Who makes them to be “male and female... and the two of them become one body.” (Genesis 2:23)

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Is Food Always Obligatory?

Feeding The Comatose Patient

On Tuesday, June 11, 1985, at 7:01 PM, Karen Ann Quinlan died in a nursing home where she had been admitted almost exactly nine years earlier (June 9, 1976). As far as it is known to the public, Karen had been in an irreversible coma since April 15, 1975 and had been maintained alive by means of an artificial life support system until May of 1976. At that time, having received an affirmative court decision, Karen Quinlan was removed from the mechanical respirator. To the surprise of physicians, she began to breathe spontaneously and continued to live in what was described as a “chronic vegetative state.” Since she remained in a deep coma and could not accept food by mouth she was given nourishment by means of a nasogastric tube (See, Houston Chronicle, Wednesday, June 12, 1985).

While Karen Quinlan’s case is widely known, it does not stand alone. There appears to be an increasing number of individuals and families who find themselves faced with similar complex and agonizing decisions. Is it always ethically mandatory to use a nasogastric tube or technological intervention in order to provide nourishment to a comatose patient? If so, why? If it is not, under what conditions would it be morally permissible to withhold or withdraw such technological support? These are very difficult questions to answer and consensus is probably impossible at this time. Nonetheless, the issues cannot be evaded and thus must be examined. In this article we can only briefly open up the topic and suggest a provisional response for discussion.

For the purpose of clarification, certain qualifications should be made as to precisely the kind of case we intend to discuss:

1. The adult individual is not brain dead, that is, in not dead as determined by brain related criteria.
2. The individual had not indicated previously his desires in the matter.
3. The individual is judged by competent medical persons to be in an irreversible coma, and has been in that state for 6 months, at least.
4. The individual either a) requires mechanical respiratory support, or b) does not so require.

Under the above conditions, what is the moral obligation to provide nourishment by a nasogastric tube or by some other technological intervention?

Various Responses

Responses vary. Some would say that while it would be morally appropriate not to initiate feeding by intubation, it would be wrong to withdraw it before the patient had died. Some conclude that there is no obligation to initiate or to continue intubation nourishment once it is evident that the patient is in an irreversible coma. Others hold that it is immoral to withdraw such nourishment under the conditions cited.

The Traditional Understanding

Food and drink which, taken by mouth, will prolong life for a substantial period of time, and have been considered an obligatory minimum means of maintaining life—unless, of course, it was seen that the food or drink would actually cause serious harm to the individual. Such would be the case, for example, for the newborn child with congenital closure of the duodenum or for one with a total absence of the intestinal tract. The ability to take food and water by mouth indicates some level of awareness and neuromuscular integrity. Even so, in the past centuries it was proposed by outstanding moralists that an individual may not always be seriously obligated to take nourishment. Francisco De Vitoria (1486-1546), for example, held that a sick person is obligated to take food if there is present some hope of living for yet a while. But if the individual is so depressed, or the sight of food so repels him, that it is only with the greatest effort that he can take some food, he could be excused. Others like Juan Cardinal De Lugo (1583-1660) and Alphonsus Liguori (1696-1787) continued, with some developments, in that same tradition (See, The Pope John Center’s publication, Moral Responsibility in Prolonging Life Decisions, 1981, esp. Chapter 7).

Today’s Ethical Concern

The ethical issue in contemporary times is compounded in practice by several factors. One of them is the entry of civil law into the field. Of its nature law tends to deal in a sledge hammer approach with complicated and delicate matters since it deals
with the generality of a situation, with that which is common rather than what is different. It deals with the external forum and not directly with the conscience of persons. In the matter at hand, civil law would dictate that food and water should always be given—as a protection of the common good—and would not countenance exceptions unless it specifically provided for by the legislators. In contrast the moral tradition described above recognizes that, in an individualized case, the taking of food and water might be a moral impossibility and therefore not morally binding. Another complicating factor is the justifiable concern of those who value human life that there is an increasingly strong movement in society for the legalization of "mercy killing". There is also a growing apprehension that, because of increased health care costs, in the name of economic savings there will be a devaluation of human life, especially that of the severely handicapped, the senile, and of those who are chronically ill. Understandably, to make sure that the basic rights of these individuals, and indeed of all persons, are not violated, those who value human life make every effort to prevent any erosion or "sandpapering" of those rights.

Still, the ethical issue remains: is there a moral obligation always to provide nourishment, for example, by intubation or by IV, when the individual cannot take or receive food by mouth? Certainly, there is such an obligation when there is a reasonable hope of benefit, that is, when there is some objective basis for concluding that in due time the person will be cured of his ailment or at least will regain some level of consciousness. But what if there is no such reasonable hope of benefit? Is it of benefit to sustain indefinitely an individual in a deep coma?

When De Vitoria and De Lugo spoke of a hope of life as a basis for the obligation to take food and water, they were speaking of human life at some level of consciousness since they did not have the means of giving nourishment to a person in a coma. In those days, a person in a persistent coma simply died since there was no way of providing nourishment (food and fluids) if normal mastication was impossible, or no way to supply oxygen (for more than a short period—mouth to mouth) if spontaneous respiration ceased. Would they have said that sustaining human life in an irreversible coma is a benefit?

Of course, one may choose to provide nourishment by intubation to an individual in an irreversible coma for reasons other that a moral obligation which these procedures themselves put upon a person. Community standards, or legal requirements, for example, may in the practical order so dictate. A prudential judgement would have to be made. Even if the ethical analysis concluded that intubation nourishment is not in itself obligatory, still the total circumstances might lead in practice to a different conclusion.

There is yet another factor to consider: would the proposed technological intervention for this individual or this family prove to be an excessive burden—psychological or economic? Would it utilize resources to which others have an ethical right? It should be recognized that what one person or family could sustain readily even if with some effort, could be totally overwhelming for another. A valid ethical review allows for such differences among human beings. Furthermore, some persons may choose to undertake a very difficult task even without a strict moral obligation to do so.

The family of Karen Ann Quinlan elected, as others have, to initiate and continue providing nourishment for her by means of a nasogastric tube. Certainly their continued devotion to her was a marvelous tribute to their convictions. Others in a similar situation may with equal ethical correctness choose to act differently. The same ethical principles could have been used and applied but with different conclusions because those very principles contain in them the basis for variations and exceptions, especially, with regard to the assessment of benefit and the degree of burden experienced.

This brief article restricted itself to the situations which met the conditions stated at the beginning, especially numbers 3 and 4. While it concludes that there appears to be no strict ethical obligation to provide nourishment by such technological intervention as intubation, it also recognizes that some individuals may choose to initiate or continue such intubation feeding because of some deep personal conviction or the requirements of community standards or legal provisions. This simply recognizes that we live in a multi-strata society where behavioral demands are many and varied. This is to act not against one's belief but to choose to elect one ethically permissible option rather than another.

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