Medically Assisted Nutrition and Hydration

Archdiocese of San Francisco

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1. Medically Assisted Nutrition and Hydration (MANH): Technological methods of delivering nutrition and/or hydration to patients whose needs cannot otherwise be met due to their medical condition (incapacitation, coma or medical sedation, persistent vegetative state, etc.).
    a. Nasogastric (NG) Tubes
        1) NG tubes are inserted through the patient's nostril, pass through both the nasopharynx and esophagus, and "end" in the stomach or duodenum (the first portion of the small intestine, from the stomach to the jejunum)
        2) NG tubes are used for short-term care.
    b. Percutaneous Endoscopic Gastronomy (PEG) tubes
        1) The feeding tube is inserted directly into the patient's stomach or jejunum (the middle portion of the small intestine, between the duodenum and the ileum)
        2) Inserting a PEG tube <u>is</u> a medical procedure, a specialist is needed to insert it and trained professionals are needed to monitor it. The procedure to insert a PEG tube requires sedation.
        3) PEG tubes are used for long-term care.
    c. Total Parenteral Nutrition (TPN)
        1) Through a line inserted into central vein, patients are fed electrolytes, amino acids, sugars, fats, minerals, and vitamin solutions necessary to sustain life.
        2) TPN is indicated for patients whose gastrointestinal systems cannot tolerate NG or PEG tubes.
2. Is MANH "treatment" or "care?"
    a. Treatment: "The application of medicines, surgery, psychotherapy, etc. to a patient or to a disease or symptom" (dictionary.com)
    b. Care: "The provision of what is needed for the well-being or protection of a person or thing" (dictionary.com)
    c. Catholic teaching:
        - "Nutrition and hydration, even if administered artificially, are classified as basic care … The unjustified discontinuation thereof can be tantamount to a real act of euthanasia" – *New Charter for Health Care Workers*, n. 152.
        - "Nutrition and hydration do not constitute medical therapy in a proper sense … They are instead forms of obligatory care of the patient." – CDF, *Samaritanus Bonus* (2020), V.3.2.
    d. Some health care institutions and states are looking to designate nutrition and hydration as medical treatment, so it can be withheld/withdrawn from patients.
3. Presumption in favor of MANH – Catholic teaching
    a. Pope John Paul II: "Address to the Participants in the International Congress of 'Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas'" (March 2004)
        - "The sick person in a vegetative state, awaiting recovery or a natural end [death], still has the right to basic health care (nutrition, hydration, cleanliness, warmth, etc.) and to the prevention of complications related to his confinement to bed. I should like particularly to underline how the administration of water and food,

even when provided by artificial means, always represents a natural means of preserving life [care], not a medical act [treatment]. Its use, furthermore, should be considered, in principle, *ordinary* and *proportionate*, 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."

b. Congregation for the Doctrine of the Faith (CDF), "Responses to Certain Questions … Concerning Artificial Nutrition and Hydration" (2007)
    1) Question #1: Is the administration of food and water (whether by natural or artificial means) to a patient in a "vegetative state" morally obligatory except when they cannot be assimilated by the patient's body or cannot be administered to the patient without causing significant physical discomfort?
    Response: **Yes**. The administration of food and water even by artificial means is, in principle, an ordinary and proportionate means of preserving life. It is therefore obligatory to the extent to which, and for as long as, it is shown to accomplish its proper finality, which is the hydration and nourishment of the patient. In this way suffering and death by starvation and dehydration are prevented. (see also *New Charter for Health Care Workers*, n. 152)
    2) Question #2: When nutrition and hydration are being supplied by artificial means to a patient in a "permanent vegetative state," may they be discontinued when competent physicians judge with moral certainty that the patient will never recover consciousness?
    Response: **No**. A patient in a "permanent vegetative state" is a person with fundamental human dignity and must, therefore, receive ordinary and proportionate care which includes, in principle, the administration of food and water.

