

Boycott

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noted, that Nestlé dropped in 1972.

Nestlé, which controls approximately 50 percent of the infant-formula market in the Third World, was chosen as the main target for the boycott.

The problem, organizers of the original boycott claimed, was that by providing free formula, formula manufacturers encouraged women to bottle feed rather than breast feed their babies. In fact, organizers said, because the babies were bottle fed in the hospitals where they were born, even if their mothers chose to breast feed at home, they found it difficult to switch once they left the hospital.

But once free supplies of formula ran out, families were forced to purchase the expensive formula, causing economic hardship, the organizers claimed. To save money, some mothers over-diluted the formula, leading to malnutrition in their babies. Furthermore, boycott organizers claimed, when contaminated water was used to mix the formula, the result was diarrhea and disease — and ultimately death — in millions of infants.

Under the terms of the 1981 WHO code, companies could no longer promote or advertise their infant-formula products. In addition, the code restricted the amount of free formula that could be made available in Third World countries. Under worldwide pressure, Nestlé agreed to abide by the code in 1984.

At the heart of the current dispute is a disagreement over the meaning of key

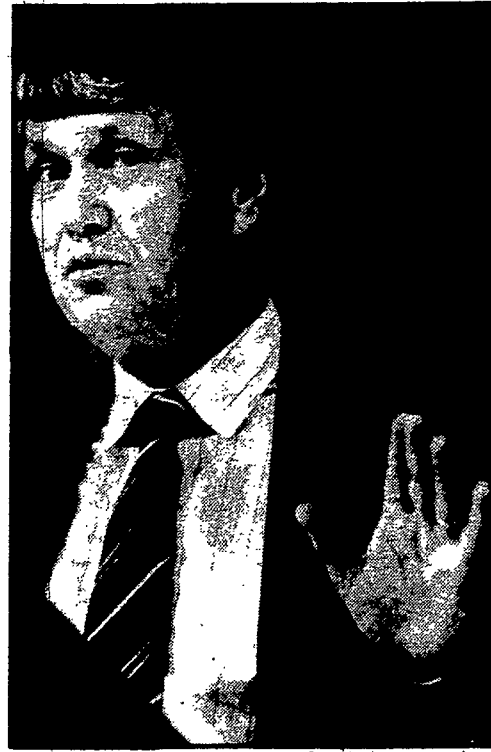
passages in the WHO code. Article 6.6 states that the free formula supplies should be donated only to institutions and only for infants who — for medical reasons or because the mothers were unable to nurse them — must be fed on "breastmilk substitutes" — the term used by the code to refer to formula. According to WHO estimates, only 5 percent of babies fall into this category.

Some of the conflict stems from question regarding the use of the word "institutions" in the code. Nestlé interpreted that term to include hospitals, while opponents contended that hospitals were not to be included.

In 1986, the WHO assembly approved resolution 39.28 to clarify Article 6.6. The resolution urged governments to ensure that breastmilk supplies for hospitals be obtained through normal channels and procedures — that is, purchased — not provided free by manufacturers. Boycott supporters contended that only such institutions as orphanages should receive free supplies.

In his presentation and in response to questions, Jackson said that when the WHO code was originally issued and when Nestlé agreed to comply with it, company officials asked WHO to clarify some of these issues. He said the company did not receive an immediate response and instituted guidelines of its own.

When WHO issued the 1986 resolution, Jackson said, the company agreed to follow it. But, he said, the resolution places responsibility for implementing its provisions in the hands of governments, not of the manufacturers.



Babette G. Augustin/Staff photographer
Nestle spokesman Thad Jackson, Ph.D., answers questions from audience members.

Boycott organizers claim that the company is using this argument to evade the regulations, thereby continuing to supply free formula to hospitals. According to the International Baby Food Action Network, an independent Malaysian organization that monitors compliance with the code, Nestlé has repeatedly violated key areas of the code as recently as 1989.

The result of these violations, boycott organizers contend, is continuing, unnecessary deaths among Third World in-

fants. Clarke cited a report given July 31, 1990, at a WHO/UNICEF conference held in Florence, Italy, which estimated that 1.5 million babies in developing nations die each year as a result of bottle feeding.

Jackson said boycott organizers inflate the number of infant deaths due to bottle feeding — sometimes quoting figures as high as 10 million deaths per year. In reality, he said, "infant formula plays a very small role in infant deaths in the Third World. It's ignorance, it's poverty, it's diseases that are killers of these children."

Jackson said Nestlé had formed a commission headed by the late Sen. Edmund Muskie to investigate alleged violations of the code. In fact, as questioners raised accusations, Jackson repeatedly responded that the cases should be brought to the attention of the "Muskie Commission."

In addition, he said, Nestlé is now testing the consequences of withdrawing free supplies of formula in Guatemala and the Ivory Coast to determine what effects formula distribution has on the infant mortality rate. He said the company is also distributing to Third-World mothers educational material on health care and nutrition, and is looking for ways to improve literature already in circulation.

The forum ended with Jackson and questioners tossing conflicting claims back and forth, and with tempers obviously flaring.

In assessing the forum the next morning, Finks acknowledged that the forum had not gone to his satisfaction.

"There certainly was a lot going on back and forth," Finks observed. "I was a little disappointed that it still seemed to be set pieces."

'Right'

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one is not obligated to resuscitate patients whose hearts have failed if the patients have already suffered the collapse of other vital organs.

As the Vatican's 1980 *Declaration on Euthanasia* pointed out, however, "extraordinary means" may no longer be helpful in describing the boundary one need not cross to keep a patient alive.

"(E)xtremely means ... as a principle still holds good, (but) is perhaps less clear today by reason of the imprecision of the term and the rapid progress made in the treatment of sickness," the document stated. "Thus some people prefer to speak of 'proportionate' and 'disproportionate' means."

