



Medical Ethics Newsletter

Catholic Medical Students' Association

Affiliated with the Catholic Medical Association.



CMSA Goals

- To provide guidance and support for medical students.
- To support & nurture spiritual growth and moral leadership.
- To promote education in Catholic physician values.
- To develop community among students entering the medical profession.

Inside this issue:

Medically Assisted Nutrition & Hydration: Normal Care	1-5
Born Too Soon?	1-3
Hippocratic Oath	5
CMA Announcements and National Meeting	6
Contact Information	6

Medically Assisted Nutrition and Hydration: Normal care or useless treatment?

The Catholic perspective on end of life decisions avoids the extremes of euthanasia for individuals who decide that their life (or that of another) is no longer worth living because of its poor quality and the other extreme of prolonging life at all costs. In this article we wish to treat briefly the question of nutrition and hydration for patients who are in a persistent vegetative state. This condition exists when individuals lose cognitive neurological functions and awareness of the environment but retain non-cognitive functions and a preserved sleep-wake cycle." (See, <http://healthlink.mcw.edu>)

Various church documents treat the question of nutrition and hydration:

- The Committee for Pro-Life Activities of the National Conference of Catholic

Bishops addressed the issue in a 1992 document, "Nutrition and Hydration: Moral and Pastoral Reflections."

- The Pontifical Council for Pastoral Assistance touched on the topic in its "Charter for Healthcare Workers" (1995).

- Pope John Paul II offered reflections on this issue in his address to the participants in the international congress on "Life-sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas" (March 20, 2004).

Using the principles formulated in these documents and addresses we can make the following ethical points about medically assisted hydration and nutrition for persons in a persistent vegetative state. (Continued on Page Two...)

Born Too Soon:

Medical students learn anatomy, physiology, pharmacology, physical diagnosis and the basics of Medicine, Surgery, Pediatrics, Psychiatry and Obstetrics/Gynecology. Compassion, common sense and true caring and concern for your patient and families is not taught in a textbook. You can study and work hard to become competent. To approach your young career with the attitude that medicine is a privilege, not a job, and have humility (humus = ground) or to have firm footing on the

ground with no ego, will open many doors for you.

She came early, too early! Sixteen weeks early, weighing 1½ pounds (700 grams) at 24 0/7 weeks gestation, the challenge was daunting. We were fortunate to meet with the family prenatally to explain the national and local data and formulate a plan. I knew deep down this was their first experience having no control. Early good communication seems to establish trust. Survival at best was 30-40%. (Continued Page Two)



Nutrition & Hydration: What is the prognosis offered by the doctor?

(Continued from Page One...)

As with all moral decisions regarding medical treatment and care, we must begin with the prognosis of the doctor or medical team. What does the doctor assess the condition of the patient to be? Is the illness terminal? Is death imminent? Is the person in a persistent vegetative state from which recovery is considered unlikely? The diagnosis will dictate the procedures to follow. In all cases a person is to be given the proper care and medical treatment appropriate for his or her condition. However, it is the person in a PVS that the question of artificially assisted hydration and nutrition becomes a challenge for medical personnel. Perhaps the uncertainty on how to

treat the person in this condition flows from the uncertainty of how to categorize his or her condition. The NCCB Committee on Pro-Life Activities, following the lead of some moral theologians, recommend that we understand this condition as an extreme form of mental and physical disability and not as a fatal pathology or a terminal illness. In this case, the medical condition of the person should not be viewed as one that immediately or inevitably leads to death. Unlike an individual suffering from advanced stages of pancreatic cancer, a person in a PVS can live many years. Therefore, we must view artificially assisted hydration and nutrition not as a medical treatment directed to curing a disease but as normal care due any person. (Continued Page Four)

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Born Too Soon...

(Continued from Page One...)

Intact survival was grim. The risk of a major handicap like blindness, cerebral palsy requiring a wheelchair and never going to school or playing soccer was significant. A moderate to minor handicap was almost certain. The team concurred no cesarean section would be performed. If she weighed over 500 grams (1 pound, 1 ounce) and had a heart rate, we would initiate resuscitation and likely attempt to insert a breathing tube. We will not have to make any decisions. Your daughter will tell us what do. We may gently intervene but never interfere. There was nothing you ate, drank or smoked during your pregnancy that caused this. You cannot agonize over this. We reassured Mom and Dad that we often can never find the reason for such an early delivery. Bad things seem to happen to nice people. A Higher Power, many choose to call God, does things for a reason we cannot often comprehend at that time. This cannot be Gods will because He just couldn't let a newborn die, could He?

