

THE DEVELOPMENT AND NATURE OF THE ORDINARY/EXTRAORDINARY MEANS DISTINCTION IN THE ROMAN CATHOLIC TRADITION

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ABSTRACT

In the Roman Catholic tradition the nature of the ordinary/extraordinary means distinction is best understood in light of its historical development. The moralist tradition that reared and nurtured this distinction implicitly developed a set of general criteria to distinguish the extraordinary from the ordinary. These criteria, conjoined with the context within which they were understood, can play an important role in refereeing the contemporary debate over the aggressiveness of medical treatment and the extent of one's moral obligation.

RECENT EVENTS HAVE SPARKED A HEATED DEBATE regarding end of life decisions and the moral law. The bioethical challenge is how to uphold dignity of human life standards in the face of an improving technology which is capable of conserving life much longer than in prior years, and of which it is reasonable to think will greatly improve over time. We are forced, then, to make fundamental moral distinctions about how aggressive we are to be in prolonging life. Some have adopted a 'technological imperative' viz., that if we can conserve life we must conserve life. But when is enough enough? Is one who believes in intrinsic human value committed to indefinitely preserving human life in disregard of other factors?

The development of the Roman Catholic moral perspective is a conservative action built upon a past.¹ Catholic morality consists of a system of

standards carefully developed and better clarified over time. Principles begin in seed form and when nourished by reflection, experience, and new challenges, they organically extend and blossom from that historical root. Far from correcting, contradicting, or obscuring previous moral principles, legitimate elaborations are additions that corroborate with and preserve antecedent truths. Any alleged 'development' that disregards or contradicts its base is not a true development but a corruption.

One contemporary Catholic bioethical principle is that a person is not morally obligated to use 'extraordinary means' to conserve their life. But what does this mean and how does it differ from 'ordinary means'? Since knowledge of the past is crucial for understanding the present, we will first look at the historical development of this distinction in order to clarify its nature, and then address its contemporary application to cases of artificial nutrition and hydration.

¹ Future references to 'Roman Catholic' in this essay will be abbreviated as 'Catholic'.

THE PROHIBITION AGAINST SUICIDE AND THE DUTY TO CONSERVE

The Catholic tradition holds that man is not the master of his own life. Human life is a gift and God is the master and has dominion over life and death. Killing *per se* is not against the moral law, but it is unjust killing (i.e. killing the innocent) that violates. Moreover, the commandment 'Thou shall not kill' applies not only to others, but also to *oneself*.² Man is a master of himself only in the sense that he is allowed to dispose of the things in his life, but the passage from this life to the next does not fall within his licit purview.

Since man does not have absolute authority over his own life, it follows that he is obligated to take proper care of it. Without this positive element, the negative prohibition against suicide would be meaningless. Thus, the *duty to conserve* one's life is correlative with the illicitness of suicide. 'Thou shalt not kill' implies 'thou shalt conserve' and so the prohibition against suicide and the duty of self-conservation are two sides of the same moral coin.

EXCEPTIONS TO THE DUTY

Yet there are exceptions to this principle, and what concerns us is the sort of exception where the *means* of conserving one's own life may be *omitted* precisely because of the *nature* of those very means. So the issue we are pursuing is when, if ever, does the obligation to conserve one's life cease because of certain circumstances. The short answer is that the *general* obligation to conserve never ceases, but one may be excused from fulfilling the obligation in *particular* instances. Why? An excusing cause for fulfilling the duty can be simply an inability to fulfill it. As you would expect, a *physical impossibility* to conserve one's life excuses. *Ought* implies *can*. If someone is physically incapable of getting water, naturally they are not morally bound to drinking

and thus are not guilty of suicide if they die of dehydration. However, there is another type of exempting impossibility, a *moral impossibility* excuses as well. A moral impossibility is some fear, danger, or other circumstance that makes the observance of the moral law extremely difficult. When this occurs, the duty is said to be 'morally impossible' to fulfill.

The distinction between positive and negative precepts

The reason why moral impossibility excuses is that an action like conserving your life is a good action. It fulfills a positive precept, a commandment to do something good. But duties to do something good are in some sense elusive. One cannot possibly be doing all good things all the time, and there are often times when we are not doing anything noticeably good at all. As a matter of fact, with just a moment's reflection, it is apparent that we can always not-do bad things (we can always not-commit murder and not-commit adultery, and not-commit suicide, etc.) because these are not really actions properly speaking but a refraining from action, yet it is impossible to always do good things (like *always* feeding the poor and *always* caring for the sick). So while negative precepts (commandments that forbid action) bind always and for all times (*semper et pro semper*) even under danger of death,³ positive precepts bind always in general but not in every single instance (*semper sed non pro semper*). One is not always and everywhere and under every circumstance obligated to conduct a good action. Even though the basic obligation to do good always remains, the actuality of these actions binds only at a certain time and under certain conditions.⁴

Now, the duty to conserve life is a positive precept, and so it too obliges always but not for all times. Under certain conditions it does not oblige,

² Aquinas argues that suicide is gravely evil for at least three reasons; it violates the charity by which one should love oneself, and it is a twofold violation of justice because it deprives the community of one of its members and usurps the authority of God. (*Summa Theologiae* II-II 64.5) Translations of this work, hereafter abbreviated as 'ST', are taken from the 1947 Benziger Bros. edition.

