

# Ethics of Assisted Nutrition & Hydration (ANH)

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## Introduction

*Technique:* “Assisted Nutrition and Hydration” delivers food and water through tubes passed either through the nose or (surgically) through the skin and abdominal wall.

*Benefit:* Symptom relief; Enables nutrition when throat is injured or patient cannot feed themselves; prolongs life (e.g., in a patient in a “persistent vegetative state” (PVS))

*Burdens:* management requires professional skill; risk of aspiration, infection; financial cost?; others

## Controversy among Catholic ethicists

Fr. Kevin O’Rourke argues that ANH always represents *extraordinary means* for a PVS patient because ANH will bring back consciousness to the patient. After all, in 1958 Pope Pius XII taught that “Life, health and all temporal activities are subordinate to spiritual ends.”

## John Paul II in an address to a conference on life sustaining treatments in 2004

“I should like particularly to underline how the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a *medical act*. Its use, furthermore, 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, which in the present case consists in providing nourishment to the patient and alleviation of his suffering.”

## *The Ethical and Religious Directives for Catholic Health Care Services (ERD)*

58. The in principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g. “persistent vegetative state”) who can reasonably be expected to live on definitely if given such care. Medically assisted nutrition and hydration become morally optional [extraordinary means] when they cannot reasonably

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be expected to prolong life or when they would be “excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed.” For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.

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# Persistent Vegetative State (PVS)

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- Coma: a state of deep unconsciousness inevitably resolving itself into either a regaining of consciousness (with or without impairment) or the vegetative state. There is debate about how long a coma lasts before vegetative state is recognized. The American Academy of Neurology [AAN] judges one month; see below.
- Vegetative state: self-unawareness, sleep-wake cycles, brainstem function. “The vegetative state is a clinical condition of complete unawareness of the self and the environment accompanied by sleep-wake cycles with either complete or partial preservation of hypothalamic and brainstem autonomic functions.” (AAN, “Practice Parameters: Assessment and Management of Patients in Persistent Vegetative State, 1994)
- Persistent vegetative state (PVS): vegetative state present for *one month* after acute traumatic or non-traumatic head injury. (Probability for recovery from unlikely after 12 months from traumatic head injury and 3 months from non-traumatic head injury [AAN 1994])
- Permanent vegetative state: vegetative state with irreversible loss of consciousness Brain death: irreversible cessation of whole brain function, including the brain stem

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