At 72 hours, a large intraventricular hemorrhage evolved with concomitant nonphysiological ventilatory requirements and an ominous, persistent metabolic acidosis. We anticipated with the family a quiescent 48 to 72 hours with the honeymoon abruptly ending around this time. We know the majority of pre-term newborns do not survive beyond the first week. As survival progresses, it promotes strong bonds. This makes getting off that treatment train difficult indeed. We all knew she was telling us it was almost time. We would not prolong death. Mom and Dad brought in family and friends for a beautiful baptism. Their daughter, their angel, wanted to spend some time with Mom and Dad. We all agreed technology was futile and in a quiet room, away from the loud Neonatal Intensive Care Unit, they would spend precious time with her. Your daughter is so beautiful without all those tubes.

(Continued on Page Three...)

“We spend an inordinate amount of training to save lives but a paucity of time learning to help our patients die.”

Born Too Soon: Conclusion

(Continued from Page Two...)

We assured them she was warm and comfortable and would have a little heart rate and be with them for a while. Your daughter is not suffering. Her going to Heaven will be very peaceful. Hold her as long as you want. You may be frightened at first. Please hold, hug and kiss her. We believe you will treasure this time with her. It will help the grieving process.

After three hours, we pronounced her passage to Heaven. She may have been here for only three days, but she was a part of both of you for over 24 weeks. She can never be replaced and will be a part of your life forever. She did not have a meaningful life, but her life had tremendous meaning. The world today seems more and more tumultuous; there must be a better place. Heaven or its equivalent must be a good place because no one ever comes back. You are going to see your beautiful daughter again.

An autopsy might help us and other newborns. Think about it and let us know. We understand whatever decision you make. Write down any questions that come to mind. We will meet in 4 to 6 weeks and discuss all these blurred events and future pregnancies. In the interim, if you need support groups, have outstanding bills or if you need someone to talk with, just call me day or night, at home or work. The road to acceptance can be tortuous.

Despite years of intense training, death, like common sense, is not easily taught. Dealing with the death of our tiny, vulnerable patients and the impact on their families and caregivers alike is universally difficult and unique every time. Dad not only has to grieve for his

daughter but his wife also. The dreams for their daughter’s potential are shattered. We often ignore the impact of death on ourselves. We spend an inordinate amount of training to save lives but a paucity of time learning to help our patients die. We cannot reverse death but certainly can help the healing process. It takes time for time to heal. If we are caring, concerned, competent and compassionate in our communications, our patients and families will be forever grateful. These positive traits can only be an asset in dealing with difficult situations and patients in our future. Thank our patients, large and small, for giving us guidance and wisdom through their departure from this life.

Our stay here is too short. We thank her for reminding us of the miracle of the precious gift of a healthy newborn, an event so commonplace, it is frequently taken for granted. How fragile our seemingly tenuous grasp on life is. Life is a delicate thing.

I have experienced too many bad things happening to wonderful people. The concept of death and the suffering family drains me emotionally, physically and spiritually. I thought experience was the best teacher and this would get easier with time. It doesn’t and I am glad. Treating the human spirit reenergizes me. I need to share this humbling experience with a medical student or resident that we, as physicians, are blessed to witness.

Jonathan Muraskas, M.D.
Professor, Neonatal-Perinatal Medicine
Loyola University Medical Center



“Administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act.”

Medically Assisted Nutrition and Hydration: What is the purpose of artificially administered hydration & nutrition?

(Continued from page two...)

If the condition of the patient were to be understood as a fatal pathology it is easy to see why individuals would encourage termination of hydration and nutrition. This “treatment” is not going to cure the condition of the patient. The “treatment” becomes useless because it will not achieve its purpose, namely, restoring health to the person. Yet, because we view the condition of the patient as an extreme form of mental and physical disability, supplying hydration and nutrition is not intended to cure the patient. Rather, its purpose is to provide nutrition to a living person. Medi-

cally assisted hydration and nutrition to maintain the body and death is not imminent. Those who withdraw this care from the person directly cause the death of the individual. Neither the person himself or herself nor another individual entrusted with their care can make the decision to forego hydration and nutrition in this case. To do so is euthanasia by omission. Remember, we define euthanasia as an “act or **omission** which of its nature or by intention causes death, in order that all suffering may be eliminated.”

Pope John Paul II summarizes this position in his Address:

I should like to underline how the administration of water and food, even when provided by artificial means, always represents a *natural means* of preserving life, not a *medical act*. Its use, furthermore, should be considered, in principle, *ordinary* and *proportionate*, and as such morally obligatory, insofar as and until it is seen to have attained its proper finality, which in the present case consists in providing nourishment to the patient and alleviation of his suffering. (Address to International Congress on “Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas,” no. 4).

