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Introduction

The Karen Quinlan case has resurfaced a discussion of the concepts of ordinary and extraordinary means of preserving life as they have been understood and developed by Catholic theologians over the years. In this study, I would like to outline that understanding and development as they appeared before this celebrated case, so that we can see ethical methodology at work, free from the emotion and personal involvement which often surrounds such a sensitive issue. I will divide my presentation into two parts: 1) Catholic teaching before the papal allocution of Pius XII to physicians and anesthetists on Nov. 24, 1957; and 2) the papal allocution itself and responses of Catholic theologians to it. I will close with a discussion of some of the more pertinent issues as I see them.

Catholic Teaching Before the Papal Allocution

In an article published in 1958 [1] (but written before the papal allocution), Jose Janini presents a very concise history of the development of the concepts of the ordinary and extraordinary means for preserving life, especially as these concepts are applied to surgical operations. He points out that in the 16th century, when the doctrine began

to be formed, the development of anesthesia and antisepsis was at such a primitive level as to render almost every surgical operation an excruciating ordeal both subjectively (pain) and objectively (disfigurement).[2] In fact, surgical operations were not infrequently compared with torture chambers.[3]

It was in this context that Soto in 1582 first pointed out that superiors could oblige their subjects under religious obedience to use medicine that could be taken without too much difficulty *(commode)*, but that they could not oblige them to undergo excruciating pain because nobody is held to preserve life by such means.[4] It was Banez, however, in 1595, who introduced the terms "ordinary" and "extraordinary" into the discussion of the preservation of life. He points out that while it is reasonable to hold that a human being must conserve his or her life, one is not bound to employ extraordinary means, but only to preserve life by nourishment and clothing common to all, by medicine common to all, and even through some ordinary and common pain or anguish *(dolorem)*, but not through any extraordinary or horrible pain or anguish, nor by any undertakings *(sumptos)* extraordinarily disproportionate to one's state in life.[5]

Janini concludes his first section by pointing out that through the 18th century the classical moralists held the following points:

1. One has the obligation to undergo a surgical operation in order to protect one's life, when the pain or anguish *(dolores)* is negligible *(exiguos)*, common, and ordinary.
2. Nothing is demanded which would be the occasion for agonizing, horrible, or extraordinary pain or anguish.
3. One is able to oblige by obedience, in spite of extraordinary pain, in some circumstances (he mentions three specific cases of this).
4. Outside of those cases in which one can impose obedience, it is necessary to get the permission of the patient in order to operate, because one is one's own master when it comes to parts *(membrorum)* of one's own body.[6]

Janini begins his next section by pointing out that medical science of the 19th and 20th centuries, especially with its discoveries of antisepsis and anesthesia, has profoundly altered the situation in which the classical moralists wrote. He then discusses the approaches of moralists during those years.

In the first place, he points out that Palmieri leaves to others the task of deciding whether a surgical amputation is obligatory or not. Noldin concludes that it is, especially since there now exists the possibility of attaching artificial limbs, and one has the obligation of preserving life even with some bodily defect. Lehmkuhl expressly recognizes that in his time a surgical operation, under the aspect of pain *(dolor)*, cannot be considered as an extraordinary means. However,

Lehmkuhl makes a distinction between pain and horror, and maintains that one need not be bound to undergo an operation that one views with a great deal of repulsion *(horrorem magnum)*, even though there may not be any actual pain involved.[7]

Janini then presents the position of Pruemmer who maintains that any surgical operation which is extremely painful or burdensome, such as the amputation of both arms, should be considered an extraordinary means. He also mentions Merkelbach who introduces a utilitarian calculus. He concludes this section by mentioning the opinion of Bender that to undergo a surgical operation of sufficient gravity that it would be considered an extraordinary means by moralists is not strictly obligatory to save one's life or regain one's bodily health as long as one's own life does not carry with it a relevant familial or social concern.[8]

In the final section Janini concludes that in the light of present surgical techniques, modern surgery must always be considered an ordinary means, at least as this term was understood by the classical moralists. However, he maintains that one must always consider other relevant circumstances (e.g., horror, uncertainty of success, etc.) as well as other virtues that may be involved (piety, charity), before one can pass a moral judgment on any given case.[9]

