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*Feeding and Hydrating the Permanently Unconscious and Other Vulnerable Persons**

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Recent court cases (such as those involving Claire Conroy, Paul Brophy, and Nancy Ellen Jobes) have called attention to the moral and legal questions concerning the provision by tube of food and fluids to the permanently unconscious (e.g., those diagnosed as being in a "per-

*EDITOR'S NOTE: This statement, "Feeding and Hydrating the Permanently Unconscious and Other Vulnerable Persons," is a working document prepared by its drafters for the Pope John XXIII Center, which studies biomedical issues. The statement was subsequently endorsed by the signatories which follow it. Drafters and signatories include individuals from a number of different religious traditions. The statement concludes, contrary to testimony offered in several court cases, that foregoing "artificially provided" food and fluids for people with even severe disabilities cannot be ethically justified, except perhaps under extraordinary conditions, because of the intrinsic value of human life and the relatively minor burdens imposed by providing such sustenance.

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sistent vegetative state") and other seriously debilitated but nondying persons. Is it ever morally right to withhold or withdraw such nutrition and hydration? If so, on what grounds? And what should be the role of law?

Before answering these questions, we think it necessary to state several crucially important presuppositions and principles relevant to the subject and also to reject a rationale offered by some ethicists—and apparently accepted by most courts—for withholding or withdrawing food and fluids provided by tubes from the permanently unconscious and other seriously debilitated but nondying persons.

Presuppositions and Principles

1. Human bodily life is a great good. Such life is personal, not subpersonal. It is a good *of* the person, not merely *for* the person. Such life is inherently good, not merely instrumental to other goods.
2. It is never morally right to deliberately kill innocent human beings—that is, to adopt by choice and carry out a proposal to end their lives. (We here set aside questions about killing those who are not "innocent," i.e., those convicted of capital crimes, engaged in unjust military actions, or otherwise unjustly attacking others.)
3. It is possible to kill innocent persons by acts of omission as well as by acts of commission. Whenever the failure to provide adequate food and fluids carries out a proposal, adopted by choice, to end life, the omission of nutrition and hydration is an act of killing by omission.
4. The deliberate killing of the innocent, even if motivated by an anguished or merciful wish to terminate painful and burdened life—deliberate killing that will henceforth be called "euthanasia"—is not morally justified by that motive.
5. Like other killing of the innocent, euthanasia can be carried out by acts of omission ("passive euthanasia") as well as by acts of commission ("active euthanasia"). The distinction makes no moral difference.
6. Euthanasia can be voluntary (of a person who gives informed consent to being killed), nonvoluntary (of a person incapable of giving informed consent), or involuntary (of a person capable of giving informed consent who does not give it).
7. Morally, for a person who consents to be killed, voluntary euthanasia is a method of suicide. Nonvoluntary and invol-

untary euthanasia violate not only the dignity of innocent human life but also the right of the person who is killed not to be killed. The law of homicide should continue to apply to all forms and methods of euthanasia; none should be legalized. The law of homicide, in particular, must protect innocent human beings from being killed for reasons of mercy.

8. While competent persons have the moral and legal right to refuse any useless or excessively burdensome treatment, they must exercise great care in reaching the judgment that a treatment is useless or excessively burdensome. This is necessary both in order to avoid any intention to end life on the grounds that it is devoid of intrinsic worth and in order to fulfill properly the responsibility to respect human life.
9. Likewise, those who have the moral duty to make decisions for noncompetent persons (such as infants or the permanently unconscious) have a moral right to refuse any useless or excessively burdensome treatment for them. This right must, however, be exercised with great care in order to avoid the temptation, unfortunately not uncommon in our society, to devalue the lives of the noncompetent or to regard such persons chiefly in terms of the utilitarian values they may represent. Too often, unfortunately, the judgment that a treatment is useless or excessively burdensome does not reflect serious consideration of the objectively discernible features of the treatment, but is an expression of attitudes toward the life being treated. Moreover, a sound public policy to protect the rights and interests of noncompetent persons and to promote the common good may require regulation by law of the scope of treatment decisions made by families and other proxies (*cf.* the federal "Child Abuse Amendments of 1984").
10. Human life can be burdened in many ways. But no matter how burdened it may be, human life remains inherently a good of the person. Thus, remaining alive is never rightly regarded as a burden, and deliberately killing innocent human life is never rightly regarded as rendering a benefit.

