Kevin O'Rourke, O.P., "Reflections on the Papal Allocution Concerning Care for Persistent Vegetative State Patients," in Artificial Nutrition and Hydration and the Permanently Unconscious Patient: The Catholic Debate (Georgetown University Press, 2007), pp. 237-253.

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# Reflections on the Papal Allocution Concerning Care for Persistent Vegetative State Patients

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## I. Introduction

Recently, Pope John Paul II issued a statement in regard to the care of persons in the persistent vegetative state (PVS) (2004). The statement was received with dismay by many people inside and outside the Catholic healthcare ministry (see O'Brien, 2004; Shannon and Walter, 2004). In sum, the Holy Father stated that artificial nutrition and hydration (AHN) was not medical care, but rather comfort care, and in principle should be maintained even if there is no hope that the patient will recover from the debilitated condition of PVS. He also maintained that a patient in PVS remains a person in the full sense of the term, something not denied by Catholic theologians, ethicists and caregivers. Finally, the statement indicated that knowingly and willingly removing AHN from PVS patients is passive euthanasia. Clearly, this was not an infallible or definitive statement of Church teaching; rather it was an authentic or reformable statement (see *Code of Canon Law* c. 751, 753; Gaillardetz, 2003, 94–99). The purpose of this essay is to examine the allocution of the Holy Father in light of Church teaching in regard to "reformable statements" and then to consider the allocution itself, and finally to respond to the allocution. Thus, this presentation has four parts:

1. A Consideration of the Norms for Accepting Magisterial Teaching
2. A Consideration of the Purpose and Contents of the Allocution

3. Positive Reasons for Disagreement with the Allocution
4. Implications of the Allocution for Catholic Health Care

## II. A Consideration of the Norms for Accepting Magisterial Teaching

At one time, the phrase *Roma locuta est, causa finite [sic] est* (Rome has spoken, therefore all contrary opinions are overruled) indicated the proper response for the loyal Catholic theologians. But in 1990, realizing that many times the Holy See has spoken and later reversed its teaching, the Congregation for Defense of the Faith (CDF) issued a statement in regard to the acceptance of Church teaching, often called *Donum Veritatis* (1990).[1] This document explained the responsibilities of theologians and the magisterium of the Church, showing how the two forms of teaching ministry within the Church should work together. The document outlined four different forms of magisterial teaching. They are:

1. "When the magisterium of the Church makes an infallible pronouncement and solemnly declares that the teaching is found in revelation, the assent called for is of theological faith." Many examples of this infallible form of teaching are found in the Council of Trent, the First Vatican Council, or in the Declarations of the Immaculate Conception and the Assumption of the Blessed Virgin Mary into Heaven, in an "extraordinary" form of teaching. But examples of this form of teaching may also be found in the universal and ordinary teaching authority of the pope and bishops, such as the statements concerning abortion and euthanasia in the encyclical *The Gospel of Life* (Ratzinger, 1998).
2. "When the magisterium proposes 'in a definitive way' truths concerning faith and morals, which even if not divinely revealed are nevertheless strictly and intimately connected with revelation, these must be firmly accepted and held." The statement of Vatican Council I in regard to papal infallibility and truths of the natural law would fit into this category.
3. "When the Magisterium, not intending to act "definitively" teaches a doctrine to aid a better understanding of revelation and makes explicit its content, or to recall how some teaching is in conformity with the truths of faith or finally to guard against ideas that are incompatible with these truths, the response called for is that of religious submission of intellect and will *(obsequium intellectus et voluntatis)*." As then Father, now Cardinal,

Dulles explained, "this third category has long been familiar to Catholics, especially since the popes began to teach regularly through encyclical letters, some two centuries ago. The teaching of Vatican II, which abstained from new doctrinal definitions, falls predominantly within this category" (Dulles, 1991, 694). Truths of this nature are often described as "non-infallible" or reformable or authentic teachings. The teaching of the encyclical *On Human Life* of Paul VI in 1968, in regard to moral means of family limitation, is of this nature.

