

Recent statements by Compassion & Choices regarding the United States Conference of Catholic Bishops' revision of Directive #58 of the *Ethical and Religious Directives for Catholic Health Care Services* are not merely unfortunate, they seem to be deliberately misleading and unnecessarily anxiety-producing. This is especially true of its November 27, 2009 statement in which Ms. Coombs Lee, president of Compassion & Choices, also quotes the Catholic Health Association in a highly selective and one-sided manner. While there is much in the Compassion & Choices statements that deserves to be challenged, we will focus only on those misleading claims in the November 27th statement that relate directly to Directive #58 itself.

First, Compassion & Choices claims that the “directive ... could bring distress and grief to hundreds of thousands of American families” because it could “bring an equivalent of Terri Schiavo’s tragedy to 300,000 families each year.” The only possible purpose for such hyperbole seems to be to create anxiety on the part of patients and family members. While it is estimated that over 200,000 people in this country receive a feeding tube every year, the vast majority of these individuals will not be affected by the revised directive since for these patients feeding tubes are a temporary measure. Regarding many others, the directive acknowledges that in the actual circumstances facing a given patient, medically assisted nutrition and hydration might not be appropriate. It insists, however, that the belief that a patient is never likely to regain consciousness is not in itself a sufficient reason for withdrawing nutrition and hydration. It is problematic to characterize this as bringing distress and grief to countless families.

Second, Compassion & Choices claims that “Directive #58 says *everyone* who needs a feeding tube to stay alive must have one surgically implanted, and *keep it indefinitely*” (emphasis added). This is false. While the directive explains that there is a moral obligation to provide nutrition and hydration, even when administered medically, it also recognizes that this obligation is not absolute and that the use of these measures must be assessed with regard to their benefits and burdens to the patient. The directive explicitly states that there are exceptions to the obligation: With regard to dying patients, nutrition and hydration may be deemed to be excessively burdensome to the patient or may provide little or no benefit, in which case they become morally optional. With regard to patients in a chronic condition, the obligation could also become morally optional if providing nutrition and hydration becomes excessively burdensome or causes significant physical discomfort (e.g., medical complications resulting from the use of medically administered nutrition and hydration). The directive is unequivocally clear that not everyone must employ a feeding tube or, when employed, that it must be used indefinitely.

Third, Compassion & Choices claims that “the language about balancing is gone.” This too is false, as can be seen by the actual wording of the directive: “medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life **or** when they would be excessively burdensome for the patient **or** cause significant discomfort.” The balancing of burdens and benefits is clearly present. The revised directive does not offer new teaching but rather clarifies the meaning of the

language previously used in the directive, that there is a “presumption in favor of providing nutrition and hydration to all patients.”

Fourth, in various places in the statement, Compassion & Choices claims that Catholic hospitals and nursing homes will not respect advance directives and will impose feeding tubes on those who don’t want them. In fact, Catholic hospitals and nursing homes are committed to respecting patients’/residents’ advance directives. This commitment is supported by the *Ethical and Religious Directives* themselves. Directive #28 notes that “the free and informed health care decision of the person or the person’s surrogate is to be followed so long as it does not contradict Catholic principles.” And Directive #59 echoes this: “The free and informed judgment made by a competent adult patient concerning the use or withdrawal of life-sustaining procedures should always be respected and normally complied with, unless it is contrary to Catholic moral teaching.” Given what was said above, there will be very few instances in a Catholic health care organization when a request for the removal of a feeding tube will not be consistent with Directive #58. In those rare instances when the Catholic health care organization is not able to comply with an advance directive, *it is not permitted* to impose medically administered nutrition and hydration contrary to the patient’s wishes. Instead, other options would be explored.

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