Contemporary Threats to the Dignity of Innocent Human Life

Some today morally approve and seek the legalization of euthanasia, both active and passive, voluntary and nonvoluntary. (At present, public advocacy of involuntary euthanasia is rare.)

One argument for euthanasia is based on the claim that competent persons have a right to be killed mercifully—a "right to die"—when they think that they would be better off dead than alive.

Another argument for euthanasia is based on the claim that competent persons can refuse all treatment and may choose to do so precisely in order to end their own lives. Assuming or claiming that it is justifiable to refuse treatment on this basis, some proponents of euthanasia argue that ending life with another's help through "active" euthanasia often would be quicker and easier than choosing death through "passive" euthanasia.

Some proponents of euthanasia employ dehumanizing language to support their proposal that noncompetent persons should be killed when their lives are judged by others to be valueless or excessively burdensome. Those to be killed often are defined as nonpersons or are called "vegetables." Some in poor but stable and nonterminal conditions are reclassified as "terminal." Others are defined as "brain dead," even though some spontaneous functioning of the brain persists and the strict clinical criteria for declaring brain death are not verified.

Certain people claim to oppose euthanasia and do not advocate killing by acts of commission, but nevertheless support the view that treatment may rightly be withheld or withdrawn from noncompetent, nonterminal persons simply because their lives are thought by others to be valueless or excessively burdensome. Adopting this rationale, and accepting the assumption that life itself can be useless or an excessive burden, some American ethicists, physicians, and courts have judged that food and fluids may rightly be withheld or withdrawn from persons who are not terminally ill because they are permanently unconscious or otherwise seriously debilitated.

However, withholding or withdrawing food and fluids *on this rationale* is morally wrong because it is euthanasia by omission. The withholding or withdrawing of food and fluids carries out the proposal, adopted by choice, to end someone's life because that life itself is judged by others to be valueless or excessively burdensome. Moreover, the withholding or withdrawing of food and fluids *on this rationale* should be judged to violate fundamental principles of American law and equity, since it explicitly sanctions status-based discrimination—i.e., discrimination based on the debilitated physical or mental condition of the person. Such discrimination becomes a new basis for delibrate killing by omission—killing that is not justified by the plain language of applicable statutory or constitutional law.

It is cause for very great alarm that some influential physicians, ethicists, and courts have adopted this rationale for withholding or

withdrawing food and fluids—and other means of preserving life—from some persons. For in adopting this rationale, they approve and legally sanction euthanasia by omission—deliberate killing—in these cases. In order to prevent the sanctioning, even if unintended, of killing the innocent, everyone with relevant competence—especially ethicists, religious teachers, lawyers, jurists, physicians, and other health care personnel—must repudiate the withholding or withdrawal of food and fluids on this rationale.

If it becomes entrenched practice to kill by omission certain sorts of persons whose condition is very poor and whose lives are judged by others no longer to be worth living, then this method of killing surely will be extended to many other persons. Most of the cases that have attracted attention thus far have involved the very severely brain damaged—those who are permanently unconscious, severely damaged by strokes, in advanced stages of dementia due to Alzheimer's or another disease, and so on. But the various sorts of damage, defect, debility, and handicap that burden human lives occur in myriad degrees, so that there are always more and less severe cases differing from one another only by degree. Unfortunately, it is not difficult to imagine a future America in which human life may itself be judged excessively burdensome for all persons who cannot care for themselves and have no one willing and able to care for them. Since dying of thirst and starvation can often be slow, very painful, and disfiguring, the demand will inevitably follow that death be hastened by lethal overdose or injection. Thus, ironically, the purportedly "dignified death" of those who die from dehydration and malnutrition would occasion demands for deliberate killing by commission because of the indignity involved in such a death.