4. "Finally. . . in order to warn against dangerous opinions which could lead to error, the magisterium can intervene in questions under discussion which involve, in addition to solid principles, certain contingent and conjectural elements. It often becomes possible with the passage of time to distinguish between what is necessary and what is contingent." Cardinal Dulles states that this is a new dimension in Church teaching. As we shall see, the recent allocution of the Holy Father in regard to the care of PVS patients contains certain contingent and conjectural elements. The response to this fourth kind of teaching, referred to in the instruction as prudential teachings, will be our concern.

*Response to Prudential Teaching*

According to the teaching of *Donum Veritatis,* one's first response to this type of teaching is to accept it with submission of intellect and will *(obsequium intellectus et voluntatis.)* "The willingness to submit to the teaching of the magisterium on matters per se not irreformable must be the rule." But the teaching in question "might not be free from all deficiencies." It might "raise questions regarding timeliness, the form or even the contents of the magisterial intervention." The instruction sets forth several prudential norms for re-examining in humility the argumentation that seems to lead to a conclusion contrary to the magisterial teaching. If after a process of this nature, the theologian for reasons intrinsic to the teaching of the document is not able to give intellectual assent to the teaching, "the theologian has the duty to make known to the magisterial authorities the problems raised by the teaching in itself, in the arguments proposed to justify it or even in the manner in which it is presented." It should be emphasized that the reasons prompting the theologian to withhold assent must be "intrinsic to the teaching" to demonstrate that the reasons in opposition to the magisterial teaching must be historically and theologically accurate, not founded

merely upon contrary practice or the difficulty of putting the teaching into practice.

In situations of this nature, the theologian should refrain from giving public expression to the difficulties or discrepancies that are found in the teaching and should not turn to the mass media to confront the teaching of the magisterium. "Respect for the truth as well as for the People of God requires this discretion." Private discussion of the teaching, for example with other theologians or even in scholarly journals would not be prohibited. But clearly unsuitable would be any effort to organize vocal opposition or an appeal to rejection of a magisterial teaching through popular opinion. Some might consider this form of response as contrary to the spirit of honesty and openness that should be part of a theologian's character. However, the common good takes precedence over proving the personal opinion of a theologian, no matter how well founded it might be. Thus, there is a possibility for dissent to prudential teachings of the magisterium described in the instruction of the CDF. But perhaps dissent is too strong a word. It seems a better word might be "disagreement" or even the phrase, "inability to assent for reasons intrinsic to the teaching." Clearly, to describe the response of a loyal theologian to the teaching of the church as dissent might be an exaggeration and also give the impression that the theologian in question is acting in opposition to the Magisterium or has little respect for the role of the Holy Spirit in the life of the church.

### *A Significant Question*

A significant question remains: Does the person who is not a theologian but who has some knowledge of the situation to which the teaching applies have the same rights as the theologians described in the instruction of the CDF? Does a concerned lay person have the same duty as a theologian if he or she perceives from evidence intrinsic to the matter in question that the teaching "might not be free of all deficiencies in regard to timeliness, the form, or even the content of the magisterial intervention." For example, the teaching in question might be based upon scientific facts or professional practices concerning which the lay person has intimate knowledge. It seems the "ordinary believer" would be able to withhold assent, and to communicate the reasons for this state of mind to the magisterial authority, provided the person in question would follow the same process outlined in the instruction for the theologian (Gaillardetz, 2003,

121ff). Above all, the inability to assent must he based on well-formulated historical and theological reasons and the forum for discussion should not be the mass media. This would preclude basing one's position simply upon the fact that the teaching is difficult to follow, or that many people are engaged in practices opposed to the teaching, as seemed to be the basis for most of the opposition in regard to the teaching of Pope Paul VI contained in the encyclical *On Human Life.*

## *Reason for* Donum veritatis

Why was the instruction *Donum Veritatis* promulgated? In a press conference introducing the document, Cardinal Ratzinger, the Praeses of the CDF, admitted that several teachings of the church have been reversed over time: for example, the teaching of freedom of conscience in regard to religion, the separation of church and state, and many statements of the Pontifical Biblical Commission (Dulles, 1991). Anyone familiar with the papal documents *Mirari Vos* of Gregory XVI and *The Syllabus of Errors* of Pius IX will understand the need for considering this fourth type of papal teaching (Chadwick, 1998, 23–25, 168–81). Does the recent statement of Pope John Paul II concerning the care of PVS patients fall into the category of statements that might in time he reversed? The main part of this essay will investigate this question; we shall be concerned with an examination of the "contingent and conjectural statements" of the papal allocution and the suppositions or assumptions upon which they are based. But before proceeding to these considerations, there are two pre-notes which will facilitate our considerations.