But switching terms does not appear to simplify decision making. Given that the church clearly defines "mercy-killing" or euthanasia as murder, how can a Catholic decide whether to authorize the withdrawal of nutrition and hydration from a comatose relative who seems to have little chance of recovery, and who had expressed the wish to die under such circumstances?

As Father Gouldrick explained in his talk, "some maintain that nourishment

through feeding tubes is always minimal care owed to all patients." He went on to point out, "in our Catholic tradition, ... the minimum we owe persons in order to preserve their human dignity is to provide them with food, clothing and shelter."

Yet other observers have argued that feeding tubes are "extraordinary means" because they protect patients from the inevitable death that would result from an inability to swallow.

The priest maintained that he cautiously pitches his tent in a third camp wherein feeding tubes lie "on the cusp of medical treatment and personal care."

While stating that the provision of nourishment should always be a paramount concern, "this third position realistically admits that at times, patients may not be accessible to personal care. When this occurs, then care can be discontinued."

"For example," Father Gouldrick continued, "if a patient's suffering is increased through the continued introduction of food into the system, then it is only humane to stop the process. Or if the patient is imminently near death, and nourishment can no longer sustain the patient's life, then it is only reasonable to discontinue it."

In this debate, it is possible for a Catholic to hold a position that differs from that of a fellow believer, according to

Marvin Mich, a member of St. Mary's Hospital ethics committee and associate professor of theology at St. Bernard's Institute in Rochester.

Noting that he believes one must evaluate the withdrawal of nutrition and hydration on a case-by-case basis, Mich remarked: "It's kind of like the war and peace question. You can be a pacifist, or you can support the just war ethic and still be a Catholic."

Dr. Barbara Fredericks, another participant in the St. Mary's forum, hardly agrees with such hair-splitting approaches to the morality of withdrawing nutrition and hydration from a comatose patient.

"I think there's a heck of a difference (between) hook(ing) up a person to 40 different machines and ... giv(ing) people nutrition," she said in an interview after the forum. She further observed that nutrition and hydration "have never been considered medical treatment."

Dr. Fredericks observed, "I know from dealing with patients ... that dying a death from nutrition and hydration (withdrawal) is a horrible death."

Attorney Scott C. Smith, a member of the board of directors of the St. Thomas More Lawyer's Guild, told the *Catholic Courier* that people always decline to draw up living wills once he tells them just what

it means to withdraw nutrition and hydration.

"I think people have a media idea of what it's like to die from dehydration," Smith said in a telephone interview from his Canandaigua office. He echoed Fredericks' statement that providing nutrition and hydration to comatose patients is a duty, not an option.

On the other hand, spokeswoman for St. James Mercy Hospital in Hornell and St. Joseph's Hospital in Elmira acknowledged that there are no hard and fast rules when it comes to the question of withholding vital medical treatment from a patient.

"I honestly feel that unless you take a case by case discussion, it's impossible to say what we're going to do," said Sister Marie Michael Miller, vice president for general services at St. Joseph's.

Sister Augustine Malley, chairman of St. James' pastoral care department, concurred. "I think you have to use an informed conscience," she said, adding, "if you wanted a black and white answer, I can't give it."

Both sisters applauded New York's health-care proxy law, and dismissed criticism that it opens the door to the prospect of legalized euthanasia. "I think anybody who does not work in a hospital setting doesn't understand all the ramifications," Sister Malley said of those who criticized the law.

Father George Norton, a diocesan spokesman who also serves as chaplain at Rochester's Genesee Hospital, recalled numerous cases in which families and patients have asked for his counsel when considering what treatment they should pursue in the case of possible death.

Outlining his approach to the ethical dilemmas presented by such situations, he said: "I have to rely as a chaplain on the advice of the medical people as to what the prognosis of the patient is (in terms of) the hope of him returning to any kind of quality of life."

Father Norton welcomed the health-care proxy law, but acknowledged that it is far from easy to counsel people on the matters covered by the new law.

"Life is sacred, and not something you can play with," he concluded.

Documents set criteria for removing food, water

Although the U.S. bishops have issued no definitive statements on the ethics surrounding the withdrawal of nutrition and hydration from irreversibly comatose patients, several documents are available for Catholics to glean. One of the most explicit was issued several months ago by the bishops of New Jersey.

"If the withholding or withdrawal of nutrition is intended to cause or hasten death, the intention then is euthanasia and the withholding or withdrawing is morally impermissible," the bishops stated, adding "(In such cases, discontinuing nutrition and hydration does not simply allow the patient to die from some existing pathology, but introduces a new cause of death, that is, starvation

and dehydration."

The New Jersey bishops said nutrition and hydration may be withheld from "unconscious, imminently dying patients," and also from conscious patients in the same circumstances, although it may be provided to the conscious if they so desire.

Also as long as they do not constitute an "unreasonable burden" to a patient, nutrition and hydration should be given to the conscious, irreversibly ill patient who is not imminently dying. Unconscious, non-dying patients should also be supplied with nutrition and hydration as long as such nutrition imposes no unreasonable burden, the bishops said.

For information about other docu-

ments on the ethics surrounding life and death issues, call the National Conference of Catholic Bishops Pro-life Activities Committee at 202-541-3000, or write to: 3211 Fourth St., Washington, D.C. 20017-1194. The committee issued "Guidelines for legislation on life-sustaining treatment" in 1984, and plans to issue a document on the issues dealt with above sometime next year.

In addition, Marvin Mich, a theology professor at St. Bernard's Institute, will speak on "Life and Death Issues" on Sunday, Sept. 30, at 10 a.m. in Room 11 of Blessed Sacrament School in Rochester. For information on the lecture, call 716/271-7240.

— Rob Callivan