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The Decision to Remove AHN from Teresa Schiavo; An Analysis in the Catholic Tradition

During the recent discussion in press and pulpit concerning the proper medical care for Teresa (Terri) Schiavo, several individuals seeking to apply medical ethics in the Catholic tradition expressed conflicting opinions. The most vocal group, often supported by members of the medical community, expressed the firm conviction that life support, in the form of artificial nutrition and hydration (ANH), could not be withdrawn because she was not in the medical condition known as terminal illness. According to this opinion, a terminal illness exists when one will die due to a serious pathology in the foreseeable future, *no matter what medical or surgical interventions are utilized*. In other words, the condition of the patient is hopeless in so far as prolonging life is concerned. People who follow this opinion would say, "How can we remove AHN from Terri; she will die if we do." Others maintain that a terminal illness was present, namely a dysfunction of the cerebral cortex, but that this terminal illness was being circumvented or abated due to the administration of AHN. This group, not as vocal as the first, maintained that life support could be withdrawn because after twelve years, it could be concluded that ANH was really not beneficial in so far as Terri was concerned.

In fact, in the Catholic tradition, the norms for withholding or withdrawing life support have nothing to do with the presence or absence of a terminal illness. As the Ethical and Religious Directives for Catholic Health Facilities state, (Directive 56 & 57) the norms for utilizing and foregoing life support in the presence of a serious illness are the benefit which may result from a medical or surgical intervention, and the burden which the intervention may impose upon the patient, the family of the patient, or the community to which the patient belongs. The ERD in Directive 56, use the terms ordinary means, or proportionate means, to indicate that there is a moral obligation to utilize the means in question because they offer hope of benefit and do not impose an excessive burden. In Directive 57, the terms extraordinary and disproportionate are used to indicate that the means in question are optional, that is, they may or may not be employed depending upon the free determination of the patient or the proxy for the patient. Clearly, the physiological, psychological, social, and spiritual circumstances of the patient will determine whether or not the medical means in question are of

benefit to the patient and whether or not they impose an excessive burden upon the patient, family, or community. If a terminal illness (using the term in either sense as stated above) is present, it may facilitate making a decision concerning hope of benefit and degree of burden. Impending death no matter what therapy is utilized will settle the question of hope of benefit rather quickly. No one wishes to do things that are clearly ineffective. But even if the patient is not in a state of terminal illness, the patient or the proxy for the patient, may not consider the benefit offered by a particular therapy worthwhile, or even if worthwhile, it may impose an excessive burden upon the patient or upon those intimately involved in his or her care. For example, when a person suffers from cancer and her kidneys are not functioning, she may not consider that dialysis to improve kidney function would not offer hope of benefit, given her overall condition. Many would use the term “quality of life” to interpret a situation of this nature. But I prefer the term “quality of function,” because in one sense our “quality of life” is due to the fact that God loves us and that never ceases no matter how debilitated we might be.

Some maintain that AHN for a permanently comatose patient but merely “comfort care”. But even comfort or nursing care must be ethically evaluated depending upon hope of benefit or excessive burden. Would we move frequently an elderly person who might contract bed sores, if moving him might cause bone fractures.?

Applying the traditional criteria of Catholic theology to Ms. Schiavo, it seems her proxy would have to make decisions for her, given her inability to decide for herself. The legal norms for decision making in the U.S. usually look to the spouse of a debilitated person as the proxy decision maker, if the person has not designated an attorney-in- fact in an Advanced Directive. Even though her parents disagreed, her spouse had the legal right to make the decision and he asked that life support in the form of ANH be removed. Was it an ethical and fair decision? It seems it was. First of all, he maintained that this was her wish. In civil jurisprudence in the U.S. the previously expressed wish of a person in a coma is given great weight. More it seems to me than is necessary. Moreover, given the history of the case and sound medical opinion, it seems the husband was on sound ethical grounds when he requested that AHN be removed because it did not offer her hope of benefit. Did the life support also impose an excessive burden upon Terri or her husband or the community? This question is more difficult to answer. When therapy imposes an excessive burden, it is usually in the realm of pain or finances. Because she was unable to experience physical

or psychic pain, it is difficult to maintain that Terri herself suffered an excessive burden as the result of her medical therapy. But could it be possible to state that her spouse suffered excessive psychic pain as a result of seeing a loved one being maintained in a comatose condition from which she would not recover? Finally, would the amount of money expended on her care be a burden for the husband. Most of the expenses were cared for by the state. Could the public funds which were utilized for her care be used in a more beneficial way? It seems so.

If the Ethical and Religious Directives, the gold standard for making decisions in medical ethics allow life support to be removed if it is not beneficial for the patient, or imposes an excessive burden upon the patient, the family or the community, why did so many people maintain that the AHN should have been continued until she died of other causes? Mainly because prolonging life until death is imminent and inevitable has become associated with the Pro-Life movement in the United States. In seeking to emphasize the dignity and sacredness of human life, many over emphasize, contrary to the traditional moral teaching of the Church, the need to prolong life.

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