## *Two Pre-Notes*

First, we must distinguish clearly between vegetative state (VS) and permanent vegetative state (PVS) because the document under study at times seems to consider them as one. The allocution defines vegetative state as a condition in which "the patient shows no evident sign of self-awareness or of awareness of the environment and seems unable to interact with others or to react to specific stimuli." Neurologists would add to this definition the fact that the patient displays sleep-wake cycles; hence, the patients eyes are often open, but unable to track in a meaningful manner. When discussing PVS the allocution indicates

that there is no different diagnosis for it but only "a prognostic judgment that recovery is statistically speaking more difficult." In fact, the transition from VS to PVS is based on more than statistics. It is based upon a presumption that the condition of the patient is irreversible, and this presumption is based upon neurological evidence gained from a lengthy observation of the patient. "Like all medical judgments this presumption is based upon probabilities, not absolutes" (Joint Task Force, 1994).

Secondly, the allocution maintains that decisions to remove life support should not be made on the basis of quality of life "because the intrinsic value and personal dignity of every human being does not change no matter what the circumstances of his or her life." Quality of life is an ambiguous term. Sometimes it is used to signify human dignity, as in the allocution, but sometimes it is used to signify the circumstances resulting from an illness or pathology. When determining whether or not to utilize or withhold life support, as Pope Pius XII observed, an evaluation of the "circumstances of persons, places, times, and culture" (1958) is necessary before making a decision to withdraw life support. The statement of the Pontifical Council *Cor Unum*, quoted with approval in the allocution, referred to this analysis of circumstances as judging "the quality of life" (Pontifical Council *Cor Unum*, 1971). Perhaps when discussing the circumstances which are present in the life of a dying person, we should do away with the term "quality of life" and use the term "quality of function," as suggested by Father Thomas O'Donnell, SJ, a noted medical ethicist, in a private letter many years ago. In this sense, all persons have the same quality of life because God's love extends to every human person no matter how debilitated they might be. But all do not have the same quality of function, and it is the quality of function that we evaluate when questions of prolonging life of ourselves or our loved ones must he settled.

## III. A Consideration of the Purpose and Content of the Allocution

Before beginning this part of the presentation, realize that the document under consideration is the allocution as issued by the Vatican Press office, not as it has been interpreted by many individuals and agencies.[2] Some of these interpretations have placed accurately the allocution within the tradition of the church teaching in regard to prolonging life, but it is my contention that the allocution as it stands is in need of revision.

### *The Goals of the Papal Allocution*

Three goals may be discerned from the papal allocution and the conference to which it was presented:

1. The church seeks to counteract the trend in our society and culture toward euthanasia and disrespect for human life. The effort to put people to death to end their suffering or to terminate a debilitated existence is demonstrated in law and medicine in the present time. Euthanasia is legal in some countries and states at this time. Pope John Paul II sought to emphasize that life is sacred and to counteract these vicious trends in the encyclical The Gospel of Life, and carried this message throughout the world on his many journeys.
2. The church wishes to speak on behalf of the debilitated and infirm. Above all, the church seeks to counteract the tendency to have other people decide for the weak and infirm the value of their lives. Fear is expressed that the term "vegetative state" will demean the personal dignity of people in this condition. Thus, the intrinsic value of and personal dignity of debilitated persons is affirmed strongly by John Paul II.
3. Finally, the Holy Father wished to stress that no matter how debilitated and bereft of human function, the infirm are still persons, and to be treated as such by medical personnel, families and society.

No one writing from a Catholic perspective disagrees with the need to work diligently for the attainment of these goals. However, the assumptions upon which a strategy to achieve these goals is based seems subject to question. In the following section, I shall consider two of these assumptions and the conjectural and contingent statements based upon them.

