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## Modern Medical and Surgical Means for the Preservation of Life

Thomas J. O'Donnell, S.J.

THE EXTENT of the obligation to use modern medical and surgical techniques for the preservation of life is to be sought in the principles governing the use of ordinary and extraordinary means of preserving life. To construct the context of the problem we should consider the following truths, drawn from both reason and revelation.

### Reason

Because complete dominion in a substance necessarily implies the subordination of the ultimate end of the object of such dominion to the ultimate end of its subject, it is evident that man does not have complete and perfect dominion over his own substance.

In other words, complete and perfect dominion in the substance of a thing implies the right to use that thing as a mere means to one's own end, even to the extent of destruction of the thing. This in turn implies a subordination of the end of such an object to the end of the possessor of such dominion.

And because man's ultimate end is subordinate to God alone, it is only God who has perfect and complete dominion over the human substance. Moreover the very nature of man's subordination to God postulates a certain imperfect and incomplete dominion of man in his own substance. It is thus from the nature of things that an administrative or useful dominion in one's own substance exists for man as a right, and is exercised by him as a duty.

### Revelation

Moreover we learn from divine revelation that the span of man's life on earth is conterminous with the period of probation, filial servitude, and supernatural merit; all of which are intimately connected with man's ultimate purpose of existence, and all of which place the termination of the life-span outside the competence of the human will.

## Conclusions

The fundamental dynamism of life implies a process of continual breaking down and building up, an expenditure and restoration of energy, an attrition and repair of the cellular system, which make certain forms of neglect tantamount to self-destruction.

Thus it is evident that the refusal of the everyday means of sustaining life, such as nutrition, rest, and relaxation, is, in effect, a self-destruction which clearly violates the divine dominion over human life.

On the other hand the common consent of mankind clearly recognizes the fact that man is not expected to sustain his life at all costs. The ultimate dissolution of the substance is likewise a part of nature.

These extremes are quite simple. It is in that vast area between that the real problems lie. These problems should become clear as we inspect and attempt to evaluate first, the classical moral opinions on the subject, secondly the modern writings, and thirdly try to formulate some working principles drawn partially from both of these sources.

## Standard Authors

St. Alphonsus Liguori sums up the moral opinion of the sixteenth and seventeenth centuries regarding this question with a reference from the Moral Theology of the Jesuit, Paul Laymann. Laymann's work was the most popular of the seminary texts for many years. It had appeared about a century before St. Alphonsus wrote.

Alphonsus quotes Laymann as teaching that no one is held to extraordinary and very difficult means to preserve his life, such as the amputation of a leg, etc., unless his life be necessary for the common good. Alphonsus then adds that this is the common opinion to be found in the current moral treatises, and refers to the Jesuit, DeLugo, the Dominicans Soto and Bannez, and to the secular priests Tournely and Sylvius, together with the Salmanticenses of the Carmelites, as holding the same opinion.<sup>1</sup> It is significant to note here that while St. Alphonsus speaks of "extraordinary and very difficult means, for example, the amputation of a leg,"<sup>2</sup> and refers to DeLugo, among others, as the

source of his doctrine, DeLugo himself does not presuppose the extraordinary difficulty of an amputation, as Alphonsus seems to do. Regarding the question DeLugo says that a person, "should permit that cure when the doctors indicate it as necessary, and when it can be done without intense pain," but he contraindicates the amputation, "if it would be accompanied by very intense pain, because no one is obliged to use extraordinary and very difficult means to preserve his life . . ."<sup>3</sup>

This is significant, because when Palmieri, writing a strictly Liguorian Moral Theology, but a gad-fly at checking Alphonsus' references, deals with the passage in question (from Liguori's third book), he retains the example of the leg amputation, but adds, "if the pain is very great."<sup>4</sup>

