

The Linacre Quarterly

Volume 54 | Number 4

Article 8

November 1987

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Recommended Citation

Griese, Orville (1987) "Pope Pius XII and "Medicla Treatments"," *The Linacre Quarterly*: Vol. 54 : No. 4 , Article 8.
Available at: <http://epublications.marquette.edu/lnq/vol54/iss4/8>

Pope Pius XII and 'Medical Treatments'

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An article by Dominican Fathers Philip Boyle and Kevin O'Rourke, and Larry King M.D. in the May, 1987 issue of the *Linacre Quarterly*, leans heavily on the concept of the "Catholic view of the purpose of life" as a justification for the removal of artificial nutrition and hydration from comatose patient Paul Brophy of Boston, MA. By a split decision of the Supreme Judicial Court of the Commonwealth of Massachusetts on Sept. 11, 1986 (revising the decision of a lower court), the family of Paul Brophy was allowed to remove him from New England Sinai Hospital in Stoughton, MA to Emerson Hospital in Concord, MA. For reasons of corporate conscience, the Sinai Hospital authorities were opposed to the removal of Mr. Brophy's gastrostomy tube. Emerson Hospital authorities were disposed to allow the removal of the tube-feeding device. Mr. Brophy was transferred to Emerson Hospital on Oct. 15, 1986, and died there on Oct. 23, 1986.

The *Linacre Quarterly* article, entitled "The Brophy Case: The Use of Artificial Hydration and Nutrition", projects the impression that the "Catholic view of the purpose of life in regard to decisions of health care" can be traced back to an address of Pope Pius XII in 1957. The authors of the article undoubtedly would be open to any arguments which might indicate that such a claim cannot be made: that is the claim that the remarks of Pope Pius XII would apply to the removal of artificial hydration and nutrition in the Brophy case. The purpose of this article is to present such arguments. This is not the first time that the remarks of Pope Pius XII have been misinterpreted as applying to the removal of artificial sustenance.¹ If there is evidence that the remarks of Pope Pius XII cannot be applied to the judicial solution of the Brophy case, such evidence should be presented without delay. False interpretations are like the biblical "little foxes" which destroy the vineyard. If they are not exposed as false, they will be used by proponents of euthanasia to advance their grim campaign.

Preliminary on 'Medical Treatments' vs 'Ordinary Care'

In referring to the report of the Pontifical Academy of Sciences (1985), regarding the obligation to continue the feeding of patients who are in a permanent, irreversible coma, the authors of the *Linacre Quarterly* article state (p. 72, footnote 14): "The distinction between medical treatment is new in a papal document. Is it a meaningful distinction?" Overlooking the inference that artificial feeding is medical treatment (and not ordinary care), the fact is that the Holy See's *Declaration on Euthanasia* (May 5, 1980) makes a very clear distinction between medical treatment and ordinary care. Hence, the mention of that distinction in the report of the Pontifical Academy of Sciences five years later (1985) is not new. The confusion may be due in part to the regrettable fact that one popular source of pontifical documents, the publication known as *The Pope Speaks* (1980, p. 295) presented a faulty translation of the *Declaration on Euthanasia*. The term "ordinary care" does not appear in the following translation:

When death is imminent and cannot be prevented by the remedies used, it is licit to decide to renounce treatments that can only yield a precarious and painful prolongation of life. At the same time, however, ordinary treatment that is due to the sick in such cases may not be interrupted . . .

Official versions both of the official text of issue (Latin, English, French, etc.) and of the Italian version for all documents from the Holy See, beginning with the documents of the Second Vatican Council (1962), are now available from the EDB publishing house (Edizioni Dehoniane Bologna) of Bologna, Italy. The passage above compares with a more exacting English translation as follows (emphasis added):

Latin (Italian in parentheses)

*Imminente morte, quae remediis adhibitis nullo modo impediri potest, licit ex conscientia concilium inire curationibus (trattamenti) renuntiandi, quae nonnisi precariam et doloris plenam vitae dilationem afferre valent, haud intermissis tamen ordinariis curis (le cure normali) quae in similibus casibus aegrotis debentur.*²

English Translation

When death is imminent and cannot be prevented by the remedies used, it is licit in conscience to decide to renounce treatments that can yield only a precarious and painful prolongation of life, but without interrupting in any way the ordinary cares which are due to the sick person in such cases.

