

The Principle of Ordinary and Extraordinary Means

“We are not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome.” (ERD V)

Ordinary (or Proportionate) vs. Extraordinary (or Disproportionate)

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

Directive 56: “A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the [well formed] judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.”

Proven, likely successful, customarily provided, hope of benefit

No list of ordinary means

Directive 57: “A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient’s [well formed] judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.”

Experimental, unlikely to be successful, no customarily provided little hope of benefit

No list of extraordinary means

Factors to consider: time, severe pain, repugnance, moral principle, low probability of success; burdens on others: great effort, great expense, exotic cures, ...

Common procedures: dialysis, cardio-pulmonary resuscitation (CPR), artificial nutrition and hydration

What is “medical futility?”

A physician’s judgment to cease treatment against the request of the patient/proxy.

Disproportionate

- Some benefit
- Is the procedure worth having?
- Based on the patient’s personal knowledge

Futile

- No benefit
- Is the procedure effective?
- Based on the physician’s medical knowledge

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