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# **Withdrawal of DDAVP in the Persistent Vegetative State: A Hospital Ethics Committee Case Study**

by

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*The author is indebted to Dr. Joseph Graham, Professor of Philosophy and Ethics at the University of St. Thomas, Houston, TX and President of Texas Right-To-Life.*

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Recent court cases involving euthanasia appear to be sanctioning the so-called "right" to end one's life when certain criteria have been met.

There appears to be a trend whereby the courts are allowing the medical profession to be cooperators in helping to end the lives of individuals. Criteria which are being used include the following: those people who may or may not be suffering from a terminal illness who repeatedly request death; individuals who have signed a legal document indicating that certain treatments should either be withheld or withdrawn which will result in death; or a proxy whom the court may appoint to speak on behalf of the values of a person who is unable to speak for himself. Notorious cases such as Karen Quinlan and Nancy Cruzan who were both diagnosed with Persistent Vegetative State (PVS) have set certain legal precedents affecting the

manner in which both individuals and society view the dignity and life of such individuals. We present a case which bears resemblance to other well-known cases of individuals diagnosed with PVS which was brought for review before our Hospital Ethics Committee at LSU School of Medicine in Shreveport, Louisiana.

"Jane Doe" is a 14-year-old female who one year ago suffered a severe head injury due to an automobile accident for which she was not responsible. She has been hospitalized in the Pediatric Intensive Care Unit (PICU). Due to the severe nature of this accident, Jane has little, if any, upper brain tissue remaining. Medical experts and laboratory studies confirm that she is thought to be in a permanent vegetative state. She has had further complications of a central nervous system nature such as middle cerebral artery thrombosis and shunt infections. Jane is not on a ventilator and she is receiving nutrition by a feeding tube which was surgically placed in her stomach. Since there is thought to be little if any upper brain tissue which is functioning, there is no production of Anti-Diuretic Hormone (ADH) from the posterior pituitary. Jane is dependent upon DDAVP (Desmopressin Acetate) which is an Anti-Diuretic Hormone that she receives twice a day by subcutaneous injection and withdrawal of this substance would result in rapid dehydration and death within hours or days. Jane's private insurance has been depleted; recently, she was transferred to a long-term care facility. The parents are expecting a settlement from the courts based upon suit filed against the person driving the vehicle which hit their daughter and resulted in this tragedy. Our Hospital Ethics Committee met to review this case and address whether or not it would be ethically appropriate to withdraw DDAVP which would result in death due to dehydration within hours or days.

It is most relevant to review the neurological status of Jane by evaluating her brain stem reflexes. The following reflexes were examined as follows: Pupillary - absent; Corneal - absent; Grimace - present; Jaw - present; Spontaneous Eye Motions - present; Oculocephalic (Doll's Head Maneuver) - absent; Oculovestibular - absent; Acousticardiac - absent; Gag and Cough - present; Esophageal - absent; Ciliospinal - absent; Apnea Test - respiratory effort present. Brain stem reflexes evaluating a response to Oculoauditory, Oculocardiac, and Carotid Sinus were not examined.

It is thus evident that there is a brain stem function. Given that there is spontaneous brain stem function, we must assume the presence of a soul, thereby indicating that we are dealing with a living human being.

The presence of a soul is known by the operations which are performed and are detected by effects which can be observed. The notion of body-soul or matter-form is one which goes back to the great philosopher and metaphysician, Aristotle, who held that the soul is the substantial form of the body – the ultimate cause of all living acts. Its presence is revealed through being and activity. Relying upon Aristotle's understanding, Christianity has recognized for almost 2,000 years that the soul's powers can be classified into three areas: rational, sensitive, and vegetative. Since there is only one soul which is the point of origin of the three powers, any spontaneous evidence of any of these sets of powers performing operations clearly indicates that the soul is present. In the case of Jane, it is clear that there are at least three vegetative operations spontaneously present through the activity of the brain stem which is verified by the presence of the following reflexes: Grimace, Jaw, Spontaneous Eye Motions, Gag and Cough, and the Apnea Test. Because a soul is still present in Jane, she is a living human being and remains a human person; consequently, any ethical concerns of withholding or withdrawing any type(s) of treatment must be subjected to the same moral analysis which we would use in dealing with any other human life.

Classical moral theology evaluates withholding or withdrawing treatments in terms of whether or not a particular treatment is considered to be ethically "ordinary" or "extraordinary". From an ethical perspective, ordinary treatments offer a reasonable degree of hope without imposing excessive burdens on the patient; extraordinary treatments offer no reasonable degree of hope and/or impose excessive burden on the patient. In the case of Jane, we may ask whether or not the DDAVP which is keeping her alive is considered to be ordinary or extraordinary. I believe that DDAVP is clearly an ethically ordinary means since it has the benefit of keeping her alive and its cost monthly is a bare minimum. To withdraw DDAVP would result in death; hence, by removing an ordinary means of treatment which would knowingly result in death, an act of passive euthanasia would occur. How many other lives with very

serious defects like Jane's could also be affected, in that withholding or withdrawing treatments which are ethically considered to be ordinary would result in death because either individuals or "society" does not see dignity or value in the life of someone who is vegetative or retarded or handicapped and unable to care for himself? How inhumane it would be to willfully cause death by dehydration in stopping treatment with DDAVP even if the person cannot consciously feel it. We must recognize that even when severe deformities are present in a human being, that life does not lose its dignity. We must support the right of these individuals to receive basic medical care – we must support their right to receive medical treatments which are ethically classified as ordinary, just as we would expect for ourselves.

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