

## **Artificial Nutrition and Hydration and the Permanently Unconscious Patient: The Catholic Debate**

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The Catholic debate regarding artificial nutrition and hydration (ANH) and the unconscious patient primarily began in the early 1980's when high profile cases such as the Terri Schiavo case brought the issue forward to the public realm. Public reactions initiated several formal discussions from Catholic leaders and theologians, including the 2004 address of John Paul II on "Care for Patients in a 'Permanent' Vegetative State," which created a divide of the Catholic Church on four key issues of ANH including: 1) prognosis of persistent vegetative state (PVS), 2) purpose of feeding tubes, 3) purpose of human life and 4) implications for medical treatment. The editors focus on the definitions of PVS and ANH from a medical point of view followed by the four key issues of the Catholic divide.

Persistent vegetative state (PVS) is a form of 'eyes-open' permanent unconsciousness in which the patient has periods of wakefulness and physiological sleep/wake cycles, but unaware of self or environment. There's a total loss of cerebral cortical functioning and no voluntary action or behavior of any kind. Patients with PVS can survive for a prolonged period of time, as long as the artificial provision of nutrition and fluids are continued. These patients are not "terminally ill" and they do not have the capacity (awareness) to experience pain and suffering.

The artificial provision of nutrition and hydration (ANH) is the administration of fluids and nutrition by medical means of feeding tubes. Feeding tubes are used when a patient has difficulty swallowing, diminished consciousness, or a need to supplement inadequate oral intake to sustain life. They can be used when individuals are unable to remember how to eat or drink and/or prevent most aspiration from occurring. Although there appears to be a presumption in favor of ANH, divide within Catholicism occurs when feeding tubes should be implemented or withdrawn.

The first key issue in the debate, *prognosis of PVS*, includes how we define death. If someone with PVS is viewed as imminently dying, our interventions may potentially be very different than if PVS is viewed as a chronic disability.

The second key issue, *the purpose of ANH*, is closely linked to the first and centers on whether feeding tubes are life sustaining or a basic form of care. Those believing ANH is a life sustaining measure may also view it as a heroic measure for those imminently dying; given it will neither improve nor restore health. On the other hand, if ANH is used for basic care for an individual with a chronic disease then its usage is morally obligatory

since food and nourishment is a basic necessity; withdrawal of ANH would constitute unjustified killing.

The third issue, *purpose of human life*, reviews the meanings and values associated with human existence. Those believing ANS is a life saving measure for those imminently dying, question the quality of life experienced by PVS patients. If an individual has no cognitive awareness and cannot experience emotions, how can they enjoy or experience the benefits of life? In sharp contrast believers that ANS is a basic form of care for the seriously disabled, argue there's a moral duty to preserve life; biological existence is viewed as sacred and a gift from God requiring respect. In addition there should be equal value of personhood/human existence where one individual's life should not be more valuable than another's despite having a disability.

The fourth issue, *implications for medical treatment*, explores how one should implement the burden-benefit calculus (the weighing of costs and benefits). In evaluating the weight, ordinary and extraordinary means are terms used to add clarity. Ordinary means (proportionate) are interventions viewed to benefit the patient (as primarily judged by them) and are not excessively burdensome, thereby requiring a moral obligation to employ it. In contrast, extraordinary means (disproportionate) are interventions offering no reasonable hope of benefit to the patient or are excessively burdensome, therefore requiring no moral obligation to employ it. Debate results in the lack of consensus in determining which means are morally obligatory and which are optional/burdensome. In addition, some reject the burden-benefit calculus entirely as they believe ANH is morally obligatory in all cases in respect to the value of life.

In conclusion this book, comprised of a compilation of essays from various theological leaders in the field, provides an unbiased and well-balanced account of the various issues involved in the use of ANH with PVS patients from a Catholic perspective. It is highly recommended for those working with PVS patients in the hospital, long term care, community settings and anyone wanting to challenge their beliefs on the matter.