

Bishops revise directives on withdrawal of food, water

Nancy Frazier O'Brien Catholic News Service | Nov. 2, 2009



People pray in support of keeping Terri Schiavo alive during a protest in this March 18, 2005, file photo. (CNS/Reuters)

WASHINGTON -- A proposed revision to the directives that guide Catholic health care facilities would clarify that patients with chronic conditions who are not imminently dying should receive food and water by "medically assisted" means if they cannot take them normally.

"As a general rule, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally," says the revised text of the "Ethical and Religious Directives for Catholic Health Care Services" proposed by the U.S. bishops' Committee on Doctrine.

"This obligation extends to patients in chronic conditions (e.g., the 'persistent vegetative state') who can reasonably be expected to live indefinitely if given such care," the new text adds.

Deleted from the directives would be a reference to "the necessary distinctions between questions already resolved by the magisterium and those requiring further reflection, as, for example, the morality of withdrawing medically assisted hydration and nutrition from a person who is in the condition that is recognized by physicians as the 'persistent vegetative state.'"

The proposed revision to the directives will come before members of the U.S. Conference of Catholic Bishops for debate and vote at their fall general assembly Nov. 16-19 in Baltimore. A majority vote by those present and voting is required for passage.

In an introduction to the revised text, Bishop William E. Lori of Bridgeport, Conn., chairman of the doctrine committee, said the directives, last revised in 2001, "were written long before" Pope John Paul II's March 2004 address to an international conference on "Life-Sustaining Treatments and the Vegetative State" and the Vatican Congregation for the Doctrine of the Faith's August 2007 reply to questions raised by the USCCB on artificial nutrition and hydration.

The current directives based their teaching on documents by "some state Catholic conferences, individual bishops and the USCCB Committee on Pro-Life Activities," the bishop noted.

Bishop Lori said the changes were needed "particularly since the recent clarifications by the Holy See have rendered untenable certain positions that have been defended by some Catholic ethicists."

Much of the ethical discussion of the nutrition and hydration question in recent years has focused on the case of Terri Schindler Schiavo, a brain-damaged Florida woman whose husband successfully fought for the right to discontinue her feeding tube. Schiavo died March 31, 2005, 13 days after doctors withdrew nutrition and hydration.

Some Catholic ethicists had argued that, because doctors consider a persistent vegetative state irreversible, artificial nutrition and hydration can be withdrawn from those patients.

"While medically assisted nutrition and hydration are not morally obligatory in certain cases, these forms of basic care should in principle be provided to all patients who need them, including patients diagnosed as being in a 'persistent vegetative state,' because even the most severely debilitated and helpless patient retains the full dignity of a human person," the proposed revised directives read.

"Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be 'excessively burdensome for the patient or (would) cause significant physical discomfort,'" they add. "For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort."

The proposed wording also would delete a reference to hydration and nutrition not being morally obligatory "when they cannot be assimilated by a person's body," replacing it with the "significant physical discomfort" language.

The revision was drawn up in collaboration with the USCCB Committee on Pro-Life Activities and in consultation with the Task Force on Health Care Issues, Catholic Health Association, Catholic Medical Association, National Catholic Bioethics Center and National Catholic Partnership on Disability, Bishop Lori said.

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