The Ethicist Is In:

Today's Ethicists are Dr. Albert Jonsen and Reverend James Bretzke

Dr. Michael McG, a general internist, has sought an ethics consultation from bioethicist Dr. Al Jonsen. His patient, Mrs. O'C is 91 years old. She has been relatively healthy until last year when a diagnosis of ovarian cancer was made. She understood her condition and declined any treatment except for comfort. Two days ago, she suffered a serious stroke. In the neurologist's opinion, she has major damage to her brain and is unlikely to recover consciousness. Her three devoted children discuss whether to insert tubes for nutrients and fluids. They, and Dr. McG, were aware that Catholic teaching had generally permitted a patient or the patient's surrogates to omit feeding tubes in terminally ill patients. However, they recently heard that Pope Benedict had reversed this teaching and that nutrients and fluids must be supplied. Their parish priest believes this is correct. Dr. McG asks Dr. Jonsen about this. Dr. Jonsen refers the question to a noted Catholic moral theologian, Father Bretzke.

Here is his answer:

This case involves what Catholic tradition calls the principle of "ordinary" and "extraordinary" forms of treatment (O/E), coupled with the bioethical principle of autonomy, which means respecting the patient’s health care wishes, other things being equal. These are long-standing principles taught by Catholic moral theologians. They are expressed in many of the Church’s official pronouncements, such as papal encyclicals and statements from the Vatican Congregation of the Doctrine of the Faith.

In general, “ordinary treatment” means “a medical treatment that is morally obligatory and refers to those procedures, drugs, etc. which are not excessively burdensome (including cost) and which offer a reasonable hope of success.” “Extraordinary” refers to those procedures that don’t meet these criteria for “ordinary” treatment. “Extraordinary” does not mean “extreme” or “heroic,” but rather “supplemental” and/or “optional.” Since the determination of what is “ordinary” or “extraordinary” depends on the medical situation of a given patient, it is quite possible that an identical treatment for a given malady might be “ordinary” in reference to one patient and be “extraordinary” for another. Thus, it is up to the patient, her doctors, and her family to weigh whether a careful calculation of its relative burdens and benefits shows the treatment as be “ordinary” (in which case it would be morally obligatory), or whether it falls into the “extraordinary” realm, and would then be optional.

This particular case turns on two major considerations: first, just what does the official Catholic teaching authority actually say, and second, how does one interpret and apply these relevant moral principles in this particular case. The first question requires a careful, accurate answer. It points out a real problem, since so often the popular understanding of the actual official Church teaching is partial, misconstrued, or flat out wrong. Despite a fair amount of misleading press coverage, Pope Benedict XVI clearly has not reversed the Church’s moral teaching, nor has he said that artificial hydration and nutrition (ANH) must always be supplied. Nor has any previous pontiff, nor the Congregation for the Doctrine of the Faith, nor any other official Church authority done so. The present Pope has not addressed this issue at all. Previous popes (most notably Pius XII and John Paul II) made a number of pronouncements that support the O/E principle and its application.

In a widely reported address in March 2004, Pope John Paul II said that other things being equal ANH should generally be considered "ordinary means of treatment." Some commentators mistakenly said that now ANH must always be administered unless death was clearly imminent. The Pope returned to the issue of health care in end-of-life situations in November of the same year to correct erroneous, over-zealous interpretations of his March Address. In that later Address the Pope stated that "refusal of aggressive treatment"
is neither a rejection of the patient nor of his or her life.” He reiterated the long-standing O/E principle that individual patients can legitimately make a “decision to forego aggressive treatment (which) is an expression of the respect that is due to the patient at every moment.” So it is clear that the various documents have different contexts and emphases and so they must be studied carefully in order to determine first what is actually being addressed by a given document, and then second how the Church teaching is meant to be applied in a given situation.

The Church does not presume to give concrete medical advice or to prescribe specific treatment protocols. The Church recognizes that this is the domain of the medical professionals, who in turn should make these decisions in light of the patient’s wishes and the guiding moral principles such as O/E. The Church’s role is to enunciate these larger bioethical principles while leaving specific application to the medical experts and the patient him/herself. A most important point in applying the O/E principle is to recognize that its concrete application can only be done in reference to an individual patient, and that there can be no “one size fits all” mandate for a given medical treatment. In short, there is not an absolute Church teaching on concrete health care procedures which must always (or never) be employed.

Dr. Jensen gave Father Bretzke’s note to Dr. McG, who shared it with Mrs. O’B’s family and their parish priest. Dr. McG explained the medical consequences of withholding artificial feeding and hydration, clarifying that it does not cause suffering and leads to a rapid, quiet death. After reflection and prayer, they authorized Dr. McG to withhold artificial feeding and hydration.

We thank Father James T. Bretzke, S.J., S.T.D for his contribution. He is Professor of Moral Theology at the Boston College School of Theology and Ministry. He has taught at the Pontifical Gregorian University in Rome, the Graduate Theological Union, Berkeley, and the University of San Francisco. He can be contacted at Bretzke@bc.edu.