³ 'Now sinful acts are evil in themselves, and cannot become good, no matter how, or when, or where, they are done, because of their very nature they are connected with an evil end, as stated in Ethic. ii, 6: wherefore *negative precepts bind always and for all times*.' ST II-II.33.2.

⁴ 'The sin of omission is contrary to an affirmative precept which binds always, but not for always. Hence, by omitting to act, a man sins only for the time at which the affirmative precept binds him to act.' ST I-II.71.5 ad. 3.

and moral impossibility is one of those times. Another way of putting it is that a moral impossibility is an *extraordinary difficulty* viz., something not commonly experienced by people in general. But when is a fear, danger, or difficult circumstance *enough* to relieve one of the duty to conserve one's own life? This brings us to our central concern, the difference between ordinary and extraordinary means. Extraordinary means are at least moral impossibilities, ordinary means are not, and a brief historical survey of the most respected moralists in the Catholic tradition and subsequent magisterial teaching on this distinction will help shed light on how to discern the difference.

HISTORICAL SURVEY⁵

The development of what constitutes the ordinary vs. extraordinary means distinction begins, as we have said, with the prohibition of suicide. Outside of this prohibition, the early theologians do not say much. However, we do begin to see the seed of the distinction with St. Thomas Aquinas:

For a man is commanded to that which sustains his own body, for otherwise he is a killer of himself . . . From this commandment therefore a man is held to nourish his own body, and similarly we are bound to all things without which the body is not able to live.⁶

If a man does not nourish his body he is 'a killer of himself'. To fail in the positive precept to conserve is an omission tantamount to suicide. Aquinas however, knows that not all situations in which one fails to act is an omission, the sin of omission occurs only when there is a non-fulfillment of a good that is *due*, that is only when there is a violation of justice.⁷

⁵ I am greatly indebted, both in this section especially, but overall as well, to Fr. Daniel Cronin. 1958. *The Moral Law in Regard to the Ordinary And Extraordinary Means of Conserving Life*. Rome. Pontifical Gregorian University, which has been republished in 1989. *Conserving Human Life*. Braintree. Pope John XXIII Medical Moral Research and Educational Center.

⁶ Praecipitur autem homini quod corpus suum sustentet, alias enim est homicida sui ipsius . . . Ex praecepto ergo tenetur homo corpus suum nutrire, et similiter ad omnia, sine quibus corpus non potest vivere, tenemur. (Aquinas, *Super II Thes*, cap. 3).

⁷ ST II-II 79.3.

Yet Aquinas does not develop this notion further in regard to the duty to conserve life except to recognize that it has its reasonable limits.⁸

Later theologians following him however do. Francisco de Vitoria (*d. 1546*) for example, says if a man were very sick, a revulsion towards food would excuse that man from having to eat, 'especially where there is little hope of life, or none at all'.⁹ Mentioning the principle that, 'it is one thing not to protect life and it is another to destroy it', Vitoria says one is not always bound to the former and for that reason one is not obligated to expensive or extravagant cures that require selling one's whole means of subsistence to obtain,¹⁰ nor are they bound to eat only the healthiest things and breathe the healthiest air:

One is not held to protect his life as much as he can by means of foods. This is clear because one is not held to use foods which are the best, the most delicate and most expensive, even though these foods are the most healthful, indeed this is blameworthy . . . Likewise, one is not held to live in the most healthful place, therefore neither must he use the most healthful food . . .¹¹

Vitoria also says the obligation to conserve one's life does not bind when the *amount* or *duration* of food or medicine exceeds the customary, and this is true 'even where the danger of death is probable, for example, to take for some years a drug to avoid fevers or anything of this sort'.¹² Moreover, those of us who have an affinity for cheeseburgers, potato chips, and Twinkies™ might be glad to hear that Vitoria goes further and says a man can eat 'normally' even if he knows for sure he would live longer by eating other healthier foods:

I say that one is not held to lengthen his life because he is not held to use always the most delicate foods, that is, hens and chickens, even

⁸ ST II-II.126.1 reads, 'every man has it instilled in him by nature to love his own life and whatever is directed thereto; and to do so in *due measure*, that is, to love these things not as placing his end therein, but as things to be used for the sake of his last end'.

⁹ Vitoria, *Relectio de Temperantia* n. I; cited in Cronin, op cit. note 5, 35.

¹⁰ Ibid: n. 9; 36.

¹¹ Ibid: n. 12.

¹² Ibid: 36–37.

though he has the ability and the doctors say that if he eats in such a manner, he will live twenty years or more, and even if he knew this for certain, he would not be obliged . . . So I say, thirdly, that it is licit to eat common and regular foods . . . Granted that the doctor advises him to eat chickens and partridges, he can eat eggs and other common items.¹³

Dominic Soto (d. 1560) makes a similar point about pain and his example of amputation is one that will be commonly repeated throughout the moralist tradition. Soto says one would not be bound to preserve their life if a leg was infected and needed amputation because 'no one is held to preserve his life with such torture. Neither [for this reason] is he thought to be a killer of himself'.¹⁴ *Dominic Banez* (d. 1604) seems to be the first to explicitly contrast the terms 'ordinary means' (*media ordinata*) with 'extraordinary means' (*media extraordinaria*). Banez repeats the position of his predecessors that one is bound only to common food, medicines, and a reasonable amount of pain in order to conserve life and not to extraordinary and horrible pain, nor to expenses which are extraordinary in proportion to one's status.¹⁵ The renowned Jesuit *Leonard Lessius* (d. 1623) reiterates Vitoria's point that the presence of extreme *psychological* factors can also excuse. For example, Lessius says that women highly conscious of chastity, especially virgins, are not bound to accept medical treatment from men 'in the more secret parts', because no one is held to accept a cure that they abhor more than the disease or death itself.¹⁶ *Cardinal John De Lugo* (d. 1660) interestingly and explicitly says what the others only imply, that although human life is valuable, it is *not* so valuable that it necessitates conservation by any way possible:

The good of his life is not of such great moment, however, that its conservation must be effected with extraordinary diligence: it is one thing to neglect it and rashly throw it away, to which a

man is bound: it is another however, to seek after it and retain it by requisite means as it is escaping away from him, to which he is not held.¹⁷

Again, arguably extending to the comfort of those who prefer less nutritious foods, De Lugo says that one is not required to *abstain* from certain foods or wines *in order to live longer* since, 'just as a man is not bound to seek a more healthful and wholesome locality and air in order to prolong his life, so neither is he held to eat better or more healthful food'.¹⁸

St Alphonsus Liguori (d. 1787) argues that to fulfil the duty of conserving one's life, 'it suffices to make use of ordinary means'¹⁹ and indeed normal medical procedures and medicine are required when there is hope of recovery.²⁰ Yet Liguori says that one is not obligated to endure extraordinary measures like expensive medicines, amputations,²¹ abnormal medical procedures, relocations to areas with healthier air, and remedies involving extreme psychological repugnance.²²

St. Alphonsus emerged as the recognized authority and later theologians follow him on the issue. These theologians, however, also had to deal with the improvements of modern science. Operations began to be performed with less pain and greater success, i.e., chloroform lessens pain and thus it lessens the anxiety of an operation to some extent. Also in this period, moral speculation began to consider the implementation of prosthetic limbs and things of this sort. Anesthesia made its first successfully demonstrated appearance in Boston in 1846.²³

¹⁷ De Lugo, *De Justitia et Jure* Disp. 10, Sect. I n. 21, *ibid*: 53.

¹⁸ *Ibid*: n. 32, 54–55.

¹⁹ Nec aliquem alium uti pretiosa et exquisita medicina ad mortem vitandam; nec saecularem, relicto domicilio, quaerere salubriorem aerem extra patriam . . . Sufficit enim uti mediis ordinariis. (St Alphonsus Liguori, *Theologia Moralis*, Lib. III, Tr. IV cap. 1, 371).

²⁰ Ubi dicit infirmum in periculo mortis, si sit spes salutis, non posse medicamenta respuere. (*Ibid*).

²¹ Non teneri quemquam mediis extraordinariis et nimis duris, v. gr. abscissione cruris, etc., vitam conservare . . . *Ibid* 372.

²² Liguori also mentions that a consecrated virgin is not obligated to be touched by a male doctor if the treatment is more psychologically repugnant than death. 'Non videtur tamen virgo aegrotans (per se loquendo) teneri subire manus medici vel chirurgi, quando id ei gravissimum est, et magis quam mortem ipsam horret', (*Ibid*) Liguori adds however, that if a female doctor were available, the virgin would be obligated to undergo treatment.

²³ This was done with *ether*, as any textbook on the history of medicine will attest. As the Massachusetts General Hospital's website recalls it, 'On Oct. 16, 1846, William T.G. Morton, a Boston dentist,

¹³ Vitoria, *Comentarios a la Secunda Secundae de Santo Tomas* II:II q. 147, a.1.

¹⁴ D. Soto, *Theologia Moralis*, Tract. *De Justitia et Jure*, Lib. V q.2 a.1, in Cronin, *op. cit.* note 5, 38.

¹⁵ Dominicus Banez, *Scholastica Commentaria in partem Angelici Doctoris S. Thomae* II-II q. 65 a. 1, *ibid*: 42.

¹⁶ Lessius, *De Justitia et Jure* Lib. II, Cap. 9, dub. 14 n. 26, *ibid*: 45.

Yet these later moralists still emphasized the presence of intense subjective horrors of operations and this plays an important role in their moral evaluation. Consequently, even with the progress of modern techniques, *still* things like amputation were considered by post-Liguorian moralists to be extraordinary.²⁴

While this listing is not in any way exhaustive of all the moralists, it is indeed representative of the most noteworthy and from the cited examples one can gather a set of general criteria for making this important distinction.²⁵

Ordinary means: four elements

1. **Reasonable Hope of Benefit** (*Spes Salutis*): Considerations regarding hope of beneficial result are needed before something can be ordinary and obligatory.²⁶ It would be unreasonable indeed for someone to be morally obligated to something which offers little hope of benefit. This benefit must be proportionate, that is, it must be one of both *quality* and *duration*. Thus, even a common remedy, if it offers little hope or benefit, cannot be ordinary.²⁷ After all, no one is bound to the unprofitable (*nemo ad inutile tenetur*).

demonstrated the use of ether during surgery, ending the indescribable pain – and the overwhelming dread – that had been associated with the surgeon's knife . . . News of the discovery spread quickly, and within months it was hailed as the “greatest gift ever made to suffering humanity.” Available at: <http://neurosurgery.mgh.harvard.edu/History/gift.htm> [Accessed 25 April 2007].