The same caution is not characteristic of Bucceroni. In the 1914 edition of his work we find the same common doctrine—the absence of any obligation to use what he calls "exquisite remedies which cause great pain, for example, the amputation of a leg." And then apparently feeling that the amputation example is becoming a bit threadbare, having been in constant and exclusive use since the sixteenth century, he adds another example of a remedy which causes great pain: "the incision of the abdomen to remove a stone."<sup>5</sup>

This consecrated vocabulary of "remediis extraordinariis" which cause "dolores acerbos," "acerbissimos," or "ingentes"; the examples being "abscissio cruris"; and now also, with Bucceroni, "incisio ventris ad extrahendum calculum" looks even more anachronistic in the 1925 edition of Ferreres' Moral Compendium.<sup>6</sup> The medical world was aware of the fact that Augustus of Poland had sustained an amputation under total narcotic before 1782, and by 1900 the science of anesthesia was well on its way to perfection. Yet the 1928 edition of Colli-Lanzi is still excusing amputation because it "indicates very horrible sufferings" (cruciatu atrociores),<sup>7</sup> and when we find the same "abscissio cruris" and "incisio ventris ad extrahendum calculum" as "media extraordinaria et valde difficilia" in the 1944 edition of Aertnys-Damen,<sup>8</sup> the whole concept suggests an insufficient adaptation to current medical developments.

On the other hand, before 1898 Doctor Capellmann had reviewed the standard authors in his *Medicina Pastoralis* very

much as we have done here, and observed that it was certainly "of some moment" that very difficult operations could be performed without pain, thanks to chloroform, and that if one were to speak of the post-operative pains, "these generally are not so very difficult, and for the most part are less severe than those which the illness, which made the operation necessary, would bring on: and the sick man would have to bear these even without the operation."<sup>9</sup> Even at this early date Dr. Capellmann respectfully suggests that the theologians might do well to modify their opinions.<sup>10</sup> He also points out that even in his day the danger of major operations has been considerably lessened by the use of more efficient antiseptics.<sup>11</sup>

The modifications which Capellmann suggested are found in the 1883 edition of Konigs.<sup>12</sup> In other cases the development was more gradual. Notice the following treatment of the questions as found in the 1922 edition of Noldin:

There is no obligation to undergo a serious surgical operation or a notable amputation: even though today the pains of many operations are not acute, due to anesthetics, nevertheless the obligation is not to be imposed, both because many have a great horror of it and because the success, especially the lasting success, ordinarily is uncertain and finally because it is a grave incommodum to live with a mutilated body.<sup>13</sup>

Curiously enough, to bolster this opinion Father Noldin gives a reference to the very section of Dr. Capellmann's *Medicina Pastoralis* which we have referred to above.

When we come, however, to the 1941 edition of Noldin-Schmitt, we find that somewhere along the line there has been a drastic revision of the earlier opinion:

Today the suffering is vastly decreased through narcotics, the danger of infection is very remote, and moreover, success is more frequent and assured, and even for amputated members there are artificial limbs—and therefore at least where certain danger of death would very probably be avoided through an operation, it does not seem that it can be called an extraordinary means, unless there is great subjective horror of it.<sup>14</sup>

In spite of all this one can still find, in the Jone-Adelman 1948 edition, the apodictical and unqualified assertion that "neither is anyone obliged to undergo a major surgical operation."<sup>15</sup>

### Modern Authors

In general the modern authors follow the standard moralists in agreeing that a man is obliged to take the ordinary means to preserve his life, but is not obliged to the extraordinary means, unless some element of the common good enters in. All agree that means which would involve excruciating pain, danger of death, excessive expense, or great subjective repugnance are to be classified as extraordinary.

But all this was clearly delineated in the sixteenth century. When the real question arises; namely, are the advances of modern medicine in general to be classified as ordinary or extraordinary means; and in particular, what is to be said of modern surgery, X-ray treatments, Wangensteen tubes, oxygen tents, iron lungs and intravenous feeding—the moderns go riding madly off in all directions. It will be to our advantage to discuss two of the more clearcut approaches to the problem.

