Human life is God’s precious gift to each person. We possess and treasure it as a sacred trust. All persons therefore have a moral responsibility, in accord with their own capacities, roles and personal vocation, to make those decisions and take those necessary steps to preserve and promote their own life and health and that of others. We firmly reiterate the church’s continued condemnation of euthanasia as defined in the Vatican’s 1980 Declaration on Euthanasia.¹

This responsibility for conserving life and health falls especially upon those persons and institutions directly involved in the healing ministry. Catholic health facilities have a special duty to reflect Roman Catholic teaching while carrying out the compassionate healing ministry of Jesus Christ.

In particular, this commitment to relevant church teaching is exemplified in the treatment of all patients, including those who require life-sustaining procedures. Specifically, the highly controversial issue of the provision of artificial nutrition and hydration is of particular concern today because of the current anti-life ambiance in the United States.

The Texas Conference of Catholic Health Facilities, to ensure consonance with the teachings of the Catholic Church in all of its activities, consulted the bishops of Texas on the subject of forgoing and withdrawing of artificial nutrition and hydration. This consultation contributed to this statement, which addresses the moral aspects of this issue.
Moral Values to Be Promoted and Protected

1. **Human personhood**: Each human person is of incalculable worth because all humans are made in the image of God, redeemed by Christ and are called to share the life of the triune God.

2. **A holistic integration**: This value includes the spiritual, mental, emotional and physical health in the unity of the person and communion of persons. The life and health of the total person and communion of persons are important in order for each person to hear and respond effectively under the influence of grace to God’s call.

3. **The inherent sacredness and dignity of the human person**: The life of each person has an inherent dignity, which is to be respected by all other humans. So each person, regardless of age or condition, has exactly the same basic right to life, which deserves equal protection by society and its laws.

Basic Moral Principles

1. **Although life always is a good, there are conditions which, if present, lessen or remove one’s obligation to sustain life**: While every reasonable effort should be made to maintain life and restore health, Pope Pius XII noted that there comes a time when these efforts may become excessively burdensome for the patient or others (see Address to International Congress of Anesthesiologists, Nov. 24, 1957).

2. **If the reasonable foreseen benefits to the patient in the use of any means outweigh the burdens to the patient or others, then those means are morally obligatory**. Examples of benefits include cure, pain reduction, restoration of consciousness, restoration of function, and maintenance of life with reasonable hope of recovery. Even without any hope of recovery it is an expression of love and respect for the person to keep the patient clean, warm, and comfortable. There is no moral distinction to be made between the foregoing and withdrawing of life-sustaining procedures.

3. **If the means used to prolong life are disproportionately burdensome compared with the benefits to the patient, then those means need not be used, they are morally optional**.

This principle, taught in the Vatican Declaration on Euthanasia (1980), was built on the teaching of Pope Pius XII and the church’s moral tradition. Burdens are those undesirable aspects and consequences of the use of the means themselves which fall upon the patient or others—family, care provider or community. Examples of disproportionate burdens include excessive suffering for the patient, excessive expense for the family or the community, investment in
medical technology and personnel disproportionate to the expected results; inequitable resource allocation.

The National Conference of Catholic Bishops’ Committee for Pro-Life Activities came to the same conclusion regarding the situation when the burden is disproportionate to the benefits in their statement on the proposed Uniform Rights of the Terminally Ill Act. The statement (July 2, 1986) allowed that “laws dealing with medical treatments may have to take account of exceptional circumstances, where even means for providing nourishment may become too ineffective or burdensome to be obligatory” (Origins, July 24, 1986, p. 224).

The Declaration on Euthanasia, as well as the teaching of Pius XII, explicitly states that such forgoing or withdrawing are not suicide; rather they should be considered as the acceptance of the human condition and simply letting nature take its course. The omission of life-sustaining means (whether it be a mechanical respirator, a cardiac pacemaker, a renal dialysis machine, or artificial nutrition and hydration) can be acceptable under conditions which render those means morally non-obligatory. In those appropriate cases the decision maker is not guilty of murder, suicide, or assisted suicide, since there is no moral obligation under these circumstances to impede the normal consequences of the underlying pathology. The physical cause of death is ultimately the pathology which required the use of those means in the first place. The proximate physical means are either the absence of the substance necessary for life (oxygen, water, nutrients) or the presence of toxic substances resulting from metabolic activities of the body.

Application to Persistent Vegetative State

Patients, competently diagnosed to be in a persistent vegetative state or in an irreversible coma, remain human persons. Nonetheless, those individuals are stricken with a lethal pathology which, without artificial nutrition and hydration, will lead to death.

