what the patient would have wanted would be able to decide. It is
not what the proxy thinks is best. Although, that could be the
same as what the patient would have decided. It is helpful, too, if
the proxy truly loves the patient for he (or she) will desire to
respect the authentic wishes and well being of the patient.

Seeing more clearly what the role of the proxy was, they were
now ready to decide about the amputation. Their pastor pointed
out for them that they were ethically obligated only to a medical
treatment if, all circumstances considered, it could be carried out
without placing a grave burden on the patient or others, and
further that it was not a useless procedure.

From the surgeon, they had learned that the surgery would be
done under general anesthesia, and that any post-operative pain
could be controlled by analgesic medication. The surgical and
anesthetic trauma, they were told, may place Jim into a full coma
because of the impaired circulation. For the same reason, the
physician noted that other related problems would likely occur
within the next year or so. Jim's son and daughter also realized
that because of their father's impaired level of awareness the
surgery itself and the post-surgical experiences could be
traumatic and constitute a grave burden. Furthermore, there
appeared to be no proportion between the surgery and post-
operative consequences on the one hand, and the anticipated
benefits on the other. The operation would not bring any notable
improvement to Jim's condition, but only serve to slow down the
irreversible dying process.

The Relevant Church Teaching

Father Peter was able to assure them that the church
recognized that such decisions had to be made by families,
difficult and painful as it might be. They were confirmed and
comforted by the words of the church's official teaching:

The rights and duties of the family depend in general upon
the presumed will of the unconscious patient if he is of age
and "sui juris." Where the proper and independent duty of
the family is concerned, they are usually bound only to the
use of ordinary means.

Consequently, if it appears that the attempt at resuscitation
constitutes in reality such a burden for the family that
one cannot in all conscience impose it upon them, they can
lawfully insist that the doctor should discontinue these
attempts, and the doctor can lawfully comply. There is not
involved here a case of direct disposal of the life of the
patient, nor of euthanasia in any way: this would never
be licit. Even when it causes the arrest of circulation, the
interruption of attempts at resuscitation is never more
than an indirect cause of cessation of life, and one must
apply in this case the principle of double effect and of
"voluntarium in causa" (Pope Pius XII's address to the
International Congress of Anesthesiologists, November
24, 1957, p. 3. English translation from "The Pope

Seeing their way with increasing clarity and conviction, they
returned to the hospital and, having verified their father's status,
informed the surgeon that surgery would not be sought. Comfort
care only was what the situation required. With that decision
having been made, Jim's son and daughter returned to their
father's room and began their vigil. Within a few days he died
peacefully.

Save a Life and Lose It

If human life is of so high a value that an innocent person's life
can never be directly attacked, is it permissible ever to cease life
sustaining activities? At one extreme of opinions there are those
who would say that life supporting treatment and procedures
should be vigorously maintained until, in spite of all our efforts,
the individual dies. In this manner, it is clear that our actions
are not well disposed for the sake of others, and that our activities
have not led to the person's death. If this observation be true of
medical interventions, all the more is it true of the obligation
to provide food and water.

To the other extreme are those who are convinced that once
life becomes a burden to oneself, a person has the right — by
virtue of self-dominion-to terminate his life. A "thoughtful"
person would do so, of course, in a manner that would cause the
least inconvenience to others.

In between, these two positions 1) of asserting the obligation
to do everything physically possible to maintain life and, 2) of
alleging the right to terminate one's life at will, there is a
spectrum of positions that in varying degrees limit the obligation
to sustain human life.

The moral tradition of the Catholic Church on this issue is
summarized well in the teachings of Pope Pius XII and John
Paul II. One aspect only, however, will be considered here. In
response to questions posed to him about the obligation to
continue life supporting activities when the condition of the
patient appears hopeless, Pius XII stated the now well-known
teaching about the kind of medical intervention which were
obligatory:

"But normally one is held to use only ordinary means —
according to circumstances of persons, places, times and
culture — that is to say, means that do not involve any
grave burden for oneself or another" (Pius XII, address to
International Congress of Anesthesiologists, November
24, 1957; English translation, The Pope Speaks, 1958,
pp. 393-398).

While the principle can be validated objectively, its application
contains a large subjective and relative component e.g.,
"according to circumstances of person, etc." Since the notion of
"burden" implies a subjective component, namely, how an

Ethics and Medics is a publication of the Pope John Center and is sent to its Subscribing Members, at the annual subscription rate of $15 (12 issues). For
subscription information, please write: The Pope John Center, 186 Forbes Road, Braintree, Mass. 02184; Telephone (617) 848-6965/Editor: the Rev.
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individual perceives and experiences the objective component of a burden, what constitutes a grave burden for one person may not be for another carrying, objectively, the same burden. "Is my toothache worse than your toothache?" Even if both involve a cavity in the 3rd lower right molar, the subjective experience and the tolerance to pain may differ widely.