#### Extraordinary Identified With Artificial

After repeating the standard principle on ordinary and extraordinary means, Lehmkuhl had strongly implied that ordinary means are to be identified with normal everyday eating, drinking, and sleeping.<sup>16</sup> We find this same implication in the Jones-Adelman *Moral Theology*,<sup>17</sup> and in *The Catholic Doctor*,<sup>18</sup> by Bonnar. Moreover, Father Joseph McAllister, of the Catholic University, positively asserts the identity of ordinary and natural means in his *Ethics*. The passage is quoted as a summary of this opinion regarding ordinary and extraordinary means.

... a person is bound to use only the ordinary means of preserving his life. This includes proper diet and exercise and relaxation and sleep and all the natural aids which by its constitution the body needs to keep well. A surgical operation is not such a natural aid. It may not be against nature but it certainly is not a provision of nature for man's welfare. In this sense it remains unnatural and extraordinary and a person is not obliged to undergo it ...<sup>19</sup>

To follow the opinion of those authors who consider artificial means, by that very fact, to be extraordinary would seem to lead to a position that appears untenable. Such things as aspirin and alka-seltzer would appear to become extraordinary remedies. It

would seem much more reasonable to take a clue from DeLugo's 16th Disputation, where we find the ideas of "common" and "which men commonly use" juxtaposed with "ordinary."<sup>20</sup> In somewhat the same vein Healy, in his *Moral Guidance*, defines extraordinary as that which is "beyond the ordinary power of men"; and while granting that an operation without anesthetic would be extraordinary, adds that "today, however, anesthetics remove all such pain, and so ordinarily (he) would be bound to have the operation."<sup>21</sup>

Moreover, although we must definitely note and remember for future consideration that there is a valid distinction between natural and artificial means—as the comparison of an intravenous injection with a chocolate bar makes evident—the artificial is not to be considered as wholly distinct from the natural.

#### Artificial Not Wholly Distinct From Natural

The advances of modern medical science are due fundamentally to the development of the natural potentialities of civilized man living in society, with each generation building on the discoveries and achievements of the last, as is evidently in accord with the rational nature of man. Thus it is inauspicious to say that surgery, intravenous feeding, radio therapy, and the like are extraordinary because, in themselves, artificial. For they are not rightly considered in themselves, but rather should be viewed in their historical context.

Just as the life of the individual advances and develops in complexity and perfection according to its natural potentialities, so, in the divine plan, a civilization or a culture develops. Thus what is extraordinary in one stage of cultural or scientific development may be quite ordinary in another—in much the same way as the swinging stride of a mature man is his ordinary means of locomotion, but it would have been quite extraordinary for him at the age of two weeks.

#### Example—Intravenous Feeding

To treat each advance of modern medicine in detail would require the dimensions of a book. As a fairly typical example we will consider the question of intravenous feeding. The conclusions will be applicable, *mutatis mutandis*, to many of the other modern medical and surgical advances and techniques.

Donovan, Sullivan, and Kelly would classify intravenous feeding as an ordinary means of preserving life. The rudimentary case with which they deal is put down simply as that of a man dying, whose life can be prolonged for several weeks by intravenous injections.

Father Joseph Donovan says that in this case intravenous feeding must be considered an ordinary means, and that to stop it would be equivalent to mercy killing.<sup>22</sup>

Both Father Kelly and Father Sullivan allow that the means is, at least in itself, ordinary; but they likewise allow circumstances wherein it could licitly be discontinued. In this way they bring clearly into the light a further refinement of the basic principle.