The moral issue, then, is what conditions make it morally obligatory to intervene with artificial nutrition and hydration to prevent death, which would otherwise occur as a consequence of the underlying pathology? While each case has to be judged on its own merits, the final decision should be based upon the application of the principles previously described regarding the burden/benefit analysis relative to the use of life-sustaining procedures. Decisions about treatment for unconscious or incompetent patients are to be made by an appropriate
proxy (e.g., spouse, parent, adult children) in light of what the patient would have decided. This judgment should be based on the expressed wishes of the patient. The final decision, however, for patients with a fatal pathology, but who are conscious and competent and in the judgment of physicians have no reasonable hope of recovery from it, is to be made by the patients themselves and by no one else.

Patients, even those persons who are in a permanent vegetative state or irreversibly unconscious, should never be abandoned. They should be cared for lovingly—kept clean, warm, and treated with dignity. The morally appropriate forgoing or withdrawing of artificial nutrition and hydration from a permanently unconscious person is not abandoning that person. Rather, it is accepting the fact that the person has come to the end of his or her pilgrimage and should not be impeded from taking the final step. The forgoing or withdrawing of artificial nutrition and hydration should only occur after there has been sufficient deliberation based upon the best medical and personal information available.

**Conclusion**

The principles are applicable to any life-threatening situation where a person—regardless of age or condition—requires some intervention, especially artificially administered nutrition and hydration, in order to impede the threat to life. In a medical context, the decision needs to be made in each particular case as to whether the normal consequences of a disease or injury should be impeded by human intervention.

All care and treatment should be directed toward the total well-being of the person in need. Because of the high value of temporal health and life, the presumption is made that the necessary steps will be taken to restore health or at least avert death. However, the temporal concerns must always be subordinated to the patient’s spiritual needs and obligations.

Catholic health facilities should be particularly sensitive to the pastoral needs of both patients and care givers (family, friends, staff), especially in the context of death and dying.

In the event of doubt about meaning or application of church teaching, the diocesan bishop or his delegate shall be consulted. 6
Notes

1. “By euthanasia is understood an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated. Euthanasia’s terms of reference, therefore, are to be found in the intention of the will and in the methods used” (Declaration on Euthanasia, II).

2. “But normally one is held to use only ordinary means—according to circumstances of persons, places, times, and culture—that is to say, means that don’t involve any grave burden for oneself or another. A more strict obligation would be too burdensome for most men and would render the attainment of the higher, more important good too difficult. Life, health, all temporal activities are in fact subordinated to spiritual ends. On the other hand, one is not forbidden to take more than the strictly necessary steps to preserve life and health as long as he does not fail in some more serious duty” (Pope Pius XII, “The Prolongation of Life,” Nov. 24, 1957, The Pope Speaks, Vol. 4, 1958, pp. 393–98).

3. “In the past, moralists replied that one is never obliged to use ‘extraordinary’ means. This reply, which as a principle still holds good, is perhaps less clear today, by reason of the imprecision of the term and the rapid progress made in the treatment of sickness. Thus some people prefer to speak of ‘proportionate’ and ‘disproportionate’ means” (Declaration on Euthanasia, I; see also n. 4, below).

4. “If there are no other sufficient remedies, it is permitted, with the patient’s consent, to have recourse to the means provided by the most advanced medical techniques, even if these means are still at the experimental stage and are not without a certain risk. By accepting them, the patient can even show generosity in the service of humanity.

   “It is also permitted, with the patient’s consent, to interrupt these means where the results fall short of expectations. But for such a decision to be made, account will have to be taken of the reasonable wishes of the patient’s family, as also of the advice of the doctors who are specially competent in the matter. The latter may in particular judge that the investment in instruments and personnel is disproportionate to the results foreseen; they may also judge that the techniques applied impose on the patient strain or suffering out of proportion with the benefits which he or she may gain from such techniques” (ibid.).

5. “It is also permissible to make do with the normal means that medicine can offer. Therefore one cannot impose on anyone the obligation to have recourse to a technique which is already in use but which carries a risk or is burdensome. Such a refusal is not the equivalent of suicide; on the contrary, it should be considered as an acceptance of the human condition, or a wish to avoid the application of a medical procedure disproportionate to the results that can be expected or a desire not to impose excessive expense on the family or the community” (ibid.).

6. The Bishops of Texas are expected to issue a revision of this statement. It can be found at the following website: www.txcatholic.org.