### *Questionable Assumptions and Statements Based upon Them*

The instruction of the CDF states that authentic teachings that contain contingent and conjectural statements may he subject to reversal. According to *Webster's Dictionary,* a conjectural statement is one based on incomplete or inconclusive evidence; a contingent statement is likely to he true, but not yet certain; i.e., it is possible but not certain. Insofar as papal statements of a prudential nature are concerned, the conjectural and contingent statements are based upon

assumptions. Thus, an assumption is made that a specific proposition or declaration is true and conclusions are drawn from that assumption; these conclusions are conjectural or contingent, that is, they may or may not be true, depending on the truth of the assumption. In time, an assumption may prove to be untrue, and thus the conjectural or contingent statements which follow from it are also untrue. For example, consider two statements contained in the *Syllabus of Errors* referred to above. In section III of the *Syllabus of Errors*, n. 15, the following statement is condemned: "Every man is free to embrace and profess the religion, which guided by the light of natural reason, he shall consider true." In section VI of the same document, n. 55, the following statement is condemned: "The Church ought to be separate from the State, and the State from the Church." These statements were later reversed by the Second Vatican Council. The Council, in the Decree on Religious Freedom, stated, "that the human person has the right to religious freedom . . . this Council further declares that the right to religious freedom is based on the very dignity of the human person as known through the revealed Word of God and by reason itself" (Flannery, 1980, 800n2). The Council also stated, "The political community and the Church are autonomous and independent of each other in their own fields. Both are devoted to the personal vocation of man under different titles" (Flannery, 800n76).

The assumptions upon which the statements in the *Syllabus of Errors* were founded are not stated in the original documents. But a knowledge of church history helps us discern what they were. First, the church had long maintained that it had some kind of power over secular governments. This assumption dates back to the days when Charlemagne was crowned as Holy Roman Emperor by Pope Leo III in 800, and this assumption found full expression in the encyclical *Unum Sanctam* of Boniface VIII in 1302. Moreover, assumptions were present in the nineteenth century, when the aforementioned statements were condemned by the Holy See, that if people were allowed freedom of religion or if church and state were separate entities that people would lose faith in God and the church, and that the state would persecute and seek to destroy the church. These assumptions proved untrue and thus the contingent and conjectural statements based upon them were later proven untrue and were reversed by the church. At the time they were made, these assumptions were questioned by many and the church suffered embarrassment as a result of the discipline based upon these assumptions (Chadwick, 1998, 168–81).

*First Assumption of the Allocution*

There are assumptions underlying the recent papal allocution that can be called into question, assumptions that also seem to permeate the thinking of the papal advisors who assisted in the formulation of the allocution.[3] These misleading assumptions lead to contingent and conjectural statements which also may be called into question.

The first assumption that seems to be inconsistent with reality is that there is some hope of benefit from prolonging life for a patient in a permanent vegetative state, even if it is unlikely that the patient will recover. This assumption is held by some theologians and philosophers (Grisez, 1993, 524–26; Grisez, 1990; Boyle, 1995; May et al., 1987) but is contrary to the opinion of several medical societies that have considered the care of patients in this condition (Multi-Society Task Force, 1994a, 1994b; British Medical Association, 2001; American Medical Association, 1992; American Academy of Neurology, 1989), to many theologians and ethicists with clinical experience (Paris, 1998; Broduer, 1990; O'Rourke, 1989; Hamel and Panicola, 2004), and to some members of the hierarchy who have offered guidance to families in specific cases (Gelineau, 1987; Kelly, 1998; Illinois Bishops, 2001). The main support for the opinion that life in PVS is an "intrinsic good" and a "great benefit" is the conviction of the theologian Germain Grisez and his followers that human life is an incommensurable good and that those who deny this assertion are professing dualism (O'Rourke, 1989). If human life is an intrinsic good, why does the church teach that life support may be removed if it imposes an excessive burden? Moreover, as my colleague Benedict Ashley observes:

> the human body is human precisely because it is a body made for and used by intelligence. Why should it be dualism to unify the human body by subordinating the goods of the body to the good of the immaterial and contemplative intelligence? (1994, 73)