A much more thorough history and analysis of the doctrine of ordinary and extraordinary means was also published in 1958 by Daniel A. Cronin (this work was also written before the papal allocution, however).[10] Some of Cronin's more significant conclusions are the following:

1. All are obliged to preserve their lives unless a moral impossibility would excuse (any means involving a moral impossibility are extraordinary means).
2. There is a distinction between natural (those *per se* intended by nature) and artificial (those whereby man can *supplement* nature) means of conserving life. Both, however, can be ordinary means.
3. "Ordinary means of conserving life" and "ordinary medical procedures" must be distinguished. What is an ordinary medical procedure may not be an ordinary means of conserving life in the theological sense.
4. A relative norm suffices for determining ordinary and extraordinary means. (There is no absolute norm.)[11]

Before presenting Cronin's definitions of ordinary and extraordinary means and how these should be employed, it would be helpful to point out that Cronin includes in his analysis the original work of the American moralist Gerald Kelly, S.J. In an article in *Theological Studies* written in 1950,[12] Kelly discusses the duty of using artificial means of preserving life and comes to the conclusion that "even ordi-

nary artificial means are not obligatory when relatively useless."[13] In a later article,[14] he modifies this position by considering the concept of uselessness as indicative of extraordinary means.[15]

Cronin, following Kelly, gives the following definitions:

> *Ordinary means of conserving life* may be defined as those means commonly used in given circumstances, which this individual in his present physical, psychological, and economic condition can reasonably employ with definite hope of proportionate benefit.
>
> *Extraordinary means of conserving life* may be defined as those means not commonly used in given circumstances, or those means in common use which this individual in his present physical, psychological, and economic condition cannot reasonably employ, or, if he can, will not give him definite hope of proportionate benefit.[16]

He then points out that while ordinary means as defined are always morally obligatory, extraordinary means are not *per se* but only *per accidens*, i.e., a particular individual may be bound in some extenuating circumstances (e.g., for the common good) to employ such means.[17]

In closing this section I should like to present three final points. The first is mentioned by Joseph V. Sullivan[18] and the last two by Gerald Kelly. Sullivan points out that ordinary and extraordinary means are relative also to the patient's physical condition. Thus, "a natural means of prolonging life is, *per se*, an ordinary means of prolonging life, yet *per accidens*, it may be extraordinary," and "an artificial means of prolonging life may be an ordinary means or an extraordinary means relative to the physical condition of the patient."[19]

Kelly mentions two other aspects worthy of note. First, he introduces the principle of totality into the discussion and maintains that perhaps we should consider the patient's total condition before we decide whether a given means is ordinary or extraordinary. Thus, for example, he sees the possibility of a diabetic with terminal cancer not taking insulin as perhaps an extraordinary means.[20] He also emphasizes that we must consider the rights and duties of relatives and physicians when evaluating whether a given means of conserving life is ordinary or extraordinary. This idea, presented in rudimentary form by Kelly,[21] is clearly explicated by Pope Pius XII as we shall soon see.

The Allocution of Pope Pius XII to Physicians and Anesthesiologists and the Response of Catholic Moral Theologians

On Nov. 24, 1957, addressing an international congress of physicians and anesthesiologists, Pius XII explicated the papal magisterial teaching with regard to the prolongation of life. Following Huftier,[22] the teaching can be broken down into the principle and its application.

Principle:

Natural reason and Christian morals say that man (and whoever is entrusted with taking care of his fellowman) has the right and the duty in case of serious illness to take the necessary treatment for the preservation of life and health. This duty that one has toward himself, toward God, toward the human community, and in most cases toward certain determined persons, derives from well-ordered charity, from submission to the Creator, from social justice and even from strict justice, as well as from devotion toward one's family.

But 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 *(aucune charge extraordinaire)* for oneself or another. A more strict obligation would be too burdensome *(trop lourde)* for most men and would render the attainment of the higher, more important good too difficult. Life, health, all temporal activities are in fact subordinated to spiritual ends. On the other hand, one is not forbidden to take more than the strictly necessary steps to preserve life and health, as long as he does not fail in some more serious duty."

