

A POPE'S TEACHING CLOSES A LOOP

The papal allocution of 2004 regarding tube feeding does not contradict the teaching of Pope Pius XII, but rather complements it by closing a loop that completes a doctrine about the dignity of human life and appropriate medical treatment. Pius XII addressed himself to this by considering invasive measures of resuscitation to *save* a life and John Paul II did so by rejecting measures used to *terminate* life.

Since Aristotle, the moral act is said to be composed of three essential elements: the end (or purpose), the object (the action) and the circumstances. Most of us who study the distinction between ordinary and extraordinary means do so with the understanding that the distinction hinges on the circumstances of a given case. And those who recognize the evil of euthanasia realize that *intentions* and *actions* directed at the termination of life (as opposed to the question of termination of treatment) confine our consideration to this third font of morality, circumstances.

In Europe, this is no longer the presumption. Five months prior to the 2004 papal allocution, two member nations of the European Union, The Netherlands and Belgium, independently passed legislation permitting involuntary active euthanasia across the life cycle from early abortion to termination of life at any point and, really, for nearly any reason. (This precipitated an enormous constitutional crisis for the nascent EU, as other member nations forcefully reject such practice.) In the national debates of The Netherlands and Belgium, at issue was the explicit *intent* (first font of morality) to remove artificial nutrition and hydration (ANH) from unconscious patients *in order to terminate their lives*. Removal of ANH as a means of euthanasia was precisely one of several means of ending the lives of patients.

The CDF's 1980 *Declaration on Euthanasia* defines euthanasia as "an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated. Euthanasia's terms of reference, therefore, are to be found in the intention of the will and in the

methods used." Nothing here about circumstances, but all about intention and methods (means). The question posed to Pope John Paul II was addressed to a cultural environment of legalized euthanasia and so to the intention of terminating *life*, not treatments. In the vast majority of clinical settings outside of Europe, we are grappling with termination of treatment deemed inappropriate, extraordinary, over-the-top, overly burdensome, disproportionate, no longer effective, *unreasonable . . . not life itself*.

On the face of it, the 2004 allocution of Pope John Paul seems jarring and dissonant when placed alongside the more than 400-year tradition of the ordinary/extraordinary means distinction, culminating with the 1957 allocution of Pope Pius XII. In fact, John Paul is not revisiting the question of the distinction at all, but is, rather, answering the question as to whether feeding tubes may be withdrawn with the intention of terminating the life of the patient. Pius XII was responding to the question of whether the newly developed attempts at resuscitation (far from lethal in intent) were ordinary or extraordinary means or not. Two different scenarios and cultures.

Pope John Paul never mentioned the role of circumstances in decisions to terminate ANH; Pius XII had already dealt with that matter. John Paul was stating that an intention to terminate the *life* of the patient (as opposed to termination of a no longer reasonable course of *treatment*) poisons the entire clinical scenario. He spoke of intentions and moral objects, not circumstances. As a moral act, the removal of a feeding tube is indifferent, but can be "poisoned" by an immoral intention, just as the same scalpel can be used skillfully in surgery or for murder.

So, the dignity of human life has been addressed on two fronts. Pope Pius XII defends life's dignity in light of aggressive attempts to preserve life. Pope John Paul II does so in light of attempts to legitimize of all means of preserving life precisely to achieve the death of the patient. ■

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