²⁴ Lemkuhl writes: ‘. . . I think scarcely is a mortal sin committed by the one who, terrified of an amputation, refuses to submit to it . . . one should not omit the fact that *not the torments alone, which partly can be deadened now, but also great horror can be the reason why it would be licit to refuse a great operation* – I am not speaking now v.g. of cutting off a finger at its joint’. Augustino Lemkuhl, *Theologia Moralis*, v. I p. 345 (emphasis added). Likewise, Tanquerey argues that one does not need to conserve one's life through gravely inconvenient means – whether very painful or very distasteful. Adolph Tanquerey, *Synopsis Theologiae Moralis et Pastoris* (Parisiis, Desclee & Socii, 1953) III, p. 248 (emphasis added).

²⁵ See Cronin, *op. cit.* note 5, 85–116. While Cronin lists five criteria for ordinary means, I list only four because it seems the fifth ‘easy’ or ‘reasonable means’ (*media Facilia*) is implicitly included in 2, 3, and 4.

²⁶ Some of the notable theologians who endorse this criterion are Vitoria, Molina, Banez, De Lugo, The Salmanticenses, and Liguori.

²⁷ Cronin mentions that De Lugo even applies this criterion to food and water, ‘It is noteworthy that De Lugo applies this doctrine even to the taking of food which is a purely natural means of conserving life. In

2. **Common Means** (*Media Communia*): This is one of the most basic notions of ‘ordinary’. To conserve one's life does not necessitate going beyond what would be a *common diligence* or common means. Going beyond the usual or normal course of action increases the disproportion into the realm of the uncommon or extraordinary.
3. **Proportionate According to Status** (*Secundum Proportionem Status*): Ordinary means must be reasonable according to one's social or financial status. What may be an ordinary expenditure for a very rich man would not be an ordinary expenditure for most of us.²⁸
4. **Undemanding Means** (*Media Non Difficilia*): It is rather patent that ordinary means are not extremely demanding. This criterion is usually defined negatively, that is, it is easier to say what constitutes being too difficult and then negate that difficulty (i.e. *not* the tremendous pain of amputation, *not* the tremendous difficulty of selling all your possessions, etc.). We must note that it is *excessive* difficulty that the moralists intend here, not that ordinary means must be free of any difficulty at all. The idea is that the difficulty must be proportionate. There must be a balance here between the gravity of the moral law by which one is to conserve one's life, and the recognition that sometimes this obligation is very difficult to fulfill, ‘To ignore the gravity of the law prepares the way for neglect of duty. To ignore the difficulty involved in fulfilling the law fosters scrupulosity.’²⁹

We must note the relative nature of these standards. Age, financial status, psychological condition, geographical and temporal locale, etc., are all degreeable factors that prohibit establishing an absolute standard for what is meant by ‘ordinary means’. There simply is no *a priori* mechanism by which to

other words, for De Lugo, any means whether natural or artificial, must give proportionate hope of success and benefit, otherwise it is not an ordinary means and thus not obligatory.’ (Cronin, *op. cit.* note 5, 88).

²⁸ A man's social position may call for an exception here. Many moralists make this distinction Liguori mentions, that one need not undergo the extraordinary, ‘. . . unless he is necessary for the common good’ (*nisi tamen ea communi bono sit necessaria*; *Theologia Moralis*, Lib III. Tr. IV, Cap. 1 372).

²⁹ Cronin, *op. cit.* note 5, 97.

determine where to draw the line in all cases. As in other areas of ethics, there is no replacement for prudential judgment and there will always be some degree of inherent ambiguity in norms such as these. This is simply the nature of the case and the best that can be done here is to establish general principles.

We turn now to the criteria for extraordinary means, which also consists of inherently relative standards.

Extraordinary means: Five criteria

1. **Something Impossible** (*Quaedam Impossibilitas*) Means become extraordinary when they constitute a certain impossibility. As we said, this impossibility can be either *physical* (it simply cannot physically be done) or *moral* viz., 'a proportionately grave inconvenience which excuses from the present observance of the law.'³⁰

The next four are possible causes of the first:

2. **Great Effort** (*Summus Labor*) The duty to conserve one's life does not entail exerting a tremendous amount of effort. The most commonly cited example is that one is not required to move to the healthiest of lands or eat only the healthiest of foods.
3. **Enormous Pain** (*Igens Dolor*) The presence of an unreasonable amount of pain in a remedy is universally recognized as extraordinary by the moralist tradition. The most common example is amputation, yet we should consider that what was extraordinarily painful without anesthesia may not be so anymore. Yet not only are there other painful procedures today that may meet this criterion (i.e. aggressive cancer treatment?), even now with amputation there is the psychological factor to consider (see 5 below).
4. **Exquisite Means and Extraordinary Expense** (*Media Exquisita et Sumptus Extraordinarius*) The moralists have always accounted for extreme expenses and costly treatments. One is not obligated to spend an exorbitant amount of money to conserve their life. This criterion becomes more complex and crucial today with rising health care costs and uninsured patients.

5. **Severe Dread** (*Vehemens Horror*) This is an intense fear or very strong repugnance towards a certain means and we have seen this in the tradition with examples like virgins being treated by male doctors, a sickness causing revulsion towards food, and the subjective dread of amputation. On the question of amputation, it is true that while pain is perhaps no longer an issue in our present age, one could still argue that there may be a reasonable repugnance towards living with a mutilated body. Moreover, one can imagine other examples, i.e., perhaps if cannibalism were the only available sustenance,³¹ or if a man were trapped in a cave where the only source of food were maggots or something of this sort. Judging from their writings, it seems the moralists would readily categorize cases like these as extraordinary also.³²

So from the above we can see the origin and increasing maturity of the ordinary/extraordinary means distinction that was later to become instilled in the Magisterial teaching of the Church. We turn now to that magisterial development.