The Use of Tubes to Provide Food and Hydration for the Permanently Unconscious and Other Seriously Ill Persons

Providing food and fluids to noncompetent individuals such as infants and the unconscious is, except under extraordinary circumstances, a grave duty. The Second Vatican Council invoked a long-standing tradition of the Church Fathers when it urged individuals and governments: "Feed the man dying of hunger, because if you do not feed him you have killed him" (*Gaudium et spes*, n. 69). Deliberately to deny food and water to such innocent human beings in order to bring about their deaths is homicide, for it is the adoption by choice of a proposal to kill them by starvation and dehydration. Such killing can never be morally right and ought never to be legalized. It follows that it is never right and ought never to be legally permitted to with-

hold food and fluids from the permanently unconscious or from others who are seriously debilitated (e.g., with strokes, Alzheimer's disease, Lou Gehrig's disease, organic brain syndrome, or AIDS dementia) as a means of securing their deaths.

However, when specific objective conditions are met, the withholding and withdrawing of various forms of treatment, including the provision of food and fluids by artificial means, do not necessarily carry out a proposal to end life. One may rightly choose to withhold or withdraw a means of preserving life if the means employed is judged either useless or excessively burdensome. It is most necessary to note that the judgment made here is *not* that the person's *life* is useless or excessively burdensome; rather, the judgment made is that the *means used to preserve life* is useless or excessively burdensome.

Traditionally, a treatment has been judged useless or relatively useless if the benefits it provides to a person are nil (useless in a strict sense) or are insignificant in comparison to the burdens it imposes (useless in a wider sense). Traditionally, a treatment has been judged excessively burdensome when whatever benefits it offers are not worth pursuing for one or more of several reasons: it is too painful, too damaging to the patient's bodily self and functioning, too psychologically repugnant to the patient, too restrictive of the patient's liberty and preferred activities, too suppressive of the patient's mental life, or too expensive.

An exhaustive examination of each of these factors is beyond the scope of this statement. We stress, however, that moral certainty of excessive burdensomeness is required to justify foregoing nutrition or hydration. It is necessary, especially in the formulation of law and public policy, to identify with precision the circumstances in which nutrition and hydration may be legitimately foregone.

In judging whether treatment of a noncompetent person is excessively burdensome, one must be fair. Great care should be taken not to employ a double standard, by which consciously or unconsciously one attributes greater weight to burdens imposed by the treatment and less to benefits provided by it because the patient is cognitively impaired or physically debilitated. The logic of such a standard would lead to rationalizing the discriminatory withholding or withdrawing of care from anyone whose condition fails to meet some arbitrary norm for adequate quality of life.

Yet the damaged or debilitated condition of the patient has been the key factor taken into consideration in virtually all the recent court cases that have focused attention on the moral and legal questions concerning the provision by tube of food and fluids to permanently

unconscious or other severely debilitated but nondying individuals. Decisions have been made to withdraw food and fluids not because continuing to provide them would be in itself excessively burdensome, but because sustaining life was judged to be no benefit to a person in such poor condition. These decisions have been unjust and, as noted above, they set a dangerous precedent for more extensive passive or even active euthanasia.

Nonetheless, *if it is really useless or excessively burdensome* to provide someone with nutrition and hydration, then these means may rightly be withheld or withdrawn, *provided* that this omission does not carry out a proposal to end the person's life, but rather is chosen to avoid the useless effort or the excessive burden of continuing to provide the food and fluids.

Plainly, when a person is imminently dying, a time often comes when it is really useless or excessively burdensome to continue hydration and nutrition, whether by tube or otherwise. But the question that concerns us is not about patients who are judged to be imminently dying, but rather about persons who are not.

In our judgment, feeding such patients and providing them with fluids by means of tubes is *not* useless in the strict sense because it does bring to these patients a great benefit, namely, the preservation of their lives and the prevention of their death through malnutrition and dehydration. We grant that provision of food and fluids by tubes or other means to such persons could become useless or futile if (a) the person in question is imminently dying, so that any effort to sustain life is futile, or (b) the person is no longer able to assimilate the nourishment or fluids thus provided. But unless these conditions are verified, it is unjust to claim that the provision of food and fluids is useless.

We recognize that provision of food and fluids by IVs and nasogastric tubes can have side-effects (e.g., irritation of the nasal passages, sore throats, collapsing of veins, etc.) that might become serious enough in particular cases to render their use excessively burdensome. But the experience of many physicians and nurses suggests that these side-effects are often transitory and capable of being ameliorated. Moreover, use of gastric tubes does not ordinarily cause the patient grave discomfort. There may be gas pains, diarrhea, or nose and throat irritation, but ordinarily such discomforts are of passing nature and can be ameliorated. We thus judge that providing food and fluids to the permanently unconscious and other categories of seriously debilitated but nondying persons (e.g., those with strokes or Alzheimer's disease) does not ordinarily impose excessive burdens by reason of

pain or damage to bodily self and functioning. Psychological repugnance, restrictions on physical liberty and preferred activities, or harm to the person's mental life are not relevant considerations in the cases with which we are concerned.

