

Catholic leaders welcome documents on artificial nutrition

WASHINGTON - Catholic health care and ethical groups thanked the Vatican Congregation for the Doctrine of the Faith for clarifying its stand on artificial nutrition and hydration for patients in a persistent vegetative state in a pair of Sept. 14 documents.

"The Catholic health ministry is grateful for the clarification provided today," said Sister Carol Keehan, a Daughter of Charity who is president and CEO of the Catholic Health Association, in a Sept. 14 statement.

"Patients in a persistent vegetative state, while making up a very small percent of all patients, pose some of the most challenging and heart-wrenching situations for families and caregivers," she added. "This clarification affirms the church's belief in the value of their lives in spite of the circumstances of their condition."

The Vatican's responses to two questions posed by the U.S. Conference of Catholic Bishops and its commentary on those responses "provide a clear rejection of the claim of certain theologians that the provision of food and water for patients in the persistent vegetative state is not morally obligatory," said the Philadelphia-based National Catholic Bioethics Center in a Sept. 14 statement.

The USCCB questions were prompted by confusion in the U.S. over a 2004 talk by Pope John Paul II in which he said nutrition and hydration, even by artificial means such as feeding tubes, should generally be considered ordinary care and not extraordinary medical treatment.

"The (Vatican) commentary takes pains to note that John Paul II's address stands in conformity with previous tradition, and is not, in any way, an innovation or abandonment of previous teaching," the bioethics center statement said, adding that the commentary's "review of previous (papal and Vatican) statements speaks to the claim of those who have said John Paul II's address was completely unexpected and without precedent."

Sister Carol said the latest Vatican documents make clear that "the provision of artificially administered nutrition and hydration to patients in a vegetative state is morally obligatory except when they cannot be assimilated by the patient's body (and, hence, don't achieve their purpose) or cause significant discomfort."

In addition, she said, “artificially administered nutrition and hydration cannot be discontinued for a patient in a persistent vegetative state even when physicians have determined with reasonable certainty that a patient will never recover consciousness.”

Sister Carol told Catholic News Service that she did not see a need for any revisions to the “Ethical and Religious Directives for Catholic Health Care Services,” most recently revised by the U.S. bishops in 2001. The directives guide Catholic health care facilities in addressing a wide range of ethical questions, including nutrition and hydration.

“The Vatican made clear they were clarifying, not issuing new doctrine,” she said. Directives 57 and 58 state: “There should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to the patient. The free and informed judgment made by a competent adult patient concerning the use or withdrawal of life-sustaining procedures should always be respected and normally complied with, unless it is contrary to Catholic moral teaching.”

Ron Hamel, CHA’s senior director of ethics, told Catholic News Service in a Sept. 18 phone interview that after Pope John Paul’s 2004 talk “there was some confusion about what it meant concretely for Catholic health care organizations.”

With its latest documents the Congregation for the Doctrine of the Faith “has clarified the ambiguity and has essentially reinforced the papal allocution,” Hamel added. “The CDF has spoken and the debate about feeding tubes in patients with PVS has been settled.”

The Vatican documents also “made it a bit clearer that there is the possibility of exceptions,” he said. Artificial feeding and hydration does not need to be continued, the Vatican commentary said, when the patient can no longer assimilate foods and liquids, so their provision becomes useless; when a feeding tube causes significant physical discomfort or leads to other medical problems; or in remote or impoverished places where feeding tubes are not available.

Some Catholic health care facilities “are going to need to look at their policies and practices and possibly make some adjustments,” Hamel said.

But in general, he said, “I don’t think this is going to affect Catholic health care very much.” Although there are no hard statistics on the matter, Hamel said he thought

that “not many” of the estimated 10,000 U.S. patients in a persistent vegetative state were in Catholic facilities.

Much of the recent discussion of the issue in the United States has focused on Terri Schindler Schiavo, the brain-damaged Florida woman who died in March 2005 after a court ordered her feeding tube removed.

The Terri Schindler Schiavo Foundation, founded by Schiavo’s parents and siblings after her death, also thanked the Vatican for issuing the documents.

“It is our fervent hope that the clergy, religious and those who administer Catholic health care, as well as the laity who persistently ignored the basic right to life of our daughter and sister Terri, and who persist to this day to dissent from this basic moral teaching of the church by claiming that Pope John Paul II’s March 20th allocution is ‘up for discussion,’ will begin to open their eyes and hearts to the immutable and incontrovertible truth reaffirmed by the Holy See today,” the foundation leaders said in a Sept. 14 statement.