

QUESTIONS AND ANSWERS ABOUT "ARTIFICIAL FEEDING"

Since the 1980s, a lot has been said about the provision of food and fluids by "artificial means."

The following are the questions asked more frequently about what has become known as "artificial feeding":

Q: What is "artificial feeding"?

A: "Artificial feeding" is not a medical term. It's a catch phrase that is generally thought to mean food and fluids provided by means of tube.

Q: Is it Catholic teaching that "artificial feeding" is required?

A: It is almost always required. In a speech last year, Pope John Paul II affirmed the inherent dignity of every human being: 'Even our brothers and sisters who find themselves in the clinical condition of a vegetative state,' he said, 'retain their human dignity in all its fullness.' "The Holy Father said these patients have the right to basic health care, including nutrition and hydration. He reminded us that providing water and food, even by artificial means, is 'morally obligatory, insofar as and until it is still able to provide nourishment to the patient and alleviate their suffering.'

Q: Does this mean that food and water must always be provided to every patient?

A: No. There are limited situations where giving food and water, whether by mouth or by tube feeding, would be futile or excessively burdensome. For example, patients who are very close to death may be in such a condition that fluids would cause a great deal of discomfort or may not be assimilated. Food may not be digested as the body begins "shutting down" during the last days of the dying process. There comes a time, where a person is truly imminently dying---within hours or a few days, not within weeks or months. At this final stage food may no longer be helpful and a simple wiping of the brow or moistening the lips with ice chips may be all that need be done. The real questions are, "Do we continue to feed people who are disabled, demented, abandoned, or unwanted? Or do we end their lives by the deadly measure of stopping food and water?" Removing food and water because the person is considered burdensome or "better off dead" is a way of killing the person---directly, intentionally, and cruelly.

Q: Why prolong the lives of people who are severely brain damaged or are in a persistent vegetative state (PVS)? Wouldn't it be better to let them die a peaceful death?

A: First, let's look at what is meant by PVS and coma. News accounts often confuse the two terms, sometimes using them interchangeably. They're not the same. PVS is a term used to describe someone who is awake but unaware. The person has no apparent ability to understand or respond. Coma, on the other hand, is a sleeplike state from which the person cannot be wakened. Often these terms are used inaccurately. Removing food and water from a patient isn't "letting them die." It's making them die. Nor is this type of death "putting them out of their misery," as some would say. Instead it's putting them into misery---the misery of dying in an excruciating manner. How could dying of thirst possibly be considered a peaceful death?

Q: Aren't painkillers given to prevent suffering during the dehydration?

A: Yes. This is often done. The fact remains, however, that the pain killers are necessary because denying food and water to the person is very painful. Pain killers do not eliminate all suffering.

Q: Isn't tube feeding an extraordinary means of keeping people alive with new and expensive medical technology?

A: Tube feeding is neither new nor expensive. It's been in use for more than 100 years. The food placed in a feeding tube is not expensive. A full day's supply generally averages about \$8. Nor is it exotic. Next time you're shopping in your neighborhood supermarket, pick up a 32-oz. can of Ensure in the liquid diet food section. Read the label on the back, and you'll find that it can be used for tube feeding.

Q: When someone can't swallow, isn't it better to stop artificial means to prolong life?

A: No. Some who receive nourishment by tube do so because they can't swallow, but this doesn't affect their ability to hold down jobs or, for that matter, to take unaccompanied vacations to faraway places. In most cases, however, those who are tube fed are dependent on others for much or all of their care. In long-term care facilities, people who can chew and swallow if spoon-fed are often placed on tube feeding for the convenience of caregivers.

Q: Where is all this leading?

A: In 1983, reflecting on the possible outcome of the food and fluids debate which was just getting underway, Daniel Callahan, who was then the director of the Hastings Center, wrote that "...a denial of nutrition, may, in the long run, become the only effective way to make certain that some people die. For example the elderly, chronically ill, physically or mentally retarded, or mentally ill patients could all become vulnerable to attempts to hasten their death by those who conclude that "No one should have to live this way". People have not thought carefully about the implications of withholding food and water from non-dying patients. People will see how painful death by starvation and dehydration is, the next step will be more deadly. Many will simply demand lethal injection to avoid the pain and suffering of slowly starving or dehydrating to death.

Q: Is it a good idea to make a living will?

A: Yes it is. While the legal status of living wills is still open to some question, living wills (or Advance Directives as they are sometimes called) are helpful to medical and legal professionals as well as family members when decisions have to be made about the treatment of unconscious or unaware patients. Extended legal battles and family divisions can thus be avoided.

Q: Is there specific wording about artificial feeding that I should include?

A: Yes. The following wording is respectful of Catholic teaching and should be included in any living will made by a Catholic:

I believe nutrition and hydration are not excessively burdensome or disproportionate, whether being administered orally or artificially. Therefore they are not to be withheld or withdrawn from me unless there is clear and convincing evidence that they would cause me harm, cannot effectively sustain my life or are excessively burdensome to me. Excessively burdensome means that the administration of nutrition and hydration for me would worsen my condition, cause excessive pain, suffering or death and would in no way benefit my existence.