The Pope first notes that we are dealing with a natural means of preserving life, not a medical act. Furthermore, this treatment should be considered ordinary and proportionate, that is, it reflects the proper treatment and care for a person in this condition. Finally, this treatment should continue as long as it fulfills what it is meant to do, namely, provide nourishment and alleviate suffering. If at some time, the stomach is unable to convert the food into nourishment, the artificially assisted hydration and nutrition may be discontinued.

But what about the burden placed on the person and others?

Some people will argue that providing hydration and nutrition to persons in a PVS places excessive burdens on the patient and on the family. While this terminology is part of the Catholic tradition, it refers to treatments as being burdensome, not life in general. In the case of a person in a PVS, the argument seems to move from the treatment being burdensome to life being burdensome. This we cannot deny.

The patience and perseverance of a family to sustain one in such a condition can place extreme stress on those in the family. However, this does not justify the direct termination of that life by removing necessary nourishment. What is needed is a greater sense of responsibility on the part of other local and national communities.

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Medically Assisted Nutrition and Hydration: Conclusion

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All those living in society, not family members only, share the responsibility to care for the sick, especially those whose condition requires greater assistance from others.

People will question the logic of continuing hydration and nutrition for those in a PVS, as has occurred in the Schiavo case in Florida. This questioning reveals a more fundamental issue that needs to be addressed: what is our responsibility to the sick and weak in our society? Is our society willing to make the sacrifices necessary to care for those in this extreme form of mental and physical disability? Perhaps we need a greater sense of responsibility for the weak and ill in our society. Of course, this will demand more from us and affect our quality of life, something we are reluctant to do.

Written by Fr. Dennis Lyle
Professor of Moral Theology
St. Mary's of the Lake University

The Hippocratic Oath is the best summary of medical ethics thus far articulated.

A tradition which should be exemplified by every physician.

The Hippocratic Oath

I SWEAR BY APOLLO, the physician, and Aesculapius and Hygeia and All-heal and all the gods and goddesses that, according to my ability and judgment, I will keep this Oath and stipulation-

TO RECKON him who taught me this Art equally dear to me as my parents, to share my substance with him and relieve his necessities if required; to look upon his offspring on the same footing as my own brothers, and to teach his Art if they shall wish to learn it, without fee or stipulation.

BY RECEIPT, lecture and every mode of instruction I will impart a knowledge of the Art, to my own sons and those of my teachers and to disciples bound by a stipulation and oath according to the laws of medicine, but to none others.

I WILL FOLLOW that system of regimen which, according to my ability, I consider for the benefit of my patients and abstain from what is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest such counsel; and in like manner I will not give to a woman a pessary to produce abortion.

WITH PURITY AND HOLINESS I will pass my life and practice my Art I will not cut a person who is suffering with a stone but will leave this to be done by men who are practitioners of this work.

INTO WHATEVER HOUSE I enter I will go into them for the benefit of the sick and will abstain from every voluntary act of mischief and corruption; and further from the seduction of females or males, freeman or slaves.

WHATEVER IN CONNECTION with my professional practice, or not in connection with it, I may see or hear in the lives of men which ought not be spoke of abroad, I will not divulge, as reckoning that all such should be kept secret.

WHILE I CONTINUE to keep this oath unviolated may it be granted to me to enjoy life and the practice of the Art, respected by men of all times, but, should I trespass and violate this oath may the reverse be my lot.



Affiliated with the Catholic Medical Association.



Serving God and man

ON THE WEB AT
WWW.CATHMSA.ORG

Catholic Medical Students' Association
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UPCOMING EVENTS

CATHOLIC MEDICAL ASSOCIATION

73rd Annual National Conference
September 23-25, 2004
Renaissance Resort at Sea World
Orlando, Florida

2004 WHITE MASS

with Bishop Listeki
QUIGLEY CHAPEL
October 17, 2004 @ 11:00 AM
Rush & Chestnut Streets
(2 block from the Water Tower)
Brunch to follow \$25.00 Donation

WINTER QUARTERLY MEETING

January 29, 2005
NEWMAN CENTER
700 S. Morgan Street, Chicago, Illinois
Mass 6:00 PM
Dinner 7:00 PM

EVENING OF RECOLLECTION

March 23, 2005
NEWMAN CENTER
700 S. Morgan Street
Chicago, Illinois

Address Label Here

NEW MEMBERS

We encourage Students to join the Catholic Medical Association.
For Registration & Membership Information,
Call 1-877-CATHOLIC or visit WWW.CATHMED.ORG