MAGISTERIAL TEACHING

With Pius XII's address on November 24, 1957 the distinction nurtured by the moralists was elevated to the level of papal teaching for the first time. Writing in response to three questions regarding resuscitation and the validity of Extreme Unction, Pius XII says:

But normally one is held to use only ordinary means – according to the circumstances of persons, places, times and culture – that is to say, means that do not involve any grave burden for oneself or another. A stricter obligation would be too burdensome for most people and would render the attainment of the higher, more important good too difficult. Life, health, all temporal

³⁰ Ibid: 100.

³¹ A situation that occurred recently – October 13, 1972 – when a Uruguayan rugby team flew across the Andes to play a game in Chile. The plane crashed in the mountains, leaving only a few survivors with their deceased fellow passengers as the only available source of food.

³² It should go without saying that an unreasonable fear (i.e. fear of needles) would not qualify. Again the prudential judgment is as applicable here as in other areas of ethics.

activities are in fact subordinated to spiritual ends. On the other hand, one is not forbidden to take more than the strictly necessary steps to preserve life and health, as long as one does not fail in some more serious duty.³³

John Paul II and his Magisterium have further promulgated the distinction. In 1980, the Sacred Congregation for the Doctrine of the Faith issued their *Declaration on Euthanasia*, which explicitly mentions the moralist tradition mentioned above. It is worth citing at length because it is the lengthiest magisterial teaching the Catholic Church has on the matter:

Everyone has the duty to care for his or her own health or to seek such care from others. Those whose task it is to care for the sick must do so conscientiously and administer the remedies that seem necessary or useful. However, is it necessary in all circumstances to have recourse to all possible remedies? *In the past, moralists replied that one is never obliged to use 'extraordinary' means.* This reply, which as a principle still holds good, is perhaps less clear today, by reason of the imprecision of the term and the rapid progress made in the treatment of sickness. Thus some people prefer to speak of 'proportionate' and 'disproportionate' means. In any case, it will be possible to make a correct judgment as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources. In order to facilitate the application of these general principles, the following clarifications can be added: – If there are no other sufficient remedies, it is permitted, with the patient's consent, to have recourse to the means provided by the most advanced medical techniques, even if these means are still at the experimental stage and are not without a certain risk. By accepting them, the patient can even show generosity in the service of humanity. – It is also permitted, with the patient's consent, to interrupt these means, where the results fall short

of expectations . . . It is also permissible to make do with the normal means that medicine can offer. Therefore *one cannot impose on anyone the obligation to have recourse to a technique which is already in use but which carries a risk or is burdensome. Such a refusal is not the equivalent of suicide; on the contrary, it should be considered as an acceptance of the human condition*, or a wish to avoid the application of a medical procedure disproportionate to the results that can be expected, or a desire not to impose excessive expense on the family or the community. – *When inevitable death is imminent in spite of the means used, it is permitted in conscience to take the decision to 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.*³⁴

In an address to a group of physicians in 1985, John Paul II addressed the topic of artificial prolongation of life and approaches this theme 'with two fundamental convictions, namely Life is a treasure; death is a natural event'. On the latter:

The physician is not the lord of life, but neither is he the conqueror of death. Death is an inevitable fact of human life, and the use of means of avoiding it must take into account the human condition. With regard to the use of ordinary and extraordinary means the church expressed herself in the following terms in the declaration I have just mentioned.³⁵

Finally, most recently, in an address on Saturday, 20th March 2004, John Paul II made a statement to the International Congress on Life Sustaining Treatments and said:

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, not a medical act. Its use, furthermore, should be considered, in

³³ Pius XII, *The Prolongation of Life: An Address of Pope Pius XII to an International Congress of Anesthesiologists*, Nov. 24th, 1957, reprinted in Cronin, *op. cit.* note 5, 312).

³⁴ Sacred Congregation on the Doctrine of the Faith, *Declaration on Euthanasia*; IV Due Proportion in the Use of Remedies, available at: Available at: http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html [Accessed 25 April 2007]. Emphasis added.

³⁵ Cronin, *op. cit.* note 5, 309. The Pope then cites the *Declaration on Euthanasia* passage above.

principle, ordinary and proportionate, and as such morally obligatory, 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.

The obligation to provide the 'normal care due to the sick in such cases' includes, in fact, the use of nutrition and hydration. The evaluation of probabilities, founded on waning hopes for recovery when the vegetative state is prolonged beyond a year, cannot ethically justify the cessation or interruption of minimal care for the patient, including nutrition and hydration. Death by starvation or dehydration is, in fact, the only possible outcome as a result of their withdrawal. In this sense it ends up becoming, if done knowingly and willingly, true and proper euthanasia by omission.³⁶

This last statement has caused many a raised eyebrow for contemporary moral theologians. It seems John Paul II, at least in his personal opinion as theologian, wishes to categorize all cases of food and hydration as ordinary means which would seem to depart from centuries of Catholic teaching. Various attempts have been made at reconciliation, yet some Catholic moralists simply do not see the need since this is not a definitive teaching by the Pope but only his opinion as theologian.³⁷ We will not pursue this

³⁶ Address of John Paul II to the Participants in the International Congress on 'Life Sustaining Treatments and Vegetative State Scientific Advances and Ethical Dilemmas', available at: http://www.vatican.va/holy_father/john_paul_ii/speeches/2004/march/documents/hf_jp-ii_spe_20040320_congress-fiamc_en.html [Accessed 25 April 2007].