Father Kelly, writing in *Theological Studies*, says: "I agree with Father Donovan that intravenous feeding is, in itself, an ordinary means. But even granted that it is ordinary, one may not immediately conclude that it is obligatory. . . . To me, the mere prolonging of life in the given circumstances seems to be relatively useless, and I see no sound reason for saying that the patient is obliged to submit to it."<sup>23</sup>

Father Joseph Sullivan, in his *Catholic Teaching on the Morality of Euthanasia*, while likewise allowing that intravenous feeding is an ordinary means in itself, adds to the case the circumstance of great pain which can be alleviated only briefly due to drug toleration, and says that intravenous feeding is, however, an artificial means, and that in such a case it could be considered extraordinary and be discontinued.<sup>24</sup>

It is extremely important to notice that both Father Kelly and Father Donovan consider intravenous feeding, in itself, to be an ordinary means of preserving life, yet in certain cases both would sanction its discontinuance—Father Kelly, because "the mere prolonging of life in the given circumstances seems to be relatively useless," and Father Donovan because "an artificial means of preserving life may be an ordinary means or an extraordinary means relative to the physical condition of the patient."<sup>25</sup>

### Proposed Solution

In the quotations just cited from Father Kelly and Father Donovan it appears that each of them has pried a little more deeply into the basic principle than anyone else since DeLugo's

time. Each of them is giving reasons why means which are ordinary in themselves may be discontinued under certain circumstances. While their reasons appear to be different, the word "relative" is the key word in each quotation. And I propose that the word "relative" is the key word to the whole problem.

Let us begin with the fact that we have a valid concept of what we call a "*finis absolute obtinendus*." We speak of ends which absolutely must be achieved, at any cost—and we might define such an end as a good that is so essential to the very nature of man that it is either the ultimate end itself, or so necessary a means to that ultimate end that no effort or cost could be conceived which would be proportionate to the loss of such a good. Examples would be beatitude or supernatural charity.

But the very concept of a "*finis absolute obtinendus*" postulates the concept of a "*finis relative obtinendus*." This, in turn, we might define as a good which, according to right order, must be sought with that amount of effort and cost that is to be reckoned to be in proportion with the actual contribution of the good, once obtained, to the totality of man's nature and the pursuit of his ultimate end.

No one would classify the preservation of human life as a "*bonum absolute obtinendum*." It is therefore, a "*bonum relative obtinendum*." Granting that the preservation of human life is a good which is to be obtained relatively—our question is precisely this, "relatively to what?"

To answer this question we must ask another. What, precisely, is the meaning of human life, as such, in the present cosmic dispensation of Divine Providence? In other words, why, ultimately, must human life be preserved?

We have already seen that man cannot positively and voluntarily terminate his life span. But, moreover, man must preserve his life because it is the fundamental natural good which God has given man, the fundamental context in which all the other goods, which God has given man as means to the end proposed to him, must be exercised.

Therefore the meaning of "relativity" in the preservation of life seems to be the relation of a due proportion between the cost and effort required to preserve this fundamental context, and the potentialities of the other goods that still remain to be worked out within that context.

If we now formulate a definition of ordinary means from the opinions and arguments just reviewed, and take this definition as a common denominator for working out cases on this formula of relativity, we should have what we set out to find in this study—that is, the grounds for the ultimate moral judgment in most cases. It is to be noted that what we are looking for here is not a new definition of ordinary means, but rather a definition drawn from the critical evaluation of the standard authors. And using this definition in conjunction of what we hope is a clearer delineation of the relativity involved, we must not expect to find a “moral slide-rule” which will automatically answer cases, but rather the ultimate grounds for the necessary moral judgment.

### Summary

1. Ordinary means might best be defined as those which are at hand and do not entail effort, suffering, or expense beyond that which men would consider proper for a serious undertaking, according to the state of life of each individual.

2. Apart from subjective considerations of pain, expense, or personal abhorrence (which classic authors generally use as partial criteria of extraordinary means) most of the commonly available techniques of modern surgery and medicine should be classified as ordinary means of preserving life.

3. The use of these developed techniques is to be distinguished from the every day actions of eating, drinking, and sleeping.