It should be noted that the *Declaration on Euthanasia*, as issued by the Sacred Congregation for the Doctrine of the Faith on May 5, 1980, was approved personally by Pope John Paul II, and constitutes the official position of the living magisterium of the Church on the subject of euthanasia and voluntary suicide. As such, it merits the "religious assent of

soul" of every loyal Catholic as mentioned in Vatican II's *Dogmatic Constitution on the Church* (n. 25). Hence the distinction between *medical treatments* and *ordinary care* as reflected in the report of the Pontifical Academy of Sciences (1985) and in pronouncements of the United States Bishops' Conference (Nov. 10, 1984 and Sept. 4, 1986) has official standing in Church doctrine.

Although the painful and precarious *prolongation* of life with regard to medical *treatments* in the quotation above is not a moral imperative, the document is affirming, as a general rule, that *conserving* (preserving) the life of the sick and the helpless is a binding moral obligation. The word *treatment* (*curatio, trattamenti*) implies that some relief from suffering, or some improvement in health, or even a cure of some significance is within the realm of possibility. When there is no longer any reasonable basis for such a hopeful prognosis (as far as *treatments* are concerned), there is no longer any binding moral obligation for an individual who is in imminent danger of death to treasure the *prolongation* of life. At this critical juncture in life (as far as *treatments* are concerned), faithful Christians are justified in saying with St. Paul: "We . . . would much rather be away from the body and at home with the Lord" (II Corinthians, 5:8).

On the other hand, the phrase "ordinary care" (*ordinariae curae, le cure normali*) refers to the obligation, common to all members of the human race, to *conserve and sustain* their lives. There are circumstances when long-suffering individuals are justified in praying, in the spirit of the final words of the Book of Revelations, 22:20: "Come, Lord Jesus, take me now." No human mortal has the right to say, however, "Let me starve to death," or to expect others to take effective measures to that end. This profound truth that life and death for humankind are in the hands of God is traced in theological opinions throughout the centuries in the excellent dissertation of Daniel A. Cronin (now Bishop Cronin of Fall River, MA) entitled *The Moral Law in Regard to the Ordinary and Extraordinary Means of Conserving Life*.³

The true concept of the purpose of life for all Christian⁸ must include what might be called the "economy of suffering", with a view to an eternal reward. St. Paul's sentiments in Second Corinthians, 4:16-18, bring comfort and inspiration to all who are approaching the end of physical life: "We do not lose heart . . . The present burden of our trial is light enough, and earns for us an eternal weight of glory beyond all comparison . . . What is seen is transitory; what is unseen lasts forever." In similar sentiments, Pope Pius XII addressed the International Union of Catholic Women's Leagues on Sept. 11, 1947:

Is it not false pity which claims to justify euthanasia and to remove from man purifying and meritorious suffering, not by charitable and praiseworthy help but by death, as if one were dealing with an irrational animal without immortality?²⁴

Ordinary nursing care would include hygiene and cleanliness, comfort medications, warmth and proper temperature, TLC (tender, loving care)

and, of course, the staff of life, nutrition and hydration. There is no logical basis for saying that the *Declaration on Euthanasia* (1980) does not include nutrition and hydration merely because those two items are not mentioned expressly. Surely deliberate failure to provide sustenance so that "nature can take its course", with sure death by starvation as the end result, is even more criminal than the reputed practice of some Eskimo tribes to deny warmth and TLC to ailing and aged members of the family by encouraging them to sit outside in the sub-zero cold to "allow nature to take its course" with death by freezing as the end result.

Pope Pius XII and 'Medical Treatments'

Before proceeding to a discussion of Pope Pius XII's address in 1957, it must be mentioned that this writer concurs with those authors who maintain that the feeding process for the sick and helpless, as a general rule, remains a part of *ordinary care* even if it is administered by artificial means such as nasogastric intubation, gastrostomy process, peripheral intravenous feeding on a temporary basis, etc. Other writers insist that ordinary nursing care is medical treatment, or that it does constitute an extraordinary means, if it is administered by some artificial process. Admittedly the artificial feeding process can constitute recourse to an extraordinary means in particular cases (if it is useless, excessively burdensome, morally possible, etc.), but the fact remains that tube feeding to sustain life does not (again, as a general rule) involve excessive difficulty. As Bishop Cronin wrote in his dissertation at the conclusion of an exhaustive survey of theological opinions: "... one cannot help but realize that these authors certainly require an *excessive* difficulty before terming a means *extraordinary*."⁵ Hence what must be done (sustain human life) can be done without departing from ordinary nursing care.