³⁷ For example, Rev. John J. Paris, a bioethics professor at Boston College said the Pope's address 'is a statement that was issued by the pope at a meeting of [an] international association of doctors last year in Rome. This was really a meeting of very right-to-life-oriented physicians. It was an occasion speech. The pope meets 150 groups a week – a group comes in and the pope gives a speech. If the pope tells the Italian Bicycle Riders Association that bicycle riding is the greatest sport that we have, that doesn't mean that's the church's teaching, that the skiers and tennis players and golfers are out. It wasn't a doctrinal speech . . . It has to be seen in the context. This has to be seen in the context of the pope's 1980 Declaration on Euthanasia, which says that one need not use disproportionately burdensome measures to sustain life'. Paris then cites the moralists saying that a man is not obligated to eat the best of foods, 'Here's the example one of the moralists of the 16th century gave: if you could sustain your life with partridge eggs, which were very expensive and exotic, would you be obliged to do so? The answer is no, they're too expensive. They're too rare. You can't get them. They would be too heavy an obligation to put on people'. and that for 400 years the Roman Catholic moral tradition has said that one is not obliged to use

issue here. We can say with confidence however that the *Declaration on Euthanasia* cited above by the Congregation for the Doctrine of the Faith was issued to all the faithful and certainly represents the magisterial teaching of the Church. We also should add that this declaration cites the moralist tradition. The teachings of the Church have emerged from her moral tradition and can only be adequately understood in light of that moral tradition.

WHAT ABOUT ARTIFICIAL NUTRITION AND HYDRATION?

Our next concern is how to apply the ordinary/extraordinary means distinction to contemporary dilemmas. The present-day debate often revolves around the issue of artificially administered food and water. Is the use of artificial nutrition and hydration (ANH) a case of extraordinary means? The *Declaration on Euthanasia* does not, in any definitive manner, clarify the matter one way or the other. Yet even though the Catholic Magisterium does not have any definitive teaching on the matter, can we get some indication from the moral tradition?

It seems we can. While the circumstances today go far beyond what the moralists had envisioned, their principles are nonetheless applicable. As we have seen above, the moralists were well aware that things like food, air, and medicine, were normally necessary and obligatory means. However, this tradition also recognized that sometimes even common measures like food and water could nonetheless become extraordinary:

. . . the moral tradition of the Church recognized that there were certain conditions when, for a particular individual, *the taking of food by mouth by a conscious person was not seriously obligatory*.³⁸

disproportionately burdensome measures to sustain life. When asked if the Schiavo situation qualifies as extraordinary means, Paris applies the traditional understanding and says, 'Fifteen years of maintaining a woman [on a feeding tube] I'd say is disproportionately burdensome, yes'. See 'No Moral Sense', available at: <http://www.msnbc.msn.com/id/7276850/site/newsweek/> [Accessed 25 April 2007].

³⁸ Albert Moraczewski O.P. 1989. The Moral Option Not To Conserve Life Under Certain Conditions: An Application of the Principles. In Cronin, *op. cit.* note 5, 244, emphasis added.

We should recognize that the moralists were talking about people who were *conscious*. There simply was no way to feed a comatose person in their day. A person following these teachings could very well have died from lack of nutrition if the ailment failed to get them first. Thus, the moralists think it is sometimes permissible for a conscious person to omit taking food by *mouth*. Now obviously ANH differs quite a bit from normal eating; to wit; professional expertise and guidance is necessary to insert the feeding tube and to decide how much and what type of food to provide, skilled supervision is necessary to limit undesirable side effects, and financial considerations are quite different from normal eating and drinking. In artificial feeding, a tube may be inserted in the nose or mouth or directly into the stomach. ANH may also mean the introduction of food intravenously and if needed for a long time, it requires a special surgical procedure which requires a team of specialists.³⁹ So it seems that if there are cases where a conscious person may not be obligated to take food by mouth, then *a fortiori* there are cases where an unconscious person may at times not be obligated to ANH.

This same point also shows that contemporary positions on 'benefit' like that of William May, are difficult to reconcile with centuries of Catholic teaching. May elevates the goods of the body to the level of a great intrinsic good, where 'benefit' for the person means simply keeping the person alive.⁴⁰ For May, ANH achieves precisely the benefit it is supposed to by preserving a status quo of minimal physiological function and hence such treatment is ordinary and morally obligatory for PVS patients. Opposed to this is the position of Kevin O'Rourke and Benedict Ashley,⁴¹ who hold the traditional Thomist view that the goods of the body are only proximate and should be subordinated to the higher goods of the human being. 'Benefit' here is defined