4. "Exceptions" to the presumption in favor of MANH
    a. CDF, "Responses to Certain Questions …"
        - When stating that the administration of food and water is morally obligatory in principle, the CDF does not exclude the possibility that [1] in very remote places or in situations of extreme poverty, the artificial provision of food and water may be physically impossible. Nor is the possibility excluded that, due to emerging complications, [2] a patient may be unable to assimilate food and liquids, so that their provision becomes altogether useless. Finally, the possibility is not absolutely excluded that, in some rare cases, [3] artificial nourishment and hydration may be excessively burdensome for the patient or may cause significant physical discomfort, for example resulting from complications in the use of the means employed.
    b. US Conference of Catholic Bishops (USCCB): *Ethical and Religious Directives for Catholic Health Care Services*, Part 5 "Issues in Care for the Dying:"
        1) Directive 58: In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the persistent vegetative state") who can reasonably be expected to live indefinitely if given such care. Medically assisted nutrition and

hydration become morally optional when [1] they cannot reasonably be expected to prolong life or [2] when they would be "excessively burdensome for the patient or [3] [would] cause significant discomfort, for example resulting from complications in the use of the means employed." For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.

2) Directive 58 summary:
    a) In principle, there is an obligation to provide the patient with food & water, including MANH.
    b) It is permissible to withhold/withdraw MANH if one (or more) of the following criteria is met …
        - The patient is unable to assimilate (or digest) the nutrition and/or hydration. For example, there is a bowel obstruction or kidney failure that cannot be corrected by proportionate means.
        - The provision of assisted nutrition & hydration constitutes an excessive burden to the patient. For example, the patient experiences repeated aspiration pneumonia, there is recurring infection at PEG site, a non-decisional patient continually removes the tube, etc. <u>Important</u>: the patient or surrogate/proxy must make the determination of excessive burden, not the medical team.
        - Death is imminent due to the patient's underlying medical condition. In other words, the medically expected time of death due to the progressive pathology is clearly before dehydration or starvation would occur. Thus, withholding or withdrawing nutrition & hydration does not result in dehydration or starvation, nor does it cause or hasten death.

<u>Related topics of concern</u>

1. Refusing nutrition and hydration in POLST and advance directives
    a. See California POLST
    b. See Pennsylvania Power of Attorney and Living Will
2. VSED – Voluntary Stopping of Eating and Drinking
    a. Definition: "[T]he practice in which a competent person who is able to eat, drink, and assimilate without difficulty that which is consumed, refuses all foods and fluids with the express intent to hasten death" – *Catholic Health Care Ethics*, 20.14.
    b. VSED is a form of suicide, it is "suicide by omission."
    c. Although a form of suicide, VSED is legal. It is an EOL "option" promoted for people who live in states where assisted suicide remains illegal.
    d. VSED is promoted not only for people who are terminally ill but also for anyone who "wants to die" (chronically ill, elderly, "tired of living," etc.)
    e. Ethical challenges for clinicians
        1) Cooperation with an intrinsically evil act (suicide)

2) Caring for patients who have chosen VSED and have already stopped eating and drinking – "What should I do?" … "What should I not do?"
3) Providing medications to VSED patients to mask the symptoms of dehydration and starvation (principle of cooperation)

3. Medically assisted nutrition and hydration and late-stage dementia patients
    - Webinar: Palliative and Hospice Care from a Catholic Perspective: A Conversation Among Catholic Ethicists. Institute for Human Ecology, Catholic University of America (April 2021)

NCBC Resources

1. *Catholic Health Care Ethics: A Theological Analysis*, 3rd edition, ed. (NCBC, 2020)
    - "Providing Nutrition and Hydration," p. 23.7–23.13
    - "The Persistent Vegetative State," p. 23.13–23.19
    - "Collaboration with Voluntary Stopping of Eating and Drinking (VSED)," p. 20.14–20.27
2. NCBC, FAQ: On Caring for Patients in a Persistent Vegetative State (PVS)
3. Revision of Directive 58 of the Ethical and Religious Directives, Ted Furton (2009)
4. Ventilators vs. Food and Water, Ted Furton (2011)
5. Bioethics on Air podcast #62: Advocating for Terri and All Vulnerable Patients with Bobby Schindler (Terri's brother)

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