugnant" and thus "morally impossible" for the family to send or to keep a loved one in such a "foreign" and "morally repugnant" state?

The Roman moral tradition has clearly and consistently considered moving to or remaining in a foreign place or in an alien culture as morally repugnant and morally impossible. Such a condition is so unreasonable in the *communis aestimatio hominum* as to render that option "Extraordinary means" and as such not obligatory. Moreover, in this context, the classical texts do not consider the conscious experience of physical pain as the only salient factor. Indeed, one might quite easily live in a foreign country without physical pain. The dry air of Spain may well alleviate the English person's breathing problems. Rather, it is the psychic pain of living in a foreign culture "away from family, friends, and accustomed sights and sounds" that renders the otherwise pain-free foreign existence morally repugnant.

In discussing the ambivalent feelings of family and care givers, the Pennsylvania bishops noted that:

It is not at all unusual that members of that family find themselves, at times, wondering if death would not be a better alternative for the one who is afflicted.⁵³

In this context, the Pennsylvania bishops emphasize that, "Euthanasia's terms of reference are to be found in the intention of the will and in the methods used."⁵⁴ Here as in all other documents past and recent, condemning euthanasia, the "will" of the family member or caregiver is a critical element in determining whether an act or omission is truly euthanasia. In the case of the PVS patient one can ask whether the relative or caregiver truly, directly, or primarily desires the DEATH of the PVS patient? Or would they not rejoice and be exceedingly glad should that patient "return from that foreign land" to once again share home and hearth with family and friends. But when the best, informed medical opinion suggests that such a return is neither imminent nor possible, then could not death be morally allowable, as less morally repugnant than continued living in such a foreign state?

REFERENCES

1. *Homiletic and Pastoral Review*, XVI (May, 1916), 795-96.
2. Gerald A. Kelly, S.J., "The Duty of Using Artificial Means of Preserving Life," *TS XI* (June 1950) 203-20.
3. "II. Mediis prorsus extraordinariis vel difficilibus vitam membrorum integritatem vel sanitatem servare, nemo tenetur (n. 134). Hinc:
1 In alia regione sedem ponere, balnea longinqua adire, vim pecunia ingentem expendere, nemo, etiam ditissimus tenetur, etiamsi aliter vitam protrahere nequeat." — Genicot-Salsmans, *Institutiones Theologiae Moralis* (ed.13; Bruxelles, L'Édition Universelle, 1936) I, n. 364.

4. I. Legis positivae obligatio generatim definit quando eius observatio per accidens cum gravi damno vel incommodo coniuncta est. — *ibid.*, n. 134.

5. "4. Necessesse esse ut incommodum illud *per accidens* legis observationi coniungatur, seu ipsi *extrinsecum* sit, non autem ex ipsa lege oriatur. Quaedam enim leges, ex gr. lex divina integritatis in confessione, ex ipsa natura sua magnam habent difficultatem, quae proinde, in casibus particularibus, earum obligationes non tollit. *Ratio* huius principii quatenus spectat ad leges *humanas*, in eo est quo lex debet manere *moraliter possibilis* (n. 83); quatenus vero etiam leges *divinas* complectitur, nititur prudenti praesumptione qui opinemur Deum nolle urgere legem suam, ubi tanta difficultas *physica impossibilitas*, siquidem *ad impossibile nemo tenetur*." — *Loc. cit.*

6. (*Tractatus III*) *DE LEGIBUS, Caput I DE NOTIONE ET ESSENTIA LEGIS*. 82. "DEFINITO Lex moralis aliqua, *late sumpta* est *recta agendorum vel omitendorum ratio*. Stricta sumpta cum S. Thoma definire solet: Ordinatio rationis ad bonum commune, ab eo qui curam habet communitatis promulgata (1.2.q. 90. a. 4.)." — *ibid.* n. 82.

7. "Ut sit non tantum *physice*, sed et *moraliter observatu possibilis*. Nequi ergo esse nimis difficilis pro maiore parte communitatis, inspectis moribus et consuetudinibus eorum quo regere debet." — *Ibid.*, n. 83.