in terms of the more ultimate end, 'to prolong life, therefore, is of benefit only when it gives the person opportunity to continue to strive to achieve the spiritual purpose of life [its cognitive-affective function]'.⁴² With this understanding, ANH for a PVS patient with no reasonable hope of recovering their cognitive-affective function does not offer any hope of benefit, and so ANH is extraordinary for such PVS patients. Since it contains more qualifications and goods, let us call O'Rourke and Ashley's position 'benefit' in the *strong sense* and May's position as 'benefit' in the *weak sense*. While we cannot expect too much from a 400 year old tradition that lacked the opportunity to directly address this issue, nevertheless what they did say and the context within which they said it is at least enough to bolster O'Rourke and Ashley's moral determination. The moralists could not have understood 'benefit' to be a mere prolongation of the vegetative state. A conscious prolongation of life was the only prolongation possible, and as we have seen, even conserving this kind of 'benefit' could be non-obligatory. Looking back we see that women highly conscious of chastity need not see a male doctor if the treatment were more repugnant than the consequence of their illness, that a man need not preserve his life by an extravagant expenses, very painful procedures, or even eating if an illness made food appear to be exceptionally repulsive. Vitoria argues that even if one could 'benefit' (in the strong sense) by more healthful air in India, or by moving to a more healthful city, one should not be worry about an obligation to such extremes and 'indeed, neither did God intend us to be so worried about a long life'.⁴³ It seems patent that in all of these examples, the burden is not as proportionately heavy relative to the benefit as ANH is to spending the rest of one's life in a PVS state (in other words, if faced with a choice between an expensive relocation that conserves cognitive-affective life versus a perpetual ANH treatment that conserves only a PVS state, most would prefer the relocation, etc.) If such

³⁹ Sue Rodwell Williams. 1995. *Basic Nutrition and Diet Therapy*. 10th Ed. St. Louis: Mosby: 329f.

⁴⁰ William May. 2000. *Catholic Bioethics and the Gift of Human Life*. Huntington. Our Sunday Visitor: 263–270; cf. 'Criteria for Withholding or Withdrawing Treatment' *Linacre Q* 1990: 57.

⁴¹ For example see Kevin O'Rourke. The Catholic Tradition on Forgoing Life Support. *Natl Cathol Bioeth Q*; 2005; 5: 537–553 and Kevin O'Rourke and Benedict Ashley. 2005, *Health Care Ethics: A Theological Analysis*. 1997. Washington D.C: Georgetown University Press: 419–428.

⁴² Ashley and O'Rourke, *Health Care Ethics*, Washington D.C: Georgetown University Press: p. 426. See n. 8 in this essay for a text from Aquinas on this subordination.

⁴³ Francisco Vitoria, *De Homicidio XXXIII* taken from 1997. *Reflection on Homicide and Commentary on Summa Theologiae II-II Q. 64*. tr. John Doyle. Milwaukee. Marquette University Press: 103.

examples of relatively *less burdensome* means for conserving a *stronger benefit* are nevertheless extraordinary, then why not other cases (like ANH and PVS) where relatively *more burdensome* means conserve only a *weaker benefit*?

To state the broader moral issue another way, what many of these situations involve is using technology to skirt an obstacle to nutrition or breathing, *but when does the obligation to skirt the obstacle cease?* Space does not permit a full elaboration of those instances, even if such a list were possible. But it would perhaps behoove contemporary Catholic ethicists to make more use of these traditional guidelines. For example, today's expensive and increasing health care costs and the number of the uninsured, the financial status of people to pay for long term life support is increasingly a moral concern as it adds to the burden of family and society. One may object to this financial status criterion, which will likely invoke feelings of 'choosing money over human lives' or valuing money over life. This need not be the case. It is not the financial concerns *per se* that is at issue, but the benefit of one life versus the benefit of other lives. *One human life is not so valuable that it warrants extreme expenditures to the disproportionate detriment of others.* The denial of this would easily reduce to absurdity. As technology becomes better at supplementing human life and health care becomes more unaffordable, one can envision massive hospital like structures with thousands of permanently comatose patients, anencephalic infants, etc., being maintained on life support for the remainder of their lives.⁴⁴ If we push and ask what is gained from this scenario, an extreme pro-life apologist, following the technological imperative, will likely say something about a witness to human life. But this 'benefit' is either towards the patient or to others, both are dubious and the latter especially so since it also appears to unjustly disregard the patient. Moreover, such an imperative would seem to break apart under the possibility of more extreme examples where 'benefit' amounts to terror, like in the case of the

injured soldier mentioned by the popular rock band, *Metallica*:⁴⁵

Landmine Has Taken My Sight
Taken My Speech
Taken My Hearing
Taken My Arms
Taken My Legs
Taken My Soul
Left Me with Life in Hell

Fed Through the Tube That Sticks in Me
Just like a Wartime Novelty
Tied to Machines That Make Me Be
Cut this Life off from Me

Hold My Breath as I Wish for Death
Oh Please God, Wake Me

Nor does it seem to me to be the case that the moral tradition is *ipso facto* bound to adopting utilitarian quality of life standards. It is not a statement that a person's life no longer has any value or worth; rather, it is the recognition 'of the human condition and that the *benefit* to the individual is truly outweighed by the *burden* of the total effort required to supply nutrition and hydration'.⁴⁶ This condition does not make them 'less human' because their quality of life is diminished, rather, it is simply that the obligation to conserve any human life, as valuable as it is, is an affirmative precept and does not bind under extreme circumstances. The tradition holds that no human life is so valuable that one must go to extreme measures to conserve it. Any variance or relativity is *per accidens*, it is in what constitutes the 'extraordinary', not in the human nature itself. So objections like the following are a standard *non sequitur*:

Hardly anyone really believes that all human life is of equal worth. The rhetoric that flows so easily from the pens and mouths of popes, theologians, ethicists and some doctors is belied every time these same people accept that we need not go all

⁴⁴ This is not to say there are not distinctions that could be made even here; i.e. the difference between a family's ability to pay versus society's ability to provide insurance, yet it seems to me the possibility of excessive burden remains in both.