The distinction between medical treatments and ordinary care becomes a major consideration in the practice of contemporary medicine when human life can be prolonged by medical marvels such as resuscitation, kidney dialysis, organ transplants, etc. For patients who are in imminent danger of death, the same latitude in refusing medical measures "that can yield only a precarious and painful *prolongation of life*" (*cf. Declaration on Euthanasia*, 1980) cannot be extended to the very *conservation of life* as dependent upon the provision of the very staff of life, nutrition and hydration. That testimonial (providing sustenance) of God's dominion over life and death is also a testimonial of respect for human dignity.

Pius XII's Address to Anesthesiologists, 1957

Of the many recorded addresses of Pope Pius XII, it would be difficult to find one which was more obviously restricted to one prime focus than his address to the International Congress of Anesthesiologists on Nov. 24, 1957. He began his address by saying that one of the anesthesiologists "has submitted to us three questions on medical morals treating the subject known as 'resuscitation' [reanimation]." After a discussion of the

problems and practice of resuscitation (usually known as CPR or cardiopulmonary resuscitation), he proceeded to set forth the "principles that will allow formulation of an answer" and then answered the three questions on the specific subject of resuscitation.⁶

In the course of explaining those "principles that will allow formulation of the answer", he spoke of the individual's "right and duty in case of serious illness to take the necessary treatment for the preservation of life and health." The word "treatment" must be kept in mind in interpreting the next paragraph of the Holy Father's address:

But normally one is held to use only ordinary means—according to 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 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.⁷

It would be unwarranted to stretch the words of the Holy Father out of context so as to conclude that he was including the administration of nutrition and hydration as one of the *treatments* which could be rejected by a person who is in imminent danger of death.

Reference to Pius XII's 1957 Address in the Declaration on Euthanasia

The clinching argument that Pope Pius XII was not speaking of the withholding of nutrition and hydration in his address in 1957 is that in the very introduction to the *Declaration on Euthanasia*, as issued by the Congregation for the Doctrine of the Faith on May 5, 1980, that particular address to the anesthesiologists on Nov. 24, 1957 is mentioned expressly as one of the previous doctrinal pontifical pronouncements "which retain their full doctrinal force" ("... in doctrinae campo . . . quae vim suam integre servant").⁸ If that address of 1957 could be interpreted as approving of the withholding of nutrition and hydration in certain circumstances, therefore, and if such a position were to stand as doctrinally sound, it would be in direct contradiction to the explicit directive of the *Declaration on Euthanasia* (1980) that the "ordinary cares which are due to the sick person in such cases" are not to be interrupted. The conclusion is obvious: there can be no justification for the claim that Pope Pius XII was speaking of the withholding of food and drink in his address of Nov. 24, 1957. His remarks pertained specifically to medical *treatments* which are not related to the *ordinary care* category of providing sustenance, hygiene, comfort care, etc.

Although unrelated directly to the discussion above, it should be noted that the "Report of the Pontifical Academy of Sciences" (1985) was not the only pontifical document which mentioned expressly that feeding the patient is an essential part of ordinary care. In 1971, Pope Paul VI established the Pontifical Council "Cor Unum" (meaning "one heart") as a

charity agency. As of 1975, this council became also the Holy See's council on health affairs.⁹ From Nov. 12 to 14, 1976, about 15 persons from various disciplines (theologians, physicians, religious in hospital work, nurses, chaplains) gathered in Rome as a study group to "... analyze basic concepts, point out certain distinctions which must be understood clearly, and formulate practical answers to questions brought up by pastoral directives and by the treatment of the dying."¹⁰ The report of their study was published, however, *after* the publication of the *Declaration on Euthanasia* by the Congregation on the Doctrine of the Faith in 1980. The fact that the publication of the report was requested at that time (source of the request not indicated) would seem to justify a presumption that this particular report and the *Declaration on Euthanasia* were viewed as complementing one another.¹¹

The portion of the report which refers to alimentation as an essential aspect of ordinary care is presented in French and in English. The original French is a bit more forceful than the English version:

French

Rest, par contre, l'obligation stricte de poursuivre a tout prix l'application des moyens dits 'minimaux', ceux qui sont destinés normalement et dans des conditions habituelle a maintenir la vie (alimentation, transfusions de sang, injections, ecc.) En interrompre l'administration reviendrait pratiquement a vouloir mettre fin aux jours du patient.

