

Extraordinary measures: The Vatican, feeding tubes and human dignity

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The Vatican declared last month that it is morally wrong to remove feeding tubes from patients who are in a permanent vegetative state. Responding in part to perplexity over the Terri Schiavo case, the Congregation for the Doctrine of the Faith stated that delivery of food and water, even by artificial means and even to someone who is permanently unresponsive, is “ordinary” care—care that caregivers are morally obliged to provide in virtually all cases in order to preserve the patient’s human dignity.

The notion that giving food and water is ordinary care has a significant tradition behind it. After all, giving food to the hungry and water to the thirsty is for Christians a paradigmatic instance of loving one’s neighbor. But in applying this tradition in an absolutist way to the realities of modern medicine, the Vatican has narrowed in an unfortunate way its own rich tradition of practical reasoning about what is “ordinary” and “extraordinary” care.

For one thing, delivery of food and water through a tube—a device inserted by doctors—is not just ordinary care. It is not like giving someone a drink of water or a crust of bread. It constitutes a medical intervention, much like installing a ventilator or performing a tracheotomy. At the very least, installing and maintaining a feeding tube lies at the edges of ordinary care.

Furthermore, the question of whether a medical intervention is ordinary or extraordinary has traditionally focused not on the kind of intervention used but on whether the intervention is burdensome to the patient or (to quote the *Catholic Catechism*) “disproportionate to the expected outcome.”

Which gets us to the heart of cases like Terri Schiavo’s. Many people say—and say explicitly in their advance health-care directives—that being maintained in a vegetative state would be an unacceptable burden. Many people do not want to be maintained in a vegetative state with no reasonable hope of recovering the capacity

to interact with their environment—that is not, in their view, an outcome that warrants medical intervention. The Vatican is saying that such people are simply morally wrong and that their view of what constitutes burdensome and disproportionate care undermines human dignity.

We are not persuaded. While there should be a presumption in favor of providing nutrition and hydration to all patients, to perpetuate a life that is not responsive in any human way, and that has no prospect of becoming such, does not in every case protect human dignity. Human dignity can also be preserved by acknowledging that the outcome of treatment no longer warrants intervention.