

BIOETHICS AND HEALTHCARE

Topic: Feeding Tubes for Comatose Patients:
 I Believe in the Resurrection of the Body
 Convener: Mark Miller, St. Paul's Hospital
 Moderator: Patricia Parachini, Sisters of the Holy Name
 Presenters: Thomas Shannon, Worcester Polytechnic Institute
 David Kelly, Duquesne University

In a paper to be published in the *Theological Studies* (September 2005), Thomas Shannon (with James Walter) presented "A Christian View on Withdrawing Treatment." In the light of the Christian belief in immortality and resurrection, especially as celebrated in the Church's renewed rite of Christian funerals, Shannon outlined four shifts in Catholic teaching concerning illness and the possible withholding/withdrawing of medical treatment. The CDF teaching of 1980, Shannon noted, carefully outlined, in accord with the traditional principle of ordinary/extraordinary means of treatment, the morality of accepting or refusing treatment at the end of life. This document presents the traditional Catholic moral stance, based in great part on a proportionate weighing of potential benefits and burdens.

Since that time, however, there have been statements and actions within the Church which significantly impinge upon this careful statement. Shannon pointed out four. (1) A more deontological approach has led to tightened rules against stopping treatment. (2) The notion "end-of-life" is being replaced by "imminently dying." (3) The patient's judgment is being coerced from the start by a "presumption of using a treatment" (in particular, feeding tubes); this is generally presented as an "obligation" (which is one interpretation of the Papal Allocution of March 2004). (4) The shift to deontological method has seen a weighing of "treatments" rather than "the effect of treatments on the patient in his/her totality" as being decisive. The discussion raised a fifth issue around the changing teaching, namely, the narrowing of the meaning of benefits and burdens, applied principally to the patient's physical situation.

Ultimately, these shifts endanger a pastoral sensitivity to patients and their families, ironically threatening their abandonment when they most need the support of the Church. The Church's nuanced wisdom in this area is being lost in the face of a creeping vitalism.

David Kelly's presentation, "The Uselessness of Feeding Permanently Comatose Patients," complemented the first paper. Kelly examined the issues around the use of feeding tubes for persons in an irreversibly comatose or persistent/permanent vegetative state (despite strong reservations about the word "vegetative"). The particular case of Terri Schiavo that played out in Florida this spring provided a background reference for his reflections. He presented his analysis in four parts.

1. There are two different interpretations of the moral distinction of ordinary/extraordinary means of treatment. The first applies to the treatment

options (technology), while the second uses a *moral distinction* concerning the treatment-as-received-by-the-patient. The latter is the tradition of the Church.

2. Kelly outlined the meaning, uncertainties and symptoms associated with persons in a persistent/permanent vegetative state. While there are some uncertainties in diagnosis and prognosis, these are often very clear in particular cases.
3. He gave four possible interpretations of the Papal Allocution of March, 2004 and the foreseeable consequences of each interpretation.
4. He then gave seven reasons why we ought not to feed permanently comatose patients, for example, because of the harm it does to real people who do not want such treatment and to families who need moral support in doing the right thing. Further, he noted that a stricter, less nuanced position will give a huge boost to the euthanasia movement, which sees itself as compassionate to people who feel trapped by medical interventions.

Needless to say, a lively discussion followed, concerning the changing teaching of the Church, the difference between the use of feeding tubes and other treatments, and the moral methodologies at work in the Church's moral reasoning.

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