

Ethical and Religious Directive 58: How Does it Affect Patients in a Catholic Acute Care Hospital

On November 17, 2009, the United States Conference of Catholic Bishops (USCCB) approved a revision to the section on Issues in Care for the Seriously Ill and Dying and Directive 58 of the *Ethical and Religious Directives for Catholic Health Care Services* regarding medically assisted nutrition and hydration* for persons in chronic and irreversible conditions such as “persistent vegetative state.”

Since then, questions have been raised regarding the use of medically assisted nutrition and hydration in Catholic hospitals. People are asking whether doctors will honor an advance directive that refers to nutrition and hydration, or whether a doctor must insert a feeding tube in any patient in a Catholic hospital who cannot sustain adequate nutrition and hydration by eating and drinking.

The short answer is: The advance directive of any patient in a Catholic hospital will be honored. The obvious exception would be if a patient is requesting the hospital or doctor to provide treatment intended to kill the patient as opposed to relieve the patient’s suffering. Furthermore, no patient in a Catholic or any other hospital can be forced against his or her will to have a feeding tube.

The following will address some of the questions on the purpose and meaning of the revised Directive.

What is the significance of the Bishops’ action?

The significance of the Catholic Bishops action is to incorporate, or clarify, recent teaching regarding medically provided nutrition and hydration. This teaching affirms that a person’s life must never be considered worthless simply because the person is unconscious, or more specifically, in a persistent vegetative state.

The revision makes the point that treatment decisions should be made based on the burdens and benefits of the treatment (e.g., medically assisted nutrition and hydration), not on the perceived burdens of the persistent vegetative condition itself. In other words, a diagnosis that a patient is unlikely to ever regain consciousness is not in itself a sufficient reason for withdrawing nutrition and hydration.

Does the revised Directive affect all patients who are unconscious?

No. The revised Directive is intended to address specific issues surrounding individuals in a chronic and irreversible condition, such as persistent vegetative state, who could be expected to live indefinitely if given medically assisted nutrition and hydration.

* For the purposes of this document, “medically assisted nutrition and hydration” is used interchangeably with the terms: nutrition and hydration, medically provided nutrition and hydration, artificial nutrition and hydration and feeding tubes.

When is providing nutrition and hydration “morally optional?”

The long-held principle of weighing the benefits against the burdens of treatment still apply. For a patient in a persistent vegetative state (or anyone else), medically provided nutrition and hydration can be withheld or withdrawn if providing nutrition and hydration cannot be expected to prolong life or if it becomes excessively burdensome (e.g., repeated infection, severe dread of the treatment) or causes significant physical discomfort (e.g., complications resulting from the use of medically administered nutrition and hydration such as fluid overload).

The revised Directive emphasizes the general moral obligation to provide nutrition and hydration, even when administered medically, but it also recognizes that this obligation is not absolute and that the use of these measures must be assessed with regard to the benefits and burdens to the patient.

How will the revision affect the treatment of patients in a Catholic acute care hospital?

For the most part, not at all.

Acute care hospitals rarely have patients who are in a persistent vegetative state. When they do, the very fact these patients have been admitted signals that they are experiencing other medical complications that would usually allow ethically acceptable withdrawal of medically assisted nutrition and hydration.

Does the revised Directive now require that all patients who cannot take food and fluids by mouth receive medically assisted nutrition and hydration?

No, it does not. The revised Directive states that “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.” The revision is similar to the language of the old Directive 58 that said “There should be a presumption in favor of providing nutrition and hydration to all patients...” “In principle” does not mean “in every case.” Consideration of the patient’s condition and wishes are always taken into account.

Must all patients in a persistent vegetative state receive artificial nutrition and hydration?

No. There is an obligation to offer, but no obligation to override a patient’s refusal as expressed through an advance directive or surrogate decision maker. Informed consent still constitutes the foundation of respect for a person’s dignity.

As with all medical treatment decisions, there needs to be respect for the patient’s wishes and the clinical judgment of the treating physician. The physician will assess whether the patient’s condition is medically suitable for tube feeding and will consider what potential medical complications might occur. Depending on the condition of the patient in a persistent vegetative state, artificial nutrition and hydration may not be appropriate.

Will a Catholic hospital initiate medically assisted nutrition and hydration against the patient's wishes?

Never. No hospital or physician, including a Catholic hospital or physician, may ever initiate a non-emergency invasive procedure, such as a feeding tube, without the permission of the patient or his or her surrogate. Furthermore, no patient in a Catholic or any other hospital can be forced against his or her will to have a feeding tube. California law gives appropriate family members or a legally recognized surrogate decision maker all the authority they need to refuse artificial nutrition and hydration for a person in a persistent vegetative state.

Feeding tubes can be inserted only after informed consent is gained from the patient or the patient's decision maker, based on the burdens and benefits to the patient, the side effects, and the alternatives. As in all cases, the best decisions are always made between the doctor and the patient or the patient's surrogate decision maker.

How can patients, or their family, be assured that their wishes about nutrition and hydration will be honored?

Communicate! Family members should talk about how they wish to be treated and everyone in the family should understand what those choices are. Above all, everyone should have an advance directive that clearly states his or her wishes about medical treatment.

Catholic hospitals have been leaders in promoting advance health care planning. The Catholic health care ministry believes it is very important that patients make clear to caregivers and loved ones how they wish to be treated, including their end-of-life wishes, if they become unable to make health care decisions for themselves.