Still, from the above quoted words of Pope Pius XII, it is not immediately evident why a "grave burden" should render a life-saving procedure non-obligatory and therefore optional. If life is such a great value, surely a grave burden can be tolerated to protect that life. Given the means to save a life, nothing should stand in the way of saving that life.

Yet, somehow we sense that such an extreme position is inhumane for it requires of us to be stretched beyond our endurance. The key element to a resolution of the problem is the realization that too great of an insistence on the obligatory unlimited use of lifesustaining means could defeat the very purpose of life. This point is well recognized by the Magisterium:

A more strict obligation would be too burdensome for most men and would render the attainment of the higher, more important good too difficult. Life, health and all temporal activities are in fact subordinate to spiritual ends." (Pope Pius XII, ibid.)

The very purpose of life ("...The higher, more important good...") is essentially the eternal union with God.

Why would a "grave burden" render the attainment of eternal union with God too difficult? While the goal is transtemporal, the means by which the goal is achieved are activities which take place in the temporal order, that is, free human actions internal and external, vivified by grace. When pressed into a corner, a person feeling morally obligated to provide medical treatment which he can see is useless or of little benefit, or which requires that he abandon other important cherished goods or experience considerable pain, is likely to become angry, resentful and bitter. These states-of-mind, if not rectified, can lead to unloving relationships with others and even grow to a hatred and rejection of God, a God who is experienced as placing such intolerable burdens on people. Thus, by insisting on an unlimited obligation to preserve life, the higher goods are endangered.

This teaching of the church is not so much a recognition of human weakness and limitations as it is an acknowledgment that there are values such as faith, integrity, courage, fidelity and love which transcend the value of temporal human existence. Temporal life is a path and death is a door. Both are required to reach eternal life. These thoughts are expressed in the conclusion of the Declaration on Euthanasia (Vatican Congregation for the Doctrine of the Faith, June 26, 1980):

Life is a gift of God, and on the other hand death is unavoidable; it is necessary therefore that we, without in any way hastening the hour of death, should be able to accept it with full responsibility and dignity. It is true that death marks the end of our earthly existence, but at the same time it opens the door to immortal life. Therefore all must prepare themselves for this event in the light of human values, and Christians even more so in the light of faith.

ASM

The Price is Wrong

Should the cost of a heart transplantation be a determining factor in whether a person needing a healthy heart will receive it or not? If the cost of maintaining an irreversibly comatose elderly patient is beyond the financial resources of a family, are they obligated to be subjected to financial collapse in an attempt to provide such continued treatment? Generally, we are reluctant to consider the expense of some life-saving or health restoring treatment in making the decision as to whether to use it or not. Often it is said, "how can you place a price on human life or health? How many dollars is your life worth to you?"

The ethical aspects of the cost of providing appropriate medical treatment can be considered at two decision levels: 1) the decision by the patient or family member as to whether or not there is an ethical obligation to use a particular medical intervention; 2) the decision of the makers of public policy as to the choice of an equitable way to ration scarce medical resources. In this article, the first level will be considered, while in a subsequent issue of Ethics & Medicine, the second level will be treated.

Case — Heart Transplantation

A young married woman with three small children has a severely damaged heart that is threatening to fail at any time. She is told that her only hope for survival for at least a few more years is to have a heart transplant which by current practice costs at least $150,000. Her health insurance does not cover heart transplantation; her middle-income family has neither finances nor assets to cover the cost; the family's annual income is about $35,000. Is her family obligated to experience financial ruin to provide the transplant? Does the hospital or society have any obligation to carry the burden of cost? Should the physician forgo his fee?

It seems likely that a family faced with such an agonizing decision will beg or borrow to secure the necessary funds from friends, banks and any other possible resource. But the ethical issue remains, is there an ethical obligation to have the transplantation performed? Can the mere cost of the procedure be an ethical factor in the decision?

Guidance for this kind of problem is provided by a Vatican document, Declaration on Euthanasia (Vatican Congregation for the Doctrine of the Faith, June 26, 1980). After discussing the use and discontinuance of "the most advanced medical techniques," the Declaration considers the situation when it is decided not to use these advanced procedures:

It is also permissible to make do with the normal means

(continued on page 4)