While it is not a conclusive proof, it is noteworthy that most of the people who maintain that continued existence in a PVS condition is not a "great benefit" have been involved in clinical and pastoral situations. They are not primarily academic persons; they are physicians, ethicists, and pastoral care personnel who help families make prudential decisions in difficult circumstances. They realize that when families make decisions to remove AHN from PVS patients it is

not "tantamount to dumping them in the garbage" (Grisez, 1990, 40). Finally, Bryan Jennett relates the opinions of several groups of clinical practitioners and lay people in regard to having life prolonged in PVS, which opinions are contrary to the assumption that prolonging the life of PVS patients is a great benefit (2002, 73–86).[4]

This first assumption, that life in PVS is a great benefit even if recovery is highly unlikely, leads to a series of contingent and conjectural statements that also can he called into question; statements which seem to remove AHN from the traditional evaluation of hope of benefit because it is presumed that continuation of the persistent vegetative state offers hope of benefit to the patient even though recovery is unlikely. Thus, at best the following statements seem out of touch with reality:

1. "The evaluation of probabilities, founded on waning hope for recovery when the vegetative state is prolonged beyond a year, cannot ethically justify the cessation or interruption of minimal care for the patient, including nutrition and hydration" (para IV). In most cases of PVS, moral certitude that the patient will not recover is possible (Multi-Society Task Force, 1994b). This seems to indicate that there is no hope of benefit to the patient if life support is prolonged by means of AHN.
2. "Death by starvation or dehydration is in fact the only possible outcome as a result of their withdrawal. In this sense it ends up becoming, if done knowingly and willingly, true and proper euthanasia by omission" (para IV). The disturbing implication of this statement is that it gives the impression that the moral object of a human act is determined by the physical result of the action. This of course is contrary to the teaching of the church in the encyclical *The Splendor of Truth (Veritatis Splendor)* (John Paul II, 1993, n. 78). The same physical act may have two distinct moral evaluations; e.g., sexual intercourse may be an act of marital love or an act of adultery. The possibility that AHN might ever be withheld or withdrawn is excluded, if the statement in the allocution is taken literally. In this regard, recall the words of the Document issued by the Pro-life Committee of Bishops in the United States, a document in accord with the basic concepts of the papal allocution:

> We should not assume that all or most decisions to withhold or remove life support are attempts to cause death. Sometimes other causes may be at work, for example, the patient is imminently dying, whether a feeding

tube is placed or not . . . at other times, although the shortening of the patient's life is one foreseeable result of an omission, the real purpose of the omission was to relieve the patient or the patient's family (Committee on Pro-Life Activities, 1992, 705ff).

3. "Water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act. Its use furthermore should he considered in principle ordinary and proportionate and as such morally obligatory insofar as and until it is seen to have attained its proper finality which in the present case consists in providing nourishment to the patient and alleviation of his suffering" (para IV). Even though the papal allocution maintains, in the face of medical and legal opinion to the contrary (Jennet, 2002, 108ff), that AHN is not medical care, insofar as it "preserves life" it must be morally evaluated by the traditional criteria: hope of benefit and degree of burden (O'Rourke, 1989, 194). Moreover, in so far as "finality" is concerned, as we shall see when considering the second assumption, competent medical opinion holds that people in PVS do not experience pain or suffering.

*Second Assumption*

The second assumption is even more disturbing than the first. It might be phrased in the following manner: "The medical facts and findings of several professional societies, study groups, research papers, court findings and decisions, are not to be considered as valid scientific evidence." This attitude is disturbing because the Holy See usually encourages and values scientific research and seeks to refer to it when issuing instructions or allocutions. The statement of the World Federation of Catholic Medical Associations (FIAMC), which accompanied the allocution, offers inadequate scientific proof for the medical assertions of the allocution. The above assumption leads to the following statements that are contrary to the findings of several different medical research groups and publications:

1. "There are a high number of diagnostic errors reported in the literature" (para II). There are no citations given in the allocution or the statement of the FIAMC to "the literature" in question. No doubt mistakes in diagnosis are possible, but not if diagnoses are made by board-certified neurologists following the guidelines developed by research groups (Jennett, 2002, chap. 2). It has been known for a long time that people

frequently recover from coma and occasionally from VS, but not from PVS that has been properly diagnosed (Levin et al., 1991). As mentioned in the first pre-note, the conditions of coma, VS, and PVS, should not be confused.