English

On the contrary, there remains the strict obligation to continue by all means those measures which are called 'minimal' which are intended normally and customarily for the maintenance of life (alimentation, blood transfusions, injections, etc.) To interrupt these minimal measures would be equivalent, in practice, to wishing to put an end to the life of the patient.

As of Feb. 11, 1985, the competence of the Pontifical Council Cor Unum in health matters was transferred to a new commission to be known as the Commission for the Apostolate of Health Care Workers. Pope John Paul II established the new commission with the publication of his letter (*motu proprio*) entitled "Dolentium Hominum."¹² The Cor Unum report as above is not as well known as the Report of the Pontifical Academy of Sciences (Oct. 30, 1985). The latter makes a clear distinction between *medical treatments* and *ordinary care*, and expressly mentions "feeding" as an essential aspect of ordinary care.¹³

References

1. Cf. *Ethics of Health Care* by Benedict M. Ashley, O.P. and Kevin D. O'Rourke, O.P. (St. Louis, Mo.: Catholic Health Association, 1986), p. 203; also "Catholic Positions on Withholding Sustenance for the Terminally Ill," by Rev. James J. McCartney, O.S.A..

Ph.D., in *Health Progress*, October, 1986, p. 39.

2. *Enchiridion Vaticanum*. Vol. VII (Bologna, Italy: Edizioni Dehoniane Bologna, 1982), pp. 348, 349, n. 371.

3. Pontifical Gregorian University, Rome, Italy, 1958, 182 pages. The Pope John Center, Braintree, MA, proposes to publish this dissertation as a timely theological source in the current discussions on the administration of food and fluids to the sick and the needy.

4. Found in *The Human Body* (Boston, MA: Daughters of St. Paul, 1960), pp. 90, 91.

5. Bishop Cronin's dissertation (cf. note 3), p. 108.

6. *The Pope Speaks*, Spring, 1958, pp. 393-398.

7. *Ibid.*, pp. 395, 396.

8. *Enchiridion Vaticanum*. Vol. VII (cf. note 2), p. 334, n. 347, footnote 2.

9. *Annuario Pontificio* (Vatican City, 1986), p. 1584.

10. *Enchiridion Vaticanum*, Vol. VII (cf. note 2), nn. 1234, 1235, p. 1132.

11. *Ibid.*, n. 1238, p. 1134.

12. *Annuario Pontificio* (cf. note 9), pp. 1584, 1585.

13. Found in *Origins*, Dec. 5, 1985, p. 415.

Statement of Ownership, Management and Circulation

(Required by 39 U.S.C. 3685)

Title of publication: *Linacre Quarterly*; Pub No.: 00587100

Date of filing: October 1, 1987

Frequency of issue: quarterly

Number of issues published annually: four

Annual subscription price: \$20

Location of known office of publication: 850 Elm Grove Rd., Elm Grove, WI 53122

Location of the headquarters of the publisher:

850 Elm Grove Rd., Elm Grove, WI 53122

Publisher: National Federation of Catholic Physicians' Guilds, Inc.

850 Elm Grove Rd., Elm Grove, WI 53122

Editor: John P. Mullooly, M.D., 8430 W. Capitol Dr., Milwaukee, WI 53222

Executive editor: Robert H. Herzog, 850 Elm Grove Rd., Elm Grove, WI 53122

Owner: National Federation of Catholic Physicians' Guilds, Inc.

850 Elm Grove Rd., Elm Grove, WI 53122

Known bondholders, mortgages, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages or other securities: None

The purpose, function and nonprofit status of this organization and the exempt status for federal income tax purposes have not changed during the preceding twelve months.

Total number of copies printed: 2,900

Mail subscriptions: 2,098

Total paid circulation: 2,098

Free distribution by mail: 196

Total distribution: 2,294

Copies not distributed: 606

Total: 2,900