

Vatican affirms care requirements for patients in persistent vegetative states

By ELLEN HORAN

On Sept. 14, the Congregation for the Doctrine of the Faith affirmed the moral obligation to provide food and water to patients in a persistent vegetative state.

According to the document, "the administration of food and water, even when artificially administered, is an ordinary and proportionate means of preserving life." A patient in a persistent vegetative state is "a person with fundamental dignity and deserving of ordinary care."

The Vatican pronouncement responded to questions posed by the United States Conference of Catholic Bishops in 2005 seeking clarification

regarding the administration and withdrawal of nutrition and hydration to persons in a persistent vegetative condition, even when medical professionals determine that the person will never regain consciousness.

The highly publicized case of Terri Schiavo in Florida in 2005 brought national attention to the issue. The withdrawal of her feeding tube at the direction of her husband resulted in her death. In a heated controversy, Schiavo's parents, who are Catholic, opposed termination of treatment, considering it murder.

Until the Congregation for the Doctrine of the Faith issued its statement,

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there was confusion and debate in the Catholic community regarding whether feeding tubes could be withdrawn at the family's insistence when doctors had determined there was no hope of recovery and there was no apparent benefit to further treatment.

The statement confirms that nutrition and hydration constitute "ordinary care" and should be administered, except in rare circumstances in which the nutrition cannot be assimilated or significant complications are involved.

Ron Hamel, CHA senior director of ethics, said the Congregation for the Doctrine of the



Faith's statement and commentary are an application of directive 58 of the *Ethical and Religious Directives for Catholic Health Care Services*. That rule establishes a presumption in favor of providing nutrition and hydration to patients in a vegetative state.

Hamel said the document reiterates and, to some extent, further clarifies,

what Pope John Paul II said in his allocution of March 2004.

"I think the big takeaways are that artificially administered nutrition and hydration should not be removed from a patient in a persistent vegetative state solely because that person will never regain consciousness or solely because that person's care is burdensome to family and/or a health care facility," Hamel said. "The CDF statement is not likely to have much impact on Catholic health care because of the small number of PVS patients," he said.

It is difficult to quantify the number of patients in a persistent vegetative state. In a 2002 report, "Medical Aspects of the Persistent Vegetative State," a task force of the Quality Standards Subcommittee of the American Academy of Neurology estimated that from 10,000 to 25,000 adult patients in the United States had been diagnosed in a persistent vegetative state. The authors defined the vegetative state as a "clinical condition of complete unawareness of the self and the environment" accompanied by sleep-wake cycles with either complete or partial preserva-

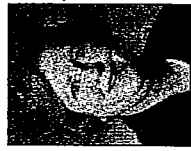
tion of hypothalamic and brain stem autonomic functions." A vegetative state can be defined as persistent when the condition is present for a month or more, the task force said.

Fr. Russell Smith, CHA senior director of ethics, said, "The Holy Office and the Holy Father were responding to specific questions about removing feeding tubes from patients in a persistent vegetative state in order to shorten their lives. Neither the Holy Office, nor the Holy Father directed their teaching to any other patient cohort," Fr. Smith said. "Clearly, the statement did not direct any attention to the circumstances of a given patient, and these circumstances can be as significant as the other effects of morality, namely intention and action."

Sr. Patricia Talone, RSM, CHA vice president of mission services, said the statement does not nullify advance health care directives, but clarifies moral tradition in the care of patients in a persistent vegetative state.

"Catholic health care facilities will

continue to do everything to honor the legitimate requests of patients and their families as outlined in directives 24 and 25," Sr. Talone said. Those principles state that a Catholic health care institution will advise patients of their rights to make an advance directive and will consult with health care surrogates if a



patient loses the capacity to make his or her own health care decisions. However, Catholic institutions cannot honor aspects of an advance directive that are contrary to Catholic teaching.

"In my experience, people write advance directives for the time when they can't speak for themselves," Sr. Talone said. "Ordinarily, when they can't speak, this may be preterminal coma or lack of consciousness, which is clearly different from persistent vegetative state, so obviously the advance directive holds."

"The document was speaking in terms of moral guidance, not medical guidance," Sr. Talone said. "The context in which the statement came out reflects the Vatican's response to its concern about euthanasia and a culture of death."

"Clearly, it calls for serious dialogue among physicians, patients and their families to assess all factors affecting the medical condition, such as comorbidities, inability to assimilate water or nutrition, extreme discomfort, etc.," she added.

"We are always grateful for the opportunity to learn the teachings of the church," said Fr. Myles Sheehan, SJ,



Fr. Sheehan

medicine, Loyola
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System, Chicago.

"It is important to note that the document addresses feeding tubes that are already in place in PVS patients, a condition that is extremely rare," he said. "I urge great caution in not extrapolating from the papal document about placing tubes in elderly patients facing the end of life. The document does not tell us anything about starting feeding tubes in those patients.

"In fact, the document is limited to the question of stopping medically assisted feeding and hydration. It says nothing about the placement of a feeding tube," Fr. Sheehan said. "Decisions about starting a feeding tube are best considered in the context discussed in the *Ethical and Religious Directives*."

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