2. "Moreover, not a few of these persons, with appropriate treatment and with specific rehabilitation programs have been able to emerge from the vegetative state. . . . We must neither forget nor underestimate that there are well documented cases of recovery even after many years" (para. 11). The supposition that recovery from a prolonged vegetative condition or from PVS is likely is also inferred in other parts of the allocution. But on the contrary research publications offer little hope of recovery for PVS patients (Jennett, 2002, chap. 5).
3. "Moreover, it is not possible to rule out a priori that the withdrawal of nutrition and hydration, as reported by authoritative studies is the source of considerable suffering for the sick person, even if we can see only the reaction of the autonomic nervous system or of gestures." Once again, "the authoritative studies" are not cited in the FIAMC statement. Several contemporary studies maintain that removing AHN from patients in PVS or prolonged coma does not cause pain. In the words of one significant study, "The perception of pain and suffering are conscious experiences: unconsciousness by definition precludes these experiences (Jennett, 2002, 15, 17–18; Multi-Society Task Force, 1994b, 1579). With this in mind, describing the removal of AHN as "starving the patient" is a clear misconception.

## IV. Positive Reasons for Disagreement with the Allocution

The positive reasons for disagreement with the teaching contained in the allocution are founded upon a Thomistic anthropology of the human person. Briefly, the goal or purpose of human life is friendship with God; i.e., charity (Catechism of the Catholic Church, 1997, n. 1; Aquinas, 1966, *ST* II–II, on charity). To strive for this goal, we must perform human acts. St. Thomas distinguishes between human acts *(actus humanus)* and acts of man *(actus hominis)* (1966, *ST* I–II, q. 1, a. 1). Human acts are acts of the intellect and will; acts of man are bodily acts not under the control of the intellect and will, for example, the physiological acts of the body which are not subject to rational activity, such as circulation of blood and digestion. If a person does not have the ability

nor the potency to perform human acts now or in the future, then that person can no longer strive for the purpose of human life and it does not benefit the person in this condition to have life prolonged. As Pope John Paul II states in the allocution, "The loving gaze of the Father continues to fall upon them as sons and daughters" but this does not imply that persons in this condition are able to fulfill their part in the reciprocal relationship of friendship, i.e., they are unable to strive for the purpose of life. Therefore, it seems that there is no moral obligation to prolong the life of persons in vegetative states from which they most likely will not recover. Benedict Ashley and I describe the ability to perform a human act as the capacity now, or in the future, to perform acts of cognitive–affective function. If it is morally certain[5] that persons cannot and will not perform acts of this nature now or in the future, then the moral imperative to prolong their lives no longer is present. Hence, it is not a "a great benefit" for the patient, for the family nor for society, to prolong their lives. Moreover, healthcare seeks to help people strive for the purpose of life, not merely to function at the biological level (Pellegrino and Thomasma, 1988, p. 80). Though the sanctity of human life must be affirmed, the fact that death is the gateway to eternal life is often forgotten in contemporary times.

### *Repetition Lacking*

Finally, as of March 30, 2006, the statement of March 20, 2004, has not been repeated by the Holy See. Repetition of an authentic statement is one means that theologians are instructed to use as they evaluate papal teaching. They are told "to assess the nature of the document and the insistence with which a teaching is repeated." (CDF n. 24) (Recall, the March 20, 2004, statement was contained in a papal allocution, the least authoritative form of papal teaching.) If Pope John Paul II wished to repeat the teaching of March 20, 2004, he had a perfect opportunity when he spoke to a conference of health care personnel, *On Palliative Care*, on November 12, 2004. If the teaching was to be interpreted as authentic teaching, this would have been the time to repeat it. Instead, he repeated the traditional teaching in regard to removing life support:

> True compassion encourages every reasonable effort for patient recovery. At the same time, it helps to draw the line when it is clear no further treatment will serve the purpose. . . . Indeed, the object of the decision on whether to begin or to continue a treatment has nothing to do with the value of the patient's life, but rather with whether such medical intervention is beneficial for the patient . . .

the possible decision not to start or to start a treatment will be deemed ethically correct if the treatment is ineffective or obviously disproportionate to the aims of sustaining life or recovering health (John Paul II, 2005, 153–55).

