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**March 31, 2009
4th Anniversary of Terri Schiavo's Death**

Q&A from the USCCB Committee on Doctrine and Committee on Pro-Life Activities regarding The Holy See's Responses on Nutrition and Hydration for Patients in a "Vegetative State"

In July 2005, the United States Conference of Catholic Bishops submitted two questions for clarification (in the form of a dubium) to the Congregation for the Doctrine of the Faith about the meaning of the [Address](#) given on March 20, 2004 by Pope John Paul II to a Rome conference on patients diagnosed as being in a "vegetative state." The Congregation responded to these questions in September 2007. The Responses (approved by Pope Benedict XVI) and a Commentary (approved by the Cardinal and Bishop members of the Congregation) will be publicly released on September 15 in L'Osservatore Romano. Following are questions and answers about these texts.

1) What do the Responses say?

They reaffirm two central teachings in Pope John Paul II's Address of 2004: 1) Patients who are in a "vegetative state" are still living human beings with inherent dignity, deserving the same basic care as other patients; and 2) nutrition and hydration, even when provided with artificial assistance, is generally part of that normal care owed to patients in this state, along with other basic necessities such as the provision of warmth and cleanliness.

2) Does this represent a change in Church teaching?

No. These Responses reaffirm what was taught by Pope John Paul II in his 2004 Address, which itself is in continuity with the Holy See's Declaration on Euthanasia of 1980 and other documents regarding the right of patients to receive normal or basic care. As the Commentary points out, in developing this teaching, the Church's Magisterium has paid close attention to "the progress of medicine and the questions which this has raised."

3) The Church has long taught that one is not obliged to employ extraordinary or disproportionate means to preserve one's life. Does this traditional form of reasoning not apply in the case of the person in a persistent "vegetative state"?

This form of reasoning does apply. However, for modern societies with advanced medical services the administration of nutrition and hydration by artificial means to patients in a "vegetative state" who need such assistance to survive is generally neither extraordinary nor disproportionate.

To apply this reasoning correctly we must recognize that all human life, not only a particular kind of life we might consider "normal" or "productive," is precious and should be preserved. Those in a "vegetative state" suffer from a very severe disability, but they do not lose their human dignity. In this respect, as Pope John Paul II pointed out in his Address, even the term "vegetative state" is unfortunate and potentially misleading -- a human being must never be dismissed as having the status of a "vegetable."

We must all do our part to protect the dignity of the human person and ensure the unalienable right to life for all - especially the unborn.

Courtesy of the St. Pius X Parish Respect Life Committee



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4) Are there medical situations in which it is moral to withhold nutrition and hydration?

Yes. For example, a patient in the last stages of stomach cancer is already dying from that condition. Such a dying patient, or others who can speak for the patient, may decide to refuse further feeding because it causes pain and gives little benefit. The administration of nutrition and hydration in this case would pose a burden on the stomach cancer patient that is disproportionate to its benefit. By contrast, the “vegetative state” is not in itself a case of imminent dying, and the reception of nutrition and hydration itself does not generally constitute a burden for him or her.

5) Are there possible cases when it would be moral to withhold or withdraw nutrition and hydration from the patient in a “vegetative state”?

Yes. They could be withheld if the available means for administering nutrition and hydration were not effective in providing the patient with nourishment (for example, because the patient can no longer assimilate these), or if the means itself constituted a burden (for example, because the feeding tube is for some reason causing persistent infections). The Commentary notes that such situations are rare. It also notes that the obligation to provide artificially assisted food and fluids may not bind in situations of extreme poverty or in the absence of a modern health care system, because one is not held to do what is impossible.

6) May nutrition and hydration be withheld from patients in a persistent “vegetative state” because prolonged care for them may involve significant costs?

No, because in technologically advanced societies the costs directly attributable to the administration of nutrition and hydration are generally not excessive. To be sure, the costs and other burdens placed on families by the patient’s need for prolonged care may become very significant. However, this real problem must not be resolved by removing basic care so the patient will die. While one may act to reduce or remove a burden caused directly by the administration of nutrition and hydration if the benefit is not proportionate to the burden, we must not dismiss life itself as a burden even when its helpless state may call on us for other forms of care. To act to end life because life itself is seen as a burden, or imposes an obligation of care on others, would be euthanasia.

7) Who should bear the burdens associated with providing proper care for those in a persistent “vegetative state”?

Pope John Paul II insisted that families “cannot be left alone with their heavy human, psychological and financial burden.” He maintained that “society must allot sufficient resources for the care of this sort of frailty” and suggested a range of initiatives to provide assistance (see Address, no. 6). The Church likewise has an obligation to offer what assistance she can, which might involve stepping in where the support from society falls short, as well as providing the spiritual and pastoral aid that only she can give. This is an opportunity for the Church to bear witness to her commitment to serve human life from conception to natural death.

8) Could proper care for those in a persistent “vegetative state” impose significant financial burdens on Catholic health care facilities?

Yes, in the case of families who have limited financial means and no or insufficient health insurance. Catholic health care facilities recognize that at times they are obliged to bear the cost of providing health care to those who cannot pay for it. In the loving care that they provide to such persons, with the assistance of the entire Catholic community, they can provide concrete examples of the Church’s commitment to human life.

9) Are the Ethical and Religious Directives for Catholic Health Care Services in conformity with this teaching?

Directive 58 already speaks of “a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration.” The Address and the Responses clarify how this presumption applies to the patient in a “vegetative state” as to other patients, and provide further guidance as to how the Directives should be interpreted and implemented.