



Embracing Our Dying

A Project of the California Catholic Conference

EUTHANASIA

RELIGIOUS PERSPECTIVES: THE CATHOLIC CONTRIBUTION

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I. The Catholic moral foundation

- a. The human person as “Imago Dei.”
- b. Life is a gift.
- c. A defense of a “right to life” from conception to natural death.

II. Unequivocal response to the euthanasia question

Euthanasia defined as any “action or omission that by its nature or intention causes death with the purpose of putting an end to all suffering” is viewed as always objectively wrong. (*Euthanasia*, CDF, 1980)

III. Three Concomitant Contributions

The Church does at the same time see a concomitant duty to protect the dignity of the *Imago Dei* from any insult or assault from new technologies that may simply prolong the dying process. She, in fact, speaks of a “right to die” (*Euthanasia*, CDF, 1980) by which she means the right of every person to a natural death, i.e., one not protracted uselessly by what has been called modern medicine’s tendency to “therapeutic obstinacy.”

- a. Physical life is a *fundamental* but not an *absolute* good.
- b. The *Right* to sufficient and effective pain treatment.
- c. The *Right* to forego “extraordinary” means.

ORDINARY/EXTRAORDINARY MEANS

A SIGNIFICANT CATHOLIC MORAL DISTINCTION

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I. Original development of ordinary/extraordinary means distinction

Originally developed by Roman Catholics to deal with problems of surgery (prior to the discovery of antiseptics and anesthesia), the distinction was used to determine whether a patient's refusal of treatment should be classified as suicide. Refusal of "ordinary" means of treatment was considered suicide, while refusal of "extraordinary" means was not. Likewise, families and physicians did not commit homicide or violate obligations to patients if they only withheld or terminated "extraordinary" means of treatment.

II. G. K. Kelly's description

Ordinary means are all medicines, treatments, and operations, which offer a reasonable hope of benefit and which can be obtained and used without excessive expense, pain, or other inconvenience. Extraordinary means are all medicines, treatments, and operations, which cannot be obtained or used without excessive expense, pain or other inconvenience, or which if used, would not offer a reasonable hope of benefit.

—G. Kelly, "The Duty to Preserve Life," *Theological Studies*, 12, Dec. '51, p. 550.

III. Definitions and distinctions

Ordinary=obligatory

Ordinary *does not*=usual

Extraordinary=optional

Extraordinary *does not*=unusual

The "usual/unusual" distinction builds on what is *customary* in medical practice, which in turn is connected to the "professional practice" standard. But what is customary in medical practice is merely *relevant* to moral judgments and cannot always be construed as morally *decisive*. For example, it may be usual medical practice to treat disease "x" in manner "y," but whether this usual practice should be repeated for a particular patient depends on the patient's condition as a whole and not merely on what is usual treatment for disease "x." Ethics is not reducible to consensus or to traditional codes, oaths, and practices — as useful as these may be in many professional contexts.

IV. Two criteria for obligation

Thus there can be identified two criteria for a therapy to be obligatory or required. It must (a) offer a *reasonable prospect* of benefit, and (b) not involve *excessive* expense, pain or inconvenience.

V. Meaning is moral, not descriptive

Ordinary/extraordinary means are determined *not* by classifying the technology but by considering its impact on the patient and his/her overall condition, thus avoiding the “technological imperative.”

Consequently, a procedure is judged ordinary in a normative sense if its effects on the patient provide proportionately more benefits than burdens. On the other hand, a treatment is extraordinary in a moral sense if the evaluation produces a contrary conclusion. Thus these terms are best seen as the conclusion of a process of evaluation rather than as a classification of procedure. Thus the meaning of the terms is *moral*, not *descriptive*.

VI. Conclusion

If one accepts that the central and overarching goal of clinical medicine is to enhance the qualitative relation between the patient’s condition and the pursuit of life’s goods, then all things being equal, when medicine can intervene to ameliorate the quality of the relation between the patient’s condition and the pursuit of life’s goals, then such an intervention can be considered a benefit to the patient and is in his/her best interests.

When a proposed intervention cannot offer the patient any reasonable hope of pursuing life’s purposes at all or can only offer the patient a condition where the pursuit of life’s purposes will be filled with profound frustration or with utter neglect of these purposes because of the energy needed merely to sustain physical life, then any medical intervention (1) can only offer burden to the life treated, (2) is contrary to the best interests of the patient, (3) can cause iatrogenic harm or the risk of such harm, and (4) has reached its limit based on medicine’s own principle reason for existence, and thus treatment should not be given except to palliate or to comfort.

SAVING DEFECTIVE INFANTS – OPTIONS FOR LIFE OR DEATH

America Magazine, April 23, 1983

Infant Doe, a Down's syndrome baby with a tracheoesophageal fistula* who was left unfed and untreated in a Bloomington, Indiana hospital for eight days until he expired of "natural causes," died on April 16, 1982...Two Monroe County Indiana Courts and the Indiana Supreme Court hear arguments on the issue and each determined not to intervene against the parents' determination to let the child die. Some called the parents' actions "infanticide;" others labeled it "an acceptable moral option."

**fistula [L.pipe] an abnormal tubelike passage from a normal cavity or tube to a free surface or to another cavity. May be congenitally due to incomplete closure of parts or may result from abscesses, injuries, or inflammatory process.*

Case # 22

On May 18, 1982, the U.S. Department of Health and Human Services issued a letter to 6,800 hospitals receiving federal funding, reminding the recipients that under Section 504 of the Rehabilitation Act of 1973: "it is unlawful...to withhold from a handicapped infant nutritional sustenance or medical or surgical treatment required to correct a life-threatening condition if: (1) the withholding is based upon the fact that the infant is handicapped; and (2) the handicap does not render treatment or nutritional sustenance medically contraindicated." H.H.S. Secretary Richard Schwiker noted further that, "In providing this notice...we are reaffirming the strong commitment of the American people and their laws to the protection of human life."

The occasion for this reminder was the death, one month earlier, of a Bloomington, Indiana infant identified to the public only as "Infant Doe." Baby boy Doe was born with Down's syndrome (trisomy 21) and with a tracheoesophageal fistula (an opening between the breathing and swallowing tubes that prevents passage of food to the stomach). The baby's parents were informed that surgery to correct his fistula would have "an even chance of success." Left untreated, the fistula would soon lead to the baby's death from starvation or pneumonia (induced by stomach secretions reaching the lungs). The parents, who also have two healthy children, chose to withhold food and treatment and "let nature take its course."

Court action to remove the infant from his parents' custody (and permit the surgery) was sought by the county prosecutor. Such action was denied by the court, and the Indiana Supreme Court declined to review the lower court's ruling. Infant Doe die, at six days of age, as Indiana authorities were seeking intervention from the U.S. Supreme Court. The parents' lawyer commented that the mother was with her child to the end – "It wasn't a case of abandonment. It was a case of love."

[This case was adapted by James Tubbs from Fred Barbash and Cristine Russell, "The Demise of 'Infant Doe': Permitted Death Gives Life to an Old Debate," *The Washington Post*, April 17, 1982, and from the *H.H.S. News*, May 18, 1982.]