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From the Editor's Desk



Ethical Aspects of Withdrawal of Fluids and Nutrition

The past year has been replete with discussions concerning the withdrawal of fluids and nutrition in the terminally ill or permanently comatose patient. Various courts have even handed down opinions legalizing these decisions. The AMA Judicial Council recently affirmed these court decisions, stating that withdrawal of nutritional and fluid support for the comatose patient could be ethical. How can we physicians, who have been raised in the Judeo-Christian and Hippocratic traditions, view these developments?

The answer to this question is not easy. Theologians, ethicists, philosophers and judges have been coming down on different sides of this question. Included in this issue of *Linacre* are articles by two members of our editorial advisory board: Rev. John R. Connery, S.J. and Msgr. William Smith.

Both articles represent a carefully nuanced approach and also represent the traditional moral interpretation of ordinary-extraordinary distinctions as applied to the terminally ill and permanently comatose patient. The articles are faithful interpretations of ordinary magisterial teaching and they flesh out the Vatican Declaration on Euthanasia (1980).'

Undoubtedly, arguments to justify the withdrawal of fluids and nutrition in the terminally ill and permanently comatose patient are present. These arguments deserve our closest attention and analysis. These issues are most difficult and deserve thorough debate and discussion. The fruit of these debates will be a further clarification of our medical ethic and our commitment to our patients to do no harm.

Medical ethics is the touchstone of our professional lives. Our adherence to our ethic is what gives nobility to our profession and is a guarantee to society and our patients that their human dignity will be respected and honored. Our ethic transcends political, societal and historical changes and dates back to the dawn of history. It is the thread and binding force which makes the medical profession so honored and respected throughout the changing vicissitudes of ancient societies and modern cultures. Because of our ethic, we are deeply valued and for good reason, for we have the good of the patient at heart. In trusting us, the patient knows he is in capable hands. We will do him no harm; we will treat him compassionately; we will heal him, if possible. If unsuccessful, we will take care of him, relieve his pain and be with him until his Lord, the Divine Physician, receives him into His presence.

Afterward, we will pray for him and give comfort and support to his family and friends whom he has left behind. Throughout his illness, the patient will know that his trust in us as his physician has been well placed and that we have truly been with him at every step of the way on his journey to his heavenly Father.

—John P. Mullooly, M.D.

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