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COMMENT ON:
Nutrition and Hydration: Moral Considerations
A Statement of
The Catholic Bishops of Pennsylvania

by
William E. May

The author, a frequent contributor to these pages, is the Michael J. McGivney Professor of Moral Theology at the John Paul II Institute for Studies on Marriage and Family.

This statement of the Catholic Bishops of Pennsylvania is exceptionally important and helpful. It is so for many reasons, as I will try to show.

1. The bishops make a determined (and successful, in my opinion) effort to understand the *factual situation*. Thus, they clearly distinguish, on the basis of relevant medical and scientific evidence, between various states of unconsciousness: the true coma, the persistent vegetative state, the psychiatric pseudo-coma, and the locked-in state. They likewise carefully describe the various ways of providing nutrition and hydration and the complications likely to follow from their use.

Moreover, and this is crucially important, they emphasize the truth that the patient in the persistent vegetative state is *not imminently terminal*, i.e., suffering from some "fatal" pathology. They note that, at times, the pathological condition which has caused the persistent vegetative state or is concurrent with it threatens imminent death, i.e., is a fatal pathology. But ordinarily the pathology causing or accompanying the state simply makes it impossible for the patient to care for himself. The patient, ordinarily, is not "in the process of dying."

2. They clearly articulate the relevant *criteria* for determining whether a means of preserving life is "ordinary" (=morally obligatory) or "extraordinary" (=morally nonobligatory). A means is ordinary if it benefits the patient and does not impose upon the patient or others intolerable burdens. It is "extraordinary" (=morally nonobligatory) if it is of no benefit to the patient or if it imposes upon the patient or others intolerable burdens.

3. They rightly emphasize that the basic question at stake in providing nutrition and hydration is whether doing so is or is not required by the criteria stated above. Whether nutrition and hydration are provided artificially or not is morally irrelevant. Moreover, it is, in essence, irrelevant whether one calls such provision "care" or "treatment." The basic issue is simply this: ought this patient to be given nutrition and hydration or not.

4. They then conclude, properly in my judgment, that nutrition and hydration *ought*, ordinarily, to be given to persons in the persistent vegetative state. It ought to be provided to these persons first of all because

it benefits them *by preserving their life*. Obviously, the Pennsylvania bishops think that the life of a person in the persistent vegetative state is itself still a *good of the person*, that it is still good for this person to be alive. And they are absolutely right in thinking so, for human life is an intrinsic good of persons; it is not merely an *instrumental good*, a good for persons. Moreover, providing nutrition and hydration to persons in the persistent vegetative states does *not impose intolerable burdens* on these persons nor is the provision of nutrition and hydration to them, as such, an intolerable burden for others. The bishops devote considerable care to showing that this is the case.

In my opinion, the principal issue raised in considering the provision of nutrition and hydration to persons in the persistent vegetative state is the value of human life itself. Many in our society (including, unfortunately, some Catholic theologians) distinguish between the *biological* life of human beings and their *personal* life, regarding biological life as a mere condition or instrument for personal life. When personal life is gone — and by this they mean consciously experienced life and the ability to engage in cognitive and affective actions — biological life is no longer of any value. But human persons are bodily beings and their bodily “being alive,” their so-called “biological life,” is an aspect of their personal life. To deny this is to embrace some form of dualism. But this, unfortunately, is what has occurred today. The judgment is made that persons in a persistent vegetative state are better dead than alive because, so it is thought, their (biological) life is no longer good since it no longer serves as the condition for so-called “personal life.”

It is instructive to compare the statement of the Pennsylvania bishops with some other episcopal statements, for instance, the “Interim Pastoral Statement on Artificial Nutrition and Hydration” issued by 16 of the 18 Texas Catholic Bishops on May 7, 1990. The Texas Bishops affirmed that persons in the persistent vegetative state “are stricken with a lethal pathology which, without artificial nutrition and hydration, will lead to death.” They then concluded that withholding or withdrawing nutrition and hydration from such persons is morally permissible. Yet they offered no evidence to support their claim that such persons are suffering a “lethal pathology.” They did not, it seems to me, make the kind of effort the Pennsylvania bishops made to get the facts straight.

Several conferences of bishops and individual bishops have not issued statements on the question of providing nutrition and hydration to persons in the persistent vegetative state. Some, like the Texas Bishops, have concluded that it is morally permissible to withhold or withdraw such nutrition and hydration whereas others, like the Pennsylvania Bishops, have concluded that ordinarily it is morally obligatory to provide such nutrition and hydration. Faced with these contradictory statements by bishops and episcopal conferences, what should the ordinary Catholic do?

An older, more legalistic approach to morality, would hold that one is at liberty to follow either position, that each is “probable.” I think that this approach to morality is erroneous. I believe that moral norms are not

legalistic impositions but rather truths meant to guide choices. These norms, moreover, need to be applied to specific instances where *factual assessments* must be made. It seems to me that the bishops agree on moral principles and norms but disagree in their factual assessments. Some bishops think that persons in the persistent vegetative state are "in the dying process," and that provision of nutrition and hydration simply prolongs this process and thus provides no real benefit. Others, like the Pennsylvania bishops, think that such persons are, ordinarily, not "in the dying process," but simply in a severely debilitated state, unable to care for themselves. In my opinion, the position of the Pennsylvania bishops is grounded in the truth, for they took the time and care to consider relevant medical and scientific evidence.

In view of the current state of affairs, when the teachers of the Church are in serious disagreement with one another on an extremely important issue, I believe that the bishops of this country have a grave moral responsibility to speak with one voice on this matter. It also seems to me that at times factual assessments can be skewed by the way one evaluates the life of patient. If one thinks that the patient's life is no longer of any good to the patient, that the "burden" is the burden of continued existence in such and such a state, then one might offer a factual assessment quite different from the factual assessment that would be given by someone who thinks that human life, no matter how burdened it may be, is always a great good, a glorious gift of God. *Quidquid recipitur, in modo recipientis recipitur* is an exceptionally apt Scholastic adage. Thus, in pondering this issue, everyone, including bishops, must first ask himself — do I think that the life of a person in the persistent vegetative state is still a good? If one answers yes, his factual assessment may well differ from the factual assessments of one who answers no. But the only true answer to this question, the only answer compatible with Catholic faith, is yes.