Finally, this opinion is based upon the firm conviction that human life is not an absolute good and that there is life after death, when as the liturgy of the Mass for the Dead explains: "Life is changed, not ended." Thus allowing a person to die when continuing efforts to prolong life offers no hope of benefit or imposes an excessive burden is simply surrendering to God's providence; it is not an act of abandonment.

## V. Implications of the Allocution for Catholic Health Care

This section will merely mention some of the difficulties to which this statement gives rise in order to show the ambiguities of the assumptions and the statements based upon them.

1. Advance directives enable people to express their wishes regarding life support if they are unable to speak for themselves as death approaches. If these documents reject the application of AHN if one is in a PVS condition, are they to be followed, or would withdrawal of AHN amount to passive euthanasia? Are these legal documents, which have been approved by many Catholic state conferences in the United States, no longer morally acceptable?
2. The allocution seems to imply that financial considerations are not a factor in making prudential decisions about prolonging life. "First of all, no evaluation of costs can outweigh the value of the fundamental good which we are trying to protect, that of human life." And again the questionable statement: "The care of these patients is not in general particularly costly" (see the allocution para. V). Is this in accord with the tradition of the Church in regard to caring for persons with fatal pathologies?
3. Will Catholic hospitals be required to ensure that all patients, families, and physicians have AHN utilized for all patients in vegetative states or PVS, even if the people in question are opposed to this form of life support?

## VI. Conclusion

A fair question would be: What strategy would be useful to attain the goals mentioned earlier in this article? The following actions would seem to con-

tribute to a viable strategy. First, killing of patients, even to alleviate suffering, should be denounced. Second, it seems reliance on the traditional and venerable norms for deciding whether or not to use life support, "hope of benefit" and "degree of burden," should be stressed. Third, guidelines for making decisions concerning hope of benefit and excessive burden should he offered but it should be made clear that these decisions are the responsibility of patients and their proxies, designated either by legal document or custom, and that prudential decisions may differ one person to another. Among these guidelines should be the statement that in itself, prolonging life for patients in PVS or in a state of prolonged coma is not *ipso facto* a "great good" for the patient.

It seems that the present Directive 58 of the *Ethical and Religious Directives* (*ERD*) of the bishops of the United States concerning this type of decision is adequate, but it could be enhanced by making it more in accord with the terminology of directives 56 and 57. Thus, it seems the Directive 58 should read: "There should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration. But this presumption gives way if the patient beforehand, or the proxy for unconscious patients, determines that AHN offers no hope of benefit or imposes an excessive burden."

## Notes

1. "Instruction on the Ecclesial Vocation of the Theologian." Unless indicated otherwise, all quotations in the text are from this document.

2. For various interpretations see, for example, "Statement of the National Catholic Bioethics Center," April 23, 2004; "Feeding Debate," *Catholic News Service*, April 7, 2004; John Teavis interviews Bishop Sgreccia, and Fathers Mauritio Faggioni, and Brian Johnstone; Richard Doerflinger, *America*, May 3, 2004; Statement of Rev. Dr. Norman Ford, SDB, Chisholm Centre for Health Care Ethics, East Melbourne, Australia; Nicolas Tonti-Phillipini, Canadian Catholic Bioethics Conference 6, 2004; P. Cataldo (2004, pp. 513–37); T. Shannon and J. Walter (2004, pp. 18–20).

3. See, for example, Bishop Sgreccia (2004) and Nancy O'Brien (2004).

4. Other research studies could be cited, but this volume was published recently and contains references to all significant prior studies.

5. Moral certainty is not equated with physical certainty. Rather, it is the certainty in human affairs from what happens "most of the time" *(Ut in pluribus)*. Cf. *Summa Theologica*, I–II, q. 96, a.1, ad 3.

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