



THE NATIONAL CATHOLIC BIOETHICS CENTER

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Ethics & Medics enjoys a broad circulation to bishops, parish priests, and others engaged in pastoral ministry. It is our intent to provide occasional practical inserts that you will find useful in preparing homilies and ministering to individuals in clinical and pastoral settings. "Preaching Points on Nutrition and Hydration," prepared by the NCBC Ethicists, is the second of these.

Preaching Points on Nutrition and Hydration

Pastoral Concerns

The removal of nutrition and hydration from patients who are incapacitated but not necessarily dying has become all too 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."

The Catholic Church teaches that life is an inestimable good and that, even when it is afflicted with illness, the same value remains intact. In fact, the sick and the elderly deserve our special care. Medical science is called on to eradicate the illnesses from which we suffer; it is not called on to eradicate the patients who suffer the illnesses.

Many parishioners will have had experiences of a loved one near death and will have struggled to make sound end-of-life decisions. They may have had to contend with family members who do not accept guidance from the Catholic Church or with busy physicians whose minds are already made up about such matters. It can be extremely difficult to choose the correct path when faced with end-of-life decisions.

Pastoral Suggestions

- The teachings of the Church on the provision of food and water are not meant to be a burden for us to bear, but to 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.
- There are various means of providing nutrition and hydration, some of which are more invasive than others. The more burdensome to the patient a particular intervention, the less likely it is to be morally obligatory.
- In principle, the provision of nutrition and hydration by artificial means does not differ in its moral dimension from the provision of food and water by fork and cup. Both constitute ordinary means of preserving life.

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- The fact that someone is in a state of unconsciousness and is not expected to recover is not a reason for depriving that person of food and water.
- The default position for 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 (aspiration pneumonia, infections, etc.), it can be stopped.
- The patient should always receive food and water by mouth, if this is possible. If this is not possible, then the least invasive means of providing food and water should be used if it will be of physiological benefit and will prevent the suffering or death of the patient.
- Physicians should not assume that the unconscious or semi-conscious patient, because of diminished mental capacity, will not experience the medical procedure enabling the provision of artificial nutrition and hydration. Appropriate anesthetics should always be used.
- Patients who suffer from dementia often do not benefit from the provision of food and water by artificial means, but each case must be judged on its own merits.

General Points

Whenever a recommendation is made not to provide food and water, one question to ask is "What will be the cause of death?" If the answer is dehydration and starvation, and artificial 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 of unconsciousness.

Another question to ask is whether the dying process has begun. If death is imminent, the provision of artificial nutrition and hydration is not necessary. Death will follow from the underlying disease.

Parishioners should also understand that there are many living wills and advance directives that invite patients to remove food and water provided by artificial means if they should become mentally incapacitated. Catholics should not sign such documents; if they have signed them, they should rescind them. A better alternative is the designation of a health care agent, who can, case by case, make a determination of the morality of medical interventions consistent with the will of the patient and the teaching of the Church.

The present life is of brief duration. The life to come is eternal. Although it can be difficult to appreciate the significance of these decisions in the present, we need to remember that God has called us to live the measure of life that He has assigned for us. We need not undertake any medical procedures that will extend this life beyond its appropriate boundaries, but neither should we take any steps to shorten life out of exaggerated fears or misplaced concerns. When sickness, aging, and death are put within the context of our faith, we can take solace in the comfort of the Holy Spirit.

The Ethicists of The National Catholic Bioethics Center

Additional guidance may be found in A Catholic Guide to End-of-Life Decision Making, available online at www.ncbcenter.org. We appreciate your feedback on the usefulness of these inserts, and invite you to submit your suggestions for other topics that would be helpful to you in your ministry.