

Ordinary and Extraordinary Means of Care

Archdiocese of San Francisco

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1. Ordinary

- a. A medical intervention (treatment) or means of care that offers reasonable hope or expectation of benefit to the patient => “Criteria” for determining ordinary care (not complete) ...
 - 1) The normally prescribed means to return one’s body to a state of health
 - 2) A means of care that assumes a primary function until the body can resume this function on its own (ventilator for breathing)
- b. An intervention whose perceived benefit(s) outweighs any burden(s) that may be associated with it.
- c. In Catholic health care ethics, one is morally bound to use ordinary means to preserve life. Ordinary means are morally obligatory, they are not optional.

2. Extraordinary

- a. An intervention that offers no reasonable hope or expectation of benefit to the patient.
- b. A medical intervention or means of care whose perceived burden(s) outweigh any benefit it may bring.
- c. Factors that may indicate an extraordinary means of care (from Grisez and Boyle, *Life and Death With Liberty and Justice*, 269):
 - 1) An experimental treatment or the risky nature of a procedure/medication
 - 2) Bad side effects and/or consequences of the intervention (pain, etc.)
 - 3) The intervention or its side effects interfere with the activities desired in the time the patient has left to live
 - 4) The intervention poses severe demands on others
 - 5) The intervention involves excessive cost
 - 6) The intervention is morally objectionable to the patient (i.e., derived from embryonic stem cells)
 - 7) The intervention is psychologically repugnant to the patient (Jehovah’s Witnesses and blood products, organ transplantations from genetically engineered animals, etc.)
- d. In Catholic health care ethics, one is not morally bound to use extraordinary means to preserve life. Extraordinary means are not morally obligatory, they are optional.

3. Important Clarifications

- a. A particular intervention or means of care is not ordinary or extraordinary in itself.
- b. The patient (or the patient’s proxy) determines the ordinary or extraordinary nature of a particular intervention within the context of the patient’s condition at the time a decision about the intervention needs to be made (“in the moment” decision-making).
 - 1) An intervention that is ordinary for one patient may be extraordinary for another
 - 2) An intervention that begins as ordinary can become extraordinary

4. Pope John Paul II, *Evangelium vitae* (“Gospel of Life,” 1965) n. 65 (also cited in *New Charter for Health Care Workers*, n. 150)

- “Euthanasia must be distinguished from the decision to forego so-called ‘aggressive medical treatment,’ in other words, medical procedures [that] no longer correspond to

the real situation of the patient, either because they are by now disproportionate to any expected results or because they impose an excessive burden on the patient and his family. In such situations, when death is clearly imminent and inevitable, one can in conscience ‘refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted.’”

5. *Ethical and Religious Directives* (6th ed.)

- a. Directive 56: A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.
- b. Directive 57: A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.

NCBC resources (click [here](#) for further resources on our website)

1. “A Catholic Guide to End-of-Life Decisions” (available in Spanish) – NCBC online store
2. *The Art of Dying: A New Annotated Translation*, Br. Columba Thomas, OP, 2021

Concluding quote

“We close our chapters on medical ethics by recalling Christianity’s teaching on the mystery of the resurrection ... Christians are baptized into the life, death, and *resurrection* of Jesus. As such, [we] profess that death is not really the “end” because, just as Christ rose from the dead after his crucifixion, so also will all people be resurrected like him at the Last Judgment. The mystery of the resurrection serves as a reminder that human life is not the be-all and end-all of existence. Earthly life certainly holds great value, but it is not the ultimate value. Eternal life is. Christians are called to keep in mind the truly relative nature of one’s earthly existence, including the medical means used to preserve it, while at the same time maintaining faith and hope in the risen and living Lord.” – *Catholic Ethics in Today’s World*