



CATHOLIC PRINCIPLES FOR MEDICAL DECISION-MAKING

By Julie Grimstad

1. No matter what life-sustaining procedure/medical treatment is in question, when in doubt, **err on the side of life**. A medical intervention can be tried with the option of stopping it if it proves ineffective or excessively burdensome *for the patient*. [Catechism of the Catholic Church (CCC) 2278]
2. It is the physician's obligation to truthfully and fully, in layperson's terms, discuss with the patient/proxy/family/guardian the benefits, risks, cost, etc. of available medical means that may improve the patient's condition/prolong life. The focus should be on what the medical decision-maker needs to know to give truly *informed consent*.
3. The patient or the patient's legal representative makes the decision whether a treatment itself is too burdensome, extraordinary, etc. If the patient wishes to fight for every moment of life, this is a legitimate interest to be respected when possible. [CCC @ 2278]
4. It is impossible to make morally sound, sensible, informed healthcare decisions based on guesswork about a future illness or injury and treatment options. Healthcare decisions must be based on current information.
5. Two extremes are to be avoided:
 - Insistence on physiologically useless or excessively burdensome treatment even when a patient may legitimately wish to forgo it. [CCC 2278]
 - Withdrawal or withholding of treatment with the intention to hasten/cause death. **This is euthanasia by omission**. [CCC 2277]
6. The object and motive for administering **pain medication** must be to relieve pain; death must not be sought or intended. [CCC 2279]
7. Nutrition and hydration, whether a person is fed with a spoon or through a tube, is basic care, not medical treatment. Insertion or surgical implantation of a feeding tube takes medical expertise, but it is an ordinary life-preserving procedure for a person who has a working digestive system but is unable to eat by mouth. Circumstances and intent determine the morality of withholding food and fluids. (See p. 2)
 - **Acceptable** - During the natural dying process, when a person's organs are shutting down and the body can no longer assimilate food and water or their administration causes serious complications, withdrawing food and fluids is both medically and morally appropriate. In these circumstances, the cause of death is the person's disease or injury, not deliberate dehydration and starvation.
 - **Unacceptable** - When a person is not dying—or not dying quickly enough to suit someone—food and fluids often are withheld with the intent to cause death because the person is viewed as having an unacceptably low quality of life and/or as imposing burdens on others. The direct cause of death will be intentional dehydration and starvation, not the person's disease or injury.

United States Conference of Catholic Bishops

Ethical and Religious Directives for Catholic Health Care Services (Fifth ed., 2009)

Introduction to Part Five, “Issues in Care for the Seriously Ill and Dying” (Excerpt)

The task of medicine is to care even when it cannot cure. Physicians and their patients must evaluate the use of the technology at their disposal. Reflection on the innate dignity of human life in all its dimensions and on the purpose of medical care is indispensable for formulating a true moral judgment about the use of technology to maintain life. The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death. In this way two extremes are avoided: on the one hand, an insistence on useless or burdensome technology even when a patient may legitimately wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death.

The Church’s teaching authority has addressed the moral issues concerning medically assisted nutrition and hydration. We are guided on this issue by Catholic teaching against euthanasia, which is “an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated.” 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” (PVS), because even the most severely debilitated and helpless patient retains the full dignity of a human person and must receive ordinary and proportionate care.

Directive #58

58. 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.⁴⁰ 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.”⁴¹ 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.

Relevant Footnotes

40. See Pope John Paul II, Address to the Participants in the International Congress on “Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas” (March 20, 2004), no. 4, where he emphasized that “the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act.” See also Congregation for the Doctrine of the Faith, “Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration” (August 1, 2007).

41. Congregation for the Doctrine of the Faith, Commentary on “Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration.”