Application:

The rights and duties of the doctor are correlative to those of the patient. The doctor, in fact, has no separate or independent right where the patient is concerned. In general he can take action only if the patient explicitly or implicitly, directly or indirectly, gives him permission. The technique of resuscitation which concerns us here does not contain anything immoral in itself. Therefore the patient, if he were capable of making a personal decision, could lawfully use it and, consequently, give the doctor permission to use it. On the other hand, since these forms of treatment go beyond the ordinary means to which one is bound, it cannot be held that there is an obligation to use them nor, consequently, that one is bound to give the doctor permission to use them.

The rights and duties of the family depend in general upon the presumed will of the unconscious patient if he is of age and *"sui juris."* Where the proper and independent duty of the family is concerned, they are usually bound only to the use of ordinary means.

Consequently, if it appears that the attempt at resuscitation constitutes in reality such a burden *(une telle charge)* for the family that one cannot in all conscience impose it upon them, they can lawfully insist that the doctor should discontinue these attempts, and the doctor can lawfully comply. There is not involved here a case of the direct disposal of the life of the patient, nor of euthanasia in any way; this would never be licit. Even when it causes the arrest of circulation, the interruption of attempts at resuscitation is never more than an indirect cause of the cessation of life, and one must apply in this case the principle of double effect and of *"voluntarium in causa."* 23

One of the first theologians to respond to this teaching was Eugene Tesson. In a brief articles in *Etudes*,[24] he outlines the papal teaching, emphasizes the importance this decree gives to families of an unconscious patient, and concludes by showing the value of casuistry in determining what treatment should or should not be accorded in given situations and circumstances. In a much longer article by Michel Riquet in *Cahiers Laënnec*,[25] the papal teaching and its implications

are thoroughly analyzed. The author especially emphasizes the importance of the principle of totality (extended to the psychological and spiritual dimensions of the whole person) and shows how this principle can enter the calculus of determination of extraordinary and ordinary means.[26] He also shows the importance of consequences as implied by this doctrine, emphasizing that if one would consider oneself a grave burden to oneself or to others by undergoing a surgical or medical procedure, one would not be obliged to undergo it.[27] He concludes by stressing the complexity of most medical-moral decisions, and points out how many different factors have to be considered before a really informed and prudent judgment can be made in any given case.[28]

Marc Oraison discusses the papal decree in a different context, that of the allocation of scarce lifegiving resources, in an article written in 1963.[29] He raises the question whether, in a hospital equipped with six artificial respiration units all being used — some by persons in deep coma — a person with polio who needed one of these machines to stay alive would have more of a right to its use than would someone in deep coma who was already using it. He maintains that the Pope would affirm that the person who has the greatest hope of survival is entitled to the machinery, and that there is no moral difference between not using extraordinary means in the first place and ceasing their use once treatment has begun.[30]

D. F. O'Callaghan, responding to a letter in the *Irish Ecclesiastical Record*,[31] points out that it is much more difficult to differentiate between euthanasia and the cessation of extraordinary means than the papal teaching seems to indicate, at least for the ordinary Christian. Thus the problem of scandal must be dealt with. The author feels that the best way to do this is to have public policy guidelines such as have been issued in some homes for the incurably ill.[32] In general, this article is much more conservative in tone than any other considered thus far.

In the journal *Ami du Clergé*, M. Huftier discusses the papal teaching in two different articles.[33] The latter article deals with the whole papal allocution and merely paraphrases and explains it. The first article, however, deals specifically with the ordinary and extraordinary means of preserving life and the author uses the papal document to support his own view. He contends that extraordinary means may be understood thus: A significant mutilation (whose significance comes from the extent or the function of the organ removed), or a serious surgical operation involving great expense or some danger, or some treatment demanding the use of a battery of complex techniques or the maintenance of extensive care.[34] He concludes the article by emphasizing that two points must not be forgotten:

1. If someone doesn't have exact foreknowledge with mathematical certainty what will be the outcome, he should allow an exper-

ienced doctor to make the judgment. The doctor will at least have the technical expertise needed to make such a judgment.