4. These developed techniques need not be used in some circumstances. The relation of their use to the remaining potentiality of what we have called the “fundamental context of human life” should be the basis of the moral judgment as to whether such modern medical means must be used or not. In those cases where obligation to use such means is contraindicated, the means might be considered as “relatively extraordinary.”

### A Word of Caution

One further consideration should be added, in the form of a caution. We must not be too ready to terminate either ordinary or extraordinary means of preserving life, even though in itself such termination would be morally justified in a given case. This for two reasons:

First, there is the danger that such an attitude could be construed in the minds of others as a sort of “Catholic Euthanasia.” It is the same caution, for the same reason, that advises prudence in treating of periodic continence—lest the charge of “Catholic birth-control” be incurred in a misinterpreted sense.

Secondly, and more important, there is in the medical profession today an ideal which demands the fighting off of pain and death until the last possible moment. It is safe to say that many of the great advances in modern medicine, as well as a perfection in skill and technique, have been due to what might have frequently been called a “useless prolonging of life.” If, for example, modern surgery is an ordinary means of preserving life, it is only so because of its extensive use in those stages of its development when it was an extraordinary means. This consideration bears directly on the common good. Father Kelly warns of a defeatist attitude which would “turn back the clock” of medical progress, and we must not be too ready to risk a lowering of the medical ideal and a retardation of medical progress in the immediate interests of individual cases.

<sup>1</sup> DeLiguori, *Theologia Moralis*, I. III, n. 372.

<sup>2</sup> *ibidem*: “mediis extraordinariis et nimis duris, v. gr. abscissione cruris.”

<sup>3</sup> DeLugo, *De Jure et Justitia*, Disp. 10, n. 21.

<sup>4</sup> Ballerini-Palmieri, *Opus Theol. Morale* (1890), vol. 11, p. 614.

<sup>5</sup> Buceroni, *Theol. Moralis*, 6th ed., (1914) vol. I, n. 715-716.

<sup>6</sup> Ferreres, *Comp. Theol. Moralis*, 13th ed. (1925), vol. I, p. 349.

<sup>7</sup> Colli-Lanzi, *Theol. Moralis*, (1928), vol. III, n. 1654.

<sup>8</sup> Aertnys-Damen, *Theol. Moralis*, 15th ed. (1944), vol. I, n. 566.

<sup>9</sup> Capellmann, *Medicina Pastoralis*, 5th ed. (1901), p. 24.

<sup>10</sup> *ibidem*

<sup>11</sup> *idem*, p. 20.

<sup>12</sup> Konigs, *Theologia Moralis*, 5th ed. (1883), n. 463, ad 3 (earliest available at time of present writing).

<sup>13</sup> Noldin, *Summa Theol. Moralis*, 14th ed. (1922), vol. II, n. 326.

<sup>14</sup> Noldin-Schmitt, *idem*, 27th ed. (1941), vol. II, n. 325.

<sup>15</sup> Jone-Adelman, *Moral Theology*, (1948). English translation and adaptation from the ninth German edition.

<sup>16</sup> Lehmkuhl, *Theol. Moralis*, 10th ed. (1902), vol. I, n. 571-572.

<sup>17</sup> *op. cit.* n. 210.

<sup>18</sup> Bonnar, *The Catholic Doctor*, 2nd ed. (1941), p. 96.

<sup>19</sup> McAllister, *Ethics*, (1947), p. 206.

<sup>20</sup> *op. cit.* Disp. XVI, n. 152.

<sup>21</sup> Healy, *Moral Guidance*, (1942), p. 162.

<sup>22</sup> *Homiletic and Pastoral Review*, XLIX, August 1949, 904.

<sup>23</sup> *Theological Studies*, XI, June 1950, 218.

<sup>24</sup> J. V. Sullivan, *Catholic Teaching on the Morality of Euthanasia*, Catholic University, Studies in Sacred Theology (1949), p. 72.

<sup>25</sup> *op. cit.*, p. 65.