

# Issue lacked context on statement

In its articles on the pope's remarks about end-of-life decisions, the *Courier* issue of July 2004 unfortunately failed to quote pertinent parts of the pope's statement. Moreover, it omitted any references to Bishop Elio Sgreccia, the pope's top adviser on bioethics. Since Bishop Sgreccia was undoubtedly involved in the writing of the pope's statement, his remarks before and after the congress at which the pope spoke are crucial for understanding what Pope John Paul actually intended. Here are the facts.

On March 16, 2004, Bishop Sgreccia expressed the opinion that artificial hydration and nutrition for patients in a persistent vegetative state (PVS) is "simply care" and not medical intervention.

About a month after Bishop Sgreccia's talk, the International Congress of the Pontifical Academy for Life and the International Federation of Catholic Medical Associations met in Rome from March 17-20, 2004, to consider the issue of "Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas." On March 20, the last day of the congress, Pope John Paul II addressed the participants.

He began by pointing out that "the complex scientific, ethical, social, and pastoral implications (of the clinical condition called the vegetative state) require in-depth reflection and a fruitful interdisciplinary dialogue, as evidenced by the intense and carefully structured programme of your work sessions." As an important element of that dialogue, he went on to express his teaching on this issue. "Our brothers and sisters who find themselves in the clinical condition of a 'vegetative' retain their human dignity in all its fullness. ... The sick person in a vegetative state, awaiting recovery or a natural end, still has the right to basic health care (nutrition, hydration, cleanliness, warmth, etc.), and to the prevention of complications



Msgr. William H. Shannon.

related to his confinement to bed" (See *Origins*, April 8, 2004, vol. 33, no. 43, No. 4).

I would summarize the points of his talk as follows:

1. Being in a vegetative state does not diminish "the intrinsic value and personal dignity" of a person. "A man (sic), even if seriously ill or disabled in the exercise of his highest functions, is and always will be a man, and he will never become a 'vegetable' or an 'animal.'" Even those in a vegetative state "retain their human dignity in all its fullness."

2. "The administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act." To withhold it would be euthanasia by omission.

3. "Its use should be considered, in principle, ordinary and proportionate, and as such morally obligatory, insofar as and until it is seen to have attained its proper finality, (italics added) which in the present case consists in providing nourishment to the patient and alleviation of his suffering." (Does the pope's use of "in

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principle" mean generally speaking, but not always?)

4. Positive actions need to be taken "against pressures to withdraw hydration and nutrition as a way to put an end to the lives of these patients."

5. It is necessary to give support and pastoral aid to families with a loved one in such a condition."

The pope's position has to be put in the context of his vigilant defense of life, both at its beginning and at its end, and his serious concern — a concern we should all share — that health-care providers not fall into the fallacy of "euthanasia by omission." It also should be kept in mind that this statement of the pope appears in a talk he gave at a conference. It does not, therefore, carry the authoritative weight of a more formal document, such as an encyclical.

The deepest issue, initiated by this congress and calling for further careful and prayerful discussion, is whether or not actions or omissions carried out in the case of a terminally ill person are efforts to prolong life or something very different — to prolong the act of dying.

Of great interest is the fact that a couple of weeks after this congress, on April 7, 2004, Bishop Sgreccia felt it necessary to state that the pope's remarks have been wrongly interpreted by some to mean that the feeding tube is obligatory in every

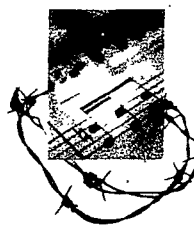
circumstance. When the pope spoke of "the proper finality" of nutrition and hydration, the bishop said, he was making an important qualification. They leave a "margin of judgment" to doctors and other health-care professionals who must decide whether the feeding tube is achieving its "proper finality," namely, whether the patient is truly being nourished and having his suffering alleviated.

How is one to understand Bishop Sgreccia's statement? What does he mean when he says the pope's use of the term "the proper finality" of nutrition and hydration leaves "a margin of judgment to doctors and other health-care professionals?" How are we to understand "being nourished" and "having suffering alleviated"? It seems reasonable to suggest that "proper finality" may be read as an alternative for *benefit* ("whether the patient is being truly nourished") or *burdens* ("whether the patient is having his sufferings alleviated"). This appears to be what Bishop Sgreccia means when he says:

"As long as nutrition and hydration are a support, as long as it is food and thirst-quenching drink that helps avoid suffering, it is obligatory. If the patient no longer assimilates food and if the patient no longer has thirst quenched by fluids but is only tormented, there is no longer an obligation to administer it" (See *Catholic Trends*, April 10, 2004).

Msgr. William H. Shannon is professor emeritus at Nazareth College of Rochester.

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