

# THE NATIONAL CATHOLIC BIOETHICS CENTER



## NUTRITION AND HYDRATION

PREPARED BY THE ETHICISTS OF THE NCBC  
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“In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the ‘persistent vegetative state’) who can reasonably be expected to live indefinitely if given such care. 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, for example resulting from complications in the use of the means employed.’”—USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed., n. 58.

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### ❖ SUMMARY ❖

#### **General Rule on Food and Water**

- The Catholic Church teaches that life is an intrinsic good. Even when a person is afflicted with illness, that value remains intact. In fact, the sick and the elderly deserve our special care.
- The default position for the care of those who are suffering from diminished consciousness and have not begun the death process, as well as for those at the end of life, should be in favor of providing food and water even by artificial means. If the provision of food and water proves to be useless (if they are not being assimilated by the body) or if it causes serious complications (such as aspiration pneumonia or infections), it can be stopped.

#### **Confronting the Culture**

- Unfortunately, the removal of nutrition and hydration from patients who are incapacitated but not dying is fairly common. Often, a patient who has suffered a stroke, or is otherwise unable to communicate his desires, is characterized as having a “poor quality of life” or as suffering from “a burdensome life.”
- Whenever a recommendation is made to withhold food and water, one should ask, “What will be the cause of death?” If the answer is dehydration or starvation, and assisted nutrition and hydration can be easily supplied and assimilated, then not supplying them is a form of euthanasia. Unconsciousness is not a fatal disease. No one dies from unconsciousness.
- Another question to ask is whether the dying process has begun. If death is imminent, the provision of assisted nutrition and hydration is not necessary.

#### **Advance Directives (or Living Wills)**

- Many advance directives invite patients to forgo food and water provided by artificial means if the patients become mentally incapacitated. Catholics should not sign such documents; if they have signed them, they should rescind them.
- POLSTs (physician orders for life-sustaining treatment) and MOLSTs (medical orders for life-sustaining treatments) are also problematic. These physician orders cannot take into account the particular condition and needs of the patient at the time of a medical crisis. They often authorize the removal of food and water when this is clearly inappropriate.

❖ FAQ ❖

**Question 1.** My mother is still able to swallow, but she does not consume enough to maintain her weight. Should she receive tube-feeding?

*Reply:* Not necessarily. The patient should receive food and water by mouth for as long as this is possible. Once tube feeding is initiated, it is difficult, and often impossible, for the swallowing mechanism to return. If swallowing is no longer possible, then the least invasive means of providing food and water should be used, so long as it will be of physiological benefit and will prevent the suffering or death of the patient.

**Question 2.** I have asked that food and water be given to a loved one by artificial means, but my relatives tell me that I am only prolonging his death and causing needless suffering. What should I say in response?

*Reply:* The teachings of the Church on the provision of food and water are not meant to be a burden for us to bear, but express a general humanitarian concern. We should provide food and water, even by artificial means, to all who are in need of them and can physiologically benefit from them without suffering from the means used. Food and water are not the cure for any disease, but are bodily necessities. They are not medical treatment, but basic care. When they are removed, death is caused by an omission, not any disease.

**Question 3.** Are patients who fall into unconscious states, such the persistent vegetative state, aware of themselves or their environment? And if not, is it all right to deny them food and water since they would not experience the loss of them?

*Reply:* Recent studies have confirmed that these patients are indeed conscious to some degree. When methods of communication are established, these patients can respond to simple commands. While it is always wrong to deprive others of food and water, the fact that someone is unable to give an outward sign of awareness does not necessarily mean that he or she is unable to experience pain.

**Question 4.** My loved one is no longer able to assimilate food and water by tubes. If we remove them, won't he die because of an omission on our part?

*Reply:* There is no need to provide tube feeding to someone who is near death. The cause of death in this case will be the underlying disease, not the lack of food and water.

❖ RESOURCES ❖

Richard P. Becker, "Hypodermoclysis and Proctoclysis as Basic Care: Avoiding Unnecessary Terminal Dehydration," *National Catholic Bioethics Quarterly* 11.4 (Winter 2011): 649–659. Reproduced by permission.

Congregation for the Doctrine of the Faith, Responses to Certain Questions of the United States Conference of Catholic Bishops concerning Artificial Nutrition and Hydration, with Accompanying Commentary (August 1, 2007), reprinted in *Ethics & Medics* 32.11 (November 2007): 1–3. Reproduced by permission.