⁴⁵ Giving new meaning to the *vehemens horror* criterion, the song 'One' is based on Dalton Trumbo's 1939 novel *Johnny Got His Gun*, which tells the story of Joe Bonham, an American WWI soldier maimed from an explosion that removes not only his arms and legs but also his ears, eyes, nose, and mouth, leaving him deaf, blind, and mute. Only after time does Bonham slowly realize the nature of his condition, and he eventually learns to communicate through Morse code by tapping his head against a pillow.

⁴⁶ Moraczewski, in Cronin, *op. cit.* note 5, 275.

out to save a severely malformed baby; that we may allow an elderly man with advanced Alzheimer's disease to die from pneumonia, untreated by antibiotics; or that we can withdraw food and water from a patient in a persistent vegetative state.⁴⁷

There is no incompatibility with holding 1) that human life is equally valuable, and 2) no human life is so valuable that it necessitates extreme means of conservation. Nor does it follow from these that one cannot also hold 3) it is sometimes the case that the means for conserving human lives are not equally burdensome. One can be perfectly consistent in holding all three propositions to be true. A five-dollar bill in my pocket is equally valuable to a five-dollar bill that has just accidentally blown out of my hand into Lake Michigan, even if I decide the means for recovering and conserving the blown away dollar are disproportionately burdensome. No five-dollar bill is worth renting a boat and scuba gear to preserve it, and no human life morally necessitates extravagant means of conservation either.

No one likes the idea of 'dying of thirst' or 'starving to death', and there is no question that food and water carry an immense psychological importance. Yet, it seems a distinction is in order. There is a clear difference between an unwilling illness or injury severely impairing one's ability to eat versus a willed starvation of someone not in such a condition. Not providing food to someone who can eat by ordinary means is one thing, and most sinful, while not using excessively expensive or burdensome techniques to override an obstacle raised by a person's damaged condition with little to no hope of recovery is another. To say that both, in every case, are an unequivocal 'starving someone to death' is obstructive rhetoric.⁴⁸ In fact, those who are inclined to thinking all ANH is ordinary at all times seem to be also committed to breathing. Both food and air are necessary for life – the main difference is time. Surely to remove the ventilator is not to 'suffocate

one to death'.⁴⁹ The proper intention here is to stop the disproportionately burdensome means that are not resulting in a proportionate benefit. Death is foreseen, but unintended.

But doesn't all this open the door to pro-euthanasia elements? Admittedly this is serious consideration and should not be brushed aside. While it is true that pro-euthanasia parties may exploit positions for advancing their cause, nonetheless this should not hinder proper moral determinations. *Abusus non tollit usum*.⁵⁰

CONCLUSION

It is worthwhile to look at the development of this distinction, from its embryonic form to its more mature magisterial teaching. Studying the moralist tradition that has developed under the watchful eye of the Church can give us valuable insight into certain fundamental principles, and these principles serve as the base for further legitimate development and a guide for contemporary applied instances.

One last point is worthy of mention. It is tacit that the moralist tradition was much less concerned with 'surviving' than many people are today, in fact it would not be surprising that they would see some of the positions of their fellow 21st century Christians as an implicit denial of an afterlife. Life is indeed valuable and one is morally obligated to conserve it, but laws are ordinances of reason and thus it is fitting that their observance be in accord with reason as well. It is an excessively secular outlook and an erroneous anthropology that sees death as the

⁴⁷ Peter Singer. 1994. *Rethinking Life and Death: The Collapse of Our Traditional Ethics*. New York: St. Martin's Press: 190.

⁴⁸ Along these same lines, Moraczewski makes a distinction between a *physical* cause of death (the biological sequence of events that lead to the person's death) and the *morally responsible* cause (the decision of a person who initiates or omits an action that leads ultimately to a person's death). To be one is not to be the other.

⁴⁹ Arguments that draw a distinction between *replacing* a vital function (like what a respirator does) and providing *sustenance* to a vital function (like what ANH does) are unconvincing. First, because it is not exactly clear why the removal of one is more vicious than the other (physical distinctions are not necessarily moral distinctions), but more importantly because the distinction is simply invalid in this case. I see no reason why ANH cannot be said to replace the vital functions of the esophagus and the activity and coordination of the muscles that control chewing and swallowing.

⁵⁰ Abuses aside, the problem could be quite the opposite. One could argue that an absolutist position which demands drawing out the dying process by a prolongation of the minimum of physiological function through human ingenuity in effect fuels the euthanasia movement by invoking fear in the elderly who would likely see such a state as dehumanizing, a burden of indignity, and would much prefer to die 'normally' than to spend the remainder of their lives hooked up to tubes and machines. The acquisition of such a voting bloc would be significant.

termination of meaning and joy and it is perhaps a paradox that secularists lean towards the death/euthanasia side while those who believe in an after-life place an excessive emphasis on life this side of the grave. Yet, the moral tradition of which I have been speaking is based on an integral view of the person and does not fail to consider one's spiritual dimension. This traditional recognition is manifest in Pius XII's statement, 'A stricter obligation would

be too burdensome for most people and would render the attainment of the higher, more important good too difficult. Life, health, all temporal activities are in fact subordinated to spiritual ends.'⁵¹ Perhaps this last principle is the most forgotten and yet most important of all.

⁵¹ Pius XII, cited above in note 33.