The question remains whether providing food and water in this way to these patients is excessively burdensome because of its cost. At the outset we make two critical points. First, the cost of providing food and fluids by enteral tubes is not, in itself, excessive. Such feeding is generally no more costly than other forms of ordinary nursing care (such as cleaning or spoonfeeding a patient) or ordinary maintenance care (such as the maintenance of room temperature through heating or air conditioning). Second, one must also take into account the benefits that such care may provide both to the patient and to the caregivers.

It must be acknowledged that the care of persons in very poor but nonterminal condition, sometimes over a long time, can be quite costly when taken as a whole. For instance, the care of anyone who cannot eat and drink in a normal way requires not only tubal nutrition and hydration, but also a room, which must be supplied appropriately with heat and utilities, and regular nursing care to keep the patient clean, prevent bed sores, and so on. But these forms of care and maintenance are provided to many other classes of persons (e.g., those with severe mental illnesses or retardation, with other long-term disabilities, etc.). The "burdens" involved in each of these instances are similar to those involved in caring for nondying persons who cannot feed themselves.

Some of these patients (e.g., those suffering from strokes) might be cared for at home rather than in an institution; the regular provision of food and fluids by tube is usually not too difficult or complicated to be done by people without professional training if they are properly instructed and supervised. This is not to say that care of such patients, when feasible, is not costly in time and energy. Like care for a baby, it must be carried on constantly; and it may be more difficult in some cases because of the larger size of an adult body.

But such care is not without its benefits. Since it is necessary to sustain life, such care benefits the nondying patient by serving this fundamental personal good—human life itself—which, as we have explained, remains good in itself no matter how burdened it may become due to the patient's poor condition.

Moreover, caring for others expresses recognition of their personhood and responds appropriately to it. For example, care for a baby is the form parental love naturally takes; care for a helpless adult—family member, neighbor, or stranger—expresses compassion and

humane appreciation of his or her dignity. It also offers the possibility to the caregiver of nurturing such noble qualities as mercy and compassion.

It is possible to imagine situations in which a society might reasonably consider it too burdensome to continue to care for its helpless members. For example, in some very harsh environments, natural disasters, and war situations, the more able can be forced to make hard choices between caring for themselves (and their children) and providing life-sustaining care for those who are gravely disabled and helpless. However, our society is by no means in such straitened circumstances—in the aftermath of nuclear destruction we may face such a situation, but we are surely not facing one now.

Some Americans might prefer to abandon to death those who require long term care at public or private expense. But comparing the costs of care with its benefits, only one who sets aside the Golden Rule will consider excessively burdensome the provision by our society of life-sustaining care to all its members who require it and can benefit from it. As the Catholic church stated in its 1981 Document for the International Year of Disabled Persons: "The respect, the dedication, the time and means required for the care of handicapped persons, even of those whose mental faculties are gravely affected, is the price that a society should generously pay in order to remain truly human." To withhold or withdraw from those in poor condition the elemental care they need to survive would be to decide that our society no longer values its members insofar as they are persons with dignity—that is, with inherent value independent of what they can do and contribute—but only insofar as they are useful, or so long as their lives have sufficient "quality."

We thus conclude that, in the ordinary circumstances of life in our society today, it is not morally right, nor ought it to be legally permissible, to withhold or withdraw nutrition and hydration provided by artificial means to the permanently unconscious or other categories of seriously debilitated but nonterminal persons. Rather, food and fluids are universally needed for the preservation of life, and can generally be provided without the burdens and expense of more aggressive means of supporting life. Therefore, both morality and law should recognize a strong presumption in favor of their use.

Furthermore, judgments that these means of supporting life have become optional in an individual case should be scrutinized with the utmost care, to ensure that such judgments are not guided by a discriminatory attitude regarding the value of the lives of persons with disabilities or by an intention of deliberately hastening the death of such persons.

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