2. It is not forbidden to do more than that which is strictly necessary to conserve life and health, as long as one does not fail in some more serious duty.[35]

Aidan M. Carr discusses the topic in response to a question in the November, 1973 issue of the *Homiletic and Pastoral Review*.[36] While he does not directly quote the papal teaching, he uses the very words of the Pope in formulating his reply. He also includes a very interesting analysis provided him by the Catholic moralist Thomas J. O'Donnell. With regard to the prolongation of life in terminal illness, O'Donnell states:

> 1. First, there is the means in itself — the extraordinary sophistication of the means, the cost in money, in pain, in emotional stress, etc., in using them.
> 2. Second, there is the idea of therapy as something that cures or at least relieves. When a procedure ceases to do this, it ceases to be therapy.
> 3. Third, and particularly in view of the advances in modern techniques, there's the impossibility of putting "extraordinary means" on one shelf and "ordinary" on another. Rather, it seems to me, we must speak of *relatively* ordinary or *relatively* extraordinary, i.e., *relative* to what is left of the usable context of human living for this patient; *relative* to what the specific means in question can accomplish; *relative* to the attitude and condition of the particular patient.[37]

A final reference should be made to the very thorough treatment of the issue found in Charles J. McFadden's sixth edition of his book, *Medical Ethics*.[38] (This approach is presented substantially unchanged in the author's latest book, *The Dignity of Life*.[39]) While the author does not directly include the papal teaching in either book, his presentation is consonant with it, and its significance lies in the fact that it provides clear-cut examples for almost every type of situation which can be conceived in the light of the traditional teaching. He also makes reference to other articles on the subject which have not been included here.

Discussion

As was mentioned earlier, the Karen Quinlan case has stimulated a renewed discussion of the issue of ordinary versus extraordinary means of preserving life. It has been my intention in this paper to show the evolution of this teaching in Catholic moral theology up to early 1974 when the Quinlan case began to exert its influence upon ethicists and theologians of the present time. In this final section, I would like to raise some points of discussion based upon the presentation in the previous two sections.

In the first place, it was pointed out that Cronin makes a distinction between natural and artificial means and shows that both can be considered ordinary in some circumstances. Sullivan then claims that even *natural* means can be considered extraordinary since means are always to be considered relative to a patient's physical condition. This seems to indicate that providing adequate nutrition and protection from infection need not be absolutely necessary if the patient's physical condition doesn't warrant it. I believe that even the papal teaching is ambiguous on this point, for while it stresses on the one hand that one must always take the necessary measures to preserve life and health (indicating that natural means are always considered ordinary), it also states that one is not obliged to make oneself a burden to oneself or to others (indicating a much greater relativity of determining means).

Secondly, it would seem that neither the European theologians nor the Pope himself adopt Kelly's utilitarian proviso that means used "without reasonable hope of success" are to be considered extraordinary. This pragmatic approach, while not contradicted by anyone, seems to be totally ignored by almost all the European authors, with the exception of Oraison, who does not explicitly state the principle but uses it implicitly in the case he presents, and feels that this approach is consonant with the papal teaching. American and Irish moralists, however, are comfortable with this approach both before and after the papal teaching which would indicate that they feel that the Pope had not, in fact, rejected it. The question I would raise, tying this point to the previous one, is this: Could one ever in the case of terminal illness, even though someone were not a grave burden, discontinue feeding him because there was not a "reasonable hope of success" if he were fed normally? While most would consider this to be active euthanasia, it would seem possible to accept it within traditional Catholic thought, i.e., if natural means can sometimes be extraordinary, and extraordinary means are determined at times by usefulness, why not discontinue natural means if they are useless?

The third and final point is that raised by O'Callaghan who pointed out that it is hard at times to distinguish between euthanasia and the withdrawal of extraordinary means. This is especially true today when many times passive euthanasia is defined as the withdrawal of exotic life support systems for a given patient. It seems that because of the emotional overtones connected with the word, Church leaders are afraid to admit that Catholic moral theology has always allowed "passive euthanasia" as it is defined today, and are thus unspportive of legislation allowing precisely this in certain parts of the United States at the present time. It would be helpful to reflect upon the teaching of Catholic moral theology in this regard before pastoral letters are written which confuse people as much as they direct and guide them.

Hopefully this presentation has brought into clearer focus some of the issues involved in the means used for the prolonging of human life

today. While we must not become slaves to the past, we must understand former approaches if we are to formulate teaching that is in harmony with our tradition, yet responsive to the needs and problems of our times.

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