8. Raymundus de Penefort, O.P., *Summa*, (Veronae, 1774), Lib. I, Tit. I, n. 6.

9. Francisco A. Victoria, *Reflectiones Theologicae*, (Lugduni, 1587), *Reflectio IX — De Temperantia n. 1.*

10. *Comentarios al la Segunda Secundae de Santo Tomas*, (Salamanca: ed. d. Heredia, O.P., 1952), (II:II, q. 147, art. 1).

11. *Loc. cit.*

12. Domingo DeSoto, *Theologia Moralis* (Lugduni, 1582), *Trac de Justitia et Jure, Lib. V, q. 2, art. 1.*

13. Ludovicus Molina, S.J., *De Justitia et Jure*, (Coloniae Agrippinae 1614), *Tom. IV, Tract III, disp. I, col. 514.*

14. *Loc. cit.*

15. Domingo Banez, *Scholastica Commentaria in partem Angelici Doctors S. Thomae*, 4. vols., (Duaci, 1614-1615), Vol. IV, *Decisiones de Jure et Justitia, In II-IIae, q. 65, art. 1.*

16. Joannes DeLugo, S.J., *Disputationes Scholasticae et Morales*, 8 vols. (Parisiis: Vives, 1868-1869), Vol. VI *De Justitia et Jure, Disp. 10, n. 30.*

17. *Loc. cit.*

18. "Etsi carthusianus in extrema aegritudine possit servare vitam vescendo carnibus, idque probabiliter ei tum liceat . . . licite tamen laudibiliter etiam tum omittit cum certo periculo mortis . . . quia rationabiliter negligit vitam pro bono comuni ordinis. — Hermanni Busembaum, S.J., *Medulla Theologiae Moralis*, (Coloniae 1688), Lib. III, Tract. IV, C. I, n. 4.

19. "Non videtur tamen virgo aegrotans [per se loquendo] teneri subiere manus medici vel chirugi quando id ei gravissimum est et magis quam mortem ipsam horet." — *Ibid.*, (Lib. III, Tract. IV, Cap. 1, n. 6).

20. "Posset tamen virgo permittere tangi; immo tenetur sinere, ut ab alia femina curetur." — Alphonsus Ligouri, *Theologia Moralis*, Lib. 3, Trac. 4, cap. I, n. 371.

21. Augustus Lehmkuhl, S.J., *Theologia Moralis*, (ed. 10, Frigurgi Brisgoviae: Herder, 1902), I. 35.

22. Dominic Prummer, *Manuale Theologia Moralis*, (Ed. 2, 3 vols., Friburgi Brisgoviae: Herder, 1933), Vol. I, n. 235.

23. *The Pope Speaks*, Vol. IV, n. 4, (Spring 1958), 395-96.

24. Texas Bishops, "On Withdrawing Artificial Nutrition and Hydration" *Origins* (June 7, 1990) Vol. 20, 53-55.

25. *Ibid.*, 53.

26. *Origins*, Vol. 16, (July 24, 1986) 224.

27. Oregon and Washington Bishops, "Living and Dying Well," *Origins*, Vol. 21, (Nov. 7, 1991) 345-52.

28. *Ibid.*, 348.

29. *Ibid.*, 349.

30. *Loc. cit.*

31. *Loc. cit.*
 32. *Loc. cit.*
 33. *Ibid.*, 350.
 34. *Loc. cit.*
 35. *Ibid.*, 351.
 36. Pennsylvania Bishops, "Nutrition and Hydration: Moral Considerations," *Origins*, Vol 21 (Jan 30, 1992) 542 - 53.
 37. *Ibid.*, 546.
 38. *Loc. cit.*
 39. *Loc. cit.*
 40. *Ibid.*, 547.
 41. *Loc. cit.*
 42. *Ibid.*, 548.
 43. *Loc. cit.*
 44. *Loc. cit.*
 45. *Loc. cit.*
 46. *Loc. cit.*
 47. *Ibid.*, 549.
 48. *Loc. cit.* Footnote 30 cites conflicting documentation of the subject of pain experience in PVS state.
 49. *Loc. cit.*
 50. *Loc. cit.*
 51. *Ibid.*, 549.
 52. *Loc. cit.*
 54. *Loc. cit.*
 54. *Loc. cit.*
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